

**RESOLUTION**  
of the  
**BOROUGH OF NEW PROVIDENCE**  
Resolution No. 2013-183

Council Meeting Date: 06-10-2013

Date Adopted: 06-10-2013

TITLE: RESOLUTION AUTHORIZING AGREEMENT BETWEEN THE BOROUGH OF NEW PROVIDENCE AND BROWN AND BROWN BENEFIT ADVISORS FOR PUBLIC EMPLOYEE TRUST SERVICES

Councilperson Muñoz submitted the following resolution, which was duly seconded by Councilperson Galluccio.

BE IT RESOLVED by the Mayor and Council of the Borough of New Providence, in the County of Union and State of New Jersey, that they do hereby approve and authorize an agreement between Brown and Brown Benefit Advisors and the Borough of New Providence for Public Employee Trust Services, in the form attached hereto.

BE IT FURTHER RESOLVED by the Mayor and Council of the Borough of New Providence in the County of Union and State of New Jersey, that they do further authorize and direct the Mayor and Borough Clerk to execute same on behalf of the Borough of New Providence.

APPROVED, this 10<sup>th</sup> day of June, 2013.

RECORD OF VOTE

|           | AYE | NAY | ABSENT                    | NOT VOTING |
|-----------|-----|-----|---------------------------|------------|
| GALLUCCIO | X   |     |                           |            |
| GENNARO   |     |     | X                         |            |
| KAPNER    | X   |     |                           |            |
| MADDEN    | X   |     |                           |            |
| MUÑOZ     | X   |     |                           |            |
| ROBINSON  | X   |     |                           |            |
| HERN      |     |     | TO BREAK COUNCIL TIE VOTE |            |

I hereby certify that the above resolution was adopted at a meeting of the Borough Council held on the 10<sup>th</sup> day of June, 2013.

Wendi B. Barry, Borough Clerk

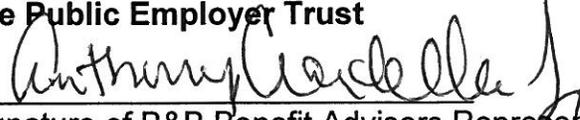
**THE PUBLIC EMPLOYER TRUST AGREEMENT**

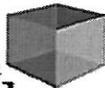
The New Providence Borough, as a current participant in the Public Employer Trust (herein after known as "Trust"), for the policy period beginning July 1, 2013 – June 30, 2014 understands and agrees to the following:

- The monthly premium statements mailed to the participant, by the insurance company, should be submitted with the billed premiums within the thirty-day grace period. Any changes to be made to the billed amount will be adjusted by the carriers on future bills.
- The insurance company is responsible to provide the participant with an ample supply of descriptive material for distribution to its eligible employees.
- The insurance company will provide a direct claim system, which will process claims between the employee's home address and the insurance company claim office.
- Any future rate adjustments will be based upon the claim experience of the Trust. As such, no separate experience records will be available or obtainable on any one participant.
- The participant may discontinue its involvement in the Trust at the end of the policy period, providing 60 days' advanced written notice to the Administrator (B&B Benefit Advisors). All premiums must be paid in full prior to the cancellation date. Your group will automatically renew for the new policy period unless written termination is received as specified herein.
- Benefit Programs Adopted:  

Dental ( X )    Prescription Drug (   )    Medical ( X )    Vision (   )
- All policies currently provided through the Trust are considered a package.
- As Administrator, Brown & Brown Benefit Advisors reserves the right to make changes in insurance carriers for the Trust policies so long as the insurance carriers guarantee benefits are equal to or greater than current benefits.

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|                                     |  |
|-------------------------------------|--|
| <b>For:</b>                         | <b>The Public Employer Trust</b>   |
| _____                               |  |
| Signature of Participant Officer    | Signature of B&B Benefit Advisors Representative                                     |
| _____                               | <b>ANTHONY CARDELLA, JR.</b>   |
| Name of Participant Officer (typed) | Name of Representative (typed)   |
| _____                               | <b>SENIOR V.P., EMPLOYEE BENEFITS</b>  |
| Title or Position                   | Title  |
| _____                               | <b>5/28/13</b>   |
| Date                                | Date   |



**ADDENDUM TO THE PUBLIC EMPLOYER TRUST AGREEMENT**

**NEW PROVIDENCE, BOROUGH OF**

**HORIZON HEALTHCARE DENTAL/PUBLIC EMPLOYER TRUST**

**Group # 98176**

IT IS AGREED that in accordance with the contractual provisions of the Public Employer Trust, said Contract is hereby effective July 1, 2013:

| <u>Coverage</u> | <u>July 1, 2013 to June 30, 2014</u> |
|-----------------|--------------------------------------|
| Single          | \$39.34                              |
| Family          | \$108.28                             |

Except as herein amended, all terms and provisions of the Contract shall remain in full force.

\_\_\_\_\_  
Group Official

\_\_\_\_\_  
Date