



Resolution for Inclusion Under the Income Continuation Insurance Plan

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

RESOLVED, by the Board of Water Commissioners of the
(Governing Body)

City of Sheboygan of Sheboygan Water Utility
(Employer Legal Name)

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

Board of Water Commissioners 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and regularly passed by the above governing body on the 17th day of October, 2022 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this _____ day of _____, _____.

39-6005601
Federal tax identification number (FEINTIN)

ETF employer identification number

Number of eligible employees 31

Sheboygan
Employer county

lgottsacker@sheboyganwater.org
Employer benefit contact email address

Authorized employer representative signature

Joe Trueblood
Authorized employer representative printed name

Superintendent
Authorized representative title

72 Park Avenue

Sheboygan WI 53081
Mailing address

Submit completed form to ETF at ETFSMBESSNewEmployer@etf.wi.gov or fax to 608-267-4549.

For ETF use only - EFFECTIVE DATE OF COVERAGE ENTERED BY ETF: