



UNITARIAN UNIVERSALIST ORGANIZATIONS HEALTH PLAN
Subscription Agreement for Employers

Name of Subscribing Employer: _____

Address: _____

Phone: _____ Email: _____ Tax ID: _____

The Unitarian Universalist Association has established and maintains the Unitarian Universalist Association Employee Benefits Trust (the "Trust"), which provides benefits under the Unitarian Universalist Organizations Health Plan (the "Plan"). By signing this agreement, you are subscribing to and agreeing to the terms of the Plan and the Trust and you become a "Subscribing Employer." As a Subscribing Employer you may enroll Eligible Employees, Eligible Retirees and their Dependents (as those terms are defined in the Plan and the Trust), subject to the specific elections below.

PLAN DESIGN

The Subscribing Employer elects to offer (check all that apply):

- Standard PPO benefits
- High deductible PPO benefits,
- Medicare Supplement benefits

COVERAGE EFFECTIVE DATE

The Subscribing Employer elects to make coverage effective on (check one):

- Date of hire, or
- First day of the month following date of hire, or
- First day of the month following a waiting period of (check one):
 - 30 days of employment, or
 - 60 days of employment, or
 - 90 days of employment

EMPLOYEE ELIGIBILITY

- Our congregation understands that all eligible employees must be offered coverage, though we may contribute different amounts for different employee premiums. We agree to keep records of employee elections and have them available for audit.

EMPLOYER CONTRIBUTIONS

The Subscribing Employer elects to contribute: \$____ or ____% of the monthly cost for self-only coverage and \$____ or ____% of the monthly cost for family coverage. If a more detailed description of your contribution policy is required, please attach an explanation on your congregation letterhead. All contributions are due on the 15th of the month and are payable to *UUA Insurance Plans*.

- Our congregation understands that we must keep accurate records of employee contributions, report those contributions monthly to the UUA, and have the records available for audit.

You can receive a copy of the Plan and the Trust. Please direct questions to the UUA Health Plan, 25 Beacon Street, Boston, MA 02108, (617) 948-6405, or to healthinsurance@uua.org. Visit us on the web at www.uua.org/healthplan.

Signature of Treasurer

Printed Name of Treasurer

Date

4-digit Church ID Number (congregations only)

PLEASE RETURN THIS FORM TO UUA Health Plan, 25 Beacon Street, Boston, MA 02108. Please retain a copy for your church records.