

RESOLUTION NO. 20-17

**SCHOOLS HEALTH INSURANCE FUND
RESOLUTION TO OFFER MEMBERSHIP**

WHEREAS, a number of local boards of education in the state of New Jersey have joined together to form a School Board Joint Insurance Fund, under the name of the Schools Health Insurance Fund (the "Fund"), as permitted by law; and

WHEREAS, the Fund held a Public Meeting on **May 24, 2017** for the purposes of conducting the official business of the Fund; and

WHEREAS, the Executive Director and Actuary of the Fund has reviewed the risk, underwriting detail, and actuarial projections for the Fund and recommends an annual total assessment as presented in detail; and

WHEREAS, it has been determined that the admission to membership in the Fund of the following school boards would be in the best interests of the Fund and the inclusion of the entity in the Fund is consistent with the Fund's By-laws;

BE IT RESOLVED, that the Schools Health Insurance Fund hereby offers membership to the below mentioned entities on the dates set forth next to their names for medical, prescription, and/or dental coverage, contingent upon receipt of the Fund's authorizing resolution to join the Fund and its executed Indemnity and Trust agreement.

WHEREAS, the Schools HIF approves the broker fees as resolved by the entering new member and is included in the projected rates;

SCHOOL BOARD	EFFECTIVE DATE
Mendham BOE	7/1/2017
Lenape Valley BOE	7/1/2017
Franklin BOE (Quakertown)	7/1/2017
Stillwater Township BOE	8/1/2017 - Vote Pending
Frelinghuysen BOE	7/1/2017
Mercer County Technical School	Pending

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

SCHOOL HEALTH INSURANCE FUND BILLS LIST

Confirmation of Payment

APRIL 2017

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

BE IT RESOLVED that the School Health Insurance 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 2016/2017

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001323			
001323	FLAGSHIP HEALTH SYSTEMS INC	DMO PREMIUMS - 04/2017	6,854.94
			6,854.94
001324			
001324	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN - 04/2017 - GRP 9475	10,562.15
			10,562.15
001325			
001325	HORIZON	TPA FEE 04/2017	100.00
			100.00
001326			
001326	AETNA LIFE INSURANCE COMPANY	PSUID 93807101 BP 1001 - 04/2017	324,570.70
			324,570.70
001327			
001327	AMERIHEALTH ADMINISTRATORS	TPA FEE 04/2017	77,154.00
			77,154.00
001328			
001328	PERMA RISK MANAGEMENT SERVICES	POSTAGE FEE 03/2017	28.08
001328	PERMA RISK MANAGEMENT SERVICES	EXECUTIVE DIRECTOR FEE 04/2017	63,842.72
001328	PERMA RISK MANAGEMENT SERVICES	INTERNET DOCUMENTATION - 04/2017	210.12
			64,080.92
001329			
001329	ACTUARIAL SOLUTIONS, LLC	FUND ACTUARY 2ND QTR 2017	6,375.00
			6,375.00
001330			
001330	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCUMENT PREPARATION - 04/2017	337.00
001330	J. KENNETH HARRIS, ATTY AT LAW	FUND ATTORNEY - 03/2017 - UNDERPAID	360.00
001330	J. KENNETH HARRIS, ATTY AT LAW	FUND ATTORNEY SERVICE - 04/2017	2,838.00
			3,535.00
001331			
001331	VERRILL & VERRILL, LLC	TREASURER FEE 04/2017	1,527.37
			1,527.37
001332			
001332	MOORESTOWN COMMUNITY HOUSE	MAY 24/JUY26TH ROOM RENTAL - 4/11/2017	300.00
			300.00
001333			
001333	COURIER POST	CHL+092208 - 3/25/2017 - 2017 BDGT ADOPT	48.48
			48.48
001334			
001334	CONNER STRONG & BUCKELEW	Q1 VERISK - 4/11/2017	7,965.00

