



## Employer Resolution to Pay Entire Premium

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

**Employer resolution to pay entire premium for (check box(es)):**

- ☒ Basic Group Life Insurance (1x earnings)
- ☒ Supplemental Group Life Insurance (1x earnings)
- ☒ Additional Group Life Insurance
  - ☒ 1 Unit (1x earnings)
  - ☒ 2 Units (2x earnings)
  - ☒ 3 Units (3x earnings)
- ☒ Spouse and Dependent Group Life Insurance

Your resolution will take effect either on the first of the month following the date your resolution is received by ETF, or the first day of the second month following the date your resolution is received by ETF. Premiums will be due beginning on the effective date that you elect.

**I elect to pay the entire premium beginning (check one box):**

- ☒ On the effective date of my resolution.
- ☐ On the first of the next month following the effective date of my resolution.

I hereby certify that pursuant to Wis. Stat. 40.05 (6)(e), a resolution to pay the entire group life insurance premium for all employees for the plan(s) indicated above was duly made by the  
City of Sheboygan Board of Water Commissioners

\_\_\_\_\_  
(Governing body)

of the Sheboygan Water Utility  
\_\_\_\_\_  
(Employer name)

Employer Identification Number (EIN): 39-6005601

on October 17, 2022  
\_\_\_\_\_  
(Date action taken)

I understand that Wis. Stat. 943.395 provides criminal penalties for knowingly making false or fraudulent statements on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.

Agent Signature	Title Superintendent	Date (MM/DD/YYYY)
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Submit completed form to ETF at [ETFSMBESSNewEmployer@etf.wi.gov](mailto:ETFSMBESSNewEmployer@etf.wi.gov) or fax to 608-267-4549.

For ETF use only: Effective date of coverage entered by ETF: