AMENDED RESOLUTION NO. 12-16

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

WHEREAS, The Southern New Jersey 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 New Jersey 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:

Member Name	Broker	2016 Broker Fees (pepm)
TOWNSHIP OF BORDENTOWN	Model Consulting Inc.	\$27.29
BOROUGH OF PAULSBORO	Steve Anuszewski Financial Services	\$62.69
NORTH HANOVER TWP	EJA Capacity	\$2.91
BOROUGH OF SOMERDALE	CHB Group	\$33.78
BOROUGH OF WESTVILLE	Hardenbergh Insurance Group	\$36.76
FRANKLIN TWP	Marsh & McLennan	\$42.47
LUMBERTON TOWNSHIP	Hardenbergh Insurance Group	\$54.59

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

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: APRIL 26, 2016

BY:__

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION 14-16

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND FINANCIAL TRANSFERS RESOLUTION

WHEREAS, the Fund separated into 3 distinct health joint insurance funds on January 1, 2016 and each distinct Fund was assigned its share of surplus from the closed year accounts of the Fund; and

WHEREAS, the transfer of surplus, at that time, did not include the transfer of all liabilities from the closed years; and

WHEREAS, Subsequent to the transfer being made in November some adjustments to surplus were made as part of the year end accounting closing process;

NOW, THEREFORE BE IT RESOLVED that:

- 1. The Fund Treasurer and Deputy Treasurer be and are hereby authorized to transfer to the accounts of the newly formed Funds the corresponding closed year balances as follows:
 - a. Schools Health Insurance Fund \$1,062,664.80.
 - b. Southern Coastal Regional Employee Benefits Fund \$66,839.66
- 2. Along with this transfer of funds, the respective newly formed Funds are also assuming the following liabilities:
 - a. Schools Health Insurance Fund
 - i. Retiree Surcharge \$1,038,605.00
 - ii. Frankford BOE Payable \$19,303.08
 - b. Southern Coastal Regional Employee Benefits Fund
 - i. Woodbine BOE Payable \$58,979.75
- 3. That these payments are to be confirmed on the bills list for the Fund for May, 2016, and that these confirmations are to be recorded in the minutes of this Fund, the Schools Health Insurance Fund, and the Southern Coastal Regional Employee Benefits Fund.
- 4. That these payments be subject to subsequent audit, reconciliation, and adjustment to reflect any contingent and unknown liabilities that impact the respective closed years.

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: April 25, 2016

BY:_

CHAIRPERSON

ATTEST:

SECRETARY

SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST

Resolution No. 15-16

FUND YEAR 2016

APRIL 2016

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Southern NJ Regional Employee Benefit Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund

FUND YEAR 2 CheckNumber	<u>014</u> <u>VendorName</u>	Comment		InvoiceAmount
006737 006737	STATE OF NJ HEALTH BENE FUND	STATE SURCHARGE ON BOE'S JUL-13 - JUN-14		1,065,340.00 1,065,340.00
006738 006738	STATE OF NJ HEALTH BENE FUND	STATE SURCHARGE ON BOE'S JUL-14 - JUN-15		1,080,660.00 1,080,660.00
	Total Payments FY			2,146,000.00
FUND YEAR 2	015	Total Payments FY2014	2,146,000.00	
CheckNumber	VendorName	Comment		InvoiceAmount
006739 006739	GATEWAY REGIONAL BOARD OF ED	2015 SNJHIF BILLING CREDITS	5 4/19/16	2,975.00 2,975.00
006740 006740	SWEDESBORO-WOOLWICH BOE	2015 SNJHIF BILLING CREDIT	5 4/19/16	772.00 772.00
006741 006741	STATE OF NJ HEALTH BENE FUND	STATE SURCHARGE ON BOE'S	S - 1ST 2015	1,299,218.00 1,299,218.00
006742 006742	STATE OF NJ HEALTH BENE FUND	STATE SURCHARGE ON BOE'S	5 - 2ND 2015	1,270,022.00 1,270,022.00
006743 006743	MEDICAL EVALUATION SPECIALISTS	MES 31816001801 - 12/31/2015		397.50 397.50
006744 006744	ALPHA GRAPHICS	SHIF TRANSITION LETTER MA	AILING	2,552.58 2,552.58
006745 006745	THE LANCE GROUP EMPLOYEE	SHAPEUP 2015 4TH QTR 2015 I	REIMBURSEMENT	10,625.00 10,625.00
006746			16	0.850.00
006746 006746	WELLNESS COACHES USA WELLNESS COACHES USA	WELLNESS COACHING - 04/20 WELLNESS COACHING - 2/1/10		9,850.00 9,850.00 19,700.00
006747 006747	SUMMIT HEALTH	HEALTHLY HEART FASTING -	- 3/2016	7,122.00 7,122.00
	016	Total Payments FY2015	2,613,384.08	,