001334	CONNER STRONG & BUCKELEW	MEDICAL FEE 04/2017	140,956.96
001334	CONNER STRONG & BUCKELEW	RX FEE 04/2017	20,820.08
001334	CONNER STRONG & BUCKELEW	1099 CORRECTION CHARGE - 4/11/17	14.95
001334	CONNER STRONG & BUCKELEW	BROKER FEE 04/2017	127,332.22
001334	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM - 04/2017	2,522.76
001334	CONNER STRONG & BUCKELEW	DENTAL FEE 04/2017	8,636.03
			308,248.00
001335			
001335	ALLSTATE INFORMATION MANAGEMNT	ACCT: 962 - ACT & STOR 3/31/2017	0.47
001335	ALLSTATE INFORMATION MANAGEMNT	ACCT: 962 - ACT & STOR - 01/31/2017	0.47
001335	ALLSTATE INFORMATION MANAGEMNT	ACCT: 962 - ACT & STOR - 02/28/2017	11.68
			12.62
001336			
001336	MEDICAL EVALUATION SPECIALISTS	MES #31817031602 - 3/10/2017	596.25
			596.25
001337			
001337	ABUNDANT HEALTH & JOY	PRESENTATION - 5/3/17 - RANOCAS VRHS	150.00
			150.00
001338			
001338	TROPHY KING OF PARSIPPANY	CLOCK - 4/17/2017	125.00
			125.00
001339			
001339	THE LANCE GROUP EMPLOYEE	FUND COORDINATOR - 04/2017	54,971.25
			54,971.25
001340			
001340	FRANKFORD TOWNSHIP BOE	YOGA - 03/2017	455.00
			455.00
001341			
001341	INFINITE MASSAGE	ON SITE MASSAGE- RANOCAS VRHS	420.00
			420.00
001342			
001342	WELLNESS COACHES USA	WELLNESS COACHING - 04/2017	9,850.00
001342	WELLNESS COACHES USA	WELLNESS COACHING - 02/2017	9,850.00
			19,700.00
001343			
001343	TAVI HEALTH INC.	SINGLE WELLNESS CHALLENGE4/11/17 COLLING	500.00
001343	TAVI HEALTH INC.	SINGLE WELLNESS CHALLENGE 4/7/17 BELLMAW	550.00
001343	TAVI HEALTH INC.	SINGLE WELLNESS CHALLENGE 3/17/17 BEDMIN	500.00
001343	TAVI HEALTH INC.	SINGLE WELLNESS CHALLENGE3/1/17 RANOC	500.00
			2,050.00
001344			
001344	ALEXANDRIA TOWNSHIP BOE	VOYAGER RELAXATION EVENT HFC 2/27/17	769.00
			769.00
001345			
001345	SARAH LA FLEUR	YOGA - 12/14&17/196 - RANOCAS	140.00
			140.00
001346			
001346	DONNA AROMANDO	STRENGTH TRAINING CLINIC - 3/17 RANOCAS	100.00
			100.00
001347			
001347	VIRGIN PULSE, INC.	VIRGIN PAULSE WELLNESS PROGRAM 3/15/17	44,854.96
			44,854.96
001348			

001348	SVETLANA SHAPIRO	PILATES CLASS FEB 28 & MAR 16 - RANCOCAS	140.00
			140.00
001349			
001349	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSUARNCE - 04/2017	459,202.58
001349	MUNICIPAL REINSURANCE HIF	AGGREGATE REINSURANCE - 04/2017	32,631.50
			491,834.08
		Total Payments FY 2016/2017	1,419,674.72

TOTAL PAYMENTS ALL FUND YEARS \$ 1,419,674.72

Chairperson

Attest:

Dated: _____

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

Treasurer

SCHOOL HEALTH INSURANCE FUND BILLS LIST

Resolution No. 21-17

MAY 2017

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

BE IT RESOLVED that the School Health Insurance 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 2016/2017

