



# Request for Participation and Joinder Agreement

The undersigned employer agrees to the establishment of an insurance trust fund ("Fund") for the purposes of implementing a Trust Agreement ("Agreement"), and to the designation of the Chase Manhattan Bank Delaware, Wilmington, DE, as "Trustee" for the Fund and Agreement.

The undersigned Employer's selection(s):

Medical Out-of-State (OOS) Plan: OOS PPO\*  250  500  1000

Dental Out-of-State (OOS) Plan (as applicable): OOS PPO\*  1000  1500  2000

Group Life (in and/or out-of-state)

Group Disability (in and/or out-of-state)

The undersigned, as a Participating Employer in the Industry Trust corresponding to the Standard Industry Classification ("SIC") code selected below: 1) agrees to be bound by the terms of the Agreement and the Group Policy issued to the Trustee (including any amendments); 2) requests coverage for its eligible employees under the Group Policy (subject to applicable underwriting requirements) as of the effective date requested or as of the date of approval of the Employer for participation under the Agreement, whichever is later, and continue as long as the Employer remains actively in business; and 3) agrees to make the required contributions to the Fund; in the event of default, it will be liable to the insurer for such unpaid contributions for the coverage period, and such insurer will terminate coverage. The insurer may also terminate coverage as of the date the group fails to meet minimum underwriting requirements in effect on that date.

In addition, the Participating Employer, in accordance with ERISA Title I Section 503, designates Aetna Life Insurance Company ("Aetna") as the Named Fiduciary under the Plan, with complete and discretionary authority to review all denied claims for benefits under the Plan, and construe disputed/doubtful Plan terms. Aetna shall be deemed to have properly exercised such authority unless it has abused its discretion by acting arbitrarily and capriciously.

	SIC Code
Agent(s) of Record	SSN/TIN
Signed at (City/State)	Date
(Employer)	
Signature – Title	
(Print Name)	

\*An OOS Indemnity plan will be substituted for any out-of-state employee not residing in a PPO service area.