



Resolution for Inclusion Under the Wisconsin Public Employers' Group Health Insurance Program with a request to retain a second group health plan

Wisconsin Department of Employee Trust Funds
 PO Box 7931
 Madison WI 53707-7931
 1-877-533-5020 (toll free)
 Fax 608-267-4549
 etf.wi.gov

RESOLVED, by the _____ of the _____
 (Governing Body) (Employer Legal Name)

that pursuant to the provisions of Wis.Stat. § 40.51 (7) hereby determines to offer the Wisconsin Public Employers (WPE) Group Health Insurance Program to eligible personnel through the program of the State of Wisconsin Group Insurance Board (Board), and agrees to abide by the terms of the program as set forth in the *Local Employer Health Insurance Standards, Guidelines and Administration Manual (ET-1144)*.

All participants in the WPE Group Health Insurance Program will need to be enrolled in a program option. An employer may elect participation in program options listed below, **with each program option to be offered to different employee classifications (pursuant to collective bargaining). Individual employees cannot choose between program options.**

We choose to participate in the: (check applicable options)

- Traditional HMO-Standard PPO W/ Dental, P02
- Deductible HMO-Standard PPO W/ Dental, P04
- Coinsurance HMO-Standard PPO W/ Dental, P06
- High Deductible Health Plan HMO-Standard HDHP PPO W/ Dental, P07
- Traditional HMO-Standard PPO W/O Dental, P12
- Deductible HMO-Standard PPO W/O Dental, P14
- Coinsurance HMO-Standard PPO W/O Dental, P16
- High Deductible Health Plan HMO-Standard HDHP PPO W/O Dental, P17

Send resolution(s) to:
 Department of Employee Trust Funds
 Division of Insurance Services
 PO Box 7931
 Madison WI 53707-7931
 or
ETFSMBESSNewEmployer@etf.wi.gov

Be it further resolved that the _____
 (Governing Body)

requests to retain a second group health plan, separate from the Wisconsin Public Employers' group, under the provisions outlined as follows:

1. **Overall Participation.** If a portion of the non-participating employees are covered by some other plan, it must be demonstrated to the satisfaction of the Board that excluding such sub-group will not result in adverse selection. Regardless, the minimum participation level must be met, which is based on the number of *all* eligible employees of this employer that participate in this local group health insurance program.
2. **Standard PPO vs. HMOs.** If less than 50% of the participating employees elect the Standard PPO coverage, after the first year in this program the Plan Stabilization Contribution (PSC) may be increased by up to \$2 for each year that the average age of the employer group exceeds the average age of all other Standard PPO participants in the WPE Group Health Insurance Program. The maximum increase in the PSC would be \$10.
3. **Contract.** Such a new employer must agree to participate in this WPE Group Health Insurance Program for a minimum period of three years.

All groups are eligible to enroll effective January 1, April 1, July 1, or October 1.

RESOLUTION EFFECTIVE DATE: (select one 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 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 ____ day of _____, year _____ and that said resolution has not been repealed or amended, and is now in full force and effect.

I further certify that we offered insurance to our employees immediately prior to joining this program.

Dated this ____ day of _____, year _____.

 Federal tax identification number (FEIN/TIN)

 Authorized employer representative signature

69-036-

 ETF employer identification number

 Authorized employer representative printed name

 Number of eligible employees

 Authorized representative title

 Employer county

 Employer benefit contact email address

 Mailing address

For ETF use only
 - EFFECTIVE
 DATE OF
 COVERAGE
 ENTERED BY
 ETF: