RESOLVED, by 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 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 (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regularly passed by the above governing body on the ______ day of ______, ______ and that said resolution has not been repealed or amended, and is now in full force and effect.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

______________________________
Mailing Address

______________________________
Email Address

Number of eligible employees: ________________ 69-036-(5/2012)

ETF Employer Identification Number