

**RESOLUTION NO. 1-16**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
APPOINTING  
PROFESSIONALS AND AWARDING CONTRACTS  
FOR FUND YEAR 2016**

**WHEREAS**, the Southern Coastal Regional Employee Benefits Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law and the Local Unit Pay-to-Play Law; and;

**WHEREAS**, Each of the business entities identified below with an contract value of \$17,500 per annum or more have submitted a Business Entity Disclosure Certification which certifies that they have not made reportable contributions to a political or candidate committee for the members of the Fund in the previous one year; and the contracts awarded herewith will contain a clause preventing such reportable contributions during the term of the contract;

**WHEREAS**, the Executive Committee of the Southern Coastal Regional Employee Benefits Fund has deemed it necessary and appropriate to obtain certain professional and other extraordinary and unspecifiable services and, therefore, to make certain appointments and to authorize certain contracts for Extraordinary and Unspecifiable Services so that the work of the FUND may continue;

**NOW THEREFORE BE IT RESOLVED** by the Executive Committee that the following appointments and contract awards be and are hereby made for 2016:

<b>2016 COASTAL HIF PROPOSED CONTRACT FEES</b>	
<b>Contract &amp; Vendor</b>	<b>2016 Fees</b>
Executive Director - PERMA Risk Management Ser	\$17.66 per ee
<b>Total</b>	<b>\$ 583,366.00</b>
Actuary - John Vataha	\$ 33,813.00
Attorney - J. Kenneth Harris, Esq.	\$ 27,062
Auditor - Bowman & Co.	\$ 12,000
Dental TPA - Delta Dental	\$ 3.06
<b>Total</b>	<b>\$ 4,039</b>
Medical TPA - Amerihealth Administrators	
Admin Fee	\$42.00
<b>Annual Total</b>	<b>\$ 363,384.00</b>
Medical TPA - Aetna	
Admin Fee	\$ 48.55
<b>Annual Total</b>	<b>\$ 1,144,226</b>
Treasurer - Mike Zambito	\$ 7,259
Deputy Treasurer - Ken Verrill	\$ 10,888

**BE IT FURTHER RESOLVED** by the Executive Committee that the Allen Associates be awarded a contract for the position of Fund Coordinator for 2016 at the following fee schedule:

<b>FUND COORDINATOR FEES</b>	
<b>MEMBER</b>	<b>PEPM Fee</b>
CUMBERLAND REGIONAL BOE	\$25.68
COMMERCIAL TOWNSHIP BOE	\$25.30
CUMBERLAND COUNTY TECHNICAL EDUCATION CENTER	\$22.99
HOPEWELL BOE	\$26.72
MILLVILLE BOE	\$25.40
UPPER DEERFIELD BOE	\$27.17
WOODSTOWN BOROUGH	\$21.50
MILLVILLE LIBRARY	\$17.16
BRIDGETON BOE	\$27.67
MIDDLE TOWNSHIP	\$19.40
MILLVILLE PUBLIC CHARTER SCHOOL	\$18.97
VINELAND PUBLIC CHARTER SCHOOL	\$31.38
LOWER CAPE MAY REGIONAL SCHOOL	\$35.62
BUENA REGIONAL BOE	\$31.55
DENNIS TOWNSHIP BOE	\$27.81
BRIDGETON PUBLIC CHARTER SCHOOL	\$29.43
WEST CAPE MAY BOE	\$29.46
<b>Annual Total</b>	<b>\$877,431</b>

**BE IT FURTHER RESOLVED** that each of the above shall serve pursuant to a Professional Service Contract, which will be entered into and a copy of which will be on file in the Fund's office, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054 ;

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: January 25, 2016**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 2-16**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2016**

**BE IT RESOLVED** by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2016 or until its successor has be appointed and qualified.

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2016**

**BY: \_\_\_\_\_  
CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 3-16**

**RESOLUTION OF THE SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
DESIGNATING CUSTODIAN OF FUND RECORDS**

**BE IT RESOLVED** that \_\_\_\_\_, the Secretary of the Southern Coastal Regional Employee Benefits Fund is hereby designated as the custodian of the Fund records which shall be kept at the office of the Fund Administrator, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2016**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 4-16**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
DESIGNATING  
THE ATLANTIC CITY PRESS  
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2016**

**BE IT RESOLVED** by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Atlantic City Press is hereby designated as the official newspaper for the Southern Coastal Regional Employee Benefits Fund for the year 2016 and that all official notices required to be published shall be published in the Atlantic City Press and the Fund Website ([www.coastalhif.com](http://www.coastalhif.com))

**BE IT FURTHER RESOLVED** that in the case of special meetings or emergency meetings, the Secretary of the Southern Coastal Regional Employee Benefits Fund shall give notice of said meetings to the Atlantic City Press and the Fund Website ([www.coastalhif.com](http://www.coastalhif.com))

**SOUTHERN COASTAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2016**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 5-16**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2016**

**WHEREAS**, under the Open Public Meetings Act of New Jersey, each public entity is required to publish the date and place for its public meetings;

**NOW THEREFORE BE IT RESOLVED**, by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Fund shall hold public meetings during the year 2016 at the following location:

February 22, 2016  
March 28, 2016  
May 23, 2016  
July 25, 2016  
September 26, 2016  
October 24, 2016  
November 28, 2016  
January 23, 2017

**BE IT FURTHER RESOLVED** that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in the Atlantic City Press and listed on the Fund Website ([www.coastalhif.com](http://www.coastalhif.com))

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2016**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 6-16**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS  
AND ESTABLISHING CASH MANAGEMENT PLAN**

**BE IT FURTHER RESOLVED** that the attached Cash and Investment Management Plan, which includes the designation of authorized depositories, be and is hereby adopted.

