



Resolution #10-08-19-02
Resolution to Withdraw from the Wisconsin
Public Employer's Group Health Insurance
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

Pursuant to the provisions of Wis. Stat. § 40.51 (7), the City of Waupun, resolves to withdraw from participation in the Wisconsin Public Employers' Group Health Insurance Program effective next January 1, 2020.

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 and must undergo underwriting to rejoin if the employer has 50 or more employees, 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

Common Council of the City of Waupun on the 8th day of October, 2019.

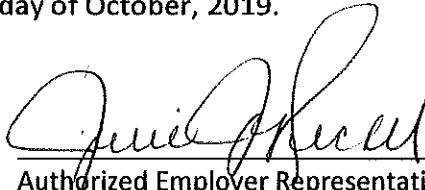
39-6005646
Federal Tax Identification Number

69-036-1027-000
ETF Employer Identification Number

75
Number of Eligible Employees

Dodge
Employer County

angie@cityofwaupun.org
Employer Benefits Contact email address


Authorized Employer Representative Signature

Julie J. Nickel
Authorized Employer Representative Printed Name

Mayor
Authorized Representative Title

201 E. Main Street, Waupun WI 53963
Mailing Address

