



## PARTICIPATION AGREEMENT

for Short Term Disability Insurance

*An authorized representative of an employer that is a member of the Timber Products Manufacturers Association must complete and sign this Participation Agreement for short term disability insurance under the Group Policy. The insurance, underwritten by Symetra, provides short term disability coverage.*

### PARTICIPATING EMPLOYER INFORMATION

*To be eligible for long term disability coverage, participants must be employed by a member, in good standing, of the Timber Products Manufacturers Association at the time of disability.*

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 *You may choose **one** of the following options of short term disability insurance for all eligible active employees:*

EMPLOYER PAID	VOLUNTARY Employee PAID <small>Required 25% Participation of Eligible Employees</small>
<input type="checkbox"/> Option 1 \$100 per week up to 26 weeks	<input type="checkbox"/> Option 1 \$200 per week up to 12 weeks
<input type="checkbox"/> Option 2 \$200 per week up to 13 weeks	<input type="checkbox"/> Option 2 \$200 per week up to 25 weeks
<input type="checkbox"/> Option 3 \$200 per week up to 26 weeks	<input type="checkbox"/> Option 3 60% of wages (max \$1000) per week up to 12 weeks
<input type="checkbox"/> Option 4 60% of the first \$1,000 of the employee's weekly earnings, reduced by deductible income	<input type="checkbox"/> Option 4 60% of wages (max \$1000) per week up to 25 weeks
Benefit Waiting Period For disability caused by accidental injury – NONE For disability caused by physical disease, pregnancy or mental disorder – 7 DAYS	Benefit Waiting Period For disability caused by accidental injury – 15 DAYS For disability caused by physical disease, pregnancy or mental disorder – 15 DAYS

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 Association 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 Association will retain the original Participation Agreement.

Authorized Representative of Employer

Authorized Representative of Timber Products Manufacturers Association

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_