

**RESOLUTION AND SIGNATURE DOCUMENT TO APPROVE MCA YEARLY**

Page 1 of 2

**RESOLUTION: XXX Approval of the 2025 Amendment to the Municipal Cooperative Agreement for the Greater Tompkins County Municipal Health Insurance Consortium**

WHEREAS, the \_\_\_\_\_ (municipality) is a Participant 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 municipal participants in the Consortium, including this body, have approved and executed a certain Municipal Cooperation Agreement (the "Agreement"; effective date of October 1, 2010), and

WHEREAS, Article 47 of the New York Insurance Law (the "Insurance Law") and the rules and regulations of the New York State Department of Financial Services set forth certain requirements for governance of municipal cooperatives that offer self-insured municipal cooperative health insurance plans, and

WHEREAS, the Agreement sets forth in Section Q2 that continuation of the Consortium under the terms and conditions of the Agreement, or any amendments or restatements thereto, shall be subject to Board review and upon acceptance of any new Participant hereafter, and

WHEREAS, the Municipal Cooperative Agreement requires that amendments to the agreement be presented to each participant for review and adopted by a majority vote by its municipal board, and

WHEREAS, the \_\_\_\_\_ (municipality) is in receipt of the proposed amended Agreement and has determined that it is in the best interest of its constituents who are served by the Consortium to amend the Agreement as set forth in the Amended Municipal Cooperative Agreement, now therefore be it

RESOLVED, that upon receipt and review of the amended Agreement, the \_\_\_\_\_ (municipality) approves at a meeting of the governing body held on \_\_\_\_\_ (date) and authorizes the Chief Elected Official to sign the **2025** Amendment to the Municipal Cooperative Agreement (Effective 1.1.25) 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

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](mailto: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