

Resolution for Inclusion
Under Group Life Insurance

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	Village Board	of the	Village		of <u>Pewaukee</u>
	Governing body		Employer lega	I name	
that pursuant to the pr Governing bo	ovisions of Chapter 40 of the Vody	Visconsin	Statutes such ₋	Village of Pewa	<u>aukee, Village Bo</u> ard
hereby determines to be included under the following Group Life Insurance program(s) provided by Chapter 40 of the Wisconsin Statutes for its eligible personnel:					
Supplemental Supplemental Additional Gro 1 Unit (1x 2 Units (2x 3 Units (3x) Spouse and D	ife Insurance (1x earnings) Group Life Insurance (1x earn up Life Insurance earnings) (earnings) (earnings) ependent Group Life Insurance rance for any insured employe	e	ains age 65 on	or after the effect	ive date of this resolution
BE IT FURTHER RESOLVED, that the proper officers are herewith authorized and directed to take all actions and make such deductions and submit such payments as are required by the Group Insurance Board of the State of Wisconsin to provide such group life insurance.					
BE IT FURTHER RESOLVED, that the Village of Pewaukee WRS Agent submit a certified copy of this					
Employer name resolution to the State of Wisconsin Department of Employee Trust Funds.					
Certification					
I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly					
passed by the Villag		Village		ofPe	ewaukeeon the
	rerning body		nployer name	amandad and in	mousin full force and affect
18 day of October, and that said resolution has not been repealed or amended, and is now in full force and effect.					
Dated this <u>18</u> day o	f October				
I understand that Wis. Stat. 943.395 provides criminal penalties for knowingly making false and fraudulent statements on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.					
Employer Identification	Number (EIN) 69-0360576	3000	Nun	nber of eligible er	mployees:47
WRS agent signature:(Cal fr		WRS	S agent title: W	11age Clerete
Mailing address: 235 Hickory Street, Pewaukee, WI 53072					
Telephone: <u>262-691</u>	-5660	-	For I	ETF use only	
Email: <u>csmith@villa</u>	geofpewaukee.com	-			OVERAGE ENTERED BY ETF:
The resolution shall be effective on the first of the fourth month after receipt in the office of the Department of Employee Trust Funds. Submit completed form to ETF at ETFSMBESSNewEmployer@etf.wi.gov or fax to 608-267-4549.					