

BOROUGH OF BUENA
MUNICIPAL UTILITIES AUTHORITY

RESOLUTION TO AUTHORIZE PARTICIPATION IN THE SHBP/SEHBP
FOR DENTAL PLAN COVERAGE

R-37-2019

WHEREAS, the Borough of Buena Municipal Utilities Authority (hereinafter the “Authority”) has, as a result of the process of negotiation, arrived at an understanding with respect to a Collective Bargaining Agreement with Teamster’s Local Union #676;

BE IT RESOLVED the Borough of Buena Municipal Utilities Authority whose location id number is 154000, a participating employer in the SHBP/SEHBP, hereby elects to participate in the Employee Dental Plans provided by the New Jersey State Health Benefits Act of the State of New Jersey (N.J.S.A. 52:14-17.25 et seq.) and to authorize coverage for all the employees and their dependents thereunder in accordance with the statute and regulations adopted by the State Health Benefits Commission.

As a participating employer, we will remit to the State Treasury all charges due on account of employee and dependent coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.

As the employer we will only facilitate the plan and therefore, the employee is responsible for 100 percent of the dental premium.

We hereby appoint the Certifying Officer and/or Supervisor to the Certifying Officer to act as the administration of this program. This resolution shall take effect immediately and coverage shall be effective as of January 1, 2020, or as soon thereafter as it may be effectuated pursuant to the statutes and regulations.

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the Borough of Buena Municipal Utilities Authority, 616 Central Avenue, Minotola, New Jersey 08341, (856) 697-1784 at a meeting held on November 13, 2019, and further that the Chairman and Secretary of the Authority be and they are hereby authorized to execute on behalf of the Authority

BOROUGH OF BUENA MUNICIPAL UTILITIES AUTHORITY

By: 
JOSEPH SANTAGATA, CHAIRMAN

Attest:


CHERYL M. SANTORE, SECRETARY

9
Number of Employees

154000
Employer's State Employer Identification Number (EIN)

NONE
Present Dental Plan Carrier