## **Resolution #2019-0409** Wisconsin Department of Employee Trust Funds

## Existing Employer Update Resolution Wisconsin Public Employers' Group Health Insurance Program

**RESOLVED** by the Town Board of the Town of LaPointe, Ashland County, Wisconsin that pursuant to the provisions of Wis. Stat. 40.51(7) hereby determines to continue in the Wisconsin Public Employers (WPE) Group Health Insurance program that is offered to eligible personnel through the program as set forth in the Local Employer Health Insurance Standards, Guidelines and Administration Manual (ET-1144).

We will continue to participate in the program option in which we are currently enrolled. If we wish to elect a new program option for 2020 we will file a separate resolution to do so.

All participants in the WPE Group Health insurance program need to be enrolled in a program option. Individual employees cannot choose between program options.

## The resolution must be received by the Department of Employee Trust Funds as soon as possible, but no later than October 1<sup>st</sup>, in order to continue participation without lapse.

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

Dated this 1 day of April 2019

James Patterson, Chairman

Michael Anderson, Supervisor

John Carlson, Supervisor

Susan Brenna, Supervisor

Michael Childers, Supervisor

## 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passed by the above governing body on the \_\_\_\_\_\_ day of \_\_\_\_\_\_, 2019 and that said resolution has not been repealed or amended, and is now in full force and effect. Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 2019.

Micaela Montagne, Town Clerk

Poge 1 g 2

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.

<u>39-6005969</u> Federal tax identification number (FEIN/TIN)

<u>69-036-0840-000</u> ETF employer identification number

Number of eligible employees 19

Employer county

Employer benefit contact email address

barah. Authorized employer representative signature

Darbara L. Nelson

Authorized employer representative printed name

<u>Authorized representative title</u> <u>Town of Labornie POBOX 270</u> <u>Labornie, WI 54850-0270</u> Mailing Address

Mailing Address

Submit completed form to ETF

Page 2072