

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.

Note: Employers are not required to affiliate for optional insurance. Once affiliated, they are also not required to offer spouse or child coverage.

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

Resolution No. 2016-1422

Be it resolved, by (legal title of governing body) Board of County Commissioners of Atchison County, Kansas
that (legal name of entity) Atchison County, 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 insurance under the Kansas Public Employees Retirement System effective January 1, 2017.

We elect to include the following: Spouse Coverage Child Coverage

Adopted this 8th day of November (month), 2016 (year).

Attested to by
Name (print): Pauline M Lee
Title: Atchison Co. Clerk
Signature: Pauline M Lee
State of Kansas _____)
County of Atchison _____) S S



I, Henry W Poth do hereby affirm that I am the duly elected or appointed Commissioner
of the organization known as Atchison County, 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 governing body of the organization.

Signature: Henry W Poth

Affiliation for Transfer: KPERS to KP&F

Please type or print using black ink.

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Resolution No. 2016-1422

Be it resolved, by (legal title of governing body) Board of County Commissioners of Atchison County, Kansas

that (legal name of entity) Atchison County, a participating employer,

with the Kansas Public Employees Retirement System hereby makes application in accordance with K.S.A 74-4954(1) and (2)

to become a participating employer in the Kansas Police and Firemen's Retirement System to provide for the:

1) Inclusion of all its future eligible (mark only one):

- Police Officers
- Firefighters*
- Police Officers and Firefighters

2) Transfer of the membership of all current (mark only one):

- Police Officers
- Firefighters*
- Police Officers and Firefighters

presently covered under the Kansas Public Employees Retirement System to the Kansas Police and Firemen's Retirement

System effective January 1, 2017.

Adopted this 8th day of November (month), 2016 (year).

Attested to by

Name (print): Pauline M. Lee

Title: County Clerk

Signature: Pauline M Lee

State of Kansas _____)
County of Atchison _____) S S



I, Henry W Potte, do hereby affirm that I am the duly elected or appointed Commissioner of the organization known as Atchison County,

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 governing body of the organization.

Signature: Henry W Potte

* Emergency Medical Technicians are included in the definition of firefighter.