

## 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#: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Eligible Employees: \_\_\_\_\_

Number of COBRA or CAL COBRA 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 2 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<sup>1</sup>

- \$5,000 No Additional Charge w/Medical  
 \$10,000  \$15,000  \$20,000

### POS Plans

Blue Shield POS  Added Advantage **Health Net POS**  20

### PPO Plans

- Blue Shield Spectrum**  Zero Ded.  250 Premier  250 Standard  
 500 Premier  500 Standard  500 Value  
 1000  1000 Value  1500 Value  3000
- Blue Shield Savings**  2250  2500
- Health Net PPO**  Standard 20  Value 20  Standard 30  
 Value 30  Standard 40  Value 40  Value HSA 2500  
 Value HSA 3500  HSA Value 4500

### EOA Plans

- Health Net EOA**  Standard 10  Value 10  Value 20  
 Standard 30  Value 30

### HMO Plans<sup>2</sup>

- CIGNA Healthplan HMO**  20/40  30/50
- Blue Shield Access+ HMO**  5  10  15  20  25  30  40
- Blue Shield Active Choice**  750 SG  500 SG
- Health Net HMO**  Standard 20  Value 20  Standard 40  Value 40
- Health Net Silver HMO**  Standard 30  Value 30  Standard 40  Value 40
- Kaiser HMO**  5  10  15  20  25  30  40
- Kaiser Deductible HMO**  500/10  500/20/20%  1000/20  
 1500/100%  2000/30
- Kaiser Hospital Deductible HMO**  500/20/10%  1000/30

### Dental Plans

- Humana DPO Indemnity Plan
- Blue Shield DMO Plan 252
- CIGNA Dental DMO F1-06
- SafeGuard / MetLife Dental DMO SGX-225
- Western Dental**  DMO 7750 OR  DMO 7740

### Vision Plans

- Vision Service Plan**  VSP I OR  VSP II
- Vision Indemnity  Eye Med Access Plan B

### Chiropractic

- Landmark Advantage with Acupuncture OR
- Landmark Basic without Acupuncture

### Mental Health

- EAP

### Custom Plan Choices

- \_\_\_\_\_

<sup>1</sup>When participating in the medical program, an employer MUST choose one of the four Basic Group Life with AD&D plans for employee.

<sup>2</sup>Due to carrier contracts, employers offering Health Net Silver HMO Plans may NOT offer any other Health Net HMO Plan or Health Net EOA Plan.