

PLATTE COUNTY RESOLUTION #2020-06

A RESOLUTION ENTERING INTO A COUNTY EMPLOYER WORKER'S COMPENSATION GROUP WITH THE WYOMING COUNTY COMMISSIONERS ASSOCIATION

WHEREAS, Wyoming Statute § 27-14-109 provides that the Wyoming Department of Workforce Services Workers Compensation Division may allow county governments or county governmental entities to establish a collective system to report payroll, pay premiums, process injury reports, manage claims and provide other services required for the employees of the county governments or county governmental entities; and

WHEREAS, the Wyoming County Commissioners Association and the Wyoming Department of Workforce Services Workers Compensation Division has created a County Employer Group to collectively coordinate and manage workers compensation coverage to eligible counties and their employees; and

WHEREAS, the creation and maintenance of a group among the counties of Wyoming for the purpose of coordinating and maintain workers compensation coverage and benefits for Wyoming counties is economically feasible, fiscally prudent and administratively practical; and

WHEREAS, the County desires to obtain such coverage and become a participating member with other participating county members of the Wyoming County Commissioners Association County Employer Group, under the terms of the Wyoming County Commissioners Association County Employer Group Workers Compensation Agreement.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF PLATTE COUNTY, WYOMING that Platte County hereby applies for participation in the Wyoming County Commissioners Association County Employer Group.

BE IT FURTHER RESOLVED, that the Board of County Commissioners of the County acknowledges and certifies that the County intends to become a contracting party to and shall be bound by the terms of the Wyoming County Commissioners Association County Employer Group between and among this County, all participating county members of the County Employer Group, and that the Chairman of the Board of County Commissioners is hereby authorized to execute this Resolution as evidence thereof of such Agreement on behalf of the County.

BE IT FINALLY RESOLVED, that a certified copy of this resolution be forwarded to the Executive Director of the Wyoming County Commissioners Association attesting that the undersigned county, by signing below, joins and ratifies the Wyoming County Commissioners Association County Employer Group Workers Compensation Agreement as a contracting member and party to such agreement, and is bound by its terms.

Given our hand and seal this 4th day of February 2020.

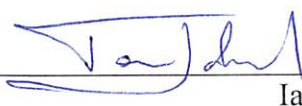
**PLATTE COUNTY
BOARD OF COMMISSIONERS**



Sandy Kontour, Chairman

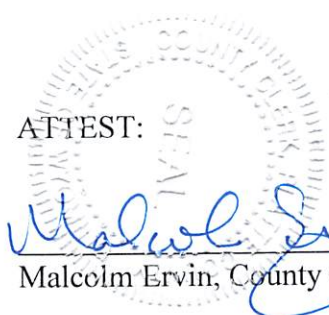



Steve Shockely, Commissioner



Ian Jolovich, Commissioner

ATTEST:

Malcolm Ervin, County Clerk

THE STATE OF MICHIGAN
COUNTY OF SEAFORD

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public for Michigan
My Commission Expires _____, 20____

WITNESSETH my hand and seal of office this _____ day of _____, 20____.

Notary Public for Michigan
My Commission Expires _____, 20____

WITNESSETH my hand and seal of office this _____ day of _____, 20____.

Notary Public for Michigan
My Commission Expires _____, 20____

WITNESSETH my hand and seal of office this _____ day of _____, 20____.

Notary Public for Michigan
My Commission Expires _____, 20____

WITNESSETH my hand and seal of office this _____ day of _____, 20____.

Notary Public for Michigan
My Commission Expires _____, 20____

