

RESOLUTION NO. \_\_\_\_\_

WHEREAS, the \_\_\_\_\_, herein called the "Employer", through its  
(Name of Governmental Unit\*)

\_\_\_\_\_ desires to make formal request to the Commissioner  
(Administrative Body)

of Administration (herein called the "State Agency") for inclusion of its eligible employees in the State of Alaska Group Health Care and Life Insurance Benefits Plan ( herein called the "Program") offered to employees of the State of Alaska, pursuant to Alaska Statutes 39.30.090 through 39.30.100: and

WHEREAS, the Employer is prepared to administer the Program as required and has applied to the State Agency for coverage under the Program for all of the Employer's eligible employees: and

WHEREAS, the Employer is prepared to pay the required premiums and submit same directly to the State's Group Health Care and Life Insurance Plan carriers.

NOW, THEREFORE, BE IT RESOLVED, that for the purpose of such request,

\_\_\_\_\_  
(Name of Agent, Title and Address)

be and hereby is designated as the Authorized Agent of the Employer and is hereby authorized and directed to execute said request and to forward same to the Commissioner, Department of Administration for acceptance and further action: and

BE IT FURTHER RESOLVED, that, (1) the Authorized Agent, as the representative of the Employer, is further authorized and directed to conduct all negotiations, conclude all arrangements and sign all agreements and instruments which may be necessary to carry out the letter and intent of the aforesaid request and to do so in conformity with all applicable Federal and State laws, rules and regulations: and (2) the Employer is authorized to pay any and all premiums in accordance with the terms set up by the State Agency; and (3) that the Employer agrees to give at least 90 days notice prior to terminating this agreement.

Passed and approved by a duly constituted quorum of the

\_\_\_\_\_  
(Administrative Body)

this \_\_\_\_\_ day of \_\_\_\_\_, 200\_.

\_\_\_\_\_  
Introduced by

\_\_\_\_\_  
Official's Name and Title

\_\_\_\_\_  
Date of Adoption

\_\_\_\_\_  
Attested by

\*"Governmental Unit" means the State, a municipality, school district or other political subdivision of the State.