

RESOLUTION NO. 1-13

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPOINTING
PROFESSIONALS AND AWARDED CONTRACTS
FOR FUND YEAR 2013**

WHEREAS, the Central Jersey Health Insurance Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

WHEREAS, the Executive Committee of the Central Jersey 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 Central Jersey Health Insurance Fund may continue;

WHEREAS, the Fund resolved on September 27, 2011 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 October 1, 2011, and received and publicly opened resulting proposals on November 10, 2011 for all positions.

BE IT RESOLVED by the Executive Committee of the Central Jersey Health Insurance Fund that the following “fair and open” appointments and contract awards be and are hereby made for 2013:

Central Jersey HIF	
Contract and Vendor	2013 Fees
Administrator - PERMA Risk Management Services	\$7.91
Non Medical <1,001	\$4.61
Non Medical >1,000	\$3.34
Cobra and HIPAA	\$0.78
Medicare Part D and HIPAA	\$18,014
GASB 45	\$10,404
Annual Total	\$273,313
Program Manager - Conner Strong & Buckelew	\$19.28
Non Medical	\$8.34
Web Site Admin	\$2,500.00
Health Care Reform	\$0.82
Annual Total	\$638,480
Actuary - John Vataha	\$37,450
Attorney - Berry, Sahradnik, Kotzas & Benson	\$34,329
Auditor - Holman & Frenia, PC	\$21,750
Treasurer - Steven Mayer	\$11,100
Dental TPA - Delta Dental	\$3.00
Annual Total	\$59,868
Rx Administrator - ESI - Medicare Part D Reporting	\$5,000
Medical TPA - Aetna	
Medical	\$46.55
Annual Total	\$638,480
Medical TPA - Qualcare	
Network Access Fee	\$8.01
Utilization Management PPO	\$4.85
TPA - Trad Plan	\$21.71
TPA - PPO Plan	\$18.27
TPA - EPO - HMO Plan	\$37.13
TPA - Vision Plan	\$1.13
RN Case Management	\$110.12
Summary of Benefit & Coverage	\$10,000
Annual Total	\$ 331,061
Multiplan	
Per employee per month cap	\$5.00
Annual Total	\$ 50,100
Total	\$2,168,989

NOW THEREFORE BE IT 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 16, Parsippany, NJ 07054;

CENTRAL JERSEY HEALTH INSURANCE FUND
ADOPTED: January 16, 2013

BY

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 2-13

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2013**

BE IT RESOLVED by the Executive Committee of the Central Jersey 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 16, Parsippany, NJ 07054, for the year 2013 or until its successor has be appointed and qualified.

ADOPTED: January 16, 2013

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 3-13

**CENTRAL JERSEY HEALTH INSURANCE FUND
DESIGNATING CUSTODIAN OF FUND RECORDS**

BE IT RESOLVED that _____, the Secretary of the Central Jersey 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 16, Parsippany, NJ 07054.

ADOPTED: January 16, 2013

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 4-13

**CENTRAL JERSEY HEALTH INSURANCE FUND
DESIGNATING
THE ASBURY PARK PRESS AS
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2013**

BE IT RESOLVED by the Executive Committee of the Central Jersey Health Insurance Fund that the Asbury Park Press is hereby designated as the official newspaper for the Central Jersey Health Insurance Fund for the year 2013 and that all official notices required to be published shall be published in this paper;

BE IT FURTHER RESOLVED that in the case of special meetings or emergency meetings, the Secretary of the Central Jersey Health Insurance Fund shall give notice of said meetings to the Asbury Park Press.

ADOPTED: January 16, 2013

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-13

**CENTRAL JERSEY HEALTH INSURANCE FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2013**

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 Central Jersey Health Insurance Fund that the Fund shall hold public meetings during the year 2013 on the third Wednesday of the following months at 1:30 PM at the following locations:

DATE	LOCATION
March 20	Brielle Borough Hall
May 15	Brielle Borough Hall
July 17	Brielle Borough Hall
September 18	Brielle Borough Hall
October 16	Brielle Borough Hall
November 20	Atlantic City Sheraton
December 18	Brielle Borough Hall
January 15	Brielle Borough Hall

BE IT FURTHER RESOLVED that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in Asbury Park Press.

