## RESOLUTION NO. OR ORDINANCE NO. GD-3 A TO ADOPT SOCIAL SECURITY COVERAGE

BE IT ORDAINED by the	GOVERNING BODY)	To MAIN OF ORDINARIO)
he Village of Chapin (Name of Political Subd	of the .vitl.	age of Copin
SECTION 1. It it hereby declared to Village of Chapin thereof, effective as of January 1 Survivors, and Disability Insurance provamendments thereto. In pursuance to said p President, Board of Trustees s (Title, Head of Governing Body) Social Security Unit of the State Emplapplicable State and Federal laws or regula	to extend to	the eligible employee f the Federal Old Age cial Security Act and the
SECTION 2. The President, Board of Trust (Title, Head of Government of Execute an agreement with the Social Second IL to secure coverage of eligible employed)	urity Unit of the State Empl	ovees' Retirement System
SECTION 3. Withholdings from salaries Section I hereof, are hereby authorized to required by applicable State and Federal Social Security Unit in such amounts and at regulations for wages paid prior to 1-1-87 after 12-31-86. No employee contributions are the effective date designated in Section	be made in the amounts and a l laws or regulations, and sl such times as are designat and to the Internal Revenue are due pursuant to this sect	t such times as may be hall be paid over to the ted by State laws or
ON 4. Employer contributions on washall be paid to the Social Security Unit regulations from amounts appropriated for employer contributions shall be paid to the laws and regulations. No employer contribution to the effective date designated in Securior to the effective date	in accordance with appli- or such purposes. For wag Internal Revenue Service in outions are due pursuant to t	Icable State laws and ges paid after 12-31-86,
Solution 5. The Village Clerk shall (Title of Official) so may be required by applicable State and F	I maintain such records and rederal laws or regulations.	submit such reports
(Resolution or Ordinance) fter its passage, and upon approval of the he Social Security Administration of the De	_ shall take effect and be in required agreement by the Some partment of Health and Human	ocial Security Unit and
assed (and approval) this 4 day of 1		
(Signa	Daniel	
EAL Title I	President, Board of Trustees	
By Custodian of Records	06. MA 21 8 8 15 AM 90	
	The state of the s	

(Certification on reverse side must be executed by Custodian of Records.)

## CERTIFICATION

STATE OF ILLINOIS ) SS.
STATE OF ILLINOIS  ) SS.  COUNTY OF Mangan )
I, Shirley Coffman, being duly qualified and acting (Name of Custodian of Records)
U'llage Cleric of the Village of Chapin  (Title of Custodian of Records) (Name of Political Subdivision)
(Title of Custodian of Records) (Name of Political Subdivision)
do hereby certify that the foregoing is a true and correct copy of the
(Resolution or Ordinance) adopted at the Regular meeting of the (Annual, Regular or Special)
Board of Trustees of the
(Governing Body)
Village of Chapin
(Name of Political Subdivision)
on the $\frac{\psi}{}$ day of $\frac{\partial \rho r'}{}$ , 19 $\frac{90}{}$ , and a copy hereof shall hence-
forth be retained in the permanent records of this office.
In witness whereof, I have hereunto set my hand and affixed the corporate seal of
Village of Chapin
(Name of Political Subdivision)
This $y$ th day of $April$ , 19 90.
Appendix and a substitution of the contraction of the substitution of the substitution of the substitution of

Sherley (24/man (Signature - Custodian of Records)

Title: Village Clerk

SEAL

RETURN THIS COPY.

By action of the governing body in the adoption of a Resolution or Ordinance (certified copy attached), and in accordance with authority vested in it by the State of IL, the Village of Chapin , hereafter designated as the Political Subdivision, enters into this agreement with the Social Security Unit of the State imployees' Retirement System of IL, hereafter designated as the State Agency, for the purpose of extending to its employees, the benefits of the Federal Old Age, Survivors, and Disability Insurance provisions of the Federal Social Security Act.

