

**FORM OF RESOLUTION NEEDED TO JOIN
NEW YORK STATE SCHOOL SAFETY GROUP 491
STATE INSURANCE FUND WORKERS' COMPENSATION PROGRAM**

**Form of Resolution for Entry into The State Insurance Fund
Workers' Compensation School Safety Group 491**

Resolved that _____ go on record with The State Insurance Fund as becoming a participant in New York State School Safety Group 491, composed of public and private schools in New York State, and will abide by its rules and regulations.

It is understood that Safety Group 491 has been formed for the basic purpose of bringing about a greater degree of safety within the school setting, and that the surplus earnings within the Group, if any, will be paid as a dividend to the participating members.

Date Passed: _____

Effective Date: _____

Name: _____

Signed: _____

Date: _____

Phone: () _____

Fax: () _____

Email: _____

(USED ONLY FOR EMAILING OUR SAFETY AGENDA)