**ADOPTED: JANUARY 25, 2016**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

# SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

## 2016 CASH MANAGEMENT AND INVESTMENT POLICY

### 1.) Cash Management and Investment Objectives

The SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND (hereinafter referred to as the FUND) objectives in this area are:

- a.) Preservation of capital.
- b.) Adequate safekeeping of assets.
- c.) Maintenance of liquidity to meet operating needs, claims settlements and dividends.
- d.) Diversification of the FUND's portfolio to minimize risks associated with individual investments.
- e.) Maximization of total return, consistent with risk levels specified herein.
- f.) Investment of assets in accordance with State and Federal Laws and Regulations.
- g.) Accurate and timely reporting of interest earnings, gains and losses by line of coverage in each Fund year.
- h.) Where legally permissible, cooperation with other local municipal joint insurance funds, and the New Jersey Division of Investment in the planning and execution of investments in order to achieve economies of scale.
- i.) Stability in the value of the FUND's economic surplus.

### 2.) Permissible Investments

Investments shall be limited to the following:

- a.) Bonds or other obligations of the United States of America or obligations guaranteed by the United States of America.
- b.) Any federal agency or instrumentality obligation authorized by Congress that matures within 397 days from the date of purchase, and has a fixed rate of interest not dependent on any index or external factors.
- c.) Bonds or other obligations of the local unit or bonds or other obligations of school districts of which the local unit is a part or within which the school district is located; or
- d.) Bonds or other obligations, having a maturity date not exceeding 397 days, approved by the Division of Investment of the Department of Treasury for investment by local units.
- e.) Debt obligations of federal agencies or government corporations with maturities not greater than five (5) years from the date of purchase, excluding mortgage backed obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent the Division's own investment guidelines, and providing that the investment a fixed rate of interest not dependent on any index or external factors.



- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions established by the N.J. Department of Community Affairs.

No investment or deposit shall have a maturity longer than five (5) years from date of purchase.

3.) **Authorized Depositories**

In addition to the above, the FUND is authorized to deposit funds in certificates of deposit and other time deposits in banks covered by the Governmental Unit Depository Protection Act, NJSA 17:9-14 et seq. (GUDPA). Specifically authorized depositories are as follows:

TD Bank  
Wells Fargo Bank  
Investors Bank  
Parke Bank  
Republic Bank  
ABCO Federal Credit Union  
Cape Bank

The FUND is also authorized to invest its assets in the New Jersey Cash Management Fund.

4.) **Authority for Investment Management**

The Treasurer is authorized and directed to make investments, with a maturity of three months or longer, through Wilmington Trust and other asset managers that may be selected by the Executive Board. Such asset managers shall be discretionary trustees of the FUND.

Their actions and decisions shall be consistent with this plan and all appropriate regulatory constraints.

In executing investments, asset managers shall minimize transaction costs by querying prices from at least three (3) dealers and purchasing securities on a competitive basis. When possible, federal securities shall be purchased directly from the US Treasury. Transactions shall not be processed through brokerages which are organizationally affiliated with the asset manager. Transactions may also be processed through the New Jersey Division of Investment by the Fund's asset managers.

5.) **Preservation of Capital**

Securities shall be purchased with the ability to hold until maturity.

6.) **Safekeeping**

Securities purchased on behalf of the FUND shall be delivered electronically or physically to the FUND's custodial bank, which shall maintain custodial and/or safekeeping accounts for such securities on behalf of the FUND.

7.) **Selection of Asset Managers, Custodial Banks and Operating Banks**

Asset managers, custodial banks and operating banks shall be retained for contract periods of one (1) year. Additionally, the FUND shall maintain the ability to change asset managers and/or custodial banks more frequently based upon performance appraisals and upon reasonable notice, and based upon changes in policy or procedures.

8.) **Reporting**

Asset managers will submit written statements to the treasurer and executive director describing the proposed investment strategy for achieving the objectives identified herein. Asset managers shall also submit revisions to strategy when justified as a result of changing market conditions or other factors. Such statements shall be provided to the Treasurer and Executive Director. The statements shall also include confirmation that all investments are made in accordance with this plan. Additionally, the Investment Manager shall include a statement that verifies the Investment Manager has reconciled and determined the appropriate fair value of the Funds portfolio based on valuation guidelines that shall be kept on file in the Executive Director's office.

The Treasurer shall report to the Executive Committee at all regular meetings on all investments. This report shall include information on the balances in all bank and investment accounts, and purchases, sales, and redemptions occurring in the prior month.

9.) **Audit**

This plan, and all matters pertaining to the implementation of it, shall be subject to the FUND's annual audit.

10.) **Cash Flow Projections**

Asset maturity decisions shall be guided by cash flow factors payout factors supplied by the Fund Actuary and reviewed by the Executive Director and the Treasurer.

11.) **Cash Management**

All moneys turned over to the Treasurer shall be deposited within forty-eight (48) hours in accordance with NJSA 40A:5-15.

In the event a check is made payable to the Treasurer rather than the Fund, the following procedure is to be followed:

- a.) The Treasurer endorses the check to the Fund and deposits it into the Fund account.
- b.) The Treasurer notifies the payer and requests that in the future any check be made payable to the Fund.

The Treasurer shall minimize the possibility of idle cash accumulating in accounts by assuring that all amounts in excess of negotiated compensating balances are kept in interest bearing accounts or promptly swept into the investment portfolio.

The method of calculating banking fees and compensating balances shall be documented to the Executive Committee by the Treasurer at least annually.

Cash may be withdrawn from investment pools under the discretion of asset managers only to fund operations, claims imprest accounts, or approved dividend payments.

The Treasurer shall escheat to the State of New Jersey checks which remain outstanding for twelve or more months after the date of issuance. However, prior to implementing such procedures, the Treasurer, with the assistance of the claims agent, as needed, shall confirm that the outstanding check continues to represent a valid claim against the FUND.

The rate of interest on delinquent assessments shall be 10% per annum from the due date for any such assessment.

