**Sample Resolution**

(Please submit through [Consortium Document Portal](https://lfweb.tompkins-co.org/Forms/TCHCCForms) or e-mail to consortium@tompkins-co.org):

**RESOLUTION DESIGNATING REPRESENTATIVES TO THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM BOARD OF DIRECTORS**

 WHEREAS, the [Municipal Corporation}, having complied with all application requirements to become a Participant in the Greater Tompkins County Municipal Health Insurance Consortium has been accepted as a Participant, and

 WHEREAS, in order to activate membership, the {Municipal Corporation} must provide additional information to complete and activate its membership in the GTCMHIC, now therefore be it

 RESOLVED, That the following individuals are hereby designated to serve as the Director and Alternate to the GTCMHIC Board of Directors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Delegate), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Alternate).

Certified on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (current date) that the resolution herewith was by adopted by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of governing body) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date of adoption).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature (Clerk or Chief Executive Officer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name and Title