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001350			
001350	FLAGSHIP HEALTH SYSTEMS INC	DMO PREMIUMS - 05/2017	6,748.09
			6,748.09
001351			
001351	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN - 05/2017 - GRP 9475	10,644.50
			10,644.50
001352			
001352	HORIZON	TPA FEE 05/2017 - GRP 8503Q	100.00
			100.00
001353			
001353	AETNA LIFE INSURANCE COMPANY	PSUID 93807101 BP 1001 - 05/2017	293,768.16
			293,768.16
001354			
001354	AMERIHEALTH ADMINISTRATORS	TPA FEE 05/2017	77,280.00
			77,280.00
001355			
001355	PERMA RISK MANAGEMENT SERVICES	POSTAGE FEE 04/2017	186.60
001355	PERMA RISK MANAGEMENT SERVICES	EXECUTIVE DIRECTOR FEE 05/2017	63,956.49
001355	PERMA RISK MANAGEMENT SERVICES	INTERNET DOCUMENTATION - 05/2017	210.12
			64,353.21
001356			
001356	J. KENNETH HARRIS, ATTY AT LAW	FUND ATTORNEY FEE 05/2017	2,838.00
			2,838.00
001357			
001357	VERRILL & VERRILL, LLC	TREASURER FEE 05/017	1,527.37
001357	VERRILL & VERRILL, LLC	STAMPS - 04/2017	12.74
			1,540.11
001358			
001358	COURIER TIMES INC.	ACCT: 20188817632 - 3/26/17 - BDGT	38.86
001358	COURIER TIMES INC.	ACCT: 2018817632 - 3/1/2017 - BDGT INTRO	40.24
			79.10
001359			
001359	IMEDECS, INC.	PROFESSIONAL SERVICES - 5/11/17	425.00
001359	IMEDECS, INC.	PROFESSIONAL SERVICES - 4/14/2017	425.00
			850.00
001360			
001360	CONNER STRONG & BUCKELEW	RX FEE 05/2017	20,925.99
001360	CONNER STRONG & BUCKELEW	MEDICAL - 05/2017	141,159.11
001360	CONNER STRONG & BUCKELEW	BROKER FEES 05/2017	127,651.72
001360	CONNER STRONG & BUCKELEW	DENTAL - 05/2017	8,703.34

001360	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM - 05/2017	2,526.33
			300,966.49
001361			
001361	CONNER STRONG & BUCKELEW	COLLINGSWOOD BOE REIMBURSEMENT	713.40
			713.40
001362			
001362	ALLSTATE INFORMATION MANAGEMNT	ACCT: 962 - ACT & STOR - 4/30/2017	10.99
			10.99
001363			
001363	THE LANCE GROUP EMPLOYEE	FUND COORDINATOR - 05/2017	55,135.65
			55,135.65
001364			
001364	FRANKFORD TOWNSHIP BOE	ZUMBA - 04/2017 - JAYNE DEBARI	215.30
001364	FRANKFORD TOWNSHIP BOE	YOGA - 04/2017 - LAURA MAZZELLA	260.00
001364	FRANKFORD TOWNSHIP BOE	ZUMBA - 3/2017 - JAN Y DEBARI	215.30
			690.60
001365			
001365	TARA KERN	WELLNESS CHAMPION STIPEND DELSEA SD	1,000.00
			1,000.00
001366			
001366	CINDY MENDENHALL	WELLNESS CHAMPION STIPEND 5/17	1,000.00
			1,000.00
001367			
001367	WELLNESS COACHES USA	WELLNESS COACHING - 04/2017	9,850.00
			9,850.00
001368			
001368	TAVI HEALTH INC.	ONLINE LICENSE - 5/1/17 BELLMAWR BOE	500.00
001368	TAVI HEALTH INC.	ONLINE LICENSE - 4/14/17 - BLACK HORSE P	511.40
001368	TAVI HEALTH INC.	ONLINE LICENSE 4/14/17 - SWEDESBORO	500.00
			1,511.40
001369			
001369	JENNIFER A. BROWN	WELLNESS CHAMPION STIPEND - 4/24/2017	2,000.00
			2,000.00
001370			
001370	DONNA AROMANDO	STRENGTH TRAINING CLINIC 5/2/17	100.00
			100.00
001371			
001371	REDEFINED MOVEMENT, LLC	PILATES CLASS MAR 30 & APR 13	140.00
			140.00
001372			
001372	VIRGIN PULSE, INC.	MAX ACTIVITY TRACKERS - 3/31/2017	3,684.13
			3,684.13
001373			
001373	DEANNAH SHAHEEN	YOGA - FEB - APR 2017	700.00
			700.00
001374			
001374	DENNISE JONES	FITNESS FUSION - DELSEA HS 5/2/17	20.00
			20.00
001375			
001375	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE - 05/2017	459,861.21
001375	MUNICIPAL REINSURANCE HIF	AGGREGATE REINSURANCE - 05/2017	32,682.50
			492,543.71

