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Seattle, WA 98115-2157
800-367-4104

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Seattle, WA 98109-5233
888-901-4636

PARTICIPATION AGREEMENT 2009-2010

Effective Date: _____

Please check the medical plan you want for your group for plan year 2009-2010:

Western Washington

- Options Low (POS) #61082
- Options Select (HMO) #61073
- Options High (POS) #61072
- Alliant Plus (POS) #50929/52172

Eastern Washington

- Options Low (POS) #69476
- Options Select (HMO) #69282
- Options High (POS) #69281
- Alliant Plus (POS) #58139/58199

Are you enrolling your group for WDS **DENTAL** coverage? (minimum 3 employees) YES NO
Dental TMJ rider (Additional cost required) YES NO

GROUP INFORMATION:

Legal Name _____
Street Address _____
City _____ Zip Code _____ County _____
Billing Address (if different) _____
Contact Person _____ e-mail _____
Phone Number _____ Fax Number _____

ELIGIBILITY AND PARTICIPATION:

Eligible Active Employees:

- All Full Time Employees Working _____ Hours per Month (*minimum requirement is 60 hours a month*)
- All Part Time Employees Working _____ Hours per Month (*minimum requirement is 60 hours a month*)

Total Number of Persons Employed (*including owner/proprietor*) _____
Total Number of Eligible Employees _____
Total Number of Enrolled Employees _____

Did your company employ 20 or more full time and/or part time employees for at least 50% of the workdays of the preceding calendar year (January – December) and is it subject to federal COBRA laws? Yes No

EMPLOYEE CLASSES: (for example, class I could be attorneys and class II other staff)

I _____ First of the Month following _____ Months from Hire Date
II _____ First of the Month following _____ Months from Hire Date
III _____ First of the Month following _____ Months from Hire Date

Employees moving from part-time (ineligible) status to eligible status must be enrolled effective the first of the month following their change in status. (No new probationary period.)

Total Number of Employees currently in Probationary Period _____

EMPLOYER CONTRIBUTION: (*minimum requirement is 50% of employee cost*)

Class I: Employee _____ % Dependents _____ %
Class II: Employee _____ % Dependents _____ %
Class III: Employee _____ % Dependents _____ %

By execution of this Participation Agreement, the participant agrees to be bound by all terms and conditions of the Contract and any existing or future amendments thereto by the Washington State Bar Association, including, without limitation, paying the required monthly premium and furnishing necessary information on covered persons. A copy of said contract is on file with the Washington State Bar Association. I hereby certify that the enclosed information is applicable and complete:

Authorized Signature and Title _____ Date _____
WSBAPA2009