



# Resolution to Withdraw from the Wisconsin Public Employer's Group Health Insurance Program

Wisconsin Department of Employee Trust Funds  
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Pursuant to the provisions of Wis. Stat. § 40.51 (7), the \_\_\_\_\_  
(Governing Body)  
of \_\_\_\_\_  
(Employer)

resolves to withdraw from participation in the Wisconsin Public Employers' Group Health Insurance Program effective next January 1, \_\_\_\_\_.  
(Year)

I understand that coverage will terminate for all insured participants, *including annuitants and any participants who are on continuation of coverage*. I further understand that employers who withdraw may not reapply for participation in the Wisconsin Public Employers' Group Health Insurance Program for three years and must undergo underwriting to rejoin if the employer has 50 or more employees, which may result in a surcharge being assessed.

### CERTIFICATION

I hereby certify that this is a true, correct and complete copy of the resolution passed by the

\_\_\_\_\_ of the \_\_\_\_\_  
*Governing body* *Employer*

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
*Month* *Year*

\_\_\_\_\_  
Federal tax identification number (FEIN/TIN)

**69-036-**  
\_\_\_\_\_  
ETF employer identification number

Number of eligible employees \_\_\_\_\_

\_\_\_\_\_  
Employer county

\_\_\_\_\_  
Employer benefit contact email address

\_\_\_\_\_  
Authorized employer representative signature

\_\_\_\_\_  
Authorized employer representative printed name

\_\_\_\_\_  
Authorized representative title

\_\_\_\_\_  
Mailing address