Total Payments FY

1,328,267.54

TOTAL PAYMENTS ALL FUND YEARS \$ 1,328,267.54

Chairperson

Attest:

Dated: _____

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

Treasurer

RESOLUTION NO. 21-17

**SCHOOLS HEALTH INSURANCE FUND
APPROVAL OF THE APRIL AND MAY 2017 BILLS LIST AND TREASURERS REPORT**

WHEREAS, the **Schools Health Insurance Fund** (the "Fund") held a Public Meeting on **May 24, 2017** 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 months of April and May 2017 for consideration and approval of the Board of Trustees; 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 March for all Fund Years for consideration and approval of the Board of Trustees; and

WHEREAS, a quorum of the Board of Trustees was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

NOW THEREFORE BE IT RESOLVED the Board of Trustees of the **Fund** hereby approves the Bills List for April and May 2017 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 School Board Joint Insurance Funds.

NOW, THEREFORE BE IT FURTHER RESOLVED, the Board of Trustees of the **Fund** hereby approves the Treasurer's 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 School Board Joint Insurance Funds.

ADOPTED: May 24, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-17

**SCHOOLS HEALTH INSURANCE FUND
APPOINTING
PROFESSIONALS AND AWARDED CONTRACTS
FOR FUND YEAR July 1, 2017 - June 30, 2018**

WHEREAS, the Schools Health Insurance Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Public School's Contracts Law and the Schools Ethics Act;

WHEREAS, the Fund resolved on September 28, 2015 to award contracts in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq., the Fund advertised for such contracts on its official web site on August 3, 2015, and received and publicly opened resulting proposals on September 8, 2015; and;

WHEREAS, the Board of Trustees of the Schools Health Insurance Fund implemented a "fair and open" process to make appointments and contract awards for January to June 2017, 2017-2018, and 2018-2019; and;

WHEREAS, the Board of Trustees of the Schools Health Insurance 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 Board of Trustees that the following appointments and contract awards be and are hereby made for 2017-2018:

July 1, 2017 - June 30, 2018	
<u>SHIF Contract & Vendor</u>	<u>2017-2018 Proposed Fees</u>
Attorney - Ken Harris	\$34,738.34
Treasurer - Verrill & Verrill LLC	\$18,695.04
Program Manager - Conner Strong Buckelew	
Medical Per/ee	\$18.75
Dental Per/ee	\$2.54
RX Per/ee	\$5.68
Health Care Reform Per/ee	\$0.34
Estimated Total	\$2,133,935.00
Administrator - PERMA	
Per/EE - inclusive of Website Maintenance	\$8.25
Estimated Total	\$798,131.00
TPA - Medical Aetna/per ee	\$51.31
Estimated Total	\$3,616,739.00
TPA - Medical AmeriHealth Admin/per ee	\$42.00
Estimated Total	\$928,872.00
TPA - Delta Dental/per ee	\$3.10
Estimated Total	\$131,428.00
TPA - Horizon Per/ee	\$50.00
Estimated Total	\$1,200.00
Subgroup Coordinator - Lance Group	
Per/ee	\$20.96
Estimated Total	\$676,621.00
Actuary - John Vataha	\$25,500.00
Auditor - Bowman & Company	\$14,250.00

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 ;

SCHOOLS HEALTH INSURANCE FUND: ADOPTED MAY 24, 2017

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 11-17

**SCHOOLS HEALTH INSURANCE FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2017 - 2018**

BE IT RESOLVED by the Board of Trustees of the Schools Health Insurance 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 2017-2018 or until its successor has been appointed and qualified.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 24, 2017

