

Association Group Participation Agreement

1. HEALTH PLAN INFORMATION

- | | |
|---------------------------------------|---------------------------------------|
| HMO | PPO |
| <input type="checkbox"/> HMO 20 Value | <input type="checkbox"/> PPO 30 Value |
| <input type="checkbox"/> HMO 30 Value | <input type="checkbox"/> PPO 40 Value |
| <input type="checkbox"/> HMO 40 Value | <input type="checkbox"/> H.S.A. 30 |

Medical plans are provided by Health Net of California, Inc. and/or Health Net Life Insurance Company (together, the "Health Net Entities").

Application is hereby made for a Group Policy provided by the Health Net Entities, the provisions of which are to be made available to all eligible employees, as defined, and their eligible dependents desiring coverage hereunder. The following information regarding employee data is being submitted to allow the Health Net Entities to determine the eligibility of employees seeking enrollment.

2. EMPLOYER GROUP INFORMATION

Our Company is a member of (Association)

Company Name		DBA	
Type of Business		How Long in Business	Effective Date/(Renewal Date)
Company Contact	E-mail Address	Telephone #	Fax #
Mailing Address (if PO Box, please provide physical address)	City	State	Zip Code
Billing Address (if Different)	City	State	Zip Code

3. EMPLOYER CONTRIBUTION (Note: Employer Contribution is a minimum of 50%)

Employee Health: _____ % or \$ _____
 Dependent Health: _____ % or \$ _____

Note: If employer sponsored, you must complete the employee contribution.

4. EMPLOYEE PARTICIPATION within the Association 75% Required

5. ELIGIBILITY INFORMATION

1. Probationary Period for New Hires/Rehires - First of the month following: ___ 1 mo. ___ 2 mos. ___ 3 mos. ___ mos. (6 max)
2. Number of hours worked per week required to be eligible for medical insurance coverage: 20 30 **MEDICAL**
3. Number of Eligible Employees (include eligible owner(s)) _____
4. Total Number of Health Net Enrollees (excluding COBRA enrollees) _____
5. Number of Health Net COBRA Enrollees (applying for health coverage) _____
6. Number of Waivers _____
7. What type of COBRA are you subject to: Federal COBRA Cal-COBRA
8. Group must supply the most recent DE-6 with this application.

6. UNDERWRITING CRITERIA

General Conditions

The issuance of coverage and a Group Participation Agreement and/or Group Policy is subject to Underwriting review and approval by the Health Net Entities, and receipt of first month's premium. The initial quoted rates are subject to the Health Net Entities review and revisions based on actual enrollment and any other variations in the group conditions in the Underwriting Assumptions.

IN ORDER TO PARTICIPATE

- a) We agree workers compensation is required for all who are legally required to have it.
- b) We agree to require 75% participation in an association plan.
- c) We agree any group who does not meet the participation or who cannot demonstrate compliance through acceptable paperwork will not be able to join the pool.

Coverage will be effective on the noted effective date if the application is accepted and approved by the Health Net Entities as appropriate within specified time requirements.

7. DISCLAIMER AGREEMENT

Please complete all of the information requested before signing this application. Please initial any changes.

This is an application only. Coverage and the issuance of a Group Participation Agreement is subject to review and approval by Health Net Entities, and receipt of first month's premium.

The undersigned hereby acknowledge that the preceding information constitutes true and complete representations to Health Net Entities. Should it be determined at the time of enrollment and/or at a future date that there are misstatements in this application, Health Net Entities may at their respective sole options either rescind the quote or initiate termination of the respective group contracts.

Upon policy anniversary date, submission of renewal premium will confirm acceptance of that renewal and subsequent premium year.

Applicant, in the event this application is accepted, agrees to make authorized payroll dues deductions for such eligible employees who enroll under the agreement(s)/Policy and to forward such amounts in advance of the due date to the Administrator, together with the reports necessary to maintain accurate and complete membership records. Furthermore, applicant agrees to comply with the applicable regulations pertaining to membership requirements, additions to the group and deletions from the group.

This "APPLICATION FOR GROUP PARTICIPATION AGREEMENT" and any attached Addendum together with the Health Net Entities (as referenced herein) and the employee enrollment forms form the entire agreement between the parties.

For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of crime and may be subject to fines and confinement in state prison.

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

Arbitration Agreement: On behalf of Group Applicant, I understand and agree that any and all disputes or disagreements between Group (or enrolled members) and the Health Net Entities, regarding the construction, interpretation, performance or breach of the Health Net Entities, Group Policies, or regarding other matters relating to or arising out of the Health Net Entities, whether stated in tort, contract or otherwise, must be submitted to final and binding arbitration in lieu of a jury or court trial. I understand that, by agreeing to submit all disputes to final and binding arbitration, all parties, including Health Net Entities are giving up their constitutional rights to the extent permitted by law to have their dispute decided in a court of law before a jury. I also understand that disputes with the Health Net Entities involving claims for medical, services malpractice (that is, whether any medical services, rendered were unnecessary or unauthorized or were improperly, negligently or incompetently rendered) are also subject to final and binding arbitration. A more detailed arbitration provision is included in the Health Net Entities Group Policies.

Effective July 1, 2002, members who are enrolled in an employer's plan that is subject to ERISA, 29 U.S.C. 10001 et seq., a federal law regulating benefit plans, are not required to submit to disputes about certain "adverse benefit determinations" made by Health Net Entities to mandatory binding arbitration. Under ERISA, and "adverse benefit determination" means a decision by Health Net Entities to deny, reduce, terminate or not pay for all or part of a benefit. However, members and Health Net Entities may voluntarily agree to arbitrate disputes about these "adverse benefit determinations" at the time the dispute arises.

Officer of the Company Signature	Officer Title	Date
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8. FOR AMES-GRENZ INSURANCE SERVICES, INC. USE ONLY			
AGI Representative Signature	Date	Group #	Effective Date