

RESOLUTION: ACCEPTING MEMBERSHIP IN THE GREATER
TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE
CONSORTIUM AND AUTHORIZING SIGNATURE OF THE:

2025 MUNICIPAL COOPERATIVE AGREEMENT

Effective Date: January 1, 2025

WHEREAS, the _____ (municipality) applied for membership in the Greater Tompkins County Municipal Health Insurance Consortium (the "Consortium"), a municipal cooperative organized under Article 47 of the New York Insurance Law, and

WHEREAS, the _____ (municipality) received notification of approval by the Consortium Board of Directors to become a Participant in the Consortium effective January 1, 2025, now therefore be it

RESOLVED, That the _____ (municipality) hereby accepts membership effective January 1, 2025 and authorizes the Chief Elected Official to sign the **2025** Amendment to the Municipal Cooperative Agreement of the Greater Tompkins County Municipal Health Insurance Consortium as recommended by the Board of Directors.

PLEASE NOTE:

- **The resolution and the signature page must be sent back to the Consortium (consortium@tompkins-co.org) as separate attachments. Please do not combine the resolution and the signature page on one sheet.**
- **The signature page cannot be e-signed**
- **The signature page must be signed by your chief elected official.**

We appreciate your assistance.

2025 Municipal Cooperative Agreement (MCA) Signature

MCA Effective Date: January 1, 2025

IN WITNESS WHEREOF, the undersigned has caused this Agreement to be executed as of the date adopted by the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors and subsequently adopted by the Municipal Corporation named below. (Note: E-Signatures are not accepted)

Municipality

Printed Name of Chief Elected Official or Chief Officer

Title

Signature

Date