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**RISK MANAGEMENT PLAN**

**Effective: JANUARY 1, 2016**

**Adopted: JANUARY 25, 2016**

**RESOLUTION NO. 8-16**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**2016 RISK MANAGEMENT PLAN**

The **RISK MANAGEMENT PLAN** for the Southern Coastal Regional Employee Benefits Fund (the "Fund"), for the Fund Year beginning January 1, 2016 shall be as set forth below:

**1.) COVERAGE OFFERED**

- Medical

The medical plans offered by the Fund include standard "preferred provider organization", "traditional", "point of services", and "health maintenance organization" plan designs. These plans have both in network and out of network benefits and are customized to the needs and specifications of the members. The Fund also offers "low cost plans" to allow members options to comply with contribution requirements under Chapter 78. Included as options are: a health savings account, a core PPO program, and a buy up PPO program, an HMO program and a Consumer Directed Health Plan. The Fund will also offer Medicare Advantage programs. See Exhibit "A" for a list of provided coverage/plans.

- Dental

The Fund offers customized dental plans as required by the members.

- Prescription

The Fund offers customized prescription plans as required by the members including plans that are coordinated with the low cost medical plans.

- Vision

The Fund offers customized vision plans as required by the members.

**2.) LIMITS OF COVERAGE**

Limits of coverage vary by member and plan design.

**3.) RISK RETAINED BY THE FUND**

Medical and Prescription

- Specific Retention: \$300,000
- Aggregate Retention: \$56,399,637 (131.8% of budgeted claims)

- Specific Limit                      Unlimited
- Aggregate Limit                      \$10,000,000

Prescription Enrollees Without Medical Coverage

- Specific Retention:                      \$250,000
- Aggregate Retention:                      \$15,876,150 (147.6% of budgeted claims for all members of the Municipal Reinsurance Health Insurance Fund)
- Specific Limit                      \$1,000,000
- Aggregate limit                      \$2,000,000 (for all members of the Municipal Reinsurance Health Insurance Fund)

Dental Aggregate Retention:                      None – Self insured with risk retained by Fund

Vision Aggregate Retention:                      None – Self insured with risk retained by Fund

Medical, Prescription, and Prescription coverage without Medical coverage retentions will vary with census and can also vary depending upon the allocation of claims.

**4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.**

The Fund complies with statutory accounting standards and establishes reserves on the probable total claim costs at the conclusion of the Fund Year. Each month, the accrual in the general ledger for claim reserves, including IBNR, is adjusted based on earned underwriting income and the number of months since the inception of the Fund Year. This accrual is periodically adjusted, but not less frequently than annually, in accordance with the actuary’s certifications.

**5.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS**

At least one month before the end of the Fund Year, the Fund adopts a budget for the upcoming year based on the most recent census, the claims experience for the current Fund Year and other applicable accounting and actuarial factors. Per employee rates are computed for each line of coverage for each Fund member, and are approved by the Fund as a part of the budget adoption process. These rates are used to compute the members’ monthly assessment based on the updated census, and monthly billings are mailed to the members approximately 15 days before the beginning of the month. The billing also includes the member’s updated census for verification each month by the local entity. Retroactive adjustments for enrollment changes are limited to 2 months. Former employees (COBRA, Conversion and some Retirees) are billed directly by the Fund.

Members that renew on January 1 have the option of taking a payment deferment by paying their December assessment in the subsequent month of January. Members that renew on July 1 have the option of taking a payment deferment by paying their June assessment in the subsequent

month of July. Members that choose to take such deferments shall advise the Fund Executive Director's office in writing at least one month prior to taking the deferment

**6.) COVERAGE PURCHASED FROM INSURERS AND PARTICIPATION IN THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND (MRHIF)**

The Fund provides coverage on a self-insured basis, and secures excess insurance to cap the Funds' specific (i.e. per enrolled covered person per policy year) retention and aggregate retention. The Fund is a member of the Municipal Reinsurance Health Insurance Fund (MRHIF). The MRHIF retains claims above the Fund's local specific retention and purchases an excess insurance policy that is filed with the Department of Banking and Insurance in accordance with the applicable regulations. The MRHIF also purchases an aggregate excess insurance policy on behalf of the Fund and the other members.

**7.) REINSURANCE**

Reinsurance will be provided by the Fund obtaining membership in the Municipal Reinsurance Health Insurance Fund. Risk will be retained by the Fund in accordance with Section 3.) above. Initial membership in the Municipal Reinsurance Fund will be for a three (3) year period.

**8.) THE INITIAL AND RENEWAL RATING METHODOLOGIES**

Upon application to the Fund, a prospective member's benefit program is reviewed by the actuary to determine its projected claim cost. In this evaluation, the actuary takes into consideration:

- a.) age/sex factor as compared to the average for the existing Fund membership;
- b.) the plan of benefits for the prospective member; and
- c.) loss data if available.

The actuary then recommends a relativity factor to either the Fund's base rates or to the rates being paid by the entity. This recommendation requires Fund approval before the prospective member is admitted to the Fund.

To manage potential volatility that could result from rapid growth, the Fund limits growth in medical membership to 25% of the prior year's medical enrollment.

Rates for all members are adjusted at the beginning of each Fund year to reflect the new budget. The adjustment reflects the overall cash flow needs of the Fund, and actuarial factors needed to assure that individual entity rates reflect the risk profile of the member. The Fund may implement individual entity loss ratio adjustments based upon recommendations from the Fund actuary. The Fund may also adopt mid Fund year rate changes to reflect changes in plan design, participation in lines of coverage, or a budget amendment. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, the rates for the other lines of coverage may be adjusted and the member shall not be eligible for membership in the dropped line of coverage for a three year period. Loss experience data used by the Fund to determine loss ratio adjustments will be made available twice per year to members at no additional cost. "Loss experience data" is defined as monthly claims and assessments for a three

year period including de-identified specific claims at 50% of the Fund's self-insured retention. Requests for additional claims data from Fund members will be considered based upon the availability of data, the feasibility of extracting the data, and conditioned upon the member reimbursing the Fund or its vendors for data extraction and formatting costs.

#### **9.) RATING PERIODS**

All rating periods for municipal members coincide with the Fund year while rating periods for school members coincide with their fiscal year (July 1 to June 30). Some school entities have elected to have a rating period coinciding with the Fund year.

