



RESOLUTION #2021-5
TOWN OF CAMPBELL
LA CROSSE COUNTY

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 Supervisors of the
(Governing Body)
Town of Campbell
(Employer Legal Name)

that pursuant to the provisions of Section 40.61 of the Wisconsin Statutes,
Town of Campbell
Board of Supervisors 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
January 1, 2022; 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regularly passed by the above governing body on the 21st day of September, 2021 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 21st day of September, 2021.

39-1155286
Federal tax identification number (FEIN/TIN)

69-036- 4877-000
ETF employer identification number

Number of eligible employees 11

La Crosse
Employer county

Clerk@townofcampbell.org
Employer benefit contact email address

Cassandra Hanan
Authorized employer representative signature

Cassandra Hanan
Authorized employer representative printed name

Clerk/Treasurer
Authorized representative title

2219 Bainbridge St.

La Crosse, WI 54603
Mailing address

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

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