



PARTICIPATION AGREEMENT

TO: Trustee of The TAGCO MULTIPLE EMPLOYER TRUST

The Undersigned Employer hereby requests that it be approved as a Participating Employer under The TAGCO Multiple Employer Trust. The undersigned Employer wants to make certain insurance coverage under an insurance policy(ies) issued to the Trustee available to its former employees and the relatives of former employees who may be eligible to apply for said coverage.

The undersigned Employer represents that:

1. It has established or is establishing and will maintain an employee welfare benefit plan, which includes certain life and/or accident and health and/or disability income benefits.
2. The purpose of its participation in this Trust is to obtain the insurance coverage available under policy(ies) issued to the Trustee in order to fund its obligations under said plan.
3. Unless otherwise provided in plan documents, the benefits available under said plan are identical to and subject to the same terms and conditions as those provided under policy(ies) issued to the Trustee and applicable to the undersigned Employer.
4. In those cases where it does not pay all the premium for insurance coverages available through its participation in this Trust, it will endorse the insurance coverage available to its former employees and certain relatives of former employees through the Trust and it will cooperate with the Insurer and its agent in establishing and maintaining a list bill or payroll deduction or other method of collecting and paying premiums due for its Insured Persons in accordance with the Insurer's reasonable requests.

The undersigned Employer understands and agrees that in no event will the Trustee of The TAGCO Multiple Employer Trust be a Plan Administrator or other fiduciary as to a Participating Employer's employee welfare benefit plan.

The undersigned Employer agrees: (1) to be bound by the terms and conditions of said Trust Agreement and any amendments thereto, and to assume all obligations of a Participating Employer under said Trust Agreement; (2) to be bound by the terms and conditions of any insurance policy(ies) issued to the Trustee covering certain employees of the Employer; and (3) to accept the terms of the proposal, if any, attached to this Participation Agreement.

The undersigned Employer agrees to furnish, and permit the inspection of, any records of information required by the Settlor, Trustee or Insurer under said Trust in connection with the administration of the Insurance Fund under said Trust. Trustee or Settlor shall, upon written request, provide a copy of the Trust Agreement and such insurance policy(ies) to a Participating Employer.

The undersigned Employer understands that the effective date of any insurance coverage will depend on the terms of the policy(ies) issued or to be issued to the Trustee, and that each eligible individual must apply to and be approved for coverage by the Insurer under said policy(ies). The Employer

further understands that said insurance policy(ies) issued to the Trustee may be amended or canceled by the Insurer, and that the Settlor may terminate said Trust, and that participation of a Participating Employer and coverage of its Insured Persons may be terminated by the Insurer if the Participating Employer fails to comply with the terms of the Trust, Policy(ies) or proposal.

Employer Name

Employer Tax Identification Number

Is your plan an ERISA plan? **Yes** **No**

ERISA Plan Number (A 3-digit number ranging between 501 – 999)

Employer Address (City, State, Zip)

Employer Contact (Name, Title)

Employer Contact phone number and e-mail address

Employer Contact fax number

Employer mailing address

Employer Contact signature

Name, Title

Date

The above named Employer is approved as a Participating Employer in the TAGCO Multiple Employer Trust.