#### **10.) FACTORS IF RATES FOR MEMBERS JOINING THE FUND DURING A FUND YEAR ARE TO BE ADJUSTED.**

Unless otherwise authorized as part of the offer of membership, where a member joins during a Fund year, the member's initial rates are only valid through the end of that Fund year or, for schools, fiscal year, at which time the rates are adjusted for all members to reflect the new budget. Former members of the Fund cannot rejoin the Fund for a period of three (3) years after the date of the termination of their membership in the Fund.

#### **11.) PROVISION FOR PPOs AND ALTERNATIVE PLAN DESIGNS**

The Fund offers employees the option of selecting various plans depending upon member bargaining agreements. Generally, it is the policy of the Fund to encourage selection of lower cost plan designs as opposed to traditional indemnity plans, and the Fund provides promotional material to assist members in employee communication programs concerning optional plan designs.

#### **12.) OPEN ENROLLMENT PROCEDURES**

All members have an open enrollment period no later than the first month of their joining the Fund. Participating employees also have an open enrollment period in the fall or at other times designated by the Fund before the beginning of each calendar year during which they may switch between plan options. The changes shall be effective at the beginning of the Fund Year. Open enrollment periods shall be scheduled by the Fund at least yearly for each member and as is otherwise required to comply with plan document requirements and to effectuate plan design, network changes, and plan migrations.

#### **13.) COBRA AND CONVERSION OPTIONS**

The Fund provides COBRA coverage at a rate equal to the member's current rate and benefit plan design, plus the appropriate administrative charge. The Fund has arranged for a COBRA administrator to enroll eligible participants and to collect the premium. Where provided for in a member's plan document, the Fund provides a conversion option at rates established by the Fund. Unless otherwise specified in the member's plan document, the conversion option duplicates the conversion option offered by the SHBC. The Fund's coverage for individuals covered under COBRA or conversion options shall terminate effective the date the member



withdraws from the Fund, or otherwise ceases to be a member of the Fund or in the event of nonpayment of applicable charges.

**14.) DISCLOSURE OF BENEFIT LIMITS**

The Fund discloses benefit limits in plan booklets provided to all covered employees.

**15.) PARTICIPATION RULES WHEN ALL OR PART OF THE PREMIUM IS DERIVED FROM EMPLOYEE CONTRIBUTIONS**

All assessments, including additional assessments and dividends are the responsibility of the member, not the employee or former employee. Employee contributions, if any, are solely an internal policy of the member which shall not impact on the member's obligations to the Fund or confer any additional rights to the employees. Where the Fund directly bills an employee, (i.e. COBRA, etc.), this shall be considered as a service to reduce the member's administrative burden, and the member shall be responsible in the event of non-payment.

**16.) RETIREES**

The Fund duplicates coverage for eligible retirees and uses the rates established by the Fund actuary. The Fund's coverage of a retiree shall terminate effective the date the member local unit withdraws from the Fund, or otherwise ceases to be a member of the Fund or in the event of nonpayment of applicable charges.

**17.) NEWBORN CHILDREN**

All plan documents will have the following language:

"You may remove family members from the policy at any time, but you may only add members within sixty (60) days of the change in family status (marriage, birth of a child, etc.). It is your responsibility to notify your employer of needed changes. If family members cease to be eligible, claims will not be paid. The actual change in coverage (and the corresponding change in premium) will not take place until you have formally requested that change. Newborn children, but not grandchildren of an eligible employee, shall be automatically covered from birth for thirty-one (31) days, even if not enrolled within the required sixty (60) days. In the event of an eligible dependent giving birth to a child, (a grandchild) benefits for any hospital length of stay in connection with childbirth for the mother or newborn grandchild will apply for up to 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, the mother's or newborn grandchild's attending provider, after consulting with the mother, may discharge the mother or her newborn grandchild earlier than 48 hours (or 96 hours as applicable)."

**18.) PLAN DOCUMENT**

The Fund prepares a plan document and benefit plan booklets for each member local unit (or each employee bargaining group within a member local unit as the case may be), and an employee handbook provides a summary of the coverage provided by the plan. Each booklet (or certificate) shall contain at least the following information and be provided to all covered employees within thirty (30) days of coverage being effective.

A.) General Information

- Enrollment procedures and eligibility;
- Dependent eligibility;
- When coverage begins;
- When coverage may be changed;
- When coverage ends;
- COBRA provisions;
- Conversion privileges; and
- Enrollment forms and instructions.

B.) Benefits

- Definitions;
- Description of each benefit, inclusive of;

Eligible services and supplies;  
Deductibles and co-payments; and  
Examples as needed;  
Exclusions.  
Retiree coverage, before age 65 or after (if any).

C.) Claims Procedures

- Submission of claim. In accordance with plan document.
- Proof of loss. In accordance with plan document
- Appeal procedures. Shall be in accordance with applicable law. See Plan Document and Fund Bylaws

D.) Cost Containment Programs – In accordance with plan document.

- Pre-admission.
- Second surgical opinion.
- Other cost containment programs.
- Application and level of employee penalties.

**19.) BENEFITS CURRENTLY PROVIDED TO COVERED EMPLOYEES BY EACH MEMBER AND BENEFITS PROPOSED TO BE PROVIDED BY THE FUND.**

*SEE EXHIBIT A*

**20.) PROCEDURES FOR THE CLOSURE OF FUND YEARS**

Approximately six months after the end of a Fund year, the Fund evaluates the results to determine if dividends or additional assessments are warranted. Most claims are paid within twelve months of year end, and at that time the Fund begins to consider closing the year, unless excess insurance recoveries are pending or litigation is likely. The Fund has determined

that maintaining and retaining a surplus equal to two (2) months of the current year claim expenses is a benchmark prior to a dividend being declared from surplus generated by claims operations. A member entity will be eligible to participate in the dividend provided that its pro rata share of the Fund's surplus account is greater than two (2) months of said member entity's projected claims expense (the "retention amount") and shall be paid from amounts in excess of the established retention amount.

