



Health Plan Participation

Request/Contract

Section 1 Employer Information

Employer/Group Name _____

Federal Tax ID Number _____

Address _____ Phone # _____

City, State, Zip Code _____ Fax # _____

Email Address _____

Participating Association _____ Broker Name _____

Section 2 Billing Information *(If Different from Above)*

Billing Address _____ Phone # _____

City, State, Zip Code _____ Fax # _____

Billing Contact Name _____

Section 3 Billing & Collections Guidelines

Initial Contract for the Employer/Group, as stated in Section One (1) and incorporated herein by reference, shall remain in force from the Effective Date of Coverage ("Effective Date") through October 31, 2021, unless terminated pursuant to the terms and conditions contained herein. Unless otherwise agreed to in writing by the North American Power Sweeping Association Health Plan ("Plan"), the Effective Date shall always be the first day of the month. Any subsequent Contracts for Renewal of Coverage ("Renewal Contracts") shall remain in force for subsequent periods of twelve (12) months, unless terminated by the Employer/Group or the Plan. Payment of money to cover the cost of Health Benefits ("Maximum Funding Rates") shall be remitted to the Plan monthly, subject to the following guidelines for Billing and Collections:

- 1 Billing shall be based on the current census of employees and dependents that are on record with the Plan, as of the date on which invoices are generated. Employer/Group understands that any changes to their census may result in changes to their Maximum Funding Rates.
- 2 On approximately the 5th of each month, you will receive your invoice via email. We bill about 30 days in advance of each month. The invoice is due the first of each month, considered late if not paid by the 10th of the month and subject to termination if not paid by the 25th of the month due.
- 3 Unless notified otherwise by the Plan, Maximum Funding Rates shall be drafted via Automated Clearing House ("ACH") on the first business day of each month from a Maximum Funding Rates Pull Account, which is a bank account designated by the Employer/Group for purposes of pulling Maximum Funding Rates. If insufficient monies are available in the Maximum Funding Rates Pull Account, the Employer/Group shall experience a suspension in the payment of claims. Said suspension shall continue until the Employer/Group's Maximum Funding Rates Pull Account has enough monies to correct the delinquency, at which point the Employer/Group's account can be considered current.
- 4 Employer/Group agrees to reimburse the Plan for any claims incurred and or paid during any period of delinquency, including, but not limited to, additional expenses that may be assessed due to late and or non-payment.
- 5 Any Employer/Group that fails to remit Maximum Funding Rates by the 25th day of the then-current month shall be terminated from the Plan. If payment of Maximum Funding Rates is received within 30 days of the original due date ("Grace Period"), then the Employer/Group's participation in the Plan may be reinstated, without a break in

coverage. All reinstatements are subject to review, potential rerate and/or declination.

- 6 At the Plan's discretion, any Employer/Group that is terminated from the Plan for non-payment of Maximum Funding Rates may resume participation in the Plan once all outstanding Maximum Funding Rates is paid in full, if reinstatement has been approved.
- 7 Employee and dependent terminations must be sent to the Master General Agent ("MGA") using the appropriate form(s) at least fifteen (15) days ("Minimum Notice") prior to the requested date of termination. Employer/Group understands that any failure to provide this Minimum Notice will result in a termination delay, which will be no less than thirty (30) days. Employer/Group understands and agrees to remain liable for payment of Maximum Funding Rates for those experiencing a termination delay.

By signing this Request/Contract in Section Twelve (12), the Employer/Group agrees to the "Billing and Collection Guidelines," as described herein, and understands that failure to do so shall result in the termination of this Request/Contract. Furthermore, the Employer/Group understands and agrees they shall remain liable for Maximum Funding Rates due to the Plan, even if this Request/Contract is terminated by the Plan for non-payment of Maximum Funding Rates.

Section 4 Requested Effective Date

Requested Effective Date: _____, 20____

Employer/Group: In the space above, please indicate the month in which you would like for coverage from the Plan to begin. This date is a non-binding request that is contingent upon receipt of all quoting/enrollment materials and subject to the Plan's acceptance of this Request/Contract. Once accepted, the Employer/Group will provide notification of your actual Effective Date, which shall only be on the first day of any given month.

Section 5 Plan Type & Employee Coverage

Employer/Group hereby requests participation for _____ Employees as indicated on the Employer/Group's Plan Selection, as shown in Section Eleven (11), which is incorporated herein by reference.

Employer/Group: Please enter the number of Employees, including (1) Owners; (2) Sole Proprietors; and or (3) Partners that are enrolling for coverage.

Section 6 Maximum Funding Rates and Contract Terms

Employers/Groups seeking first-time coverage from the Plan ("New Groups") agree that Maximum Funding Rates assessed pursuant to Initial Contracts shall remain in force from the Effective Date through October 31, 2021, unless otherwise modified by the Plan. New Groups shall be construed to include any Employer/Group that had previously lost coverage from the Plan as the result of any failure to remit payment of Maximum Funding Rates before the end of the Grace Period.

Upon conclusion of an Initial Contract, Employers/Groups may continue their coverage with the Plan for subsequent periods that are no less than twelve (12) months. Unless otherwise modified by the Plan, Maximum Funding Rates amounts assessed pursuant to Renewal Contracts remain valid from November 1st ("Renewal Date") until October 31st of the then-subsequent calendar year. Employers/Groups that remit payment for Maximum Funding Rates as due on the Renewal Date will be deemed to have accepted the Renewal Contract. Unless otherwise notified by the Plan, Employers/Groups understand and agree that the terms and conditions of Renewal Contracts are the same as those in effect for the Initial Contract. Employers/Groups agree the Plan reserves the right to adjust Maximum Funding Rates during Initial and or Renewal Contracts if the claims expense and or Plan utilization exceeds projections.

