**Sample Resolution to Approve MCA**

**Approval of the 2023 Amended 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, have approved and executed a certain Municipal Cooperation Agreement (the "Agreement"; effective date of October 1, 2010) and the 2023 Amendment that provides for the operation and governance of the Consortium, and

WHEREAS, the Consortium's Board of Directors has recommended approval of the 2023 amended agreement, and

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

RESOLVED, that the \_\_\_\_\_\_\_\_\_\_\_\_\_(municipality) approves and authorizes the Chief Executive Officer to sign the 2023 Amendment to the Municipal Cooperative Agreement of the Greater Tompkins County Municipal Health Insurance Consortium,

RESOLVED, further, that the Clerk of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (municipality) is hereby authorized to execute this Resolution to indicate its approval, transmit a copy thereof to the Board of Directors of the Greater Tompkins County Municipal Health Insurance Consortium, and take any other such actions as may be required by law.

2023 Municipal Cooperative Agreement Signature

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipal Corporation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Chief Elected Official or Chief Officer Title

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Signature Date