When the Fund determines that a Fund year should be closed:

- A reserve is established by the actuary to cover any unpaid claims or IBNR
- The Fund decides on the final dividend or supplemental assessment.
- A closure resolution is adopted transferring all remaining assets and liabilities of that Fund year to the "Closed Fund Year/Contingency Account".
- Each member's pro rata share of the residual assets are computed and added to its existing balance in the Closed Fund Year/Contingency Account. Any member who has withdrawn from the Fund shall receive its remaining share of the Closed Fund Year/Contingency Account six years after the date of its withdrawal.

## **21.) MAXIMUM APPROVAL AMOUNT FOR CERTIFYING & APPROVING OFFICER**

1. The Fund Treasurer may issue checks or initiate wire transfers in payment of medical claims, as submitted by the third party administrator responsible for handling the Fund's medical claims, as necessary in order to fulfill the Fund's claim funding obligations under the applicable service provider contract between the Fund and the third party administrator. The certifying and approving officer shall prepare a report of all claims approved by him or her since the last report, detailing the nature and amount of the claim, the payee, the reasons supporting payment and any other pertinent information. This report shall be submitted to the Executive Committee of the Fund at their next scheduled meeting. The Executive Committee shall review and approve the actions of the certifying and approving officer. In the event a claim approved and paid by the certifying and approving officer is not approved by the Executive Committee, they shall direct appropriate action to be taken.

2. Delta Dental shall issue checks for the payment of dental claims in the amount of \$.0 to \$5,000 on the adjudication and signature solely of duly authorized Delta Dental personnel.

3. All dental claims, if any, in excess of \$5,000 shall require the approval, at a regularly scheduled meeting, of the Executive Committee of the Fund after obtaining appropriate certifications and making such other inquiries as are reasonable. Checks issued pursuant to any such approval shall be countersigned by a duly authorized representative of the Executive Director.

4. The terms "claims" as herein utilized shall refer to the issuance of any particular check, provided however that no bills shall be split for the purpose of avoiding the requirements hereof.

5. In addition to the claim payment procedure, Delta Dental shall also notify the Executive Committee in writing whenever the cumulative payments to any covered person for a single illness or injury (including related illnesses and injuries) exceeds \$30,000.

## **22.) "RUN-IN" or "RUN-OUT" LIABILITY**

The Fund covers the "run-out" liability of all members - i.e., liability for claims incurred but not reported by a former Fund member during the period it was a member. Upon approval of the Executive Committee, the Fund may also cover the run-in liability of a prospective member (i.e., the liability for claims incurred but not reported by a prospective member in connection with the provision of health benefits during the period prior to joining the Fund). When the Fund covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the Fund's actuary and approved by the Executive Committee. The assessment shall be paid entirely within the Fund Year the member joined the Fund.

## **23.) CLAIM AUDIT**

The Fund retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted upon completion of the first Fund Year after the Fund's inception and at least once every three years thereafter. The Fund can conduct this audit on its own, or in a cooperative effort with other Funds through the Municipal Reinsurance Health Insurance Fund.

## **24.) AUTHORITY OF CLAIM APPEAL COMMITTEE AND INDEPENDENT REVIEW ORGANIZATIONS**

- The TPA shall initially review all appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.
- The TPA shall provide the Fund Coordinator, Executive Director and the Fund Attorney with a copy of the memo, which has been prepared concerning the appeal.
- The TPA, Fund Coordinator, Executive Director and Fund Attorney shall confer concerning the merits of an appeal and they shall render a decision concerning the appeal provided that the appeal is
  - (a) In an amount not greater than \$5,000.00 and/or
  - (b) Has been reviewed and recommended for approval by an independent, third party medical review consultant.
- If the decision of the TPA, Fund Coordinator, Executive Director and Fund Attorney is to pay the claim, then the TPA is hereby authorized to issue the necessary check in payment of the claim.
- The Executive Committee of the Fund shall formally confirm the decision of the TPA, Fund Coordinator, Executive Director and Fund Attorney to pay the claim and ratify the payment issued pursuant to that decision at the next meeting of the Executive Committee.
- If the decision of the TPA, Fund Coordinator, Executive Director and Fund Attorney is to deny the claim, the appeal shall be subject to the "adverse benefit determination" appeal process that is required pursuant to applicable law. The plan participant (hereinafter

sometimes referred to as “claimant”) shall at that time be advised that the adverse benefit determination may be appealed to the Fund's Independent Review Organization (“IRO”). The claimant's identity shall be revealed only upon the written request of the claimant. A copy of such written request with respect to disclosure of the claimant's name shall be sent to the Fund Coordinator.

a. An appeal of an adverse benefit determination must be filed by the claimant within four (4) months from the date of receipt of the notice of the adverse benefit determination. The claimant shall submit a written request to the Fund Coordinator to appeal an adverse benefit determination and/or final internal adverse benefit determination made by the TPA and the written request shall be accompanied by a copy of the determination letter issued by the TPA.

1. The Fund Coordinator will conduct a preliminary review within five (5) business days of the receipt of the request for an external review. There is no right to an external review by the IRO if (i) the claimant is or was not eligible for coverage at the time in question or (ii) the adverse benefit determination or final internal adverse benefit determination is based upon the failure of the claimant or covered person to meet requirements for eligibility under the Plan or (iii) the claimant is not eligible due to the benefit/coverage being an excluded benefit or not included as a covered benefit. The Fund Coordinator shall notify the claimant if (a) the request is not eligible for external review; (b) that additional information is needed to make the request complete and what is needed to complete the request; or (c) the request is complete and is being forwarded to the IRO.

2. The Fund Coordinator shall then forward an eligible, complete request for external review to the IRO designated by the Fund who shall be required to conduct its review in an impartial, independent and unbiased manner and in accordance with applicable law.

3. The assigned IRO will provide timely written notice to the claimant of the receipt and acceptance for external review of the claimant’s request and shall include a statement that the claimant may submit, in writing and within ten (10) business days of the receipt of the notice, additional information which shall be considered by the IRO when conducting the external review. Upon receipt of any information submitted by the claimant, the IRO, within one (1) business day, shall forward the information to the Fund Coordinator who may reconsider the adverse benefit determination or final internal adverse benefit determination and, as a result of such reconsideration, modify the adverse benefit determination or final internal adverse benefit determination. The Fund Coordinator shall provide prompt written notice of any such modification to the claimant and the IRO.

