

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

RESOLVED, by the Town Board of the Town of Brothertown
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Wis. Stat. § 40.51 (7) hereby determines to continue in the Wisconsin Public Employers (WPE) Group Health Insurance program that is offered 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).

We will continue to participate in the program option in which we are currently enrolled. If we wish to elect a new program option for 2020 we will file a separate resolution to do so.

All participants in the WPE Group Health Insurance program need to be enrolled in a program option. Individual employees cannot choose between program options.

The resolution must be received by the Department of Employee Trust Funds as soon as possible, but no later than October 1, in order to continue participation without lapse. If more time is needed, contact ETF.

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regularly passed by the above governing body on the 2nd day of July, year 2019 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 2nd day of July, year 2019.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

39-6005807
Federal tax identification number (FEIN/TIN)

Leanne Karls
Authorized employer representative signature

69-036-0119000
ETF employer identification number

Leanne Karls
Authorized employer representative printed name

Number of eligible employees 1

Town Clerk
Authorized representative title

Calumet
Employer county

N2445 S. Tower Rd

townofbrothertown@gmail.com
Employer benefit contact email address

Chilton, WI 53014
Mailing address

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