

**CENTRAL JERSEY HEALTH INSURANCE FUND
BILLS LIST**

Resolution No. 21-14

NOVEMBER 2014

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Central Jersey Health Insurance Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR 2014

| <u>CheckNumber</u> | <u>VendorName</u> | <u>Comment</u> | <u>InvoiceAmount</u> |
|--------------------|--------------------------------|--|----------------------|
| 000373 | | | |
| 000373 | AETNA - MEDICARE ADVANTAGE | MEDICARE ADVANTAGE - 11/2014 | 62,288.00 |
| | | | 62,288.00 |
| 000374 | | | |
| 000374 | QUALCARE, INC. | TPA FEE 11/2014 | 17,410.93 |
| | | | 17,410.93 |
| 000375 | | | |
| 000375 | AETNA | TPA FEE 11/2014 | 41,801.55 |
| | | | 41,801.55 |
| 000376 | | | |
| 000376 | DELTA DENTAL OF NEW JERSEY INC | DENTAL ADMIN - 11/2014 - GRP 3601 | 4,477.40 |
| | | | 4,477.40 |
| 000377 | | | |
| 000377 | PERMA | ADMIN-MEDICARE PART D - 11/2014 | 693.21 |
| 000377 | PERMA | INTERNET DOCUMENTATION - 11/2014 | 208.33 |
| 000377 | PERMA | POSTAGE FEE 10/2014 | 18.85 |
| 000377 | PERMA | COBRA ADMIN - 11/2014 | 1,370.58 |
| 000377 | PERMA | EXECUTIVE DIRECTOR 07/2014 - UNDERPAID | 7,272.76 |
| 000377 | PERMA | GASB 45 AUDITS - 11/2014 | 867.00 |
| 000377 | PERMA | EXECUTIVE DIRECTOR FEE 11/2014 | 15,112.58 |
| | | | 25,543.31 |
| 000378 | | | |
| 000378 | BERRY,SAHRADNIK,KOTZAS& BENSON | ATTORNEY FEE 11/2014 | 2,861.00 |
| | | | 2,861.00 |
| 000379 | | | |
| 000379 | HOLMAN, FRENIA, ALLISON, P.C. | AUDITOR FEE 10/2014 | 1,813.00 |
| | | | 1,813.00 |
| 000380 | | | |
| 000380 | STEPHEN MAYER | TREASURER FEE 11/2014 | 925.00 |
| | | | 925.00 |
| 000381 | | | |
| 000381 | TROPHY KING OF PARSIPPANY | CLOCK, CRYSTAL - 11/7/14 | 236.00 |
| | | | 236.00 |
| 000382 | | | |
| 000382 | IMEDECS, INC. | PROFESSIONAL SERV 10/8/14 CR101514112 | 475.00 |
| | | | 475.00 |

| | | | |
|---------------|------------------------------|---------------------------------|-------------------|
| 000383 | | | |
| 000383 | CONNER STRONG & BUCKELEW | PROGRAM MANAGER FEE 11/2014 | 34,473.73 |
| 000383 | CONNER STRONG & BUCKELEW | PLAN DOCUMENTS - 11/2014 | 1,250.00 |
| 000383 | CONNER STRONG & BUCKELEW | DENTAL COMMISSION - 11/2014 | 156.01 |
| 000383 | CONNER STRONG & BUCKELEW | HEALTH CARE REFORM - 11/2014 | 1,055.34 |
| 000383 | CONNER STRONG & BUCKELEW | NEW MEMBER COMMISSION - 11/2014 | 4,275.74 |
| | | | 41,210.82 |
| 000384 | | | |
| 000384 | MUNICIPAL REINSURANCE H.I.F. | SPECIFIC REINSURANCE - 11/2014 | 133,590.60 |
| 000384 | MUNICIPAL REINSURANCE H.I.F. | AGGREGATE REINSURANCE - 11/2014 | 7,841.25 |
| | | | 141,431.85 |
| | | Total Payments FY 2014 | 340,473.86 |

TOTAL PAYMENTS ALL FUND YEARS \$ 340,473,.86

Chairperson

Attest:

Dated: _____

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

Treasurer