ADOPTED: January 16, 2013

BY:

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 6-13

CENTRAL JERSEY HEALTH INSURANCE FUND

**DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING A 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 16, 2013

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

CENTRAL JERSEY HEALTH INSURANCE FUND

2013 CASH MANAGEMENT AND INVESTMENT POLICY

1.) Cash Management and Investment Objectives

The CENTRAL JERSEY 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 establish 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
Bank of New York
New Jersey Cash Management

4.) **Authority for Investment Management**

The Treasurer is authorized and directed to make investments, with a maturity of three months or longer, through 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.

RESOLUTION NO. 7-13

CENTRAL JERSEY HEALTH INSURANCE FUND

**RESOLUTION DESIGNATING
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS**

BE IT RESOLVED by the Central Jersey Health Insurance Fund that all funds of the Central Jersey 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.

Stephen Mayer

- Chairperson
- Secretary
- Alternate
- Treasurer

ADOPTED: January 16, 2013

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 8-13

**CENTRAL JERSEY HEALTH INSURANCE FUND
RESOLUTION ESTABLISHING INTEREST RATE
FOR DELINQUENT ASSESSMENTS**

BE IT RESOLVED by the Central Jersey Health Insurance Fund that the rate of interest on delinquent assessments for the year 2013 shall be 10% per annum from the due date for any such assessment.

ADOPTED: January 16, 2013

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION 9-13

CENTRAL JERSEY HEALTH INSURANCE FUND

RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2013

Adopted: JANUARY 16, 2013

**CENTRAL JERSEY HEALTH INSURANCE FUND
2013 RISK MANAGEMENT PLAN**

NOW, THEREFORE, BE IT RESOLVED that the following shall be the Fund’s Risk Management Plan for the 2013 Fund year:

1.) COVERAGE OFFERED

- Medical

The Fund offers a “point of services” and “open access” plan designs. These plans have both in network and out of network benefit. The Fund can offer other plans as may meet the needs of the members. Starting in 2012, the Fund also offers “low cost plans” to allow members options to comply with contribution requirements under Chapter 78. Included as options is a health savings account-consumer directed health plan, a core PPO program, a buy up PPO program, and an HMO plan.

- 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 plan options.

- Vision

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

2.) LIMITS OF COVERAGE

Limits of coverage vary by member plan design.

3.) RISK RETAINED BY THE FUND

Specific Retention: \$275,000

Aggregate Retention: \$53,587,632 (134.99% of budgeted claims)

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

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 conclusion. 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 the adjusted at the end of each quarter in accordance with the actuary's projections.

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

At least one month before the end of the year, the Fund adopts a budget for the upcoming year based on the most recent census. Per covered person 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 and rate certification process. These rates are used to compute the members' monthly assessment based on the updated census, and 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) and, in some cases, Dependent Age 31 participants, are billed directly by the Fund.

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

Upon application to the Fund, the 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 the Fund's base rates. This recommendation requires Fund approval before the prospective member is admitted to the Fund.

Rates for all members are adjusted at the beginning of each Fund year to reflect the new budget. 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. **New section: The Fund may use loss ratio adjustments in determining future assessments.** Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, an increase may be applied to remaining lines of coverage, and it shall not be eligible for membership in the dropped line of coverage for a three year period.

8.) **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).

9.) 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.

10.) PROVISION FOR PPOs, etc.

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.

11.) OPEN ENROLLMENT PROCEDURES

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 that may take place.

12.) 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.

13.) DISCLOSURE OF BENEFIT LIMITS

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

14.) 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.

15.) RETIREES

The Fund duplicates coverage for eligible retirees. 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.

16.) 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 shall be automatically covered from birth for thirty-one (31) days, even if not enrolled within the required sixty (60) days.”

17.) PLAN DOCUMENT

The Fund prepares a detailed plan document 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 can coverage be changed.
- When does coverage end.
- COBRA provisions.
- Conversion privilege.

B.) Benefits

- Definitions.
- Description of benefits.

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

C.) Claims Procedures

- Submission of claim.
- Proof of loss.
- Appeal procedures.

D.) Cost Containment Programs

- Pre-admission.

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

18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

Approximately every 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.

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.

19.) “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 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 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.

20.) CLAIM AUDIT

The Fund retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted every three years. The Fund can conduct this audit on its own, or in a cooperative effort with other Funds through the Municipal Reinsurance Health Insurance Fund.

