

# MICROSOFT ALUMNI NETWORK BENEFITS TRUST (MSABT) SPONSORING EMPLOYER PARTICIPATION AGREEMENT

MSA Member: \_\_\_\_\_  
 Sponsoring Employer: \_\_\_\_\_  
 Sole Proprietor?  Yes  No If no, Federal Tax ID #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

MEDICAL, DENTAL & BENECARD PLAN OPTIONS	BENEFITS INCLUDED IN ALL PLANS	OPTIONAL COVERAGE
<b><u>MEDICAL PLAN NAME</u></b>		
<input type="checkbox"/> Plan #1	- Basic Term Life Insurance Benefit - Annual Vision Exam	None
<input type="checkbox"/> Plan #2	- Prescription Drug Benefit	
<input type="checkbox"/> Plan #3		
<input type="checkbox"/> Plan #4		
<b><u>DENTAL PLAN NAME</u></b>		
<input type="checkbox"/> Group 2-4 Employee Plan	- Preventive and Diagnostic Services - Basic Services - Major Services	Child Orthodontia on Group Plans of 25+ Employees
<input type="checkbox"/> Group 5-24 Employee Plans		
<input type="checkbox"/> Group 25-49 Employee Plans		
<input type="checkbox"/> Group 50+ Employee Plans		
<b><u>BENECARD PLAN NAME</u></b>		
<input type="checkbox"/> BeneVision (NVA)	- Discounted vision services	None
<input type="checkbox"/> BeneRx	- Discounted prescription services	
Premera Blue Cross (Medical Carrier): 7001 – 220 <sup>th</sup> ST SW, Mountlake Terrace, WA 98043 United Concordia Insurance Company (Dental Carrier): 2198 E Camelback Rd, Suite 260, Phoenix, AZ 85016 UNUM Life Insurance Company of America (Life Insurance): One Fountain Square, Chattanooga, TN 37402 National Vision Administrators LLC (Discount Vision): 1200 Route 46, West Clifton NJ 07013 Benecard Rx (Discount Prescription Drug): 168 Franklin Corner Road, Building 2, Suite 201, Lawrenceville, NJ 08648		

**WAITING PERIODS (Select One)**

1<sup>st</sup> of the month following the date of hire.  1<sup>st</sup> of the month following \_\_\_ full months of employment (1 or 2)  
*Selected waiting period must apply to all eligible employees and cannot exceed 90 days.*

**REINSTATEMENT OF COVERAGE (Select One)**

Employees terminated and then rehired within the same calendar year, will have coverage, deductibles and out of pocket maximums and limits reinstated and their waiting period waived.

Employees terminated and then rehired within the same calendar year, will be treated like any new hire and subject to the established waiting period, deductibles and plan out of pocket maximums and limits.

**ELIGIBILITY (Fill in Blanks)**

Eligible employees must be regular employees (not seasonal or temporary) and work \_\_\_\_\_ hours per \_\_\_\_\_.  
*A minimum of 20 hours per week or 87 per month is required to be eligible for coverage.*

**EMPLOYER COVERAGE INFORMATION (Fill in Blanks)**

Number of employees (including affiliates) covered on MSANBT: Medical Plan \_\_\_\_\_ Dental Plan \_\_\_\_\_  
NVA Vision \_\_\_\_\_ BeneRx \_\_\_\_\_

Sponsoring Employer's Contribution: Employee: \_\_\_\_\_ Dependent: \_\_\_\_\_

*Show Sponsoring Employer contribution on a percent basis or dollar amount.*

*Sponsoring Employer must pay at least 75% of the medical premiums for the employee only on the base medical plan.*

Number of covered non-union employees: \_\_\_\_\_

*At least 75% of eligible non-union employees of the Sponsoring Employer and affiliates must be covered for benefits.*

