

SAMPLE MEDICARE ONLY RESOLUTION

RESOLUTION- MEDICARE ONLY

RESOLUTION TO REQUEST AUTHORIZATION OF REFERENDUM

WHEREAS, it is the express purpose and intention of the (Name of Entity) _____ District No. ____ ; (County) _____ to extend to its employees an opportunity to participate in the Medicare Program (Health Insurance) on as broad a basis as is permitted under applicable State and Federal Law, and

WHEREAS, THEREFORE, be it resolved that the (Name of Entity) _____ District No. ____ ; (County) _____ is hereby authorized to make written request to the Oklahoma State Social Security Administrator for authorization to hold a referendum to determine whether a majority of said employees desire Medicare-Only coverage.

CERTIFICATION

I, _____, do hereby certify that the foregoing is a true and correct copy of Resolution duly adopted by (Name of Entity) _____ on the _____ day of _____, 20 ____ .

Signed _____

Title _____

Date _____

Subscribed and swore to before me this _____ day of _____, 20 ____ .

My Commissions Expires: _____

Notary Public