

St. Lawrence-Lewis Counties School District Employees Medical Plan

Resolution of the Board of Education

(Name of School District)

WHEREAS, the (Name of School District) is a Participant in the St. Lawrence-Lewis Counties School District Employees Medical Plan: and

WHEREAS, Section IV of the Municipal Cooperative Agreement directs this School District to select the Superintendent or a designee to serve on the Plan's Board of Directors, be it

RESOLVED, that the Board of Education hereby designates _____
to serve as the School District's representative on the Plan's Board of Directors: and

RESOLVED FURTHER, that the Board of Education hereby designates _____
to serve as an alternate district representative on the Plan's Board of Directors should the district's representative not be able to attend a Board of Directors Meeting.

Certification of Board Clerk

I, _____, District Clerk of the _____
Board of Education, hereby certify that the above resolution was adopted by the
required majority vote of the board of education at its meeting held on the _____
day of _____, 2025.

Date

Signature of District Clerk

St. Lawrence-Lewis Counties School District Employees Workers' Compensation Plan

Resolution of the Board of Education

(Name of School District)

WHEREAS, the (Name of School District) is a Participant in the St. Lawrence-Lewis Counties School District Employees Worker's Compensation Plan: and

WHEREAS, Section IV of the Municipal Cooperative Agreement directs this School District to select the Superintendent or a designee to serve on the Plan's Board of Directors, be it

RESOLVED, that the Board of Education hereby designates _____
to serve as the School District's representative on the Plan's Board of Directors: and

RESOLVED FURTHER, that the Board of Education hereby designates _____
to serve as an alternate district representative on the Plan's Board of Directors should the district's representative not be able to attend a Board of Directors Meeting.

Certification of Board Clerk

I, _____, District Clerk of the _____
Board of Education, hereby certify that the above resolution was adopted by the
required majority vote of the board of education at its meeting held on the _____
day of _____, 2025.

Date

Signature of District Clerk