

CENTRAL WHIDBEY ISLAND FIRE & RESCUE

IN THE MATTER OF)
Adoption of Inter Local Agreement)
to Participate in the Washington Fire)
Commissioners Joint Self insurance)
Program)

Resolution 11-04

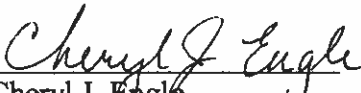
WHEREAS: The Washington Fire Commissioners Association provides health and welfare benefits through its Joint Self-Insurance Program (WFCA Health Care Program) for the benefit of its member fire service organizations, and

WHEREAS: Island County Fire District No. 5 chooses to participate in the WFCA Health Care Program, and

WHEREAS: Island County Fire District No. 5 is required to sign an inter-local agreement with the WFCA Health Care Program in order to participate and to make monthly premium payments in exchange for health and welfare benefits, and

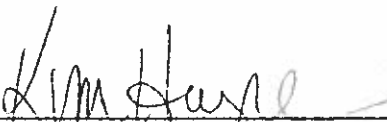
THEREFORE BE IT RESOLVED THAT: Island County Fire District No. 5 authorizes the execution of the Health Care Program Inter Local Agreement, will enroll in the WFCA Health Care Program, effective January 1, 2012 and will make monthly premium payments as required by the WFCA Health Care Plan.

ADOPTED at the regular meeting of the Board of Commissioners of Island County Fire District No. 5, this 8th Day of December 2011.


Cheryl J. Engle


Tom L. Smith


Paul E. Messner

Attest: 
Kim Harpe, District Secretary

Levy Certification

Submit this document to the county legislative authority on or before November 30 of the year preceding the year in which the levy amounts are to be collected and forward a copy to the assessor.

In accordance with RCW 84.52.020, I, Tom Smith,
(Name)

Chair, for Central Whidbey Island Fire & Rescue #5, do hereby certify to
(Title) (District Name)

the Island County legislative authority that the Commissioners
(Name of County) (Commissioners, Council, Board, etc.)

of said district requests that the following levy amounts be collected in 2013 as provided in the district's
(Year of Collection)

budget, which was adopted following a public hearing held on 11/08/12:
(Date of Public Hearing)

Regular Levy: \$2,500,000.00
(State the total dollar amount to be levied)

Excess Levy: \$0.00
(State the total dollar amount to be levied)

Refund Levy: \$12,000.00
(State the total dollar amount to be levied)

RECEIVED
NOV 26 2012
Island County Assessor

Signature: Tom R. Smith

Date: 11/08/12