BY: _____

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 12-17

**RESOLUTION OF THE SCHOOLS HEALTH INSURANCE FUND
DESIGNATING CUSTODIAN OF FUND RECORDS**

BE IT RESOLVED that _____, the Secretary of the Schools Health Insurance 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

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 24, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 13-17

**SCHOOLS HEALTH INSURANCE FUND
DESIGNATING
THE BURLINGTON COUNTY TIMES AND THE COURIER POST
THE OFFICIAL NEWSPAPERS FOR THE FUND YEAR 2017-2018**

BE IT RESOLVED by the Board of Trustees of the Schools Health Insurance Fund that the Burlington County Times and The Courier Post are hereby designated as the official newspapers for the Schools Health Insurance Fund for the year 2017-2018 and that all official notices required to be published shall be published in the Burlington County Times, The Courier Post and the Fund Website (www.schoolshif.com)

BE IT FURTHER RESOLVED that in the case of special meetings or emergency meetings, the Secretary of the Schools Health Insurance Fund shall give notice of said meetings to the Burlington County Times, the Courier Post and the Fund Website (www.schoolshif.com)

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 24, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 14-17

**SCHOOLS HEALTH INSURANCE FUND
FIXING PUBLIC MEETING DATES**

FOR THE YEAR 2017-2018

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 Board of Trustees of the Schools Health Insurance Fund that the Fund shall hold public meetings during the year 2017-2018 on the following dates at the Moorestown Public Meeting House, 16 East Main St, Moorestown, NJ 08057:

July 26, 2017

September 27, 2017

November 29, 2017 (5th Wednesday)

January 24, 2018

February 28, 2018

March 28, 2018

May 23, 2018

BE IT FURTHER RESOLVED that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in the Burlington County Times, the Courier Post and listed on the Fund Website (www.schoolshif.com)

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 24, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 15-17

**SCHOOLS HEALTH INSURANCE FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING CASH MANAGEMENT PLAN**

SCHOOLS HEALTH INSURANCE FUND

2017/2018 CASH MANAGEMENT AND INVESTMENT POLICY

1.) Cash Management and Investment Objectives

The SCHOOLS HEALTH INSURANCE 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
OceanFirst 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.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 24, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 16-17

**SCHOOLS HEALTH INSURANCE FUND
RESOLUTION DESIGNATING
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS**

BE IT RESOLVED by the Schools Health Insurance Fund that all funds of the Schools Health Insurance Fund shall be withdrawn from the official named depositories by check, which shall bear the signatures of at least two (2) of the following persons who are duly authorized pursuant to this Resolution.

- Chairman

- Secretary

- Trustee

Ken Verrill/Lorraine Verrill

- Treasurer *(one, but never both)*

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 24, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 17-17

SCHOOLS HEALTH INSURANCE FUND

RISK MANAGEMENT PLAN

Effective: July 1, 2017

Adopted: May 24, 2017

2017/2018 RISK MANAGEMENT PLAN

The RISK MANAGEMENT PLAN for the Schools Health Insurance Fund (the "SHIF"), for the SHIF Year beginning July 1, 2017 and ending on June 30, 2018 shall be as set forth below:

1.) COVERAGE OFFERED

- Medical

The medical plans offered by the SHIF include standard "preferred provider organization", "traditional", "point of services", "tiered", and "health maintenance organization" plan designs and such other plan designs as approved by the Board of Trustees and the Commissioner of the Department of Banking and Insurance. These plans have both in network and out of network benefits and are customized to the needs and specifications of the members. The SHIF 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 SHIF will also offer Medicare Advantage programs for retirees.

- Dental

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

- Prescription

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

- Vision

The SHIF 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 SHIF

Medical and Prescription

- Specific Retention: \$325,000
- Aggregate Retention: \$142,737,981 (121.2% of budgeted claims)
- Specific Limit Unlimited
- Aggregate Limit \$10,000,000

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

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

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 SHIF complies with statutory accounting standards and establishes reserves on the probable total claim costs at the conclusion of the SHIF 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 SHIF 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 SHIF Year, the SHIF adopts a budget for the upcoming year based on the most recent census, the claims experience for the current SHIF Year and other applicable accounting and actuarial factors. Per employee rates are computed for each line of coverage for each SHIF member, and are approved by the SHIF as a part of the budget adoption process. These rates are used to compute the monthly assessment for each member of the SHIF members based on the updated census, and monthly billings are mailed to the SHIF 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 SHIF.

