

AFFILIATION FOR OPTIONAL GROUP LIFE INSURANCE

■ **Important** – This affiliation is **irrevocable.** Once approved, your affiliation cannot be cancelled. Please include a copy of the **minutes** from the meeting where this resolution was approved.

Contact Us – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638 email: kpers@kpers.org • web site: kpers.org • mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

Resolution No. 15-2017 Be it resolved, by (legal title of governing body) Board of County Commissioners, Cherokee County, Kansas that (legal name of entity) Cherokee County, Kansas , a participating employer, or an applicant to become a participating employer, in the: 🛛 🗖 Kansas Public Employees Retirement System Kansas Police and Firemen's Retirement System hereby makes application in accordance with K.S.A. 74-4927(6) and (7) for the inclusion of all its eligible employees in optional life insurance under the Kansas Public Employees Retirement System effective \vec{a} January 1, <u>2018</u>. July 1, day of September (month), ²⁰¹⁷ Adopted this 18th (year). Attested to by Name (print): Patrick Collins Title: Chairman Signature: State of Kansas)SS County of Cherokee ____, do hereby affirm that I am the duly elected or appointed <u>County Clerk</u> Rodney D. Edmondson of the organization known as Cherokee County, Kansas , and I further affirm that the above Resolution is a true and correct copy of the Resolution adopted by such organization, and that said Resolution was adopted by a vote of two-thirds or more of the members-elect of the gøverning body of the organization. Signature: