BOARD OF FIRE COMMISSIONERS, TOWNSHIP OF HADDON
FIRE DISTRICT NO. 1

RESOLUTION #2026-02

RESOLUTION PRESENTED: January 22, 2026

BE IT RESOLVED:

1. The Haddon Township Board of Fire Commissioners, Fire District No. 1 hereby resolves to terminate its participation in the Program (Medical Plan, Prescription Drug Plan, and/or Dental Plan coverage) thereby canceling coverage provided by the SHBP and/or SEHBP (N.J.S.A. 52:14-17.25 et seq.) for all its active and retired employees.
2. We shall notify all active employees of the date of their termination of coverage under the Program
3. We understand that the New Jersey Division of Pensions & Benefits (NJDPB) will notify retired employees of the cancellation of their coverage.
4. We understand that all COBRA participants will be notified by the NJDPB and advised to contact our office concerning a possible alternative health, prescription drug, and dental insurance plan.
5. We understand that this resolution shall take effect the first of the month following a 60-day period beginning with the receipt of the resolution by the State Health Benefits Commission or School Employees' Health Benefits Commission.

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the Haddon Township Board of Fire Commissioners, Fire District No. 1.

Resolution Introduced by

Commissioner Joseph P. Piscopio

Resolution Seconded by

Commissioner Franklin P. Jackson 5th

BOARD OF FIRE COMMISSIONERS, TOWNSHIP OF HADDON
FIRE DISTRICT NO. 1

January 22, 2026

New Jersey Division of Pensions & Benefits
Health Benefits Bureau
P.O. Box 299
Trenton, NJ 08625-0299

Subject: Notice of Termination for Medical and Prescription Coverage Under the NJ SHBP

To whom it may concern,

As per the attached letter, please be advised it is the decision of the Haddon Township Board of Fire Commissioners, Fire District No. 1 to terminate its medical and prescription insurance coverage through the New Jersey State Health Benefits Plan effective April 1st, 2026. Thank you for your services in the past and please do not hesitate to contact me with any questions or concerns.

Kindly confirm receipt of this letter for our records.

Sincerely,

Joseph P. Piscopio, Secretary
Haddon Township Board of Fire Commissioners, Fire District No. 1

cc: Jacquelyn Maddren

Jack Tarditi

HB-0169-0525

State Health Benefits Program (SHBP) & School Employees' Health Benefits Program (SEHBP)

RESOLUTION: Terminate Participation in SHBP/SEHBP

To be completed by the employing agency's Certifying Officer.

A resolution to terminate all participation under the SHBP and SEHBP (including prescription drug plan and/or dental plan coverage).

BE IT RESOLVED:

1. The HADDON TOWNSHIP BOARD OF FIRE COMMISSIONERS, FIRE DISTRICT NO. 1 (*Corporate Name of Employer*) 0250-00 (*SHBP/SHEBP Employer Location Number*) hereby resolves to terminate its participation in the Program (Medical Plan, Prescription Drug Plan, and/or Dental Plan coverage) thereby canceling coverage provided by the SHBP and/or SEHBP (N.J.S.A. 52:14-17.25 et seq.) for all its active and retired employees.

2. We shall notify all active employees of the date of their termination of coverage under the Program.

3. We understand that the New Jersey Division of Pensions & Benefits (NJDPB) will notify retired employees of the cancellation of their coverage.

4. We understand that all COBRA participants will be notified by the NJDPB and advised to contact our office concerning a possible alternative health, prescription drug, and dental insurance plan.

5. We understand that this resolution shall take effect the first of the month following a 60-day period beginning with the receipt of the resolution by the State Health Benefits Commission or School Employees' Health Benefits Commission.

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the:

HADDON TOWNSHIP BOARD OF FIRE COMMISSIONERS, FIRE DISTRICT NO. 1 (*Corporate Name of Employer*) 856-854-1455 (*Phone Number*)

120 HADDON AVENUE (*Street Address*) WESTMONT (*City*) NJ (*State*) 08108 (*Zip Code*)

JOSEPH P. PISCOPIO (*Print Name*) SECRETARY (*Official Title*) jpiscopio@htbofc1.org (*Email Address*)

Signature

1 / 22 / 2026 (*Date*)

6 (*Number of Employees*) 21-6000680 (*Employer's State Employer Identification Number (EIN)*)

Please complete page 2 of this form.