

EMPLOYER EASE INSURANCE TRUST
ADOPTION AGREEMENT

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This Adoption Agreement is made and entered into by and between _____ (“Participating Employer”) and Employer Ease Insurance Trust, a General Partnership (“Trust”), effective as of September 1, 2005.

The Participating Employer agrees to contribute the percentage of contributions set forth below for active employees (working 30 or more hours per week) as specified for the benefit plans elected below. As of the effective date of the Adoption Agreement, the Participating Employer employs eligible full time employees (working 30 or more hours per week). The plan of benefits selected by the Participating Employer, and the contribution and participation percentages, are as follows:

Please check plan(s) selected	Minimum Required % of Employer Contribution	Minimum Required % of Employees Participating in Plan(s)
HMO Medical Plan(s) Offered by Sharp Health Plan	50%	70%
DHMO Dental Plan(s) Offered by Safe Guard	50%	75%
PPO Dental Plan(s) Offered by Safe Guard	50%	75%
HMO Vision Plan Offered by Safe Guard	50%	75%

The Participating Employer will contribute to the plan for all eligible, full time employees that enroll and are approved for coverage.

The obligation to contribute for employees will begin on the first day of the month following: (Circle one)

- Date of Hire
- Thirty (30) days after commencement of employment
- Sixty (60) days after commencement of employment
- Ninety (90) days after commencement of employment
- _____ (___) days after commencement of employment (subject to approval by the Trust Administrator)

A Participating Employer can be any employer which is a member in good standing of the San Diego Convention & Visitors Bureau and which is a party to this Adoption

Agreement. In addition, the employer must be actively engaged in the hotel, hospitality, and visitors industry, or provides a service for the same.

A Participating Employer with employees electing domestic partner coverage agrees to comply with the Domestic Partner Coverage Rules and Procedures adopted by the Trustees and any future amendments, which are incorporated into this Adoption Agreement by reference as though fully set forth.

The Participating Employer will identify all reported employees on monthly remittance forms provided by the Plan. The Participating Employer agrees to pay contributions at the rates established from time to time by the Trustees. The Participating Employer will contribute to the Plan for each one of the benefit options selected in this Adoption Agreement.

The Participating Employer has received copies of the Trust Agreement and the employee welfare benefit plan(s) adopted by the Trustees and agrees to be bound to the provisions contained therein, and any future amendments, which are incorporated into this Agreement by reference as though fully set forth.

Insurance premiums and remittance forms are due by the 15th day of the month, prior to the next month for which coverage is requested, on an as-billed basis. The payment of the contributions will continue each month during the term of this Adoption Agreement. Any changes, additions or deletions provided to our administrator will be adjusted on your next monthly billing statement. **Payments not received by the 25th day for the month due, will cause your Plan(s) to be terminated effective to the last day of the prior month.**

The Participating Employer will fully defend, indemnify and save harmless the Plan and Trust and its Trustees, employees, consultants, and administrators against any and all loss, damage, liability, claim, demand or suit resulting from injury or harm to any person or property arising out of or in any way connected with the participation of the Participating Employer under this Adoption Agreement. This is intended to include, but is not limited to, employment-related claims, statutory violations, breach of contract claims and claims for damages resulting from personal injury or injury to property.

[The remainder of this page has intentionally been left blank]

I have read this Adoption Agreement and my signature below confirms that I understand the premium payment requirements as specified herein.

IN WITNESS WHEREOF, the parties hereto have executed this Adoption Agreement as of the date(s) below.

Employer Ease Insurance Trust

By: _____
Authorized Representative

Title: _____

Date: _____

Participating Employer

By: _____
Authorized Representative

Title: _____

Date: _____

PARTICIPATING EMPLOYER INFORMATION

Full Business Name

Type of Employer (e.g., corporation, Partnership, etc.)

CONVIS Member Number

Nature of Business

Name of Administrative Contract

Telephone Number

Street Address

Fax Number

City, State & Zip Code

E-Mail Address