



PARTICIPATION AGREEMENT

For Life, Accidental Death and Dismemberment (AD & D), and Dependents' Life Insurance

An authorized representative of an employer that is a member of the Timber Products Manufacturers Trust must complete and sign this Participation Agreement for long term disability insurance under the Group Policy. The insurance, underwritten by Symetra, provides a Basic Life, AD & D, and Dependents' Life Insurance.

PARTICIPATING EMPLOYER INFORMATION

Employees must be participating in the employer's medical plan or be eligible to have participated but waived medical coverage because they are covered under another medical plan, to be eligible for Life, AD & D, and Dependents' Life coverage.

Full Legal Name: _____ Phone: _____

Street Address: _____ City, State, Zip: _____

Eligibility - Minimum Hours per Month: _____ Service Waiting Period: _____

Is eligibility for coverage tied to TPM Health Trust enrollment? YES NO

Requested Effective Date of Coverage: _____ Number of Eligible Active Employees: _____

PLANS

*In addition to the Basic Life and AD & D (Option 1) you may choose any **one** of the following options 2 – 6 of Life and AD & D insurance for all eligible active employees. (Evidence of Insurability is not required unless choosing voluntary life.)*

X	Included	\$10,000 – Paid by TPM
	Option 1	\$10,000 – Paid by Employer
	Option 2	\$15,000 – Paid by Employer
	Option 3	\$20,000 – Paid by Employer
	Option 4	2X Annual Salary to Maximum of \$100,000 – Paid by Employer
	Option 5	1X Annual Salary to Maximum of \$100,000 – Paid by Employer
	Option 6	Voluntary Life/AD&D

The amount of Dependents Life Insurance is \$2,000 for each eligible dependent.

Coverage requested becomes effective only upon approval by *Symetra*. Coverage issued pursuant to this Participation Agreement is subject to all the terms, conditions, limitations, and exclusions of the Group Policy.

The signed Participation Agreement will become part of the Group Policy. However, if there is a conflict between the Participation Agreement and the Group Policy, the terms of the Group Policy will govern.

The Timber Products Manufacturers Trust agrees not to release certificates to any participating employer which applies for coverage under the Group Policy until the Participation Agreement has been approved by *Symetra*. The Timber Products Manufacturers Trust will retain the original Participation Agreement.

Authorized Representative of Employer

Authorized Representative of Timber Products Manufacturers Trust

Signature and Title _____ Date _____

Signature and Title _____ Date _____