

SAMPLE RESOLUTION

Wisconsin Department of Employee Trust Funds

**A RESOLUTION FOR INCLUSION UNDER THE
INCOME CONTINUATION INSURANCE PLAN**

RESOLVED, by the School Board of the
(Governing Body)

School District of Learning
(Employer Legal Name)

that pursuant to the provisions of Section 40.61 of the Wisconsin Statutes,

The School Board hereby determines to offer the Income Continuation Insurance Plan
(Governing Body)

to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the plan as set forth in the contract between the Group Insurance Board and the Administrator.

The resolution shall be effective on the later of the 1st of the month on or after 90 days following its receipt at the Department of Employee Trust Funds, or

_____ ; and
(specify a later effective date, 1st of month only)

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 Income Continuation 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and regularly passed by the above governing body on the 22nd day of June, 2004 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 22nd day of June, 2004.

Pete Porter District Administrator
Employer Representative Title

123 Elementary Avenue

Learning, WI 12345
Mailing Address

Number of eligible employees 25 69-036-9999-000
ETF Employer Identification Number

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RESOLVED, by the _____ of the
(Governing Body)

_____ of _____
(Employer Legal Name)

that pursuant to the provisions of Section 40.61 of the Wisconsin Statutes,

_____ hereby determines to offer the Income Continuation Insurance Plan
(Governing Body)

to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the plan as set forth in the contract between the Group Insurance Board and the Administrator.

The resolution shall be effective on the later of the 1st of the month on or after 90 days following its receipt at the Department of Employee Trust Funds, or

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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 Income Continuation 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 _____ day of _____, _____ and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this _____ day of _____, _____.

Employer Representative Title

Mailing Address

Number of eligible employees _____

69-036-_____
ETF Employer Identification Number