

CITY OF HORICON

404 EAST LAKE STREET
HORICON WI 53032

MEETING NOTICE

DATE ISSUED: August 12, 2019

BY: Susan Hady

PERSONNEL & FINANCE COMMITTEE

ATTENDEES:

Susan Hady	Donald Miller	Forrest Frami	Kristen Jacobson
Joseph Adamson	Alexandra Harvancik	Mark Tesch	Carole Baker
Pat Bulman	C: Mayor Grigg		

DATE: Thursday, August 15, 2019

TIME: 6:00 p.m.

LOCATION: City Hall, Activity Room A

LEADER: Susan Hady, Chairperson

AGENDA:

1. Call to Order.
2. Roll Call.
3. Public Appearances.
4. Approve Previous Minutes.
5. Existing Employer Update Agreement – Wisconsin Public Employers' Group Health Insurance Program.
6. July 2019 Payables.
7. Set Next Meeting Date.
8. Non-Action Discussion.
9. Adjourn.

IF UNABLE TO ATTEND, PLEASE NOTIFY: Kristen Jacobson

PHONE: 485-3500

DATE POSTED: 8/12/2019

TIME POSTED: 3:30 p.m.



STATE OF WISCONSIN
Department of Employee Trust Funds
Robert J. Conlin
SECRETARY

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

March 15, 2019

To whom it may concern,

The Department of Employee Trust Funds is writing to inform you of a change that requires you, the governing body of your municipality (Board), to sign and submit an updated resolution to participate in the Wisconsin Public Employers group health insurance program (WPE-GHIP). This will not change the WPE-GHIP that is offered to your employees and retirees. **Please sign and return the attached resolution as soon as possible and no later than October 1, 2019 to continue participation in the WPE-GHIP.**

The reasons for the need of this new resolution are as follows:

1. ETF has created one reference source for the WPE-GHIP. Previously, information was provided in a variety of publications such as: the *Local Health Insurance Employer Administration Manual* (ET-1144), the contract between the Group Insurance Board and the participating health insurance providers (ET-1136) and several employer bulletins. These resources are now combined into the *Local Employer Health Insurance Standards, Guidelines and Administration Manual* (ET-1144).
2. The original resolution the Board signed stated that the Board agreed to abide by the terms of the program set forth in the contract between the Group Insurance Board and the participating health insurance providers. With the movement of those contract provisions to this new employer manual (ET-1144), that resolution is no longer accurate.

Contract provisions that were moved into this employer manual were not materially changed. Signing this agreement does not bind the Board into any new or substantially revised provisions that haven't already been communicated or implemented. The change was motivated by ETF's strategic initiative to provide an improved experience for administrative staff.

If you have questions or comments, please contact ETF at ETFSMBEmployerInsurance@etf.wi.gov or 1-877-533-5020 select option 2 (toll free) or 1-608-266-3285 select option 2 (local Madison area).

Sincerely,

The Department of Employee Trust Funds
Attachment: Resolution ET-1169

**EXISTING EMPLOYER UPDATE RESOLUTION
WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM**

RESOLVED, by the _____ of the _____
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Wis. Stat. § 40.51 (7) hereby determines to continue in the Wisconsin Public Employers (WPE) Group Health Insurance program that is offered 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 *Local Employer Health Insurance Standards, Guidelines and Administration Manual (ET-1144)*.

We will continue to participate in the program option in which we are currently enrolled. If we wish to elect a new program option for 2020 we will file a separate resolution to do so.

All participants in the WPE Group Health Insurance program need to be enrolled in a program option. Individual employees cannot choose between program options.

The resolution must be received by the Department of Employee Trust Funds as soon as possible, but no later than October 1, in order to continue participation without lapse. If more time is needed, contact ETF.

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the Board to provide such Group Health Insurance.

Certification

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the ____ day of _____, year ____ and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this ____ day of _____, year _____.

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.

Federal tax identification number (FEIN/TIN)

Authorized employer representative signature

69-036-

ETF employer identification number

Authorized employer representative printed name

Number of eligible employees _____

Authorized representative title

Employer county

Employer benefit contact email address

Mailing address

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