4. The Fund Coordinator, within five (5) business days of the assignment of the IRO, shall deliver to the IRO any documents and information considered in making the adverse benefit determination or the final internal adverse benefit determination. The IRO may terminate the external review and decide to reverse the adverse benefit determination or final internal adverse benefit determination if the Fund Coordinator does not provide such information in a timely manner. In such event, the IRO shall

notify the claimant and the Fund Coordinator of the decision within one (1) business day.

5. The IRO shall complete the external review and provide written notice of its final external review decision within forty-five (45) days of the receipt of the request for the external review. In the case of a request for expedited external review of an adverse benefit determination or final internal adverse benefit determination where delay would seriously jeopardize the life or health of the claimant or the ability to regain maximum function, the IRO shall provide notice of the final external review decision as expeditiously as possible but in no event more than 72 hours after the receipt of the request for an expedited external review. If the notice is not in writing, the IRO must provide written confirmation of the decision to the claimant and the Fund Coordinator within 48 hours after providing that notice in the case of an expedited external review. The IRO shall deliver notice of its final external review decision to both the claimant and the Fund Coordinator for all external reviews conducted. The notice of decision shall contain:

(i) a general description of reason for the external review with sufficient information to identify the claim, claim amount, diagnosis and treatment codes and reason for previous denial;

(ii) the date the IRO was assigned and date of the IRO's decision;

(iii) references to the documentation/information considered;

(iv) a discussion of the rationale for the IRO's decision and any evidence-based standards relied upon in making the decision;

(v) a statement that the decision is binding on the claimant and the Fund subject to the claimant's right to seek judicial review of the same; and

(vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone (800) 446-7467 or (888) 393-1062 (appeals) website:

<http://www.state.nj.us/dobi/consumer.htm> e-mail address: [ombudsman@dobi.state.nj.us/](mailto:ombudsman@dobi.state.nj.us/)

ADOPTED: \_\_\_\_\_ 2015

BY: \_\_\_\_\_  
CHAIRPERSON

ATTEST:

\_\_\_\_\_  
SECRETARY

# Exhibit "A"

## Summary of Individual Member Plans

**(Benefits Currently Provided *And To Be Provided* To Each Member Entity)**

Line of Coverage	Plan Name and Coverage Description	Member Entity Name	Carrier
Dental	Delta Dental PPO (Vineland Public Charter School)	Vineland Public Charter School	DELTA
Dental	Delta Dental PPO/Premier (Dennis Township BOE)	Dennis Township BOE	DELTA
Medical	Aetna HMO (Cumberland County Technical Educational Center)	Cumberland County Technical Education Center	AETNA
Medical	Aetna PPO Direct 10 (Cumberland County Technical Educational Center)	Cumberland County Technical Education Center	AETNA
Medical	Aetna PPO Direct 15 (Cumberland County Technical Educational Center)	Cumberland County Technical Education Center	AETNA
Medical	AmeriHealth PPO Direct 10 (Cumberland County Technical Educational Center)	Cumberland County Technical Education Center	AMERIHEALTH
Medical	Aetna Patriot X \$10 (Cumberland Regional BOE)	Cumberland Regional BOE	AETNA
Medical	Aetna Patriot XV \$20 (Cumberland Regional BOE)	Cumberland Regional BOE	AETNA
Medical	Aetna Direct Access \$5 With RX (Upper Deerfield BOE)	Upper Deerfield BOE	AETNA
Medical	Aetna Direct Access \$5 (Millville BOE)	Millville BOE	AETNA
Medical	Aetna Direct Access \$10 (Millville BOE)	Millville BOE	AETNA
Medical	Aetna QPOS \$5 (Hopewell Township BOE)	Hopewell BOE	AETNA
Medical	Aetna Direct Access \$15 (Commercial Township BOE)	Commercial Township BOE	AETNA
Medical	Aetna Direct Access \$10 (Commercial Township BOE)	Commercial Township BOE	AETNA
Medical	AmeriHealth Direct Access \$10 (Commercial Township BOE)	Commercial Township BOE	AMERIHEALTH
Medical	Aetna HMO (Woodstown Borough)	Woodstown Borough	AETNA
Medical	Medicare Advantage – (Woodstown Borough)	Woodstown Borough	AETNA - MA
Medical	Aetna Direct \$10 (Millville Library)	Millville Library	AETNA
Medical	AmeriHealth Open Access 8 (Bridgeton BOE)	Bridgeton BOE	AMERIHEALTH
Medical	Aetna Open Access 8 (Bridgeton BOE)	Bridgeton BOE	AETNA
Medical	Aetna Open Access 9 (Bridgeton BOE)	Bridgeton BOE	AETNA
Medical	AmeriHealth Open Access 8 (Bridgeton BOE)	Bridgeton BOE	AMERIHEALTH
Medical	AmeriHealth Open Access 9 (Bridgeton BOE)	Bridgeton BOE	AMERIHEALTH
Medical	Aetna ACPOS II - \$20 Buy Up (Bridgeton BOE)	Bridgeton BOE	AETNA
Medical	Aetna ACPOS II - \$25 Core (Bridgeton BOE)	Bridgeton BOE	AETNA
Medical	Amerihealth \$20 Buy Up (Bridgeton BOE)	Bridgeton BOE	AMERIHEALTH
Medical	AmeriHealth Open Access 8 (Bridgeton BOE)	Bridgeton BOE	AMERIHEALTH
Medical	Medicare Advantage – (Middle Township)	Middle Township	AETNA - MA
Medical	AmeriHealth Open Access 7 (Middle Township)	Middle Township	AMERIHEALTH
Medical	Aetna Open Access 7 (Middle Township)	Middle Township	AETNA
Medical	AmeriHealth Admin PPO A Core Plan (Middle Township)	Middle Township	AMERIHEALTH
Medical	AmeriHealth Open Access 7 (Middle Township)	Middle Township	AMERIHEALTH
Medical	Medicare Advantage – (Middle Township)	Middle Township	AETNA - MA
Medical	AmeriHealth Admin PPO A Core Plan (Middle Township)	Middle Township	AMERIHEALTH
Medical	AmeriHealth Open Access 7 (Middle Township)	Middle Township	AMERIHEALTH
Medical	Aetna Open Access \$15 (Millville Public Charter School)	Millville Public Charter School	AETNA
Medical	Aetna Choice POS (Open Access) \$15 (Vineland Public Charter School)	Vineland Public Charter School	AETNA
Medical	Amerihealth \$10 (Lower Cape May Regional School District)	Lower Cape May Regional School District	AMERIHEALTH
Medical	Amerihealth \$15 (Lower Cape May Regional School District)	Lower Cape May Regional School District	AMERIHEALTH
Medical	Aetna HNO \$10 (Buena Regional BOE)	Buena Regional BOE	AETNA
Medical	Amerihealth \$10 (Buena Regional BOE)	Buena Regional BOE	AMERIHEALTH
Medical	Aetna HMO (Buena Regional BOE)	Buena Regional BOE	AETNA
Medical	Aetna HNO \$15 (Buena Regional BOE)	Buena Regional BOE	AETNA
Medical	AmeriHealth \$10 (Dennis Township BOE)	Dennis Township BOE	AMERIHEALTH
Medical	Aetna HNO \$10 (Dennis Township BOE)	Dennis Township BOE	AETNA
Prescription	Prescription Drug \$5/\$10/\$20 – MA (Woodstown Borough)	Woodstown Borough	AETNA
Prescription	Prescription Drug Aetna HMO (Woodstown Borough) \$5/\$10/\$20	Woodstown Borough	AETNA
Prescription	Prescription Drug (Millville Library) \$10/\$25/\$50;	Millville Library	EXPRESSSCRIPTS
Prescription	Prescription Drug (Millville Public Charter School) \$10/\$20	Millville Public Charter School	EXPRESSSCRIPTS
Prescription	Prescription Drug - \$3/\$10/\$25 (Vineland Public Charter School)	Vineland Public Charter School	EXPRESSSCRIPTS
Prescription	Prescription Drug 10% - (Lower Cape May Regional School District)	Lower Cape May Regional School District	EXPRESSSCRIPTS