<u>CheckNumber</u>	VendorName	Comment	InvoiceAmount
006748 006748	AETNA HEALTH MANAGEMENT LLC	AE461660-0001 - 04/2016	136,423.32 136,423.32
006749			
006749	FLAGSHIP HEALTH SYSTEMS	DMO PREMIUMS - 04/2016	508.69 508.69
006750 006750	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN - 04/2016 - GRP 3603	4,553.65
			4,553.65
006751 006751	AETNA LIFE INSURANCE COMPANY	PSUID 45466 BP 1003 - 04/2016	74,087.30 74,087.30
006752 006752	AMERIHEALTH NJ	TPA FEE 04/2016	2,554.00
			2,554.00
006753 006753	AMERIHEALTH ADMINISTRATORS	TPA FEE 04/2016	2,310.00
00/774			2,310.00
006754		POSTAGE FEE 03/2016	17.04
006754	PERMA PERMA		47.84
006754		ADMIN-MEDICARE PART D - 04/2016	668.46
006754	PERMA	EXECUTIVE DIRECTOR FEE 04/2016	19,774.84
006754	PERMA	GASB 45 AUDITRS - 04/2016	823.65
006754	PERMA	INTERNET DOCUMENTATION - 04/2016	210.03 21,524.82
006755			,
006755	ACTUARIAL SOLUTIONS, LLC	FUND ACTUARY FEE 2ND QTR 2016	5,500.00 5,500.00
006756			
006756	J. KENNETH HARRIS, ATTY AT LAW	FUND ATTORNEY FEE 04/2016	1,640.00 1,640.00
006757			
006757	VERRILL & VERRILL, LLC	TREASURER FEE 04/2016	700.00 700.00
006758			
006758	MICHAEL S. ZAMBITO	TREASURER FEE 04/2016	466.67 466.67
006759			
006759	JACK LIPSETT	MEETING EXPENSE - 03/2016	104.82
006760			104.82
006760	SILVER SPOON CATERING LLC	MEETING - 02/2016	225.00
			225.00
006761			
006761	COURIER POST	ACCT: CHL-079881 - 4/2/16 - RESOLUTION	93.90
			93.90
006762			
006762	CONNER STRONG & BUCKELEW	RX - 04/2016	8,702.44
006762	CONNER STRONG & BUCKELEW	MEDICAL - 04/216	40,454.68
006762	CONNER STRONG & BUCKELEW	BROKER FEES - 04/2016	9,311.90
006762	CONNER STRONG & BUCKELEW	DENTAL FEE - 04/2016	3,723.27
006762	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM - 4/2016	536.24
006762			62,728.53

006763	CONNER STRONG & BUCKELEW	REIMB POSTAGE SHIF TRANSITION MAILINGS	2,869.75 2,869.75
006764 006764	ALLSTATE INFORMATION MANAGEMNT	ACCT: 419 - ACT & STOR - 3/31/2016	89.39 89.39
006765 006765	MEDICAL EVALUATION SPECIALISTS	MES 31816026200 - 3/3/2016	245.00 245.00
006766 006766	BURLINGTON COUNTY TIMES	ACCT: 2-0472440020316 - 3/6 - MTG 3/28	31.04 31.04
006767 006767 006767	MUNICIPAL REINSURANCE HIF MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE - 04/2016 AGGREGATE REINSURANCE - 04/2016	95,220.25 7,624.50 102,844.75
		Total Payments FY2016419,500.63	

TOTAL PAYMENTS ALL FUND YEARS \$ 5,178,884.71

Chairperson

Attest:

Dated:__

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

Treasurer

SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST - 2

Resolution No. 15-16

APRIL 2016

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Southern NJ Regional Employee Benefit Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR (CheckNumber	CLOSED VendorName	Comment		<u>InvoiceAmount</u>
T42016 T42016	SCHOOLS HEALTH INSURANCE FUND	PER RECOLUTION 14-16 TRANSFER BETWEEN BANK 4	ACCOUNTS	1,062,664.80 1,062,664.80
T42016 T42016	SO. COASTAL REG'L EMPLOYEE BENFTS FUND	PER RECOLUTION 14-16 TRANSFER BETWEEN BANK A Total Payments Closed Year	ACCOUNTS 1,129,504.46	66,839.66 66,839.66

TOTAL PAYMENTS ALL FUND YEARS \$ 1,129,504.46

Chairperson

Attest:

Dated:___

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

Treasurer