21.) CLAIM APPEALS AND INDEPENDENT REVIEW ORGANIZATIONS

If an appeal to the Executive Committee results in a decision is to deny a 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 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 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 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. 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 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 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 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: ombudsman@dobi.state.nj.us/

BY:

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-13

CENTRAL JERSEY HEALTH INSURANCE FUND

APPOINTING OF FUND COMMISSIONER AND ALTERNATE FUND COMMISSIONERS TO THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

WHEREAS, The Central Jersey Health Insurance 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 Central Jersey Health Insurance Fund must appoint a Fund Commissioner and an Alternate;

NOW THEREFORE BE IT RESOLVED, Central Jersey Health Insurance Fund as follows:

1. That _____ is hereby appointed as Fund Commissioner.
2. That _____ is hereby appointed as Alternate.
3. That _____ is hereby appointed as Special Alternate.

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED January 16, 2013

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

CENTRAL JERSEY 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 Central Jersey 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 Central Jersey Health Insurance Fund establishes the following producer plan for 2013;

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 2013:

Grinspec Consulting:

 - 1) Neptune City – Fee 2.2% of total assessment

Brown & Brown Metro:

 - 1) Township of Hazlet – Fee \$14.87 Per Employee enrolled under medical coverage per month
 - 2) Borough of West Long Branch – Fee 2.2% of Total Assessment

Danskin Agency:

 - 1) Borough of Englishtown – Fee 5.10% of Dental Assessment
 - 2) Borough of Interlaken – Direct agreement with Borough
 - 3) Borough of Allentown – Direct agreement with Borough
 - 4) Borough of Keyport – Fee 2.5% of Dental Assessment
4. This schedule may be amended upon written notification of each listed member entity.

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: JANUARY 16, 2013

BY: _____

CHAIRPERSON

ATTEST:

SECRETARY

Benefit Risk Manager Agreement
Between
Conner Strong & Buckelew, Inc.
Program Manager
and
Risk Benefit Manager

This agreement is entered into between Connor Strong & Buckelew, Inc., 40 Lake Center Executive Park, 401 Route 73 North, Marlton, NJ 08053 (Program Manager), referred to as the (PM) and Risk Benefit Manager, Address 1, City, State , Zip Code (“Benefit Risk Manager”), referred to as the (BRM) on this ____ day of _____, 2013.

WHEREAS, the Central Jersey Health Insurance Fund, Health Insurance Fund, hereinafter referred to as the “Fund”, has been organized pursuant to N.J.S.A. 40A:10-36 et seq.; and

WHEREAS, Conner Strong & Buckelew has been appointed the Program Manager of the Fund and as such is responsible for marketing the Fund’s programs and services to prospective members; and

WHEREAS, Conner Strong & Buckelew, in fulfilling its responsibilities as Program Manager and, subject to the approval of the Fund’s Executive Committee, may enter into an agreement with a qualified person or firm designated and duly appointed as a benefits risk manager by any Fund member; and

WHEREAS, member(s) of the Fund as listed on Schedule A, has appointed Benefit Risk Manager to serve as member’s benefits risk manager; and

WHEREAS, Conner Strong & Buckelew has determined that it is in the best interest of the Fund and member to enter into an agreement with Benefit Risk Manager for the purpose of coordinating services and the distribution of information as necessary to service the health insurance needs of member and its employees and other covered persons; and

WHEREAS, Benefits Risk Manager shall be required to comply with all laws and regulations governing the operations of health insurance providers and administrators and adhere to a high level of professionalism in the performance of its duties under this Agreement.

NOW, THEREFORE, in consideration of the mutual promises and covenants set forth herein the parties agree as follows:

I. SERVICES OF BENEFIT RISK MANAGER:

During the term of this Agreement, Benefits Risk Manager or BRM agrees to perform the following services:

- A. BRM shall take all steps necessary to ensure that member receives all materials provided by Conner Strong & Buckelew for the Fund and its members.
- B. BRM agrees that to the extent that member requests additional information regarding the Fund, the request shall be sent in writing to Conner Strong & Buckelew.
- C. BRM shall fully comply with all Federal, State and local laws, including but not limited to, all compensation disclosure laws.

