



PARTICIPATION AGREEMENT

The Heartland Trust for CARE in America

THIS AGREEMENT is made this ___ day of _____, 2020 by and between _____, (hereinafter referred to as the “Employer”), the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers (hereinafter referred to as the “Union”), and the Heartland Trust for CARE in America (hereinafter referred to as the “Trust”).

In consideration for the promises contained in this Participation Agreement, the Employer, the Union and the Trust agree as follows:

The Employer and certain of its employees are included in a collective bargaining agreement covering the Employer’s business.

All employees who perform work for that business, including the employer him/herself, are eligible to participate in the Trust.

As an Employer, the Employer agrees to participate in the Trust and agrees

- to be bound to the terms and conditions establishing the Trust,
- any amendments,
- the rules and regulations established by the Trustees of the Trust, and
- the terms and conditions of this Agreement.

The Employer authorizes the Trustees of the Trust, and their successors, to act for and on behalf of the Employer.

The Employer agrees to contribute to the Trust on behalf of its employees, with or without percentage contribution from employees.

The Employer shall pay \$_____ for single coverage and \$_____ for family coverage.

All Contributions shall be paid by the Employer to the Trust in a timely manner prior to the 1st day of the month when coverage is to be provided.

Said amounts may change from year to year. The Trust shall provide advanced notice of any premium change at least 30 days prior to the rate change going into effect. The Employer represents that the individuals listed in Exhibit A perform work for the business, and the Employer will submit contributions to the Trust on their behalf.

Any disputes or controversies arising under this Agreement shall be resolved in accordance with the laws of the State of Missouri and any applicable federal law. Should any part of this Participation Agreement be declared invalid, such decision shall not affect the validity of any remaining portion, which remaining portion

shall remain in force and effect as if this Participation Agreement had been executed without the invalid portion.

Either Party may terminate this Agreement by giving written notice to the other party. Such notice may be delivered by first class mail, facsimile or email. The termination shall be effective on the first day of the month following the month in which notice of termination of participation is given. Upon termination of this Agreement, the eligibility of participants in the Trust pursuant to this Agreement shall terminate.

**International Association of Bridge,
Structural, Ornamental and Reinforcing
Iron Workers _**

Employer (Company Name)

Union Representative (signature)

Employer Representative (Signature)

Print Name

Print Name

Street Address

The Heartland Trust for CARE in America

By: _____
Trustee Signature

Print Name

Date: _____

EXHIBIT A: - MANAGEMENT PARTICIPANTS' CENSUS DATA

<u>NAME</u>	<u>JOB</u>	<u>COVERAGE</u>	<u>ADDRESS</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____