

Affiliation for Optional Group Life Insurance

Please type or print clearly in black ink.

■ **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.

■ **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. 1320

Be it resolved, by (legal title of governing body) Atchison County Commission
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, 1962

Adopted this 26 day of April (month), 2010 (year).

Attested to by Name (print): John E. Bishop

Title: Chairman, Bd of County Commission

Signature: [Handwritten Signature]

State of Kansas)
County of Atchison) SS

I, Pauline M. Lee, do hereby affirm that I am the duly elected or appointed
County Clerk 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: [Handwritten Signature]

Subscribed and sworn to before me, a Notary Public in and for the County and State first above mentioned, this 26th
day of April (month), 2010 (year).

Notary Signature: [Handwritten Signature] My commission expires (month/day/year): 04, 04, 2012

(SEAL)