- D. BRM agrees to comply with the by-laws and any other requirements adopted by the Fund's Executive Committee which may be amended time to time. A copy of the current by-laws are attached hereto as Exhibit A.
- E. BRM shall assist in the evaluation of the member(s) health insurance needs and communicate such information to PM.
- F. BRM shall explain the various coverage available by the Fund and assist the member in the selection of proper coverage for the Member's employees and other covered persons.
- G. BRM shall assist member in preparing applications, census data and disclosure forms, etc., required as by the Fund or PM.
- H. BRM shall assist Conner Strong & Buckelew in presenting the Fund's programs to officials and employees of member and bargaining units, employees or other covered persons and shall attend all meetings necessary to communicate and coordinate the implementation or maintenance of the Fund's programs.
- I. BRM shall assist the member in reviewing the Fund's plan documents including any amendments regarding the benefits provided and all procedural requirements.
- J. BRM shall assist and provide support to Conner Strong & Buckelew and act as liaison between the Fund and member, collective bargaining units and employees and any other covered person for the purpose of providing current information regarding the Fund's health insurance benefits.
- K. BRM shall assist Conner Strong & Buckelew with the distribution of information to member regarding initial enrollment and annual open enrollment and coordinate the enrollment process between and the Fund.
- L. BRM shall return any other related services that may be required by Conner Strong & Buckelew and the Fund.
- M. Producer shall comply with the applicable data transmission, security, and privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191.

II. TERM

The term of this agreement shall commence on January 1, 2013, and shall continue through December 31, 2013, and until a successor is appointed, in accordance with the terms and conditions of this Agreement.

III. COMPENSATION

BRM shall be compensated in accordance with the compensation schedule established by the group in accordance with its governing documents for all services rendered by BRM.

As compensation for services rendered, Conner Strong & Buckelew agrees to pay the BRM for Field Service and Marketing activities performed for Fund Member(s) as listed in Schedule A – a fee for the term of this agreement based on the on the Member's monthly billing.

All payments due to BRM under this Agreement shall be remitted by member in the member's monthly premium payment. In the event that member fails to remit BRM's compensation as set forth herein, Conner Strong & Buckelew shall have no obligation to forward any payment to BLM for services rendered. In addition, Conner Strong & Buckelew will not be responsible for BRM's expenses.

IV. RELATIONSHIP OF PARTIES

Both Conner Strong & Buckelew and BRM agree that BRM will act as an independent contractor in the performance of its duties under this Agreement. BRM shall not be deemed to have been granted any right or authority to assume or create any obligation or responsibility on behalf of or in the name of Conner Strong & Buckelew or the Fund. Nothing in this Agreement creates a joint venture, partnership or association of any kind between Conner Strong & Buckelew and BRM or the Fund and BRM.

BRM is not an agent or employee of Conner Strong & Buckelew or the Fund for any purposes, and not be eligible for any benefits available to employees of Conner Strong & Buckelew or the Fund. Accordingly, BRM shall be solely responsible for payment of all taxes including Federal, State and local taxes arising out of BRM's activities in accordance with this Agreement including, by way of illustration but not limitation, Federal and State income tax, Social Security tax, unemployment insurance taxes, and any other taxes or business license fees as required. Conner Strong & Buckelew is not obligated to withhold or deduct any of the above listed taxes or payroll related deductions from any payments to be made to the BRM under this Agreement.

V. INSURANCE

BRM shall at all times during the term of this Agreement maintain a current producer's license for health insurance pursuant to N.J.S.A. 17:22A-1 et. seq., and maintain the following insurance coverage:

1. Comprehensive General Liability: Minimum limit of liability per occurrence of \$1,000,000/2,000,000 CSL for bodily Injury, property damage, personal injury.
2. Professional Liability Insurance (Errors and Omissions): A minimum limit of liability of \$1,000,000/10,000,000 aggregate.
3. Workers' Compensation: Statutory - \$100,000/\$500,000/\$100,000 Employers' liability.
4. Automobile liability: \$1,000,000 covering all owned/non-owned, and hired automobiles per occurrence.

Copies of said license and certificates of insurance shall be provided to Conner Strong & Buckelew upon the execution of this Agreement, upon any renewals of this Agreement and at such times requested by Conner Strong & Buckelew. Failure by BRM to supply such written evidence shall be considered as a default of this Agreement. BRM shall name Conner Strong & Buckelew as an "additional named insured" on any certificate of insurance.

