

**RESOLUTION #2020-7
TOWN OF CAMPBELL**

**A RESOLUTION TO WITHDRAW FROM THE WISCONSIN PUBLIC
EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM**

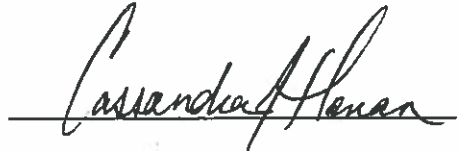
**WISCONSIN DEPARTMENT OF EMPLOYEE TRUST FUNDS
P.O. BOX 7931
MADISON, WI 53707-7931**

Pursuant to the provisions of Wis. Stat § 40.51 (7), the Town Board of Supervisors of the Town of Campbell resolves to withdraw from the participation in the Wisconsin Public Employers' Group Health Insurance Program effective January 1, 2021.

I understand that coverage will terminate for all insured participants, including annuitants and any participants who are on continuation of coverage. I further understand that employers who withdraw may not reapply for participation in the Wisconsin Public Employers' Group Health Insurance Program for three years without undergoing underwriting which may result in a surcharge being assessed.

CERTIFICATION

I hereby certify that this is a true, correct and complete copy of the resolution passed by the Town Board of Supervisors of the Town of Campbell on the 13th day of October, 2020.



Cassandra J Hanan, Clerk
Employer Representative

2219 Bainbridge St.

La Crosse, WI 54603

(Address)

48777

ETF Employer Identification Number

clerk@townofcampbell.org

Email Address