**RESOLUTION NO. 9-16**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
APPOINTING OF FUND COMMISSIONER AND ALTERNATE FUND COMMISSIONER TO  
THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

**WHEREAS**, The Southern Coastal Regional Employee Benefits Fund has agreed to join the Municipal Reinsurance Health Insurance Fund; and

**WHEREAS**, by virtue of the conditions of membership contained in the by-laws of the fund, the Southern Coastal Regional Employee Benefits Fund must appoint a Fund Commissioner, and an Alternate;

**NOW THEREFORE BE IT RESOLVED**, Southern Coastal Regional Employee Benefits Fund as follows:

1. That \_\_\_\_\_ is hereby appointed as Fund Commissioner.
2. That \_\_\_\_\_ is hereby appointed as Alternate.

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2016**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**



**RESOLUTION NO. 10-16**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO  
N.J.S.A. 17:22A-1 ET SEQ AND REPRESENTING MEMBER ENTITIES**

**WHEREAS**, The Southern Coastal Regional Employee Benefits Fund permits member entities that designate a producer or risk manager to represent them in dealings with the Fund through subcontracts with the Program Manager; and

**WHEREAS**, Pursuant to N.J.A.C. 11:15-3.6 (e) 15, producer arrangements must be formally determined by the Fund and filed with the Department of Banking and Insurance; and

**NOW THEREFORE BE IT RESOLVED**, that the Southern Coastal Regional Employee Benefits Fund establishes the following producer plan for 2016;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by the member entity.
2. Each producer shall sub-contract with the Program Manager using the form of contract attached hereto.
3. The following sub-producers with the designated compensation levels are approved for 2016:

<u>Group Name</u>	<u>FIRM</u>	<u>Fee</u>
CUMBERLAND REGIONAL BOE	Allen Associates	\$25.90
COMMERCIAL TOWNSHIP BOE	Allen Associates	\$25.51
CUMBERLAND COUNTY TECHNICAL EDUCATION CENTER	Allen Associates	\$23.19
HOPEWELL BOE	Allen Associates	\$26.94
MILLVILLE BOE	Allen Associates	\$25.62
UPPER DEERFIELD BOE	Allen Associates	\$27.40
WOODSTOWN BOROUGH	Allen Associates	\$14.43
MILLVILLE LIBRARY	Allen Associates	\$17.31
BRIDGETON BOE	Allen Associates	\$27.91
MIDDLE TOWNSHIP	Marsh & McClennen	\$19.56
MILLVILLE PUBLIC CHARTER SCHOOL	Allen Associates	-
VINELAND PUBLIC CHARTER SCHOOL	Allen Associates	\$30.81
LOWER CAPE MAY REGIONAL SCHOOL	J. Byrne Agency	\$35.62
BUENA REGIONAL BOE	Allen Associates	\$31.55
DENNIS TOWNSHIP BOE	Integrity Consulting Group	\$27.81
BRIDGETON PUBLIC CHARTER SCHOOL	Allen Associates	\$29.43
WEST CAPE MAY BOE	J. Byrne Agency	\$29.46

4. This schedule may be amended upon written notification of each listed member entity.

**ADOPTED: JANUARY 25, 2016**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**MUNICIPAL REINSURANCE HEALTH INSURANCE FUND  
INDEMNITY and TRUST AGREEMENT**

**THIS AGREEMENT** made this 23rd day of June, 2014, by and between the Municipal Reinsurance Health Insurance Fund, hereinafter referred to as the "REINSURANCE FUND", and the Southern Coastal Regional Employee Benefits Fund, hereinafter referred to as the "FUND".

