

# 2010 Agency Resolution for Health Insurance Plan Participation

The New York Council of Nonprofits, Inc. (NYCON) 2010



WHEREAS, The NY Council of Nonprofits, Inc. hereafter referred to as “NYCON”, offers one or more group health insurance PLANS (hereafter referred to as “PLANS”) for employees of eligible organizations who are members of the The NY Council of Nonprofits, Inc., and

WHEREAS, the Executive Director of NYCON serves as PLAN Administrator and fiduciary, and the Board of Directors of NYCON or their assignees serve as trustees, and

WHEREAS, the undersigned agency is a member in good standing of NYCON (hereafter referred to as “MEMBER AGENCY”) and desires to participate in said PLANS, now therefore be it:

RESOLVED, that MEMBER AGENCY will offer participation in any or all PLANS to its employees who, as individuals, will be liable for any fraudulent statements on insurance applications or claim forms, and be it further

RESOLVED, that NYCON is hereby authorized to receive and remit insurance premium payable under said PLANS, to charge and collect administrative fees as appropriate, and to receive any rebate or other allowance from carriers; and be it further

RESOLVED, that NYCON shall not be required to pay any insurance premiums unless and until the funds therefore are paid to it, and be it further

RESOLVED, that MEMBER AGENCY agrees to make premium payments on or before the 10th of the month prior to the effective date of coverage and if payments are not received, a finance charge of the larger of \$20.00 or 1.5% per month shall be assessed to their account, and be it further

RESOLVED, that MEMBER AGENCY agrees that if payments are not received within the month they are due, then the cancellation process will start on the last working day of that month, and be it further

RESOLVED, that NYCON is hereby authorized to contract for such insurance coverage, as it may deem necessary or desirable, and be it further

RESOLVED, should the MEMBER AGENCY choose to provide “Domestic Partner” insurance coverage to its employees, it shall abide by the definition of “Domestic Partner” provided by the insurance carrier in screening its employees eligible for said coverage, and be it further

RESOLVED, that MEMBER AGENCY will not hold NYCON liable for the MEMBER AGENCY’s mistakes or the mistakes, misrepresentations or fraudulent statements made by the MEMBER AGENCY employees on any insurance applications or claim forms submitted, and be it further

RESOLVED, that the President of MEMBER AGENCY, or any officer or employee designated by him or her, is hereby authorized to execute and deliver, from time to time, any and all documents, certificates or papers as may be necessary or desirable to effectuate said PLANS, and be it further

RESOLVED, that termination of insurance for employees may occur as a result of nonpayment, change in status as a MEMBER AGENCY of NYCON or lack of adherence to any requirements imposed by NYCON, by the insurance carrier, NYS or the federal government, and be it further

**Questions? Contact Eric Laughlin at Council Services Plus at (800) 515-5012 ext. 128 or email [elaughlin@councilservicesplus.com](mailto:elaughlin@councilservicesplus.com)  
Return to: Eric Laughlin, Council Services Plus, 272 Broadway, Albany NY, 12204 or fax to (509) 562-4926.**

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RESOLVED, that 30 days written notice be given to NYCON for withdrawal or termination of the agency's participation, and that the re-acceptance of the agency participation in any or all PLANS in the future be subject to the approval of the NYCON Board of Directors or their designees after a minimum of one (1) year after termination from the PLAN.

Agency Name:	Board President's Signature:
Date:	Print name:

<i>NYCON use only: The above named agency is eligible to participate in the PLAN and its request is hereby approved by NYCON.</i>	
Account Number:	By:
Effective Date:	Title: Group Employee Benefits Coordinator
	Date:

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