

**CENTRAL JERSEY HEALTH INSURANCE FUND
BILLS LIST**

Confirmation of Payment

FEBRUARY 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 2013

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
000227			
000227	ALLSTATE INFORMATION MANAGEMNT	DEPT: 420 - ACT & STOR - 12/31/2013	37.52
			37.52
		Total Payments FY 2013	37.52

FUND YEAR 2014

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
000228			
000228	AETNA	TPA FEE 02/2014	38,208.85
000228	AETNA	MEDICARE ADVANTAGE - 02/2014	56,032.00
			94,240.85
000229			
000229	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN - 02/2014 - GRP 3601	4,266.95
			4,266.95
000230			
000230	PERMA	ADMIN - MEDICARE PART D - 02/2014	693.21
000230	PERMA	INTERNET DOCUMENTATION - 02/2014	208.33
000230	PERMA	POSTAGE FEE 01/2014	69.73
000230	PERMA	COBRA ADMIN - 02/2014	1,398.91
000230	PERMA	EXECUTIVE DIRECTOR FEE 02/2014	15,492.69
000230	PERMA	GASB 45 AUDITS - 02/2014	867.00
			18,729.87
000231			
000231	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 02/2014	2,861.00
			2,861.00
000232			
000232	HOLMAN & FRENIA, P.C.	AUDITOR FEE 01/2014	1,813.00
			1,813.00
000233			
000233	STEPHEN MAYER	TREASURER FEE 02/2014	925.00
			925.00
000234			
000234	ALLSTATE INFORMATION MANAGEMNT	DEPT: 420 - ACT & STOR 01/31/2014	37.52
			37.52
000235			
000235	IMEDECS, INC.	PROFESSIONAL SERVICE 01/22/14	475.00
			475.00

000236			
000236	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEE 02/2014	35,332.44
000236	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION - 02/2014	4,318.51
000236	CONNER STRONG & BUCKELEW	AETNA PRODUCER BONUS - 02/2014	-3,815.00
000236	CONNER STRONG & BUCKELEW	DENTAL COMMISSION - 02/2014	165.84
000236	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM - 02/2014	1,081.58
			37,083.37
000237			
000237	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE - 02/2014	136,912.20
000237	MUNICIPAL REINSURANCE H.I.F.	AGGREGATE REINSURANCE - 02/2014	8,155.75
			145,067.95
		Total Payments FY 2014	305,500.51

TOTAL PAYMENTS ALL FUND YEARS \$ 305,538.03

Chairperson

Attest:

Dated: _____

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

Treasurer