## **RESOLUTION 10-04-17-01**

## EXISTING EMPLOYER OPTION SELECTION RESOLUTION WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM

RESOLVED, by the WAUPUN COMMON COUNCIL of the CITY OF WAUPUN

(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 contract between the 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 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, P17

The resolution must be received by the Department of Employee Trust Funds (ETF) no later than October 1 for coverage to be effective the following January 1.

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 <u>4th day of October, 2017</u> and that said resolution has not been repealed or amended, and is now in full force and effect.

## Dated this 4th day of October 2017.

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.

## 39-6005646

Federal Tax Identification Number (FEIN/TIN) itle

Employer Representative Angela J. Hull Title

201 E Main Street Waupun WI 53963 Mailing Address

Dodge

Employer County

angie@cityofwaupun.org Email Address

69-036-1027-000 ETF Employer Identification Number

Number of eligible employees 75

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