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 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 choose to take such deferments shall advise the SHIF 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 SHIF provides coverage on a self-insured basis, and secures excess insurance to cap the SHIFs' specific (i.e. per enrolled covered person per policy year) retention and aggregate retention. The SHIF is a member of the Municipal Reinsurance Health Insurance Fund (MRHIF). The MRHIF retains claims above the SHIF'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 SHIF and the other members.

7.) REINSURANCE

None.

8.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

Upon application to the SHIF, 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:

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

The actuary then recommends a relativity factor to either the SHIF's base rates or to the rates being paid by the entity. The Board of Trustees of the SHIF must approve the rates recommended by the actuary before the prospective member is approved for membership in the SHIF.

To manage potential volatility that could result from rapid growth, the SHIF:

- limits growth in medical membership to 20% of the prior year's medical enrollment;
- limits growth in counties outside of its traditional footprint (Camden, Gloucester, and Burlington) to 5% of the prior year's enrollment;
- prohibits cross subsidization of rates between new members; and
- requires new members to use all Rx utilization management standards adopted by the SHIF.

The SHIF may require enrollment audits for new and existing members to assure that benefits are paid only for persons meeting eligibility requirements.

Rates for all members are adjusted at the beginning of each SHIF year to reflect the new budget. The adjustment reflects the overall cash flow needs of the SHIF, and actuarial factors needed to assure that individual entity rates reflect the risk profile of the member. The SHIF may implement individual entity loss ratio adjustments based upon recommendations from the SHIF actuary. The SHIF may also adopt mid-year rate changes to reflect changes in plan design, participation in lines of coverage, utilization management, 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 (3) year period.

Loss experience data used by the SHIF to determine loss ratio adjustments will be made available no more frequently than twice per year to members at no additional cost. "Loss experience data" is defined as monthly claims and assessments for a three (3) year period including de-identified specific claims at 50% of the SHIF's self-insured retention. Requests for additional claims data from SHIF members will be considered based upon the availability of data, the feasibility of extracting the data, and conditioned upon the member reimbursing the SHIF or its vendors for data extraction and formatting costs.

As part of the renewal process, the Board of Trustees shall, at least annually, review surplus retention objectives and status.

Additionally, claims agents shall formally report to the SHIF at least annually on network contract changes and the potential financial impact of such changes on the prospective charges and fees.

9.) RATING PERIODS

Rating periods for school board members generally coincide with the SHIF fiscal year but customized rating periods can be offered to members.

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

Unless otherwise authorized as part of the offer of membership, when a member joins during a SHIF year, the member's initial rates are only valid through the end of the then current SHIF year at which time the rates are adjusted for all members to reflect the new budget.

11.) TERMINATION OF MEMBERSHIP

Former members of the SHIF cannot rejoin the SHIF for a period of three (3) years after the date of the termination of their membership in the SHIF.

12.) PROVISION FOR PLAN ALTERNATIVES

The SHIF offers employees the option of selecting various PPO/POS, tiered option plans and other plan designs dependent upon the collective bargaining agreements applicable that member.

Generally, it is the policy of the SHIF to encourage selection of POS and other cost saving plan designs as opposed to traditional indemnity plans, and the SHIF provides promotional material to assist members in employee communication programs concerning optional plan designs.

13.) OPEN ENROLLMENT PROCEDURES

All members have an open enrollment period no later than the first month of their joining the SHIF. Participating employees also have an annual open enrollment with changes effective at the beginning of the SHIF Year.

14.) COBRA AND CONVERSION OPTIONS

The SHIF provides COBRA coverage at a rate equal to the member's current rate and benefit plan design, plus the appropriate administrative charge. The SHIF 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 SHIF provides a conversion option at rates established by the SHIF. Unless otherwise specified in the member's plan document, the conversion option duplicates the conversion option offered by the SEHBP. The SHIF's coverage for individuals covered under COBRA or conversion options shall terminate effective the date the member withdraws from the SHIF, or otherwise ceases to be a member of the SHIF or in the event of nonpayment of applicable charges.

