

PARTICIPATION AGREEMENT
Effective Date: _____

Indicate which medical plan you want for your group for plan year 2006-2007:

Western Washington

- Options Select (HMO) #61073
- Options High (POS) #61072
- Options Low (POS) #61802
- Alliant Plus (POS) #50929/52172

Eastern Washington

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

Are you enrolling your group for WDS DENTAL coverage? (minimum 3 employees) 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 _____

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

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 _____