**WITNESSETH:**

**WHEREAS**, several local governmental units are desirous of forming a Reinsurance claims joint insurance fund as authorized and described in N.J.S.A. 40A:10-36 et seq., and the administrative regulations promulgated pursuant thereto; and,

**WHEREAS**, the FUND has agreed to become a member of the REINSURANCE FUND and to share in the obligations and benefits flowing from such membership with other members of the REINSURANCE FUND in accordance with and to the extent provided for in the Bylaws of the REINSURANCE FUND, and in consideration of such obligations and benefits to be shared by the membership of the REINSURANCE FUND.

**NOW, THEREFORE**, be it agreed as follows:

- 1.) The FUND accepts the REINSURANCE FUND's Bylaws as approved and adopted and agrees to be bound by and to comply with each and every provision of the said Bylaws, the pertinent statutes and administrative regulations pertaining to same and as set forth in the Risk Management Plan.
- 2.) The FUND agrees to participate in the REINSURANCE FUND with respect to the types of insurance listed in the FUND's Resolution to Join.
- 3.) The FUND agrees to become a member of the REINSURANCE FUND for an initial period not to exceed three (3) years, the commencement of which shall commence effective January 1, 2014.
- 4.) The FUND certifies that it has not defaulted on any claims if self-insured and has not been cancelled for non-payment of insurance premiums for a period of at least two (2) years prior to the date hereof.
- 5.) In consideration of membership in the REINSURANCE FUND, the FUND agrees that it shall jointly and severally assume and discharge the liability of each and every member of the REINSURANCE FUND, all of whom as a condition of membership in the REINSURANCE FUND shall execute a verbatim counterpart of this agreement, and by execution hereof the full faith and credit of the FUND is pledged to the punctual payment of any sum which shall become due to the REINSURANCE FUND in accordance with the Bylaws thereof, this agreement, the REINSURANCE FUND's Risk Management Plan, or any applicable statute.
- 6.) If the REINSURANCE FUND in the enforcement of any part of this agreement shall incur necessary expense, or become obligated to pay attorney's fees and/or court costs, the FUND agrees to reimburse the REINSURANCE FUND for all such reasonable expenses, fees, and costs on demand.
- 7.) The FUND and the REINSURANCE FUND agree that the REINSURANCE FUND shall hold all monies paid by the FUND to the REINSURANCE FUND as

fiduciaries for the benefit of REINSURANCE FUND claimants, all in accordance with administrative regulations.

- 8.) The REINSURANCE FUND shall establish a Trust Account entitled "Claims or Loss Retention Fund". The REINSURANCE FUND shall maintain the Trust Account in accordance with N.J.S.A. 40A:10-36 et seq., N.J.S.A. 40A:5-1, and such other regulations or statutes as may be applicable. More specifically, the Trust Account shall be utilized solely for the payment of claims, allocated claim expense, and excess insurance or reinsurance premiums for such risk or liability or as "surplus" as such term is defined by the administrative regulations.
- 9.) Each FUND who shall become a member of the REINSURANCE FUND shall be obligated to execute this agreement.

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

\_\_\_\_\_ Dated: \_\_\_\_\_  
Chairman

Attest:

\_\_\_\_\_ Dated: \_\_\_\_\_  
Secretary

**RESOLUTION NO. 12-16**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
AUTHORIZING COMMISSION TREASURER TO PROCESS  
CONTRACTED PAYMENTS AND EXPENSES**

**WHEREAS**, the Executive Committee has deemed it necessary and appropriate to provide authorization to the Fund Treasurer to pay certain Fund contracted payments and expenses during the month(s) when the Commission does not meet; and

**WHEREAS**, payment by the Fund Treasurer of contracted payments and expenses for the month(s) in which the Fund does not meet shall be ratified by the Fund at its next regularly scheduled meeting; now, therefore,

**BE IT RESOLVED** by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2016.

**BE IT FURTHER RESOLVED** that the Executive Committee of the Southern Coastal Regional Employee Benefits Fund shall ratify the contracted payments and Fund expenses so paid by the Fund Treasurer pursuant to the Resolution at its next regularly scheduled monthly meeting.

**ADOPTED** by Southern Coastal Regional Employee Benefits Fund at a properly noticed meeting held on January 25, 2016.

**ADOPTED:**

**BY:** \_\_\_\_\_  
Chairperson

**ATTEST:**

\_\_\_\_\_  
Secretary

**RESOLUTION NO. 13-16**

**RESOLUTION AUTHORIZING AND APPROVING THE BUDGET  
FOR THE YEAR 2016 FOR THE SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS  
FUND AND CERTIFYING MEMBER ASSESSMENTS**

**WHEREAS**, the Southern Coastal Regional Employee Benefits Fund is required under State regulation to adopt an annual budget in accordance with the Fiscal Affairs Law; and

**WHEREAS**, on November 23, 2015, the Southern New Jersey Regional Employee Benefits Fund unanimously approved a 12 month budget for the Southern Coastal Regional Employee Benefits Fund in the amount of \$51,368,970;

**NOW THEREFORE BE IT RESOLVED** the appropriations in the total amount of **\$51,368,970** is hereby authorized & approved and assessments for member entities are certified.

**ADOPTED** by the Southern Coastal Regional Employee Benefits Fund at a properly noticed meeting held on January 25, 2016

**ADOPTED:**

**BY:** \_\_\_\_\_  
**CHAIRMAN**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 14-16**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
APPROVAL OF THE JANUARY 2016 BILLS LISTS**

**WHEREAS**, the Southern Coastal Regional Employee Benefits Fund held a Public Meeting on **January 25, 2016** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the month of January 2016 for consideration and approval of the Executive Committee; and

**WHEREAS**, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of December for all Fund Years for consideration and approval of the Executive Committee; and

**WHEREAS**, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the Southern Coastal Regional Employee Benefits Fund hereby approve the Bills List for January 2016 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**NOW, THEREFORE BE IT FURTHER RESOLVED**, the Commissioners of the Executive Committee of the Southern Coastal Regional Employee Benefits Fund hereby approve the Treasurers Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**ADOPTED: January 25, 2016**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**