

Employer Participation Certification
(Exhibit E)

Employer certifies that it meets the requirements listed below to be an employer member of the association's group health plan under section 3(5) of the Employee Retirement Income Security Act of 1974 (ERISA). It understands that it must be a member of the association in good standing to be eligible to participate in the plan.

Employer further understands that status as an employer member, by itself, is not a guarantee of coverage and does not confer upon it the right to participate in the association's group health plan, which is governed by the by-laws of the association and applicable law, including regulations issued under ERISA. Finally, such by-laws and applicable law are subject to change.

I certify that each of the following requirements has been met:

1. Employer certifies that it is a member in good standing of the association and is eligible to participate in the association's group health plan.

Employer Address: _____ Association Address: _____
EIN: _____

2. Employer is: (a) in the same trade, industry, line of business or profession as other employers that are members of the association; or (b) has a principal place of business in the same region that does not exceed the boundaries of a single State or a metropolitan area (even if the metropolitan area includes more than one State).

If applicable, association's geographic region is: _____

3. I agree to notify the carrier in the event any factual information that provided the basis for this certification changed or was subsequently determined to not be accurate and understand that the issuer is required by law to monitor compliance with these requirements.

4. I agree to provide the issuer with documentation to verify the accuracy of the information being certified upon request.

5. Check one of the boxes below:

Employer acts directly as an employer of at least one non-spouse employee who is or will be a participant covered under the plan, or

Employer is a Working Owner permitted by the by-laws of the association to participate in the plan with: (i) an ownership right in a trade of business, incorporated or not, including a partner or other self-employed individual; (ii) who either:

(A) works on average at least 20 hours per week or at least 80 hours per month providing services to the working owner's trade or business, or

(B) has wages or self-employment income from such trade or business that at least equals the working owner's cost of coverage for participation by the working owner and any covered beneficiaries in the group health plan sponsored by the association in which the individual is participating.

By signing below, I attest to the accuracy, truthfulness and completeness of the information provided herein. I understand that any misrepresentation or fraudulent statement may result in a loss or termination of coverage under the association plan, an increase in the Required Contribution (Payment Amount), or other consequences as permitted by law.

Name of Association: _____

Signature of Officer: _____

Print Name: _____

Title: _____

Date: _____