ARBA Account # _____

Participation Agreement & Employer's Statement

Plan Year 12/01/2022-11/30/2023

Association Affiliation: (must be a current member)

□ACRE □AGC □BEAR □CAMP □LAR □EDCAR □CBIA □BIAGV □BIASD

□NSBIA □NSCAR □NORBAR □PCAR □PCOC □SAR

□Existing Member □New Firm (Office Use: Member Verified BY: _____ Date: _____)

****

Full Legal Name: (Must match membership name) _____ _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **FEIN:** _____

Phone : (____) _____ **Fax: (____)** _____ **Email:** _____

Contacts Authorized to Speak to:

Name: _____ **Title:**_____ **Email:** _____

Name: _____ **Title:**_____ **Email:** _____

Status:

X Sole Proprietor (without employees) **X Not Cobra Eligible**

by initialing in this box below you attest that although your name does not appear on the DE-9C that the following is true: [_____] Initial

- **I am a sole proprietor.**
- **I work at this company on a permanent basis with a normal work week of 30 hours or more;**
- **I draw wages, dividends, or other distributions on a regular basis;**
- **I do not derive substantial earned income from any other employer and am not eligible for other employer-sponsored coverage as a subscriber;**
- **I will have satisfied the designed waiting period before coverage becomes effective**

All carrier contracts are guaranteed coverage as of the proper effective date and the qualifications and participation requirements stated on page two of this agreement are met. I understand that the plan year is from December 1st to November 30th. Plan changes can be made during open enrollment annually unless there is a qualifying event. As the legally authorized signer hereby requesting participation in the Association Insurance Benefit Program, I certify that I have read and understand the participation requirements and that all information provided is accurate and complete to the best of my knowledge and belief.

_____

Print Name **Date**

_____

Signature **Title**

Participation Agreement & Employer's Statement Rules

The following statements must comply with all the rules and regulations of the program, Eligibility and Enrollee Requirements

1. To abide by the Participation Agreement.
2. To maintain a current membership in good standing in the above-named Association and to assume liability for any changes incurred in said membership during the time a participant in the Insurance Benefit Program.
3. To abide by the Group Participation Requirements.
4. To submit a new participation agreement in the event a sole proprietor without employee status changes to include employees or becomes a partnership or a corporation.
5. To notify the Plan Administrator of all changes or qualifying event in writing within 30 days of the event.
6. To pay premiums and fees as billed upon written demand of amounts due and to furnish the Plan Administrator with any statements or reports required to carry out the program. Fees may include a late payment penalty. Upon enrolling in the Insurance Benefit Plan, a participant must prepay a minimum of one month's premium. Please note all premiums include an Administration Fee.
7. To hold harmless the Association referenced above for any action taken or omitted by it in good faith. The Association Board of Trustees reserves the right to make policy, plan and carrier changes at any time.
8. To participate in elected insurance programs and to be bound by and entitled to all rights as set forth in the Association Insurance Benefit Program of the Association referenced above and policies as well as the sponsored carrier contracts.
9. To respect and protect the confidentiality of health information of employees and other participants; and to acknowledge that the group insurance plan(s) are subject to the HIPAA Privacy Laws, and to act in accordance with the direction of any plan so that such plan may fulfill its obligations under the HIPAA Privacy Laws.

Broker Contact:
USI Insurance Services, LLC
3435 American River Drive Suite C Sacramento, CA 95864 | Ph: 916-486-2900 | F: 916-486-4936
Administrator Contact: www.arbaadmin.com
American River Benefit Administrators
3435 American River Drive Suite B Sacramento, CA 95864 | Ph: 916-486-1292 | F: 916-486-2615