



Resolution of Inclusion Under the Wisconsin Retirement System

Wis. Stat. §§ 40.21, 40.22

Wisconsin Department of Employee Trust Funds
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Madison WI 53707-7931
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Fax 608-267-4549
etf.wi.gov

R# 7-13-2020

The Town Board Members of the
Governing Body, Wis. Stat. § 40.02 (36)

Town of Ridgeville, authorizes and approves participation in the
Employer Resolving to Participate, Wis. Stat. § 40.21

Wisconsin Retirement System on the effective date of January 1, 2021. Eligible employees will participate in the WRS beginning on the effective date pursuant to the participation option chosen below. This resolution must be received by, and is irrevocable after, November 15 prior to the effective date.

Total number of eligible employees: One (1)

Eligible Employee Participation Options (check one; creditable service must be in increments of 25%)

- All current and future eligible employees will participate in the WRS, and this employer will recognize _____% of prior creditable service.
- This employer will provide a one-time offer to current eligible employees to elect or waive WRS participation as of the above effective date. All eligible employees hired after the above effective date must be enrolled in the WRS. This employer will recognize 0% of prior creditable service. Employees who waive WRS coverage and continue to be employed by this employer will never be eligible for future WRS coverage.
- Only eligible employees hired by this employer on or after the effective date of this resolution will be enrolled in the WRS.

Eligible Employee Participation Exclusion (applies to all options above; check only if applicable)

- This employer will exclude employees of a public utility under Wis. Stat. § 196.01 (5) from WRS participation pursuant to Wis. Stat. § 40.21 (7) (b).

Certification

I hereby certify that this resolution is a true, correct and complete copy of the resolution adopted by the above governing body on July 13th, 2020
(MM/DD/YYYY)

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.

Certifying Officer signature and title: [Signature] Chairman
Name Title

Date: 7-13-2020

Employer Identification Number (EIN) if available: 69-036- 39-6006082

