VILLAGE OF OXFORD, MARQUETTE COUNTY, WI
RESOLUTION 2023-2

Employer Resolution to Pay Entire Premium

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

Employer resolution to pay entire premium for *(check box(es))*:

- ☒ Basic Group Life Insurance (1x earnings)
- ☐ Supplemental Group Life Insurance (1x earnings)
- ☐ Additional Group Life Insurance
  - ☐ 1 Unit (1x earnings)
  - ☐ 2 Units (2x earnings)
  - ☐ 3 Units (3x earnings)
- ☐ Spouse and Dependent Group Life Insurance

Your resolution will take effect either on the first of the month following the date your resolution is received by ETF, or the first day of the second month following the date your resolution is received by ETF. Premiums will be due beginning on the effective date that you elect.

I elect to pay the entire premium beginning (*check one box*):

- ☒ On the effective date of my resolution.
- ☐ On the first of the next month following the effective date of my resolution.

I hereby certify that pursuant to Wis. Stat. 40.05 (6)(e), a resolution to pay the entire group life insurance premium for all employees for the plan(s) indicated above was duly made by the

BOARD OF TRUSTEES
(Governing body)

of the **VILLAGE OF OXFORD**
(Employer name)

Employer Identification Number (EIN): 69-036-**4664-000**

on **MARCH 1, 2023**.
(Date action taken)

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

Agent Signature	Title	Date (MM/DD/YYYY)
Sharon M. Gullin	**VILLAGE CLERK**	**03/01/2023**

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

For ETF use only: Effective date of coverage entered by ETF: