

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

RESOLVED, by the Town Board of the Town of Yorkville  
(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 11<sup>th</sup> day of January, year 2016 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 11<sup>th</sup> day of January, year 2016.

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.

Federal Tax Identification Number (FEIN/TIN) title

**69-036-**

ETF Employer Identification Number

Number of eligible employees 2

[Signature] Clerk-Treasurer  
Employer Representative Title

925. 15<sup>th</sup> Ave  
Union Grove WI 53182  
Mailing Address

Racine  
Employer County

michael@townofyorkville.com  
Email Address