



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

For the initial group of enrollees, coverage is effective on January 1, 2007. For individuals hired on or after January 1, 2007, 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

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 first of the month and are payable to *UUA Employee Benefits Trust*.

You will receive a copy of the Plan and the Trust. Please direct questions to the Health Plan Office in the UUA Office of Church Staff Finances, 25 Beacon Street, Boston, MA 02108, (617) 948-6405, or to healthinsurance@uua.org.

Signature of Treasurer

Printed Name of Treasurer

Date

4-digit Church ID Number (congregations only)

PLEASE RETURN THIS FORM TO UUA Office of Church Staff Finances, 25 Beacon Street, Boston, MA 02108, or by FAX to (617) 742-0321, attention Health Plan Office. Please retain a copy for your church records.