

**RESOLUTION OF INCLUSION UNDER THE WISCONSIN RETIREMENT SYSTEM
FOR FULL-TIME EMPLOYEES**

WHEREAS, the Trustees of the Village of Merrimac, Sauk County, Wisconsin are committed to providing fair wages and benefits that attracts and retains dedicated staff.

WHEREAS, providing retirement benefits through the State of Wisconsin's Employee Trust Fund demonstrates the Village's commitment to a happy and stable workforce; and


WHEREAS, having dedicated, long-term employees is in the best interest of all the residents of the Village of Merrimac; and

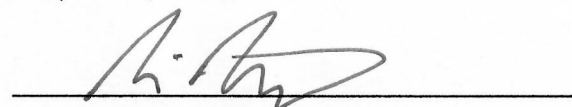
NOW, THEREFORE, BE IT RESOLVED by the Village of Merrimac Board of Trustees that:

1. The Board authorizes and approves participation in the Wisconsin Retirement System on the effective date of January 1, 2021.
2. Eligible employees will participate in the WRS beginning on the effective date pursuant to the following: The Village of Merrimac 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. The Village of Merrimac 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.
3. Employees who elect to waive coverage in WRS may continue to participate in the Village's program with Empower Retirement, to receive a match of up to the required WRS employer contribution, currently 6.75%.
4. This resolution must be provided to WRS by, and is irrevocable after, November 15, 2020

Adopted and recorded September 22, 2020.

Approved September 22, 2020.

APPROVED: 
Philip Budde, President

ATTEST: 
Brian Mooney, Administrator/Clerk/Treasurer

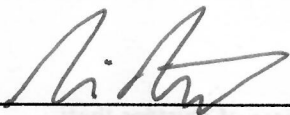
Certification

Item 4a.ii
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I hereby certify that this resolution is a true, correct, and complete copy of the resolution adopted by the above governing body on September 22, 2020.

I understand that Wis State. Section 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:



Brian Mooney, Administrator/Clerk/Treasurer

Date: 9/22/20

Employer EIN: 39-0992792

