

Preparer

Information: Jeff Hovey 500 SW 7th Street, Suite 101 DSM, IA 50309-4506 (515)244-2780
Name Street Address City/State/Zip Phone

Iowa Municipalities Workers' Compensation Association
500 SW 7th Street, Suite 101
Des Moines, IA 50309-4506

Return to Preparer

RESOLUTION NO. _____

**A RESOLUTION AUTHORIZING THE CITY TO APPLY FOR
MEMBERSHIP IN THE IOWA MUNICIPALITIES
WORKERS' COMPENSATION ASSOCIATION (IMWCA)**

WHEREAS, the Iowa Municipalities Workers' Compensation Association, a Chapter 28E association, has been established as a group self-insurance program, for the purpose of providing coverage for workers' compensation and related employers liability to Iowa cities and counties, 28E entities and political subdivisions.

WHEREAS, the city of Muscatine desires to become a member of the Association, a self-insured group, in order to obtain coverage for workers' compensation and related employer liability.

NOW THEREFORE BE IT RESOLVED, that the city of Muscatine hereby adopts the Agreement of the Iowa Municipalities Workers' Compensation Association, and authorizes and directs the Mayor and the City Clerk to execute the documents necessary for the city to become a member of the Association.

Passed this ___ day of _____, 20__.

I hereby certify that this Resolution was properly adopted on the above date.

DeWayne Hopkins, Mayor

Gregg Mandsager, City Clerk

Seal

**APPLICATION FOR MEMBERSHIP IN
IOWA MUNICIPALITIES WORKERS' COMPENSATION ASSOCIATION**

Pursuant to Resolution duly adopted, certified copy of which is set out above, the undersigned city hereby applies for membership in the Iowa Municipalities Workers' Compensation Association effective 12:01 a.m., July 1, 2015.

The city agrees that the Association shall be the city's agent in fact in all matters relating to workers' compensation and related employer liability, and the city will abide by the rules and regulations of the Association.

Date: _____

City of: Muscatine

DeWayne Hopkins, Mayor: _____

Address: 215 Sycamore

Gregg Mandsager, City Administrator: _____

Muscatine IA 52761

**APPROVAL OF
IOWA MUNICIPALITIES WORKERS' COMPENSATION ASSOCIATION**

Approved for membership and coverage effective 12:01 a.m., July 1, 2015.

Jeff Hovey

Director of Risk Services
Title

Date

State of _____
County of _____

Signed and sworn to before me on _____, 20__.

Notary Public

Notary Seal

INSTRUCTIONS FOR COMPLETION OF RESOLUTION

The attached Resolution is a legal paper that must be completed and filed with the State of Iowa to comply with requirements of registration.

The following steps should be used to ensure the correctness of this form:

Section One-Resolution

1. Please fill in the entity resolution number (the number assigned when it was passed by your appropriate board) at the top of the page.
2. Fill in the date the resolution was passed by your entity (City Council, County Board of Supervisors or 28E Board).
3. This section **requires** the signature of (your Mayor, Board of Supervisors Chair or 28E Board Chair) whichever is appropriate. Your entities seal (if there is one) must be affixed thereto before it is considered official.

Section Two-Application

1. The effective date of membership has been completed for you.
2. Please fill in the date the application was completed.
3. This section must also be signed by the appropriate individual (as listed in item 3 above) and their signature attested to.

Section Three-Approval

This section is completed by IMWCA and IMWCA will electronically file the Resolution with the State of Iowa.