15.) DISCLOSURE OF BENEFIT LIMITS

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

16.) 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 SHIF or confer any additional rights to the employees. Where the SHIF 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.

17.) RETIREES

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

18.) 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).”

19.) PLAN DOCUMENT

The SHIF 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 SHIF Risk Management Plan and 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.

20.) BENEFITS CURRENTLY PROVIDED TO COVERED EMPLOYEES BY EACH MEMBER AND BENEFITS PROPOSED TO BE PROVIDED BY THE SHIF.

PROVIDED IN EACH PLAN DOCUMENT

21.) PROCEDURES FOR THE CLOSURE OF SHIF FUND YEARS

Approximately six months after the end of a SHIF year, the SHIF 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 SHIF begins to consider closing the year, unless excess insurance recoveries are pending or litigation is likely. The SHIF has determined that maintaining and retaining a surplus equal to two and a half (2.5) months of the current year claim expenses is a benchmark prior to a dividend being declared from surplus generated by claims operations.

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

- A reserve is established by the actuary to cover any unpaid claims or IBNR
- The SHIF decides on the final dividend or supplemental assessment.
- A closure resolution is adopted transferring all remaining assets and liabilities of that SHIF year to the “Closed SHIF Year/Contingency Account”.
- Each member’s pro rata share of the residual assets are computed and added to its existing balance in the Closed SHIF Year/Contingency Account.
- Any member that has withdrawn from the SHIF shall receive its remaining share of the Closed SHIF Year/Contingency Account on the following schedule:
 - 3rd year after withdrawal – 25% of balance
 - 4th year after withdrawal – 25% of balance
 - 5th year after withdrawal – 25% of balance

- 6th year after withdrawal – Remaining balance

22.) MAXIMUM APPROVAL AMOUNT FOR CERTIFYING & APPROVING OFFICER

1. The SHIF Treasurer may issue checks or initiate wire transfers in payment of medical, Rx, and dental claims, as submitted by the third party administrator responsible for handling the SHIF's claims, as necessary in order to fulfill the SHIF's claim funding obligations under the applicable service provider contract between the SHIF and the third party administrator. The certifying and approving officer shall prepare a report of all claims approved by him or her in aggregate by year and line of coverage. This report shall be submitted to the Board of Trustees of the SHIF at their next scheduled meeting. The Board of Trustees shall review and approve the actions of the certifying and approving officer. In the event claims approved and paid by the certifying and approving officer is not approved by the Board of Trustees, 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 Board of Trustees of the SHIF 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 Board of Trustees in writing whenever the cumulative payments to any covered person for a single illness or injury (including related illnesses and injuries) exceeds \$30,000.

23.) "RUN-IN" or "RUN-OUT" LIABILITY

The SHIF covers the "run-out" liability of all members - i.e., liability for claims incurred but not reported by a former SHIF member during the period it was a member. Upon approval of the Board of Trustees, the SHIF may also cover the run-in liability of a perspective 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 SHIF). When the SHIF covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the SHIF's actuary and approved by the Board of Trustees. The assessment shall be paid entirely within the SHIF Year the member joined the SHIF.

24.) CLAIM AUDIT

The SHIF retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted upon completion of the first SHIF Year after the SHIF's inception and at least once

every three (3) years thereafter. The SHIF can conduct this audit on its own, or in a cooperative effort with other health joint insurance funds through the Municipal Reinsurance Health Insurance Fund.

