



CLUB PARTICIPATION AGREEMENT

I. Club Information

Club Name:		
Contact Person:		
Mailing address:		
City:	State:	Zip: _____ - _____
Telephone number: ()	Fax number: ()	
Email address:	Federal tax ID number:	
Total number of actively employed individuals consistently working 30 or more hours a week: _____		

II. Terms of Agreement

When accepted by the Boys and Girls Club Workers Association (BGCWA) Insurance Trust, or their duly authorized representative for the purpose of participation in the Plans sponsored by the Trust, the above Club/Organization hereby agrees as follows:

1. To abide by, and be bound by, the terms and conditions of the plan(s) of benefits adopted by the BGCWA;
2. To abide by charter requirements as set forth by the Boys & Girls Clubs of America;
3. To distribute benefit materials such as benefit booklets and ID cards to insured employees and to notify insured employees and of their rights and benefits under these plans;
4. To include at least 75% of all eligible employees (consistently working 30 or more hours per week) when participating in the BGCWA's Comprehensive Medical Plan, Term Life Insurance Plan, Long Term Disability Plan, or Short Term Disability Plan;
5. To include at least 50% of all eligible employees (consistently working 30 or more hours per week) when participating in the BGCWA's Dental & Vision Reimbursement Plan or Dental Insurance Plan;
6. To enroll only eligible employees and dependents by submitting a completed application to CTI Administrators within 30 days from the end of the Waiting Period selected by your Club in this agreement, (otherwise coverage may be declined or delayed);
7. To make payroll deductions for employee's portion of premium as necessary based on your Club's policies for premium contributions and, if deducting premium from the employee's paycheck on a pre-tax basis to have a IRSC Section 125 Premium Only Plan Document in effect;
8. To pay premiums and contributions to the Health Reimbursement Account (if applicable) by the due date, which is the first day of each month. If monthly premium billing remains unpaid by the last day of the month, insurance coverage will be cancelled for non-payment of premium. Club employees and providers of service will be informed of delinquent payments if claim payments are delayed due to non-payment of premium;
9. To provide an Employee Application to each newly eligible employee and inform them that their coverage will not begin until they have completed, signed and returned the application to your Club's designated insurance contact and have satisfied the Waiting Period elected by the Club as specified in section IV;
10. To report employee additions, and coverage changes within 30 days of the effective date of the event or change;
11. To report employee terminations, and termination of dependent eligibility within 14 days of the last day of employment or your notification that a dependent is no longer eligible for coverage under these plans;
12. To provide salary updates and job titles for those employees participating in salary-based Life Insurance, Short Term Disability, and Long Term Disability.

III. Plan Selection

Check the boxes below to indicate the plans you are offering to your employees through the BGCWA:

COMPREHENSIVE MEDICAL (Self-funded by the BGCWA Insurance Trust)

Select the Plan you will be offering to your eligible employees below:

<input type="checkbox"/> Club Select	OR	<input type="checkbox"/> All Plans Through an IRSC Section 125 Cafeteria Plan Note: A valid Premium Only Plan Document must be in place for this selection, if assistance with this requirement is needed contact CTIA. Contact information is below.
<input type="checkbox"/> Club Choice		
<input type="checkbox"/> Club Advantage		
<input type="checkbox"/> Club Value (Health Reimbursement Account)		
<input type="checkbox"/> Club Saver		

LIFE INSURANCE WITH AD&D (Insured by UniCare)

Select the Plan(s) you will be offering to your eligible employees below:

- "Fixed Amounts" of Life Insurance in \$1,000 increments (\$10,000 minimum)
- "Salary Based" Life Insurance.
 - One times salary
 - Two times salary
 - Three times salary
- Spouse Life Insurance in \$1,000 increments up to \$75,000, not to exceed employee life insurance amount
- Child(ren) Life Insurance - \$10,000
- Yes, employees will be given the opportunity to apply for additional Life Insurance on themselves and their dependents. Premiums will be deducted post-tax from payroll and remitted by the Club.

DENTAL AND VISION Direct Reimbursement Plan (Self-funded by the BGCWA Insurance Trust)

DENTAL Insurance Plan - No Vision (Self-funded by the BGCWA Insurance Trust)

SHORT TERM DISABILITY (Self-funded by the BGCWA Insurance Trust)

LONG TERM DISABILITY (Insured by UniCare)

IV. Waiting Period

For the selected plans above, the following Waiting Period should apply to new applicants:

- 30-Day Waiting Period** – Coverage begins the first day of the month following thirty (30) days of continuous employment.
- 90-Day Waiting Period** – Coverage begins the first day of the month following ninety (90) days of continuous employment.

V. Effective Date of New Coverage

Indicate what date you would like the above selected plans to be effective. Note: Do not discontinue present coverage until you have received confirmation of your coverage effective dates. Begin above selected plans on the 1st day of _____.

VI. Club Authorized Signatures

I certify that all of the information provided is correct and complete, to the best of my knowledge, and agree to the terms of this Agreement.

By Executive Director _____ Signature _____ Date _____
(please print or type)

By Board President _____ Signature _____ Date _____
(please print or type)

Send completed Club Participation Agreement to:

CTI Administrators

100 Court Avenue, Suite 306 • Des Moines, IA 50309-2295

For questions about this Agreement or the BGCWA Insurance Trust Plans Call: (800) 245-8813