THE GOVERNING BODY OF THE POLITICAL SUBDVISION HEREBY AGREES:

- 1) To be bound by all applicable provisions with respect to social security coverage as are contained in the Federal Social Security Act, Title II, the Federal Insurance Contributions Act; the Social Security Enabling Act of the State of Illinois and the Rules and Regulations of the State Agency. The foregoing shall be a part of this agreement as if set forth in their entirety herein.
- 2) SCOPE OF COVERAGE: (a) That all employees serving full or part-time in nonelective positions shall be included for coverage as a condition of their employment. (b) That all employees in the following classes of elective positions shall be included or excluded from coverage, as designated herein by the governing body. (Insert "X" in appropriate space to indicate classes included or excluded.)

Executive class, included void excluded x Does not apply void Legislative class, included void excluded x Does not apply void

- (c) That all employees in positions subject to participation in a public retirement system at the time this agreement is executed shall be excluded. (Insert the position titles, name of retirement system, and give statutory reference.) "No positions of his village are subject to a public retirement system at the time this agreement is executed."
- 3) The approximate total number of employees to be covered by this agreement is 3 (This figure must include all appointed full and part-time employees and officials, except members of those classes specifically excluded in clause 2(b) and (c) above. Upon request to the State Agency, this plan of coverage may be modified to include classes of officials which were excluded at time of execution.)
- 4) Coverage under this agreement shall be effective with the period beginning January 1 \_\_\_\_\_, 19 \_90 \_, (beginning of the quarter month).
- 5) At the times and in the manner specified, to pay to the State Agency for deposit into the Social Security Contribution Fund, an amount equal to the employer and employees' contributions on wages paid prior to 1-1-87. Contributions due on wages paid after 12-31-86, will be paid at times and in the manner specified in FICA and Rules and Regulations of the Internal Revenue Service.
- 6) To reimburse the State Treasury a pro rated share of the annual administrative expenses for operation of the program, as determined by the State Agency.
- 7) That the following fund will be drawn upon to meet the financial obligations incurred under this agreement, and assures that this source will be adequate for such purposes:

  General Cooporate Fund

  (Insert the title of the fund or source of revenues from which social security contributions and pro rata administrative expenses are to be paid.)

Approved for Acceptance APR 1 0 1990 by Nicholas C. Merrill Jr., CPA Accounting Division Manager

BEUEINED

FEIN NO. 37-6015813

Micholas C Mully

8) That in accordance with Section 5 of the Resolution or Ordinance, the official designated herein shall be responsible to the State Agency for receipt, completion and return of wage reports and payment of contributions by the due date specified for each period prior to 1-1-87 and to the Internal Revenue Service for periods after 12-31-86.

Shirley Coffman	Village Clerk (Official Title)	
(Name)		
Chapin, IL 62628	217/472-3111	
(Address)	(Telephone Number)	

(The State Agency shall be notified immediately of any change in name or address.)

9) To establish such internal wage disbursement, recordkeeping and payroll accounting practices as may be found by the State Agency to be necessary for proper and efficient administration of the plan; and to prepare annual wage reports in such form and furnish such information as the State Agency or the Secretary of the Department of Health and Human Services may require by regulations, to assure correctness and verification of such reports for wages paid prior to 1-1-87.

Upon signatures of the respective officials being affixed hereto, the State Agency shall accept the proposed agreement for inclusion in a modication of the agreement between the State of Illinois and the Social Security Administration of the Department of Health and Human Services. This agreement shall not operate to vest the Political Subdivision with legal authority to withhold social security contributions from wages of covered employees until a Notice of Approval of Coverage with an employer's identification account number has been forwarded by the State Agency to the Political Subdivision.

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(Name of Political Subdivision)

STATE EMPLOYEES' RETIREMENT SYSTEM OF ILLINOIS - SOCIAL SECURITY UNIT

By: Michael & May by

Signature - Head of Governing Body)

Title: Village President

獨相 2 5 1990

(Date modification of Federal-State agreement executed by State Agency)

SEAL

ATTEST: Thealey (Ofman

(By Custodian of Records)

Title: Village Clerk

Date

Lpx.4-1990

(A certified copy of the Resolution or Ordinance enacted by the Political Subdivision to establish social security coverage must be attached to this agreement.)