25.) 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 Program Manager, Executive Director and the SHIF Attorney with a copy of the memo, which has been prepared concerning the appeal.
 - The TPA, Program Manager, Executive Director and SHIF 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, Program Manager, Executive Director and SHIF Attorney is to pay the claim, then the TPA is hereby authorized to issue the necessary check in payment of the claim.
- The Board of Trustees of the SHIF shall formally confirm the decision of the TPA, Program Manager, Executive Director and SHIF Attorney to pay the claim and ratify the payment issued pursuant to that decision at the next meeting of the Board of Trustees.
 - If the decision of the TPA, Program Manager, Executive Director and SHIF 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 SHIF'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 Program Manager.
 - 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 Program Manager 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 Program Manager 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 not 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 Program Manager 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 Program Manager shall then forward an eligible, complete request for external review to the IRO designated by the SHIF 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 Program Manager 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 Program Manager shall provide prompt written notice of any such modification to the claimant and the IRO.
4. The Program Manager, 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 Program Manager does not provide such information in a timely manner. In such event, the IRO shall notify the claimant and the Program Manager 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 Program Manager 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 Program Manager 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 SHIF 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/

ADOPTED: May 24, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**SCHOOLS HEALTH INSURANCE FUND
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO
N.J.S.A. 17:22A-1 ET SEQ AND REPRESENTING MEMBER ENTITIES**

WHEREAS, The Schools Health Insurance 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 Schools Health Insurance Fund establishes the following producer plan for 2017-2018;

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 promulgated by the Program Manager and is attached hereto.. (Appendix VI)
3. The following sub-producers with the designated compensation levels are approved for 2017-2018:

<u>Member Name</u>	<u>Firm</u>	<u>Broker Fee PEPM</u>
HARDYSTON TWP BOE	AJ Gallagher	25.99
FLORENCE BOE	Allen Associates	53.22
MEDFORD BOE	Allen Associates	51.47
TABERNACLE BOE	Allen Associates	55.48
LEBANON TOWNSHIP BOE	Brown & Brown Advisors	27.49
OGDENSBURG BOROUGH SCHOOL DSTRC.	Brown & Brown Advisors	76.85
ALEXANDRIA TWP BOARD OF EDUCATION	Brown & Brown Advisors	38.44
CITY OF BURLINGTON BOE	Cherry Hill Benefits	23.84
BERLIN BOROUGH BOE	Conner Strong & Buckelew	23.25
MT. HOLLY TWP. BOE	Conner Strong & Buckelew	25.64
SOUTH HARRISON TWP BOE	Conner Strong & Buckelew	13.65
WOODBURY HTS BOE	Conner Strong & Buckelew	11.33
MANTUA TWP BOE	Hardenbergh Insurance Group	50.92
BYRAM TWP BOE	Integrity Consulting	26.92
SWEDESBORO-WOOLWICH BOE	Integrity Consulting	12.48
Harrison Township BOE	Integrity Consulting	30.00
FREDON TOWNSHIP BOE	Integrity Consulting	51.19
LOGAN TWP BOE	J Cobb Insurance Group LLC	55.31
KINGSWAY REGIONAL SCHOOL DISTRICT	J Cobb Insurance Group LLC	4.85
EWING TOWNSHIP BOE	The Lance Group	20.96
BURLINGTON TWP. BOE	The Lance Group	20.96
CINNAMINSON TWP BOE	The Lance Group	20.96
MEDFORD LAKES BOE	The Lance Group	20.96
MOORESTOWN TOWNSHIP PUBLIC SCHOOLS	The Lance Group	20.96
MT. LAUREL TOWNSHIP SCHOOLS	The Lance Group	20.96
RIVERSIDE TOWNSHIP BOE	The Lance Group	20.96
SOUTHAMPTON TWP BOE	The Lance Group	20.96
EAST GREENWICH BOE	The Lance Group	20.96

4. This schedule may be amended upon written notification of each listed member entity.
5. Monthly payments for sub-producers shall be made to the appointed Program Manager who shall in turn pay each sub-producer.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 24, 2017

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 19-17

**SCHOOLS HEALTH INSURANCE FUND
AUTHORIZING FUND TREASURER TO PROCESS
CONTRACTED PAYMENTS AND EXPENSES**

WHEREAS, the Board of Trustees 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 Board of Trustees of the Schools Health Insurance 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 2017-2018.

BE IT FURTHER RESOLVED that the Board of Trustees of the Schools Health Insurance 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 Schools Health Insurance Fund at a properly noticed meeting held on May 24, 2017

ADOPTED:

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY