

Proposed by:	Administration
Vote: 4 Aye	0 Nay 2 Absent

MUNICIPALITY OF SKAGWAY, ALASKA
RESOLUTION NO. 10-13R

A RESOLUTION OF THE MUNICIPALITY OF SKAGWAY, ALASKA AUTHORIZING THE PARTICIPATION OF THE SKAGWAY BOROUGH PERS EMPLOYEES IN SOCIAL SECURITY.

WHEREAS, PERS members of the Municipality of Skagway Borough in a majority rules vote taken June 9, 2010 voted to participate in the Old Age and Survivors Insurance System (Social Security) as well as PERS; and

WHEREAS, All eligible employees shall be participating members of both the Public Employees Retirement System of Alaska and the Old Age and Survivors Insurance System (Social Security); and

WHEREAS, the Employer is prepared to pay the required payments and submit the same directly to the Federal Reporting Agent;

NOW THEREFORE BE IT RESOLVED, Pursuant to AS 39.30.010 the Skagway Borough Assembly of the Municipality of Skagway Borough hereby requests permission to enroll all PERS members in the Old Age and Survivors Insurance System (Social Security); and

BE IT FURTHER RESOLVED, THAT:


1. For the purpose of such request, the Borough Manager, of the Municipality of Skagway Borough is hereby designated as the Authorized Agent of the employer. The Authorized Agent is hereby authorized and directed to execute said request and to forward same to the Alaska State Social Security Administrator for acceptance and further action; and
2. The Authorized Agent is further authorized and directed as the representative of the employer to conclude all arrangements and sign all agreements and instruments which may be necessary to carry out the letter and intent of the aforesaid request and to do so in conformity with all applicable Federal and State laws, rules and regulations; and
3. The Employer is authorized to pay all premiums in accordance with the terms of the Old Age and Survivors Insurance System.

PASSED AND APPROVED this 9th day of June, 2010 by the Assembly of the Municipality of Skagway, Alaska.



Thomas D. Cochran, Mayor

ATTEST:



Marjorie D. Harris, CMC
Municipal Clerk

(SEAL)



CERTIFICATE

I, Marjorie D. Harris, the duly appointed and qualified Municipal Clerk of the MUNICIPALITY of SKAGWAY BOROUGH, do hereby certify that the attached Resolution Number, 10-13R adopted at the special meeting of the MUNICIPALITY of SKAGWAY BOROUGH held on June 9, 2010, is a true and correct copy of the original Resolution adopted at said meeting and on file and of record. IN TESTIMONY WHEREOF, I have set my hand and the seal of said MUNICIPALITY OF SKAGWAY BOROUGH this 9th day of June, 2010.


Name of certificate executor



STATE OF ALASKA
SUPPLEMENTAL APPLICATION AND AGREEMENT

The Municipality of Skagway , a political subdivision of the State of Alaska, in accordance with a duly adopted resolution of its governing body, a certified copy of which is attached hereto, makes application to the Alaska State Social Security Administrator to include all services performed by employees of the Municipality of Skagway who are members of the Public Employee's Retirement System (PERS) within the coverage of the Old-Age and Survivors Insurance System established by Title II Federal Social Security Act as amended in conformity with Section 218 and as implemented by Alaska Statute Chapter 30, Section 39.30.010 through 39.30.080 applicable to Federal and State regulations there under, and the agreement of September 26, 1951; between the Secretary of Health, Education, and Welfare and the State of Alaska.

The applicant agrees that all services which constitute employment as defined by A.S. 39.30.080(3) and/or performed in the employ of the applicant by members of the coverage group as designated above be included in the Old-Age and Survivors Insurance program.

In addition: wages earned in the positions of election workers and election officials shall continue to be excluded for the minimum of \$1,000 in earnings in each calendar year and up to the annual maximum established in accordance with section 218(c)(8)(B) of the Social Security Act.

MUNICIPALITY OF SKAGWAY
Official Name of Political Subdivision

BY: Thomas D Cochran
(Name)

MAYOR
(Title)

APPROVAL

This Supplemental Application and Agreement is accepted on this _____ day of _____ 2010, by the Alaska State Social Security Administrator, by virtue of the authority contained in A.S. 39.30.010.