Resolution 2019-05

RESOLVED, by the ___Town Board ____ of the ___Town of Cottage Grove

Wisconsin Department of Employee Trust Funds

EXISTING EMPLOYER UPDATE RESOLUTION WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM

(Governing Body)	(Employer Legal Name)
that pursuant to the provisions of Wis. Stat. § 40.51 (7) hereby (WPE) Group Health Insurance program that is offered to eligible Group Insurance Board (Board), and agrees to abide by the te Insurance Standards, Guidelines and Administration Manual (E	ble personnel through the program of the State of Wisconsin rms of the program as set forth in the <i>Local Employer Health</i>
We will continue to participate in the program option in which woption for 2020 we will file a separate resolution to do so.	ve are currently enrolled. If we wish to elect a new program
All participants in the WPE Group Health Insurance program necannot choose between program options.	ed to be enrolled in a program option. Individual employees
The resolution must be received by the Department of Emlater than October 1, in order to continue participation with	ployee Trust Funds as soon as possible, but no hout lapse. If more time is needed, contact ETF.
The proper officers are herewith authorized and directed to tak submit payments required by the Board to provide such Group	
Certification	
I hereby certify that the foregoing resolution is a true, correct a by the above governing body on the 15th day of April or amended, and is now in full force and effect.	nd complete copy of the resolution duly and regularly passed _, year <u>2019</u> and that said resolution has not been repealed
Dated this 15th day of April , year 2019.	
I understand that Wis. Stat. § 943.395 provides criminal penalt hereby certify that, to the best of my knowledge and belief, the	ties for knowingly making false or fraudulent statements, and above information is true and correct.
39-6005842	KR
Federal tax identification number (FEIN/TIN)	Authorized employer representative signature
69-036- 0181000	Kim Banigan
ETF employer identification number	Authorized employer representative printed name
Number of eligible employees7	Clerk Authorized representative title
Dane	
Employer county	4058 County Road N
clerk@towncg.net	Cottage Grove, WI 53527
Employer benefit contact email address	Mailing address

Submit completed form to ETF at <u>ETFSMBESSNewEmployer@etf.wi.gov</u> or fax to 608-267-4549.

AFFIDAVIT OF POSTING OF TOWN OF COTTAGE GROVE RESOLUTION

STATE OF WISCONSIN)		
COUNTY OF DANE)		
I, Kim Banigan, Cottage Grove Town Clerk, being first duly sworn, on oath, state as follows:		
On April 18, 2019 the following were duly posted on the Town of Cottage Grove's internet site and on the Cottage Grove Town Hall Bulletin board, all in accordance with TCG 25.01(4) and Wis. Stats., §60.80.		
TOWN BOARD RESOLUTION 2019-05 EXISTING EMPLOYER UPDATE RESOLUTION WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE		
Kim Banigan, Town Clerk		
Subscribed to and sworn before me thisday of, 20		
Signature of Town Chair person		

Notary Public, State of Wisconsin
My Commission expires: Mach 7 2023