Total Number of eligible non-union employees (including affiliates) \_\_\_\_\_

Number of non-union eligible employees waiving medical: \_\_\_\_\_

Number of non-union eligible employees waiving dental: \_\_\_\_\_

## REQUIREMENTS AND ADMINISTRATION

**Existence of Trust.** The Plans that you selected above (the “Sponsoring Employer Plans”) are provided under the Microsoft Alumni Network Benefits Trust (“MSANBT”). GBS Administrators, Inc., the Trust’s contracted Third Party Administrator (“GBS”), or its successor, will send each Sponsoring Employer a monthly invoice. GBS’, or its successor’s, responsibility includes but is not limited to eligibility and customer service. In the event of 30 or more days of non-payment of premium, MSANBT and GBS have the right to discontinue the processing of claims, retroactive to the date of non-payment and terminate this agreement. You may obtain a copy of the Microsoft Alumni Network Benefit Trust Agreement (the “Trust Agreement”) by making a written request to Microsoft Alumni Network, 810 3rd Ave, Ste. 220, Seattle, WA 98104.

**Terms of Trust.** As a Sponsoring Employer under the Trust Agreement, you agree to be bound by all of its terms and conditions, which are incorporated by reference into this Participation Agreement. The Trust Agreement contains terms governing, among other things, the power to amend or terminate, the power to establish funding rates, the power to impose withdrawal and termination liability and the requirement that Sponsoring Employers provide indemnification.

**Sponsoring Employer Plan.** Any function or responsibility not specifically assigned or delegated to GBS, or its successor, with respect to administration of the Sponsoring Employer’s Plans are retained by Sponsoring Employers and will be carried out by the person or entity that has been designated by the Sponsoring Employer. GBS, or its successor, will have the duties with respect to the Sponsoring Employers delegated to them by the Trustees.

**Determining COBRA Applicability.** COBRA is a Federal Law that provides for self-pay continuation of group health plan benefits when certain events occur that cause coverage under a group plan to cease. The employer must determine whether COBRA applies to its group health plan. MSABT recommends that employers seek advice from their legal counsel in making this determination. However, generally, an employer determines whether COBRA applies to its group health plan for each calendar year using the following parameters:

*On January 1 of every year, the employer looks back at the prior year to determine whether a minimum of 20 employees were employed on a typical business day for at least 50% of its business days. If a minimum of 20 employees were employed, then COBRA applies for the current year. All common-law employees must be counted regardless of their eligibility or participation for the group health plan. This includes all full-time and part-time employees (counts as a fraction of a full-time employee.)*

**Requirements.** The Sponsoring Employer is required to remit premiums, provide employee census information, and other information to the Trust concerning the Sponsoring Employer’s Plans. This includes the number, names and date of hire of covered and non-covered employees and any other information necessary for administration of the Trust. Billings and coverage for the Sponsoring Employer’s Plans are based on the information that Sponsoring Employer supplies, so it is important that this be accurate, complete and timely. The Trust reserves the right to audit the Sponsoring Employer’s enrollment eligibility records. The Trust will not be responsible for missed deadlines due to the Sponsoring Employer’s non-response or late response to requests for data or information. None of the Trust, Trustees, GBS employees, officers, producers nor consultants will be liable for any damages or other consequences (including errors in billings, coverage or other administration) that result from use of inaccurate or incomplete information that the Sponsoring Employer provides. The Sponsoring Employer, or a principal of the Sponsoring Employer is also required to be a Member of the Microsoft Alumni Network. If the Sponsoring Employer (or its Principal) ceases to be a Member, coverage will end on the later of: (i) sixty (60) days following the date that the Sponsoring Employer (or its Principal) ceased to be a Member; or (ii) thirty (30) days after the Trustees give notice that coverage is being terminated due to the fact that the Sponsoring Employer is no longer a Principal.

Not more than 60-day retroactive eligibility adjustments from the Sponsoring Employer’s will be considered. All monthly premium amounts due are to be paid in full as billed.

### SIGNATURE

I attest and agree to the terms of this agreement and the information on this Agreement is complete and accurate. I understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

\_\_\_\_\_  
MSA Member - Sponsoring Employer Officer/Owner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Requested Effective Date