

**TOWN**  
Of  
**ST. CROIX FALLS**  
Polk County, Wisconsin

**Resolution 16-33**

**A RESOLUTION OF INCLUSION UNDER THE WISCONSIN RETIREMENT SYSTEM**

RESOLVED, by the of the Town of St. Croix Falls that pursuant to Wis. Stats. §§ 40.21 and 40.22 that the above named entity does hereby determine to be included under the Wisconsin Retirement System for participation on the effective date of January 1, 2017. This resolution, when filed, is irrevocable after the November 15 preceding the effective date.

The above named entity resolves to participate in the WRS for all current and future eligible employees, per Wis. Stat. §40.21 (1), on the effective date and will recognize \_\_\_\_\_% of prior creditable service. Number of eligible employees: \_\_\_\_\_. The above named entity resolves to exclude its employees of a public utility under Wis. Stat. §196.01 (5) from participation per Wis. Stat. §40.21 (7) (b).

X The above named entity resolves to participate in the WRS only for eligible employees hired on or after the effective date of this resolution, per Wis. Stat. §40.21 (7). The above named entity will provide a one-time offer to current employees, per Wis. Stat. §40.21 (7) (c), to either elect or waive participation in the WRS on the effective date of this resolution and will recognize 0% of prior creditable service. Number of current, eligible employees: 3.

NA The above named entity resolves to exclude its employees of a public utility under Wis. Stat. §196.01 (5) from participation per Wis. Stat. §40.21 (7) (b).

Dated this 19th day of October 2016

\_\_\_\_\_  
/s/James H. Beistle, Chairperson

\_\_\_\_\_  
Attest: /s/Janet Krueger, Town Clerk

Approved by:

\_\_\_\_\_  
\_x\_ Roll Call Vote:  
\_5\_ Yeas; \_0\_ Nays; \_\_\_ Absent/Abstain

**CERTIFICATION**

I HEREBY CERTIFY that the foregoing Resolution is a true, correct and complete copy of the Resolution duly and regularly adopted by the above governing body on the 19th day of October, 2016, and that said Resolution is in full force and effect.

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.

IN WITNESS THEREOF, I have hereto set my hand and the official seal of this governmental unit, Town of St. Croix Falls in Polk County, Wisconsin on this the 19<sup>th</sup> day of October, 2016.

Signature and Title of Certifying Officer:

\_\_\_\_\_  
Name & Title

Employer Identification Number (EIN) if available:

69-036-0000323428-03