

VILLAGE OF OXFORD, MARQUETTE COUNTY, WI RESOLUTION 2023-1

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 BOARD OF TRUSTEES	of the V	LLAGE	of OXFO	RD
Governing body	Employer legal name			
that pursuant to the provisions of Chapter 40 of t	he Wisconsin Statutes s	such BOARD C	p body	
hereby determines to be included under the followisconsin Statutes for its eligible personnel:	wing Group Life Insurar			40 of the
Check box(es) for coverage desired:				
X Basic Group Life Insurance (1x earnings	3)			
Supplemental Group Life Insurance (1x	earnings)			
★ Additional Group Life Insurance				
1 Unit (1x earnings)				
☑ 3 Units (3x earnings)				
Spouse and Dependent Group Life Insu		SE on or ofter the	effective data of thi	s resolution
Amount of insurance for any insured emportant shall be 50% rather than 25%	ployee who attains age t	os on or after the e	enective date of thi	s resolution
BE IT FURTHER RESOLVED, that the proper of such deductions and submit such payments as a provide such group life insurance.	are required by the Grou	orized and directe p Insurance Boar	ed to take all action d of the State of W	is and make lisconsin to
BE IT FURTHER RESOLVED, that theV	ILLAGE OF OXFORD	WRS Ager	nt submit a certified	d copy of th
	Employer name	4-		
resolution to the State of Wisconsin Department	to Employee Trust on	u3.		
Certification				
	true correct and compl	oto conv of the res	solution duly and re	agularly
I hereby certify that the foregoing resolution is a				
passed by the BOARD OF TRUSTEES Governing body of to	heEmployer no	of _	OAFORD	on t
				off
day of March, 2023, and that said resolu	ition has not been repea	lied or amended, a	and is now in full to	irce and en
1st March 2023				
Dated this day ofMarch, 2023	 ·			
I understand that Wis. Stat. 943.395 provides cr	riminal penalties for know	wingly making fals	e and fraudulent s	tatements o
this form and hereby certify that, to the best of r	ny knowledge and belief	, the information is	s true and correct.	
)-1125281			
Employer Identification Number (EIN) 69-036-2	1004-000	_ Number of eligi	ble employees:	4
WRS agent signature:	J. Jullin	WRS agent title:	VILLAGE CI	LERK
Mailing address: 129 S. FRANKLIN AVE., P.O.	BOX 122 OXFORD	, WI 53952		
Telephone: 608-586-4488		For ETF use only EFFECTIVE DATE OF COVERAGE ENTERED BY ET		
Email: VOXFORD@MAQS.NET		LITEOTIVE DATE	201 OOVEIWOL EIVI	
The resolution shall be effective on the first of the	he fourth month			
after receipt in the office of the Department of E ETFSMBESSNewEmployer@etf.wi.gov or fax t	Employee Trust Funds. S	Submit completed	form to ETF at	