The insurance companies for the above required coverages must be licensed, solvent and in good standing in all jurisdictions in which they are authorized to conduct business. BRM shall not take any action to cancel or materially change any of the above insurance required under this Agreement without written notification to Conner Strong & Buckelew. Maintenance of insurance under this section shall not relieve BRM of any claim of liability which may exceed the insurance coverage set forth herein.

VI. TERMINATION

A. This Agreement shall terminate upon member's withdrawal from the Fund and/or member's termination of services of BRM.

B. Conner Strong & Buckelew and the Fund shall have the right to terminate the Agreement immediately, without prior notice, in the event of any misconduct by BRM which Conner Strong & Buckelew or the Fund determine, in their sole discretion, that BRM has failed to comply with any by-law or other rule of the Fund or any term of this Agreement.

C. This Agreement shall terminate immediately in the event the Fund terminates Conner Strong & Buckelew as Program Manager.

D. In the event of a termination of its appointment as benefits risk manager by member, BRM shall return all claims records and files to the Fund, in the Fund's standard format, no later than ten (10) business days following the termination date.

E. This Agreement may be voided by the Executive Committee of the Fund if BRM fails to disclose an conflict of interest as defined in the Fund's by-laws, or pursuant to N.J.S.A. 40A: 9-22.1 et. seq. (the "Local Government Ethics Laws").

F. BRM shall not be entitled to any further compensation if this Agreement is terminated.

VII. NON-SOLICITATION

BRM agrees that it shall not, directly or indirectly, conduct business with any Fund member not already BRM's client or any prospective member of the Fund during the term of this Agreement, and for a period of two (2) years following termination of this Agreement for any reason whatsoever.

VIII. CONFIDENTIAL INFORMATION

A. BRM agrees that any information received through Conner Strong & Buckelew or otherwise on behalf of the Fund in furtherance of its obligations in accordance with this Agreement, which concerns the personnel, financial, proprietary or other affairs of Conner Strong & Buckelew, the Fund or any member of the Fund, will be treated by BRM in full confidence and will not be revealed to any other persons, firms or organizations, during the term of this Agreement or anytime thereafter without the express written consent of Conner Strong & Buckelew.

B. BRM further agrees not to reproduce, make copies of, or disclose any confidential or proprietary information of Conner Strong & Buckelew, the Fund or any member of the Fund, including but not limited to the Fund's member lists, member accounts, policy terms and expiration dates, policy conditions and rates, member information (prospective and existing), marketing, product development and information, research, financial information, sales and sales strategies (collectively referred to as "Confidential Information"), except as required in the performance of this Agreement. Upon termination of this Agreement for any reason whatsoever, BRM agrees to promptly deliver to Conner Strong & Buckelew all of the confidential or proprietary information, property, equipment, computer files, documentation, correspondence, literature, memorandum, files, and any other materials of the Fund or Conner Strong & Buckelew in its possession, custody or control. This section shall survive the termination of this Agreement.

IX. NON-DISPARAGEMENT

BRM agrees, that it will not, in any way or in any manner, disparage, or make negative, disparaging or derogatory comments or statements about the Fund, Conner Strong & Buckelew (including any affiliates or subsidiaries), its employees, officers, representatives or directors, its reputation or operations. Conner Strong & Buckelew agrees that its officers and directors will not make negative, disparaging, or derogatory comments or statements about BRM.

X. INDEMNIFICATION

BRM shall indemnify and hold harmless the Fund, Conner Strong & Buckelew and their agents, officers, trustees, directors and employees, from any and all claims, liability, cost, damage or expense for or on account of any claim for damage or loss occurring by any reason of any of (BRM's) breach, negligence, misrepresentation, misconduct, error, omission or other actions or inactions.

XI. AFFIRMATIVE ACTION

BRM shall not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. BRM will take affirmative

action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status sex, affectional or sexual orientation. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. BRM agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the designated public agency compliance officer setting forth provisions of this nondiscrimination clause;

BRM, where applicable, will in all solicitations or advertisements for employees placed by or on behalf of BRM, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation.

BRM, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract of understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers representative of BRM's commitments under this Agreement and shall put copies of the notice in conspicuous places available to employees and applicants for employment.

