



AWC Employee Benefit Trust Employer Master Participation Agreement Non-City Entities

- Initial Employer Master Participation Agreement
- Change to existing Employer Master Participation Agreement

The change to the existing Employer Master Participation Agreement is: _____

The effective date of the change is: _____

www.awcnet.org/healthbenefits

The AWC Employee Benefit Trust is a plan sponsor for health coverage through the following insurance carriers:

Medical		Dental		Vision	EAP	Life & LTD	
PO Box 21267 Seattle, WA 98111	PO Box 91130 Seattle, WA 98111	Group Health Cooperative PO Box 34750 Seattle, WA 98124	Northgate Delta Building PO Box 75983 Seattle, WA 98175	Willamette Dental of Washington, Inc. 6950 NE CampusWay Hillsboro, OR 97124	PO Box 997105 Sacramento, CA 95899	NBC Tower 455 N. Cityfront Plaza Drive Chicago, IL 60611-5322	900 SW Fifth Ave. Portland, OR 97204

Employer: _____

Date form completed: _____

Form completed by: (name, title) _____

Total number of full time employees **eligible** for ANY employer sponsored health coverage: _____

Total number of full time employees **eligible** for AWC sponsored medical plans: _____

Total number of full time employees **enrolled** on AWC sponsored medical plans: _____

Total number of full time employees **eligible** for AWC sponsored dental plans: _____

Total number of full time employees **enrolled** on AWC sponsored dental plans: _____

Total number of full time employees **eligible** for AWC sponsored vision plans: _____

Total number of full time employees **enrolled** on AWC sponsored vision plans: _____

Total Number of LEOFF I Actives: Fire Dept: _____ Police Dept: _____

Total Number of LEOFF I Retirees: Fire Dept: _____ Police Dept: _____

Do you provide health coverage for your part time employees? **Yes** **No**

If yes, provide your definition of minimum hours worked per week in order for part time employees to be eligible for benefits. (Must be a minimum of 20 hours/week.) _____

If yes, number of part time employees **eligible** for AWC sponsored Medical _____ Dental _____ Vision _____

Number of eligible part time employees **enrolled** on: Medical _____ Dental _____ Vision _____

ELIGIBILITY CRITERIA:

EMPLOYEES:

1. Employees are covered the first day of the month after date of hire.
Yes No (If no, please complete #2 and #3 below.)
2. Employees have a _____ probationary period and then are covered the first of the month following the date probationary period is completed. (Written employer policy must be submitted to AWC.)
3. Other: _____ (Written employer policy must be submitted to AWC.)
4. If an employee's hire date is the first day or first working day of the month - is your policy to (circle one):
A. Start the employee's insurance on the first of that month or
B. Start the employee's insurance on the first of the month *following date of hire*
5. Employee's insurance coverage terminates the first of the month following the date of termination/date of retirement. Yes No

If no, please explain employer policy below. (Written employer policy must be submitted to AWC.)

DEPENDENTS:

1. Dependents are eligible to be covered on the Employer's plan. Yes No
2. Eligible dependents are covered when the employee becomes eligible for coverage. Yes No
If no, please explain employer policy below. (Written employer policy must be submitted to AWC.)
3. Other: _____ (Written employer policy must be submitted to AWC.)
4. Domestic Partner health care coverage is required by state law. If you have a more generous domestic partner policy than required by Washington state law (RCW 48.44.900), briefly describe this policy below & attach the policy.

COVERAGE TERMINATION:

1. Non-City Entities must participate in the Employee Benefit Trust a minimum of 3 years from the date they enrolled with the Trust.
2. Written notification of termination should be sent to the AWC Trust office a minimum of 6 months prior to termination date.
3. Upon notification of termination, the AWC Trust will notify the member jurisdiction of COBRA beneficiaries and retirees so that the jurisdiction may notify them of AWC coverage termination.
4. Once a Non-City Entity terminates coverage with the Trust, re-entry into the AWC Trust will not be allowed. The Board of Trustees has the authority to consider re-reviewing the Non-City Entity for re-enrollment and to implement additional financial penalties.

PLAN ADDITIONS OR PLAN CHANGES:

1. Written notification of change and/or addition of plan(s) should be sent to the AWC Trust office 30-days prior to the change and/or addition. This will be accomplished by completing a new Master Participation Agreement.
2. AWC Combined Insurance Enrollment Forms must be submitted a minimum of 30 days prior to the change/addition. The Trust prefers the forms prior to this to ensure the smoothest transition.

AWC TRUST RETIREE PLANS:

- Non-City Entities will have access to medical retiree plans at time of enrollment with the Trust (for eligible employees/retirees).
- Non-City Entities and individual employees must be enrolled in an AWC Trust Regence medical plan for a minimum of 10 years to access the premium subsidized retiree plans.

WELLNESS REQUIREMENTS:

- Member Non-City Entities must adhere to the Trust's wellness philosophy. In support of this, the following requirements must be met by the Entity:
 1. The Entity must adopt a wellness policy, resolution, or mission statement indicating its support of employee health.
 2. The Entity must promote and strongly encourage employees to complete AWC's health questionnaire each year.
 3. The Entity must create a wellness committee and document the committee structure including its purpose, membership guidelines, meeting frequency, length of members' terms, and time commitment.
 4. The Entity must make bi-annual reports on wellness activities to AWC wellness staff.
 5. A budget for the wellness committee must be appropriated.
 6. At least one member of the wellness committee must attend an AWC wellness training each year. Other related trainings may be substituted to meet this requirement upon AWC wellness staff approval.
 7. The Entity must complete an annual questionnaire documenting it has satisfied the six wellness criteria listed above.
- In order to satisfy these requirements, the AWC recommends the entity participate in the many free health promotion programs, services, and financial assistance provided by the AWC Wellness Works program.
- The addition of Wellness Requirements for Non-City Entities was implemented by the Board of Trustees effective January 1, 2005. All Trust Non-City Entity members enrolled prior to January 1, 2005 are grandfathered, and are not required to meet this wellness requirement for continued participation.

ADDITIONAL INFORMATION:

- Non-City Entities are not eligible to serve on the Employee Benefits Advisory Committee.
- A Non-City Entity's membership may be terminated by the Board of Trustees at its discretion with a minimum of a 4-months termination notice to the Entity by the Board.
- Non-City Entities are charged an annual assessment fee of \$500 and a percentage of its annual premium to the Trust. This percentage is on a sliding scale, based on number of employees covered on January 1 each year:
 - Under 50 employees: .5% of its annual premium. To be remitted by June 1 each year.
 - 51 - 100 employees: .6% of its annual premium. To be remitted by June 1 each year.
 - 101-200 employees: .7% of its annual premium. To be remitted by June 1 each year.
 - 201 - 300 employees: .9% of its annual premium. To be remitted by June 1 each year.
 - 301 - 400 employees 1% of its annual premium. To be remitted by June 1 each year.
 - 401 - 500 employees 1.2% of its annual premium. To be remitted by June 1 each year.
 - 501 and higher: Must be reviewed by board to determine continued participation - including addressing appropriate impact fees.

The above rates and agreement requirements are subject to review and/or change by the Board of Trustees at any time.

A listing of AWC Trust-sponsored medical, dental, vision, life, LTD and EAP plans, rates, and the AWC Trust's underwriting rules is available in the annual employer publication *Your Guide to Administering AWC Benefit Plans*.

The Board of Trustees strongly encourages all members, including Non-City Entities to support and adhere to the Trust's wellness philosophy.

I have read and agreed to all statements and requirements in this participation agreement. All statements herein are true and complete to the best of my knowledge.

Signed

Date

Title

