

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&D¹

\$4,000 \$6,000 \$8,000 \$10,000

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 Value HSA 4500

EOA Plans

Health Net EOA Standard 10 Value 10 Value 20

Standard 30 Value 30

HMO Plans²

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 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 W1-06

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

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

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