By signing this Request/Contract in Section Twelve (12), the Employer/Group, as stated in Section One (1) and incorporated herein by reference, agrees to all the terms and conditions contained herein.

Section 7 Termination of Contract

Employer/Group may terminate this Request/Contract upon renewal.

Employer/Group agrees that the Plan reserves the right to modify, terminate, or rescind this Request/Contract back to the original Effective Date if any employee intentionally provides the Plan with inaccurate information about their health or the health of their dependents during the underwriting process. Rescind means that the coverage was never in effect. Should this Request/Contract be rescinded, the Employer/Group agrees to accept liability for all claims that have been incurred by their employees or dependents of their employees but not paid.

By signing this Request/Contract in Section Twelve (12), the Employer/Group, as stated in Section One (1) and incorporated herein by reference, agrees to all the terms and conditions contained herein.

Section 8 Summary of Benefits and Coverage (SBC)

The Patient Protection and Affordable Care Act has established many new requirements and standards for group health plans, including the requirement to create and distribute a uniform Summary of Benefits and Coverage (SBC). The purpose of the SBC is to provide standard information and uniform language across the health benefits business to allow consumers to compare options and select health plans easily. For more information regarding this health care reform provision, please visit www.healthcare.gov.

Section 9 Underwriting Guidelines

Underwriting Guidelines, as established by the Plan, shall be enforced while all Initial and Renewal Contracts are in force and shall continue to do so unless the Employer/Group is notified otherwise by the Plan.

By signing this Request/Contract in Section Twelve (12), the Employer/Group, as stated in Section One (1) and incorporated herein by reference, agrees to be bound by the Plan's Underwriting Guidelines.

Section 10 Conditions of Participation

Employer/Group further agrees that:

- 1 For coverage to go into effect, the Employer/Group's Request/Contract must be accepted by the Plan.
- 2 For coverage by the Plan to remain in force, the Employer/Group must: (1) be a member in good standing of the North American Power Sweepers Association when applying for participation in this Plan; (2) meet membership requirements established by the governing documents of the North American Power Sweeping Association; (3) have at least one common-law employee other than the owner or sole proprietor and (4) remain a member in good standing of the North American Power Sweeping Association.
- 3 The Employer/Group has seen a copy of the benefits proposed and agrees to remit all applicable Maximum Funding Rates to the Plan as outlined in Section Three (3). Employer/Group further agrees to allow all eligible employees an opportunity to enroll for coverage.
- 4 At all times, the coverage is subject to the benefit plan applied for by the Employer/Group, which alone constitutes the Contract under which benefits become payable.
- 5 Employer/Group agrees that the Plan shall not be liable for any health care claims incurred by any Employee(s) and or Dependent(s) after the date on which coverage was terminated. Employer/Group agrees to reimburse the Plan for covered charges which were incurred by any Employee(s) and or Dependents(s) after the date on which coverage was terminated.

Acceptance of this Request/Contract by the Plan is subject to the Employer/Group's willingness to be bound by the Plan's requirements. For purposes of this Section, these requirements include the provisions of any Administrative Services Agreement between the Plan and its TPA, but only to the extent, such provisions apply to rights and or obligations of Employers/Groups that participate in the Plan.

By signing this Request/Contract in Section Twelve (12), the Employer/Group, as stated in Section One (1) and incorporated herein by reference, hereby requests participation in the Plan and agrees to be bound by all the terms and conditions contained herein.

Section 11 Employer Plan Selection

INSTRUCTIONS:

STEP 1: Select your Medical Plan Option - You can select one plan, or any combination of the multiple medical plan options offered.

STEP 2: Employee Selection - Send a signed identifying census which plans and what tier (e.g., family, EE, etc.) currently covered employees are choosing. Otherwise, plan implementation cannot move forward, and you will experience a delay.

Note: Please ensure you fully understand the Plan Benefits you are enrolling in, as you can only change your selections during the Plans Open Enrollment.

Medical Plan Options Check your selected plan(s)

Pharmacy Plan

<input type="checkbox"/>	Plan #1 \$1,000 RBP	\$1,000 Individual Deductible	\$2,000 Family Deductible	Integrated with the medical
<input type="checkbox"/>	Plan #2 \$3,500 RBP	\$3,500 Individual Deductible	\$6,000 Family Deductible	Integrated with the medical
<input type="checkbox"/>	Plan #3 \$5,000 RBP	\$5,000 Individual Deductible	\$10,000 Family Deductible	Integrated with the medical
<input type="checkbox"/>	Plan #4 \$7,350 RBP	\$7,350 Individual Deductible	\$14,700 Family Deductible	Integrated with the medical
<input type="checkbox"/>	Plan #5 \$3,000 RBP HSA	\$3,000 Individual Deductible	\$6,000 Family Deductible	Integrated with the medical

Section 12 Employer Attestation and Signature

Employer/Group hereby acknowledges and understands that (1) all enrolled Employees must meet all of the Plan's terms and conditions, outlined herein; (2) waivers must be provided for all employees waiving coverage; and (3) absent a Qualifying Life Event, as defined in 26 CFR 1.125-4, employees and any of their respective dependents are not permitted to make changes until the next open enrollment period, as established by the Plan.

Employer/Group takes full responsibility that the information provided to the Plan by its employees and any of their respective dependents is accurate. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Authorized Representative of Employer/Group (Name) _____

Authorized Representative's Signature _____ Date ____ / ____ / ____