

**COUNTY OF MORRIS
BOROUGH OF MOUNT ARLINGTON**

**RESOLUTION AUTHORIZING EXECUTION OF POLICY
ENDORSEMENT FOR DENTAL POLICY E4e56**

WHEREAS, AFLAC Insurance Company has issued a policy endorsement to Account No. E4e56, January 1, 2012, which amends the monthly policy premium rates listed on the Master Policy Schedule for dental insurance provided to employees; and

WHEREAS, the policy endorsement must be signed by the authorized contracting representative of the Borough of Mount Arlington as the policy holder.

NOW, THEREFORE, BE IT RESOLVED by the Governing Body of the Borough of Mount Arlington as follows:

1. The Mayor, Municipal Clerk and any other applicable Borough officers or employees are hereby authorized and directed to take such ministerial actions as are necessary to execute the AFLAC Insurance Company Policy endorsement to Account No. E4e56 effective January 1, 2012 and to otherwise effectuate the terms of this resolution.

2. This resolution is subject to the filing of certification from the CFO as to the availability of funds per N.J.A.C.5:30-5.3 (a).

I, Linda DeSantis, Municipal Clerk of the Borough of Mount Arlington do hereby certify that the foregoing is a true copy of a Resolution adopted by the Governing Body of the Borough of Mount Arlington at its meeting on December 13, 2011.


Linda DeSantis, R.M.C.



Rate Sheet prepared by Tim McAndrews on 12/9/2011 9:59:02 AM
New Jersey Payroll Premium Rates are Monthly for Industry Class B

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy benefits and limitations, please refer to the accompanying
product brochure for each insurance policy listed below.

DENTAL ESSENTIALS - Series A-82100R

		Premium	Total
18-70	INDIVIDUAL	\$24.83	\$24.83
18-70	ONE-PARENT FAMILY	\$43.29	\$43.29
18-70	INSURED/SPOUSE	\$43.68	\$43.68
18-70	TWO-PARENT FAMILY	\$62.40	\$62.40

DENTAL LEVEL 1 - Series A-82200R

		Premium	Total
18-70	INDIVIDUAL	\$32.24	\$32.24
18-70	ONE-PARENT FAMILY	\$61.88	\$61.88
18-70	INSURED/SPOUSE	\$62.79	\$62.79
18-70	TWO-PARENT FAMILY	\$93.60	\$93.60

DENTAL LEVEL 2 - Series A-82300R

		Premium	Total
18-70	INDIVIDUAL	\$39.39	\$39.39
18-70	ONE-PARENT FAMILY	\$76.70	\$76.70
18-70	INSURED/SPOUSE	\$77.22	\$77.22
18-70	TWO-PARENT FAMILY	\$115.44	\$115.44