



Resolution for Inclusion Under the Income Continuation Insurance 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 Town Board of the
(Governing Body)
Town of Stockbridge
(Employer Legal Name)

that pursuant to the provisions of Section 40.61 of the Wisconsin Statutes,
town 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
January 1, 2021; 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duly and regularly passed by the above governing body on the 19 day of Aug, 2020 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 19 day of August, 2020

39 6006126
Federal tax identification number (FEIN/TIN)

69-036-
ETF employer identification number

Number of eligible employees 2

Calumet
Employer county

stockbridgeclerk@gmail.com
Employer benefit contact email address

X Kenneth Schaefer X 8-26-2020
Authorized employer representative signature
Ken Schaefer / Dean Soas
Authorized employer representative printed name
Chairman Supervisor
Authorized representative title

N5024 Low 6 Rd

Chilton, WI 53014
Mailing address

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

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



Resolution for Inclusion Under the Wisconsin Public Employers' Group Health Insurance Program

Wisconsin Department of Employee Trust Funds
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RESOLVED, by the Town of the Stockbridge
(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

The large group (50 or more employees) underwriting and enrollment process takes 120 days. (Small groups of 49 or less employees do not go through underwriting and take 60 days.) All groups are eligible to enroll effective January 1, April 1, July 1, or October 1.

RESOLUTION EFFECTIVE DATE: (select one date): October 1, 2020

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 29 day of July, year 2020 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 29 day of July, year 2020.

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.

39-6006126
Federal tax identification number (FEIN/TIN)

Steven Phipps
Authorized employer representative signature

Kenneth Schaefer

69-036-
ETF employer identification number

Steven Phipps
Authorized employer representative printed name

Kenneth Schaefer

Number of eligible employees 1

Town Clerk
Authorized representative title

Chair

Calumet
Employer county

Stockbridgeclerk@gmail.com
Employer benefit contact email address

N5024 Long Rd Chilton, WI
Mailing address

For ETF use only - EFFECTIVE DATE OF COVERAGE ENTERED BY ETF: 53014



Resolution of Inclusion Under the Wisconsin Retirement System

Wis. Stat. §§ 40.21, 40.22

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The Town Board of the Town of Stockbridge,
Governing Body, Wis. Stat. § 40.02 (36)
Employer Resolving to Participate, Wis. Stat. § 40.21 authorizes and approves participation in the

Wisconsin Retirement System on the effective date of January 1, 2021. Eligible employees will participate in the WRS beginning on the effective date pursuant to the participation option chosen below. This resolution must be received by, and is irrevocable after, November 15 prior to the effective date.

Total number of eligible employees: 2

Eligible Employee Participation Options (check one; creditable service must be in increments of 25%)

- All current and future eligible employees will participate in the WRS, and this employer will recognize 0 % of prior creditable service.
- This employer will provide a one-time offer to current eligible employees to elect or waive WRS participation as of the above effective date. All eligible employees hired after the above effective date must be enrolled in the WRS. This employer will recognize 0 % of prior creditable service. Employees who waive WRS coverage and continue to be employed by this employer will never be eligible for future WRS coverage.
- Only eligible employees hired by this employer on or after the effective date of this resolution will be enrolled in the WRS.

Eligible Employee Participation Exclusion (applies to all options above; check only if applicable)

- This employer will exclude employees of a public utility under Wis. Stat. § 196.01 (5) from WRS participation pursuant to Wis. Stat. § 40.21 (7) (b).

Certification

I hereby certify that this resolution is a true, correct and complete copy of the resolution adopted by the above governing body on 07/30/2020
(MM/DD/YYYY) SP

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.

Certifying Officer signature and title: Henrich Schuch Chairperson
Name Title

Date: 07/30/2020

Employer Identification Number (EIN) if available: 69-036-_____

