

A RESOLUTION FOR INCLUSION UNDER THE WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM

RESOLVED, by the Village Board of the Village of Arlington  
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Wis. Stat. § 40.51 (7) hereby determines to offer the Group Health Insurance Program to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the program as set forth in the contract between the Group Insurance Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance Program will need to be enrolled in a program option. An employer may elect participation in one, two or all three 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 or Full Pay Uniform Benefits Option paired with the Standard PPO – P02
- Deductible Uniform Benefits Option paired with the Standard PPO – P04
- Coinsurance Uniform Benefits Option paired with the Standard PPO – P06

The underwriting and enrollment process takes 120 days. Groups are eligible to enroll effective January 1, April 1, July 1, or October 1. RESOLUTION EFFECTIVE DATE: (select one date): 10/1/14

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 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regularly passed by the above governing body on the 11 day of August, year 2014 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 11 day of August, year 2014.

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.

1673000  
ETF EMPLOYER IDENTIFICATION NUMBER

[Signature]  
EMPLOYER REPRESENTATIVE Bryan George TITLE: President

200 Commercial St, Arlington  
MAILING ADDRESS WI 53911

39-6024116  
FEDERAL TAX IDENTIFICATION NUMBER (FEIN/TIN)

Columbia  
COUNTY WHERE EMPLOYER IS LOCATED

NUMBER OF ELIGIBLE EMPLOYEES

villageofArlington@centurytel.net  
EMAIL ADDRESS