



# Resolution for Inclusion Under the State of Wisconsin Deferred Compensation Program

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

Be it resolved by the City of Sheboygan Board of Water Commissioners of the Sheboygan Water Utility that  
(Governing body) (Employer)  
pursuant to the provisions of Section 40.81(1), Subchapter VII of Chapter 40 of the Wisconsin Statutes which  
provides in part as follows:

An employer other than the State may provide for its employees the Deferred  
Compensation Plan established by the Board under Section 40.80. Any employer, including this  
state, who makes the Plan under Section 40.80 available to any of its employees, shall make it  
available to all its employees under procedures established by the department under this  
subchapter.

Such City of Sheboygan Board of Water Commissioners hereby determines to be included under the State of Wisconsin Deferred  
(Governing body)  
Compensation Program ("the Plan") provided by Subchapter VII of Chapter 40 of the Wisconsin Statutes and  
regulated by Chapter ETF 70 of the Wisconsin Administrative Code for its eligible personnel, and

**Be it further resolved,** the proper officers are herewith authorized and directed to take all actions and make  
such reductions and submit such deferrals as are required by the Department of Employee Trust Funds of  
the State of Wisconsin pursuant to Subchapter VII of Chapter 40 of the Wisconsin Statutes, and

**Be it further resolved,** that Sheboygan Water Utility agrees to be bound by the Terms and  
(Employer)  
Conditions of the contracts between the State, its investment providers, and its Plan Administrator, and the  
"Plan and Trust Document" and the "Employer Guide" as amended from time to time. The employer certifies  
it has received a copy of the Plan and Trust document.

**Be it further resolved,** that the Sheboygan Water Utility representative submits a certified copy of  
(Employer)  
this Resolution and "Designation of Agent" to the State of Wisconsin, Department of Employee Trust Funds  
and the Plan Administrator.

**Be it further resolved,** that the City of Sheboygan Board of Water Commissioners recognizing the Deferred Compensation  
(Governing body)  
Board's responsibility for maintaining the integrity of the Plan, the City of Sheboygan Board of Water Commissioners hereby resolved  
(Governing body)  
that the proper officers of Sheboygan Water Utility are hereby authorized and directed to cooperate fully with  
(Employer)  
the Plan Administrator in accordance with procedures established by the Department of Employee Trust  
Funds.

**Be it further resolved,** that the City of Sheboygan Board of Water Commissioners of the Sheboygan Water Utility acknowledges  
(Governing body) (Employer)  
and submits that the Plan offered under Section 40.80 et seq., Subchapter VII of Chapter 40 of the  
Wisconsin Statutes is not and cannot be used as an alternative or replacement plan for purposes of FICA  
taxes. The Plan is meant to act as a supplemental retirement benefit in addition to social security (FICA)  
benefits.

Dated this 17th day of October, 2022.

Employer: Sheboygan Water Utility Governing body: City of Sheboygan Board of Water Commissioners

Authorized signature  
Gerald R. Van De Kreeke  
Print name

Authorized signature  
Thomas E. Howe  
Print name

## Designation of Agent

The person in the following position is hereby designated as the agent in matter pertaining to the State of Wisconsin Deferred Compensation Program.

Note: Employer email addresses will be automatically subscribed to ETF E-mail Updates, an ETF email service providing employers with important ETF benefits administration information. It is your responsibility to read, forward to others in your agency as necessary, and take the necessary action related to information in each ETF E-mail Update. Add [etfwi@public.govdelivery.com](mailto:etfwi@public.govdelivery.com) to your email address book to prevent news from ETF from ending up in a SPAM folder. If you have questions, please call the Employer Communication Center at 1-877-533-5020.

Agent: Joe Trueblood

Title of position of designated agent: Superintendent

Alternate agent: Lisa Gottsacker

Address: 72 Park Avenue

Telephone, including area code: 920-459-3804

Email: lgottsacker@sheboyganwater.org

Office hours: 7:30 AM - 4:00 PM

Federal employer ID number: 39-6005601

WRS ID number (if applicable): \_\_\_\_\_

## Certification

I hereby certify that the foregoing Resolution is a true, correct, and complete copy of the

Resolution duly and regularly passed by the City of Sheboygan Board of Water Commissioners of  
(Governing body)

Sheboygan Water Utility of Sheboygan on the 17th day of  
(Employer name) (City)

October, 2022, and that this Resolution has not been repealed or amended, and is now in full  
force and effect.

Dated this 17th day of October, 2022.

Superintendent

Employer representative title

\_\_\_\_\_  
Employer representative signature

Number of eligible employees: 31