NEW YORK STATE DEPARTMENT OF CIVIL SERVICE
THE STATE CAMPUS – 1220 WASHINGTON AVENUE
ALBANY, NEW YORK 12226
HEALTH INSURANCE SECTION

Resolution I

RESOLUTION ELECTING PARTICIPATION IN THE STATE EMPLOYEES HEALTH INSURANCE PLAN

At a meeting of the Town Board (local legislative body)

of the Town of Forestport (name of employer) State of New York,

held at Forestport Firehall (place of meeting), New York, on Sept. 6 (date), 19 67

Dewey Lyon (name of introducer) offered the following resolutions:

"Resolved:

that the Town Board (local legislative body)*

of the Town of Forestport (name of employer)

of the State of New York elects to participate as a participating employer in the State Employees Health Insurance Plan and to include in such plan its officers and employees [and retired officers and employees], subject to and in accordance with the provisions of Article XI of the Civil Service Law and the Regulations governing the State Health Insurance Plan, as presently existing or hereafter amended, together with such provisions of the insurance contracts as may be approved by the President of the Civil Service Commission and any administrative rule or directive governing the plan.

STATE OF NEW YORK)
)SS:
COUNTY OF Oneida)

I, Winifred Utley (name of clerk), clerk of the

Town Board (local legislative body)*, of the Town of Forestport (name of employer)

of the State of New York, do hereby certify that I have compared the foregoing with the original resolution passed by such

Town Board (local legislative body), at a legally convened meeting held on the

6th day of Sept., 19 67, on file as part of the minutes of such meeting, and that the same is a true copy thereof and the whole of such original. I further certify that Forestport

Town Board (local legislative body)*, has appropriated the sum of $3000.

dollars for the purpose of paying the employer's costs including administrative charges levied by and payable to the State of New York on account of the coverage of such officers and employees [and retired officers and employees] and their dependents in the plan.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of the

Town of Forestport (name of employer)

(Seal)

on this 14 day of Sept., 19 67

(signature of clerk)

*The resolution must be adopted by the local legislative body and be approved by any other body or officer required by law to approve resolutions of such local legislative body.

PS-500 (5/66)