

## Resolution for Inclusion Under the State of Wisconsin Deferred Compensation Program

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

Be it resolved by the of the of the	unty Health Department that
(Governing body) (Emp pursuant to the provisions of Section 40.81(1), Subchapter VII of Chapter 40 provides in part as follows:	lover)
An employer other than the State may provide for its employees the Compensation Plan established by the Board under Section 40.80. A state, who makes the Plan under Section 40.80 available to any of it available to all its employees under procedures established by the d subchapter.	Any employer, including this
Such Eau Claire City-County Board of Health (Governing body) hereby determines to be included under	the State of Wisconsin Deferred
(Governing body) Compensation Program ("the Plan") provided by Subchapter VII of Chapter 4 regulated by Chapter ETF 70 of the Wisconsin Administrative Code for its eli	40 of the Wisconsin Statutes and
Be it further resolved, the proper officers are herewith authorized and direct such reductions and submit such deferrals as are required by the Departmenthe State of Wisconsin pursuant to Subchapter VII of Chapter 40 of the Wisconsin pursuant to Subchapter 40 of the	nt of Employee Trust Funds of
Be it further resolved, that agrees to be bound by (Employer)	the Terms and
Conditions of the contracts between the State, its investment providers, and "Plan and Trust Document" and the "Employer Guide" as amended from time it has received a copy of the Plan and Trust document.	its Plan Administrator, and the
Be it further resolved, that the representative subm	nits a certified copy of
(Employer) this Resolution and "Designation of Agent" to the State of Wisconsin, Department and the Plan Administrator.	
Be it further resolved, that the recognizing the Deferre	ed Compensation
(Governing body) Board's responsibility for maintaining the integrity of the Plan, the	nnty Board of Health hereby resolved
that the proper officers of Eau Claire City-County Health Department are hereby authorized and disconnection (Employer)	ng body) rected to cooperate fully with
the Plan Administrator in accordance with procedures established by the Dep Funds.	partment of Employee Trust
Be it further resolved, that theof theof the	ith Department acknowledges
(Governing body) (Employer) and submits that the Plan offered under Section 40.80 et seq., Subchapter VI Wisconsin Statutes is not and cannot be used as an alternative or replaceme taxes. The Plan is meant to act as a supplemental retirement benefit in additional benefits.	nt plan for purposes of FICA
Dated this 20 day of October, 20 23	
Employer: Eau Claire City-County Health Department Governing body: Eau Cla	ire City-County Board of Health
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Authorized signature  Authorized signature	
Print name  Print name  Print name  New York  Print name	<u></u>