



## REQUEST FOR PARTICIPATION AND JOINDER AGREEMENT

The undersigned hereby agrees to the establishment of an insurance trust fund for the purposes of implementing a Trust Agreement for the

The undersigned hereby agrees to the designation of the Chase Manhattan Bank Delaware, Wilmington, Delaware as trustee for said insurance fund and Trust Agreement. This Joinder Agreement shall be attached to and form a part of said Trust Agreement.

The undersigned, as a Participating Employer under the Trust Agreement of the

Industry Trust accepts and agrees to be bound by the terms of said Trust Agreement, including any amendments thereto.

The undersigned employer further requests that the insurance coverage indicated in the Employer's Specification for Group Insurance be provided for its eligible employees under the group or policies issued to the Trustee of said trust, and (subject to the applicable underwriting requirements of the insurance company) that such insurance coverage become effective as of the requested effective date indicated in such Specifications or as of the date of approval of the undersigned employer for participation under the Trust Agreement, whichever is later, and continue as long as the undersigned employer remains actively in business. It is understood and agreed that any change in Participating Employer's business status which would remove it from eligibility under the

Industry Trust will be reason for the insurance company to terminate coverage and reunderwrite the group for the appropriate industry. The insurance benefits provided shall be in accordance with the Employer's Specifications for Group Insurance and shall be subject to the terms of the group insurance policy of policies issued to the Trustee of the trust. It is understood and agreed that no coverage shall become or remain effective as to any person if he is not then a bonafide, full-time employee, regularly performing the duties of his occupation, unless otherwise specifically provided in the group insurance policy or policies and further, that no one other than an executive officer of the insurance company can change or waive any of such company's requirements or rights.

The undersigned, as a participating Employer, in accordance with Section 503 of Title I of The Employee Retirement Income Security Act of 1974, as amended ("ERISA") hereby designates Aetna Life Insurance Company ("Aetna") as the Named Fiduciary under the Plan with complete authority to review all denied claims for benefits under the Plan's control number (including but not limited to the denial of certification of the medical necessity of hospital or medical treatment). In exercising its fiduciary responsibilities, Aetna shall have discretionary authority to determine whether and to what extent participants and beneficiaries are entitled to benefits, and to construe disputed or doubtful Plan terms. Aetna shall be deemed to have properly exercised such authority unless it has abused its discretion hereunder by acting arbitrarily and capriciously.

The undersigned employer agrees to make the required contributions to the Insurance Fund for the insurance coverage requested for its employees. If the employer fails to make any required contribution when due, it shall then be liable to the insurance company issuing the group policy or policies for such unpaid contributions for the period during which coverage is in force with respect to its employees, and the insurance company will terminate coverage. The insurance company may also terminate coverage as of the date the group fails to meet minimum underwriting requirements in effect on that date.

\_\_\_\_\_  
Agent(s) of Record

\_\_\_\_\_  
SSN/TIN

\_\_\_\_\_  
Signed at (City/State)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Employer)

\_\_\_\_\_  
Amount of Advance Payment

By \_\_\_\_\_

Witness \_\_\_\_\_

\_\_\_\_\_  
Signature - Title

\_\_\_\_\_  
(Signature Required)

\_\_\_\_\_  
(Print Name)

Your premium purchases insurance coverage from Aetna, as well as the services of any Aetna-licensed independent agent or broker identified in the Request For Participation. We appreciate your business and the opportunity to serve you.