

**RESOLUTION**

**WHEREAS**, the Township of Ocean presently provides dental insurance coverage to its employees through a contract with Delta Dental Plan of New Jersey, Inc.; and

**WHEREAS**, the current agreement is set to expire on April 30, 2012; and

**WHEREAS**, Delta Dental of New Jersey, Inc. has provided a proposal to the Township of Ocean (Group 3268) to renew the Premier Plan and the Preferred Plan portions of the contract through April 30, 2014 with the following rate structure:

Premier Plan	Single	\$39.63
	Family	\$94.03
Preferred Plan	Single	\$33.05
	Family	\$77.49

**WHEREAS**, Delta Dental of New Jersey, Inc. has provided a proposal to the Township of Ocean (Group 3268) to renew the Delta Care (Flagship) Plan portion of the contract to extend through April 30, 2012 with the following rate structure:

Delta Care Plan	Single	\$26.79
	Two Party	\$51.18
	Three Party	\$84.73

**NOW, THEREFORE, BE IT RESOLVED** by the Township Council of the Township of Ocean, County of Monmouth, State of New Jersey, that the Mayor and Township Clerk are hereby authorized to execute the renewal agreements with Delta Dental of New Jersey, Inc., as described above; and

**BE IT FURTHER RESOLVED** that a certified copy of this resolution will be provided to the following:

1. Commerce Insurance Services
2. Delta Dental of New Jersey, Inc./Flagship Health Systems, Inc.

Record of Vote	Deputy Mayor Siciliano	Councilman Evans	Councilman Garofalo	Councilwoman Schepiga	Mayor Larkin
Motion To Approve					
Motion to Second					
Approved					
Opposed					
Not Voting/Recuse					
Absent/Excused					

**CERTIFICATION**

*I hereby certify that this is a true copy of a resolution passed by the Township of Ocean Governing Body at their meeting held on **April 18, 2012**.*

\_\_\_\_\_  
 Vincent Buttiglieri, RMC/CMC/MMC  
 Township Clerk

**Certification of Funds**

I, Stephen O. Gallagher, CPA, Director of Finance of the Township of Ocean, County of Monmouth, State of New Jersey, hereby certify that there are funds available for the purpose of award of a contract as identified herein.

Only amounts for the \_\_\_\_\_ Budget Year have been certified. Amounts for future years are contingent upon sufficient funds being appropriated.

\_\_\_\_\_  
 Signature Date