

2010 Member Participation Agreement and Group Information

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(please complete all information in order to avoid delays)

Company Name: _____ (the "Company")

This Company Participation agreement is made and entered into by the Company and Printing Industries Benefit Trust (the "Trust") and agree with all the information and facts stated herein:

General Information:

Requested Effective Date _____ (1st of next month)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Association Member #: _____ OR Application Pending Approval

PIBT #: (if applicable) _____ FEIN#: _____

of Employees: Fulltime _____ Partime _____ # of Eligible Employees _____

Number of COBRA or Georgia Extension Participants: _____

Employer Contribution for: Employee _____ % Dependent _____ %

Authorized Company Representative:

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Now, Therefore, the parties hereby agree as follows:

- The Company is a member firm of the Printing Industries of America Inc.
- The Company wishes to offer its "eligible" employees (as deemed by the Trust) coverage under the employee benefit plans (the "Plans") selected by Company and offered by the Trust.
- The Company shall participate in the Trust pursuant to the Amended and Restated Agreement and Declaration of the Trust of Printing Industries Benefit Trust.
- The Company shall contribute to the Trust an amount equal to or greater than 50% of the cost of coverage under the least expensive of the Plans for all "employees eligible" to participate under the terms of the Plans ("eligible employees" as deemed by the Trust).
- The Company shall give each eligible employee the opportunity to elect coverage under any of the plan options selected by the company and to elect coverage for his or her spouse and/or children who are eligible under the plan; provided, that the cost of coverage to the extent that it exceeds the amount the company contributes on behalf of each eligible employee, pursuant to paragraph 4 above, shall be paid by the eligible employee.
- That Company shall remit to the Trust by the 10th day of each month the total contributions required under the plan for the month.
- The Company shall review the statement received from the Trust each month to verify that the coverage set forth therein for each eligible employee is correct and shall report any corrections to the Trust within 20 days following receipt of such statement.
- Failure to remit to the Trust the contributions required under the plan when due will cause the termination of coverage under the Plan for all eligible employees of the Company and their spouses and children. In any such event, the Trust shall further be entitled to take any appropriate legal action, including, but not limited to, action to recover all amounts due, interest thereon and expenses incurred, including reasonable attorneys' fees, and coverage will not be reinstated.
- The undersigned may voluntarily terminate its participation in the Trust thirty days after receipt by the Trust of written notice thereof.
- Terminations are effective at the end of the month in which the employee was terminated.
- This Agreement supersedes any prior agreements between the parties related to the subject matter of this Agreement.

IN WITNESS WHEREOF the parties have executed this agreement as of the date below.

The Trust: Printing Industries Benefit Trust

By: _____ Title: _____ Date: _____

The Company:

By: _____ Title: _____ Date: _____

Company Selected Options (check all applicable options):

Waiting Period for Future Hires: _____
 (the first of a month following 1, 2 or 3 months)

COBRA Administrator? PIBT SELF

Basic Group Life with AD&D

- \$4,000 \$8,000
 \$6,000 \$10,000
 Other \$ _____

PPO Plans

- Blue Shield Spectrum
 Zero Deductible 500 Value
 250 Premier 1000
 250 Standard 1000 Value
 500 Premier 1500 Value
 500 Standard 3000
 Blue Shield Savings Plan Blue Shield Active Choice
 2250 750 SG
 2500 500 SG

POS Plan

- Kaiser POS High/500
 Kaiser POS Low/1000

HMO Plans

- CIGNA Healthplan HMO Aetna HMO
 HMO 20/40 HMO 25/30
 HMO 30/50 HMO 40/50
 Kaiser HMO
 HMO 15/25 Classic HMO 20/30 Signature
 HMO Deductible 600/25 HMO Deductible 1500/30

Dental Plans

- Aetna PPO 1 Aetna DMO 58
 Aetna PPO 2 Aetna DMO 51
 CIGNA Dental PPO CIGNA DMO F1-06
 CIGNA DMO W1-06

Vision Plans

- Vision Service Plan EyeMed Vision Care
 VSP I Access Plan B
 VSP II

Mental Health

- EAP

Custom Plan Choices

- _____