BRM, where applicable, agrees to comply with the regulations promulgated by the Treasurer of the State of New Jersey pursuant to P.L. 1975, c. 127, N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

BRM agrees to attempt in good faith to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer of the State of New Jersey pursuant to P.L. 1975, c.127, N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time or in accordance with a bidding determination of the applicable county employment goals determined by the Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer of the State of New Jersey pursuant to P.L. 1975, c.127, N.J.S.A 10:5-31 et seq., as amended and supplemented from time to time.

BRM agrees to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

BRM agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

BRM agrees to review all procedures relating to transfers, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, and conforms with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable federal court decisions.

BRM shall furnish such reports or other documents to the Affirmative Action Office as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Affirmative Action Office for conducting a compliance investigation pursuant to subchapter 10 of the Administrative Code (NJAC 17:27).

XII. OWNERSHIP OF RECORDS

A. All records and data of any kind relating to the Fund shall belong to the Fund, and be surrendered to the Fund upon expiration or termination of this Agreement. Notwithstanding the foregoing, BRM shall be entitled to maintain one (1) copy of all files to the extent such retention is required by law. For purposes of clarification, continued maintenance of any such records required by law shall also be subject to the confidentiality provisions of this Agreement.

B. At all times during the term of this Agreement and for a period of two (2) years following any termination or expiration, the Fund, its appointed officials and other designated representatives, as authorized by the Fund, shall have access to records and files maintained by the BRM for the Fund during normal business hours. Furthermore, such records, books, and files relating to the operation and business of the Fund are the property of the Fund, regardless of site where stored.

C. Information released to BRM by the Fund and/or Conner Strong & Buckelew for the purpose of performing the services as outlined herein shall be used only in connection with the performance of said duties and shall not be used in any form or manner for other than Fund purposes without the prior written consent of the Fund and Conner Strong & Buckelew.

XIII. REMEDIES IN EVENT OF BREACH

If either party brings a law suit in order to enforce or interpret the provisions of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees in addition to any other relief to which that party may be entitled.

XIV. MISCELLANEOUS

A. **Governing Law.** This Agreement shall be construed in accordance with and governed in all respects, whether as to validity, construction, capacity performance, or otherwise by the laws of the State of New Jersey. Any litigation arising out of and/or related to this Agreement shall be filed exclusively in the State and/or Federal Courts of Burlington County, New Jersey.

B. **Severability and Independence.** If any provision of this Agreement or any part of any provision of this Agreement is determined to be unenforceable for any reason whatsoever, it shall be severable from the rest of this Agreement and shall not invalidate or affect the other portions of the Agreement, which shall remain in full force and effect and be enforceable according to their terms. Furthermore, no provision herein shall be dependent upon any other provision herein. Each provision shall stand independently and be enforceable without regard to any other provision of this Agreement.

C. **Amendments, Waivers and Termination.** No amendment, waiver or termination of any of the provisions of this Agreement shall be effective unless made in writing and signed by the party against whom it is sought to be enforced.

D. **Conner Strong & Buckelew's Successors.** No rights or obligations of Conner Strong & Buckelew under this Agreement may be assigned or transferred, except that Conner Strong & Buckelew shall require any successor (whether direct or indirect, by purchase, merger, consolidation or otherwise) to all or substantially all of the business and/or assets of Conner Strong & Buckelew to expressly assume and agree to perform this Agreement in the same manner and to the same extent that Conner Strong & Buckelew would be required to perform it if no such succession had taken place. As used in this Agreement, "Conner Strong & Buckelew" shall include any successor to its business and/or assets (by merger, purchase or otherwise) which executes and delivers the agreement provided hereunder or which otherwise becomes bound by all the terms and provisions of this Agreement by operation of law.

E. **Assignment.** No portion of this Agreement or any of (BRM's) rights, duties or obligations under this Agreement may be assigned or delegated by BRM to any other individual or entity.

F. **No Conflicts.** BRM represents and warrants that it is not bound by, and will not enter into, any oral or written agreement with another party that conflicts in any way with (BRM's) obligations under this Agreement or any agreement made or to be made in connection

with this Agreement.

G. **Notice.** All notices, requests, demands and other communications under this Agreement shall be in writing and shall be deemed to have been duly given if delivered by: hand with delivery receipt; or certified or registered mail, return receipt requested, with package prepaid; or overnight or express courier with receipt-for-delivery tracking system.

