

RESOLUTION 215-14

**RESOLUTION AUTHORIZING EXECUTION OF
AGREEMENT BETWEEN THE BOROUGH OF CLAYTON AND THE
AMERICAN FIDELITY**

WHEREAS, the Borough of Clayton has agreed to enter into an Agreement for group insurance coverage; and

NOW, THEREFORE, BE IT RESOLVED, by the Mayor and Council of the Borough of Clayton, County of Gloucester, and State of New Jersey as follows:

1. That the governing body does hereby approve the attached Agreement between the Borough of Clayton and American Fidelity.
2. That the Mayor be and is hereby authorized to execute said amendment on behalf of the Borough of Clayton.

ADOPTED, at a regular meeting of the Mayor and Council of the Borough of Clayton held on November 13, 2014.

BOROUGH OF CLAYTON



THOMAS BIANCO, Mayor

Attest:



CHRISTINE NEWCOMB, Borough Clerk

CERTIFICATION

I, Christine Newcomb, Borough Clerk, of the Borough of Clayton, do hereby certify that the foregoing Resolution was presented and duly adopted by the Borough Council at a meeting of the Borough of Clayton, held on Thursday, November 13, 2014.


CHRISTINE NEWCOMB, Borough Clerk

SUBSCRIPTION AGREEMENT

The undersigned hereby subscribes to one or more of the following trusts in its present form, or as hereinafter amended, known as the trust and makes application to the Trustee of said trust for coverage issued by American Fidelity Assurance Company (the "Underwriter").

National Business Insurance Trust
National Service Industry Insurance Trust
National Employers Insurance Trust (Group Life Insurance not available)
U.S. Business Insurance Trust
National Automotive Insurance Trust
National Public Employees Insurance Trust
National Publishers Insurance Trust
National Group Insurance Trust
American Banking, Mortgage and Financial Insurance Trust
American Employers Business Insurance Trust
American Public Employees Insurance Trust
Other _____

Number of eligible full-time employees (including employer, if eligible) for coverage hereunder 50

We are acquainted with the eligibility rules and understand that all eligible personnel must be enrolled now and in the future in accordance with the participation rules established by the Underwriter. We understand that American Fidelity Assurance Company (the "Underwriter") may end the coverage of a subscribing employer unit if fewer persons are insured than required by the Policyholder's application. We understand that no coverage is in force until both the Trustee and Underwriter have approved this subscription agreement and application and the first premium for the insurance provided under the plan is paid.

The Employer named below agrees to subscribe to the trust through which group insurance coverage will be provided by American Fidelity Assurance Company (the "Underwriter").

ERISA Acknowledgment: The Employer named below acknowledges that the Employee Retirement Income Security Act of 1974 (ERISA), as amended or other laws, if applicable, may require that the Employer be responsible for certain duties or obligations with respect to the Employer or Employer's Employees and dependents under any certificate under such group policy or policies.

It is requested that the agreement become effective the first day of January, 20 15

Dated at _____, the 10th day of November, 20 14

Borough of Clayton
Name of Employer

125 N. Delsea Drive
Address

Clayton, NJ 08312
City, State and Zip Code

[Signature]
Signature (Must be signed by a person authorized to make a legally binding decision for the employer)

Thomas Bianco
Printed Signature

Mayor
Title