

A RESOLUTION FOR INCLUSION UNDER THE
INCOME CONTINUATION INSURANCE PLAN

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

that pursuant to the provisions of Section 40.61 of the Wisconsin Statutes,

Village 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

_____ ; 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duly and regularly passed by the above governing body on the 9 day of Oct., 2017 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 9 day of October, 2017.

J. Manson Clerk/Treasurer
Employer Representative Title

Village of Arlington

P.O. 207 Arlington
Mailing Address

villageofarlington@centurytel.net
53911
Email Address

Number of eligible employees 3

69-036-
ETF Employer Identification Number