All notices are to be delivered to the following addresses or to such other address as either party may designate by like notice:

If to Benefit Risk Manager to:

If to Conner Strong & Buckelew to:

General Counsel
Connor Strong & Buckelew, Inc.
40 Lake Center Executive Park
Suite 300
401 Route 73 North
Marlton, New Jersey 08053

and to such other or additional persons as either party shall have designated to the other party in writing by like notice.

H. **Entire Agreement** This Agreement constitutes the entire agreement and understanding of the parties and cannot be modified or changed unless both parties agree in writing. This Agreement supersedes and terminates any oral or written agreements which were in existence between the parties prior to the date of the Agreement.

I. **Captions.** The captions or paragraph headings contained in this Agreement are solely for purpose of convenience and shall not be deemed part of the Agreement for the purpose of construing the meaning thereof or for any other purpose.

J. **Modification.** No modification of this Agreement shall be valid or binding unless the modification be in writing and executed by Conner Strong & Buckelew and BRM.

IN WITNESS WHEREOF, this Agreement has been executed on this _____
_____ 203 for the purposes and term specified herein.

Benefits Risk Manager

Connor Strong & Buckelew, Inc.

Print Name

Print Name

Attest: _____

Attest: _____

SCHEDULE A

Member local governmental unit(s) Fund Member(s), desiring Benefits Risk Manager to perform professional services as outlined in this Agreement:

Member	Fee

CENTRAL JERSEY HEALTH INSURANCE FUND

BILLS LIST

Resolution No. 22-12

DECEMBER 2012

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

BE IT RESOLVED that the Central Jersey 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 2012

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
005112			
005112	QUALCARE, INC.	TPA FEE 12/2012	27,617.81
			27,617.81
005113			
005113	MULTIPLAN, INC.	OUT OF NETWORK DISCOUNT - 12/2012	3,145.34
			3,145.34
005114			
005114	AETNA	TPA FEE 12/2012 - SI 362223	56,007.00
			56,007.00
005115			
005115	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN - 12/2012 GRP. 3601	5,229.00
			5,229.00
005116			
005116	PERMA	ADMIN-MEDICARE PART D - 12/2012	693.21
005116	PERMA	HIPAA COMPLIANCE - 12/2012	807.98
005116	PERMA	POSTAGE FEE 11/2012	145.44
005116	PERMA	COBRA ADMIN - 12/2012	1,791.37
005116	PERMA	EXECUTIVE DIRECTOR - 12/2012	19,256.84
005116	PERMA	GASB 45 - 12/2012	867.00
			23,561.84
005117			
005117	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 12/2012	2,861.00
			2,861.00
005118			
005118	HOLMAN & FRENIA, P.C.	AUDITOR FEE 11/2012	1,813.00
005118	HOLMAN & FRENIA, P.C.	AUDITOR FEE 10/2012	1,813.00
			3,626.00
005119			
005119	STEPHEN MAYER	TREASURER FEE 12/2012	920.00
			920.00
005120			
005120	ASBURY PARK PRESS	ACCT NO. 128965 - 11/08/12	46.00
			46.00
005121			
005121	ALLSTATE INFORMATION MANAGEMNT	DEPT: 420 - ACT & STOR - 11/30/2012	35.03
005121	ALLSTATE INFORMATION MANAGEMNT	DEPT: 420 - ACT & STOR 10/31/2012	35.03
			70.06
005122			
005122	IMEDECS, INC.	CR113012119 - 11/19/2012 - PROFESS SERV	425.00
			425.00

005123

005123	CONNER STRONG & BUCKELEW	WEB SITE ADMIN - 12/2012	200.67
005123	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEE 12/2012	45,203.34
005123	CONNER STRONG & BUCKELEW	DENTAL COMMISSION - 12/2012	56.55
005123	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM - 12/2012	1,626.88
005123	CONNER STRONG & BUCKELEW	NEW MEMEBER COMMISSION - 12/2012	6,397.67
			53,485.11

005124

005124	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE - 12/2012	155,486.08
005124	MUNICIPAL REINSURANCE H.I.F.	AGGREGATE REINSURANCE 12/2012	10,093.75
			165,579.83

Total Payments FY 2012	342,573.99
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TOTAL PAYMENTS ALL FUND YEARS \$ 342,573.99

Chairperson

Attest:

Dated: _____

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

Treasurer

