

Instructions for completing the Employer Participation Agreement

The BIAW Health Insurance Trust Employer Participation Agreement is your contract with the BIAW Trust. The information must be provided each year. **All information is required.**

We have provided a "Current Company Information" page in your renewal guide to assist you in the completion of this form. If you have questions while completing this form please contact us and we'll be happy to review it with you. **This form must be submitted to EPK & Associates by 2/29/2012.**

Section 1 - General Group Information

The renewal effective date: April 1, 2012.

Company's legal name

DBA name if applicable

Name to be used by carrier: This is the company name you would like on your identification cards

Association membership name: This is the name of the Association your company is a member of.

Group Number: Enter your Group number (please note, you will need to complete a Participation Agreement for each of your BIAW group numbers if applicable)

UBI Number: This is your Unified Business Identifier **located on your business license**

TIN Number: Federal tax ID number

Business address: **This must be your company's physical address**

Mailing address: Complete only if different than your business address

Name & Title of President, Owner or CEO

Type of Business

Primary/Secondary contact name and title: This person(s) will receive all correspondence from the Trust

Date Business Started: You may use the first of the month if the exact day is unknown.

Email Address: The Trust will send information such as benefit booklets etc to this address

Phone number

Fax Number

Location of Business Headquarters

NAICS/SIC Code: The NAICS Code is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. If you do not know your number you can look it up by clicking the link on the form or at <http://dor.wa.gov/content/doingbusiness/registermybusiness/BRD/>.

Section 2 - Employee Eligibility Information

Establish your company's eligibility criteria for enrollment by completing Sections A-F:

- A. Designate minimum number of hours worked per week to be considered a "full-time" employee
- B. You may list employees in different classifications for the purpose of having different probation periods for each "class" of employee. For example, salaried and hourly or office and field.

Specify probationary periods for your company:

- C. Select period of employment for each Class of employees prior to qualifying for benefits.

- D. Establish a transfer to full time policy. You can count an employee's part time employment towards the probationary period following a change to full time status. If you wish to do this, select "Retroactive to the original date of hire". Or, you can have employees start the probation period on the date they become full time. If you wish to do this, select "Beginning on the date transferred to full-time status".
- E. Not applicable. Select "Not Applicable - Renewing Group and proceed to F.
- F. Determine a rehire policy:
 - **Waive** – You do not wish to establish a rehire policy. All employees will be required to go through probation upon being rehired. Proceed to Section 3.
 - **Rehire Class** – Of the classes in Section 2B, which ones do you want to be subject to the rehire policy i.e. if you desire all eligible employees to be subject to the rehire policy then select "Class 1 & 2". You must also choose the number of months they must be rehired within to qualify for the policy. Indicate a number, minimum 1 month to a maximum of 6 months in the "rehired within" section.

Section 3 - Employee Participation Requirements

Record the number of employees in each section and determine total participation percentage. See section 9 of the Participation Agreement for the Trust requirements.

Section 4 - FMLA/COBRA

Federal regulations require that companies comply with the provisions outlined in this section. Important: In order to answer "Yes" to these questions, your firm must meet the qualifications outlined on the Participation Agreement. If your firm does not meet these qualifications, you cannot elect to be subject to these regulations. All Trust companies are subject to TEFRA/DEFRA and OBRA. Your company cannot opt out of the TEFRA/DEFRA/OBRA regulations.

Section 5 - Prior Coverage Information For New Groups

Select "Your company is renewing coverage - skip to Section 6

Section 6 - Employer Contribution

Indicate the percentage your company will pay for the employee's and dependents medical and dental. **Please note: BIAW Trust Requirements state the employer must pay a minimum of 75% of the employee cost.**

Section 7 - Employer Plan Selection

- Select the medical plan(s) your company wishes to enroll in
- Choose the Basic Life Insurance amount (minimum \$25,000)
- Select additional benefits such as Additional Life, Employee Assistance Program, Dental and Vision

You must select all plans you wish to enroll in for the 2012/2013 plan year beginning April 1, 2012.

Section 8 – BIAW Group Insurance Trust Monthly Payment Requirements

Important information regarding payment due dates and how delinquent payment will impact your company's coverage.

Section 9 – BIAW Group Insurance Trust Eligibility & Participation Requirements

The requirements of your company to remain in compliance and eligible to continue coverage through the BIAW Trust.

Section 10 – Accountable Officer's Certification

Please read this section. Certify that you are accountable, provide your name and title and submit the form.

After you submit your form, you will be given a confirmation number and will be able to download/save/print a PDF of the submitted form. Please retain the confirmation number and/or PDF for your records.