

RESOLUTION NO. _____

**RESOLUTION JOINING WYOMING COUNTY COMMISSIONERS ASSOCIATION
COUNTY EMPLOYER GROUP FOR WORKERS COMPENSATION
LARAMIE COUNTY, WYOMING**

WHEREAS, Wyoming Statute § 27-14-109 provides that the Wyoming Department of Workforce Services Workers Compensation Division may allow county governments or county governmental entities to establish a collective system to report payroll, pay premiums, process injury reports, manage claims and provide other services required for the employees of the county governments or county governmental entities; and

WHEREAS, the Wyoming County Commissioners Association and the Wyoming Department of Workforce Services Workers Compensation Division has created a County Employer Group (CEG) to collectively coordinate and manage workers compensation coverage to eligible counties and their employees; and

WHEREAS, the creation and maintenance of a group among the counties of Wyoming for the purpose of coordinating and maintain workers compensation coverage and benefits for Wyoming counties is economically feasible, fiscally prudent and administratively practical; and

WHEREAS, Laramie County desires to obtain such coverage and become a participating member with other participating county members of the Wyoming County Commissioners Association County Employer Group, under the terms of the Wyoming County Commissioners Association County Employer Group Workers Compensation Agreement.

NOW, THEREFORE, BE IT RESOLVED, that the Board of County Commissioners of Laramie County hereby applies for participation in the Wyoming County Commissioners Association County Employer Group.

BE IT FURTHER RESOLVED, that the Board of County Commissioners of Laramie County acknowledges and certifies that the County intends to become a contracting party to and shall be bound by the terms of the Wyoming County Commissioners Association County Employer Group between and among this County, all participating county members of the County Employer Group, and that the Chairman of the Board of County Commissioners is hereby authorized to execute this Resolution as evidence thereof of such Agreement on behalf of the County.

BE IT FINALLY RESOLVED, that a certified copy of this resolution shall be forwarded to the Executive Director of the Wyoming County Commissioners Association attesting that the undersigned County, by signing below, joins and ratifies the Wyoming County Commissioners Association County Employer Group Workers Compensation Agreement as a contracting member and party to such agreement, and is bound by its terms.

PRESENTED, READ AND ADOPTED this ____ day of January, 2020.

BOARD OF LARAMIE COUNTY COMMISSIONERS

BY: _____
Chairman, Laramie County Commissioners

Date

ATTEST:

Laramie County Clerk

Date

Approved as to form:



Laramie County Attorney's Office

12/31/19

Date

CERTIFICATION

STATE OF WYOMING

COUNTY OF LARAMIE

I, _____, County Clerk in and for said _____ County, do hereby
certify that the attached Resolution is full, true and correct copy of the Resolution duly adopted
by the said Board of County Commissioners of _____ County at their meeting
held on the _____ day of _____, 20__.

Dated at _____, Wyoming, this _____ day of _____, 20__.

County Clerk

(COUNTY SEAL)