

RESOLUTION NO. 025 , SERIES 2015

**A RESOLUTION FOR EXISTING EMPLOYER OPTION SELECTION
WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM**

WHEREAS, pursuant to the provisions of Wis. Stat 40.51(7) the Village Board of the Village of Grafton hereby determines to offer the Wisconsin Public Employers (WPE) Group Health Insurance program to eligible personnel through the program of the State of Wisconsin Group Insurance board (Board), and agrees to abide by the terms of the program as set forth in the contract between the Board and the participating health insurance providers, and

WHEREAS, all participants in the WPS Group Health Insurance program will need to be enrolled in a program option. An employer may elect participation in the program options outlined herein, ***with each program option to be offered to different employee classifications (pursuant to collective bargaining). Individual employees cannot choose between program options.***

NOW THEREFORE BE IT RESOLVED, by the Village Board of the Village of Grafton that the Village of Grafton hereby chooses to participate in the following program option for 2016 Health Insurance:

Deductible HMO-Standard PPO w/Dental, PO4

BE IT FURTHER RESOLVED, the Wisconsin Department of Employee Trust Funds (ETF) must receive a copy of the determination resolution no later than October 1, 2015 for coverage to be effective on January 1, 2016.

BE IT FURTHER RESOLVED, that the proper officers of the village of Grafton are hereby authorized and directed to take all actions and make salary deductions for premiums and to submit payments required by the Board to provide such Group Health Insurance.



James A. Brunquell-Village President

Attest:



Teri J. Dylak-Interim Village Clerk

LETTER OF INTENT TO ELECT UNIFORM DENTAL BENEFITS EFFECTIVE 1/1/2016

WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM

Effective January 1, 2016, the Uniform Dental Benefits will no longer be offered through the health plans. Delta Dental will administer the Uniform Dental Benefits for 2016. If a local employer, who participates in the Wisconsin Public Employers' (WPE) Group Health Insurance Program, would like to offer the Uniform Dental Benefits in 2016, the employer must submit this letter of intent signed by the WRS Agent or other authorized personnel. This letter of intent must be received by the Department of Employee Trust Funds (ETF) **no later than September 25, 2015**. There is no obligation for local employers to participate.

In addition to this letter of intent, employers must submit a new resolution form no later than January 1, 2016, through the traditional resolution process affirming that the employer will offer the Uniform Dental Benefit for plan year 2016. The change will be effective January 1, 2016.

For plan years 2017 or later, employers will follow the current resolution process and switch to a program option which offers the Uniform Dental Benefit.

CERTIFICATION

As a participating employer in the WPE Group Health Insurance program, this letter confirms our intent to elect uniform dental benefits effective January 1, 2016. Additionally, a new resolution form will be submitted to ETF by no later than January 1, 2016.

Dated this 25 day of September, year 2015.

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

39-6006274
Federal Tax Identification Number (FEIN/TIN)

69-036-0705
ETF Employer Identification Number

262-375-5300
Phone Number

Christine Stannis Admin. Asst.
Authorized Employer Representative Name Title

Christine Stannis
Authorized Employer Representative Signature

80 Badger Circle, Grafton, WI 53024
Mailing Address

cstannis@village.grafton.wi.us
Email Address