

Wisconsin Department of Employee Trust Funds

A RESOLUTION FOR INCLUSION UNDER THE WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM

RESOLVED, by the Town Board of the Town of Farmington
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Section 40.51 (7) of the Wisconsin Statutes hereby determines to offer the Group Health Insurance Program to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the program as set forth in the contract between the Group Insurance Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance Program will need to be enrolled in either the Traditional HMO Option or the Deductible HMO Option. An employer may not split its group between the two options.

We choose to participate in the: (check only one box)

- Traditional HMO Option paired with the Classic Standard Plan
- Traditional HMO Option paired with the Standard PPP
- Deductible HMO Option paired with the Deductible Standard Plan
- Deductible HMO Option paired with the Deductible Standard PPP

The underwriting and enrollment process takes 120 days. Groups are eligible to enroll effective January 1, April 1, July 1, or October 1.

July 1, 2009

resolution effective date


The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the State of Wisconsin Group Insurance Board to provide such Group Health Insurance.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the 16th day of February, year 2009 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 23 day of March, year 2009.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.



Employer Representative Chairman
Title

Waupaca County
Employer County

P.O. Box 264, N3095 County Road Q
Waupaca, WI 54981
Mailing Address

Number of eligible employees 1

1591-000
ETF Employer Identification Number