

The applicant-employer requests participation in American's Trust and acknowledges receiving a copy of the Trust. The applicant-employer requests insurance coverage for its employees under American's Trust.

The applicant-employer agrees to be bound by all of the terms of the policy issued to the Trust as Policyholder and further understands and agrees that:

1. This request to participate does not assure acceptance as a Participating Employer under the Trust.
2. Neither this request to participate, nor the payment of any monies to be applied toward the premium, shall cause insurance coverage to become effective on any employee of the employer. In order for employee coverage to take effect on the date specified by American Community Mutual Insurance Company:
 - a. the employer must be accepted as a Participating Employer; and
 - b. each employee must satisfy the eligibility requirements of the policy.
3. The employer has seen a copy of the benefits proposed and agrees to pay the required premiums to American Community Mutual Insurance Company when due, and further agrees to give all eligible persons an opportunity to apply for the insurance if contributions are required.
4. The employer agrees to pay American Community Mutual Insurance Company any administrative fee when due.
5. The insurance is subject in every respect to the group insurance policy which alone constitutes the agreement under which the benefits are paid.

Participation Requirements For American's Equity Advantage HSA, American's Preferred Employer Plan, and PEP 2000

The Employer is required to meet the following participation requirements:

1. For Life Insurance, Accidental Death and Dismemberment and Weekly Income benefits: 100% of the Employer's eligible employees must apply.
2. For all other coverages:

Groups of 2-5 employees - 100% of eligible employees*

Groups of 6 or more employees - 75% of eligible employees*

*Those waiving due to spousal coverage are not counted as eligible for this participation requirement.

All group sizes - At least 50% of all employees of an eligible class must enroll.

A group may be non-renewed if it falls below two employees, or the participation requirements are not met.

Participation Requirements For American's Choice Options

The Employer is required to meet the following participation requirements:

1. For Life Insurance, Accidental Death and Dismemberment and Weekly Income benefits: 100% of the eligible employees in groups of 2-15 and 75% of the employees in groups of 16-50 must apply.
2. For Dental and Vision: 100% of the eligible employees in groups of 2-5 and 75% of the employees in groups of 6-50 must apply.
3. Under contributory plans, eligible employees may elect to waive coverages. Election to waive does not exclude that employee from the Employer's participation requirements. Under non-contributory plans, all eligible employees must enroll.

All group sizes - At least 50% of all employees of an eligible class must enroll.

A group may be non-renewed if it falls below two employees, or the participation requirements are not met.

Contribution Requirements

The Employer is required to contribute no less than:

1. 25% of the total cost of insurance for the employee and dependents; or
2. 50% of the total cost of insurance for the employee only.

Termination of a Participating Employer

The participation of an Employer under the Trust will terminate on the first of these dates:

1. The date given by the Employer in a written notice to American Community Mutual Insurance Company that premium payments for the insurance will cease. However, if that notice is given after the date to which premiums are paid in full, participation will cease on the later of:
 - a. the date requested by the Employer; or
 - b. the date the notice is received by American Community Mutual Insurance Company at its Home Office.
2. The date specified in the Grace Period provision in the "Trust Agreement For American's Trust."
3. The date shown in a written notice sent by American Community Mutual Insurance Company to the Employer, thirty-one (31) days, or as required by law, in advance of the termination effective date.

Coverage under the group insurance policy is renewable at the option of a Participating Employer, except for the case of:

1. Nonpayment of the required premiums.
2. Fraud or misrepresentation of the small group Employer or, with respect to coverage of individual insureds, the insureds, or their representatives.
3. Failure to meet participation requirements.
4. Non-compliance with employer contribution requirements.
5. American Community Mutual Insurance Company elects to non renew all of its health benefit plans delivered or issued for delivery to small group employers in the state. In such a case American Community Mutual Insurance Company shall:
 - a. Provide advance notice to the director and to the commissioner of insurance in each state in which it is licensed; and
 - b. Provide notice of the decision not to renew coverage to all affected small group employers and to the commissioner in each state in which an affected insured individual is known to reside at least 180 days (1 year in Indiana) prior to the nonrenewal of any health benefit plans by American Community Mutual Insurance Company. Notice to the director shall be provided at least 3 working days prior to the notice to the affected small group employers.
 - c. American Community may not re-enter the marketplace for 5 years from date of notice.
6. American Community Mutual Insurance Company elects to non renew a particular plan in the small group market in this state. In such a case, American Community Mutual Insurance Company shall:
 - a. Provide advance notice to the director and to the commissioner of insurance in this state; and
 - b. Provide notice of the decision not to renew coverage, to all affected small group employers who were issued the particular plan, at least 90 days (180 days in Nebraska) prior to the termination date; and
 - c. Give the small group employers the option, on a guaranteed issue basis, to purchase coverage under any other health insurance plan currently being offered by American Community Mutual Insurance Company in the small group market in this state.

In the event of termination, the Employer:

1. has no further right to, or interest in, the Trust, and
2. is liable to American Community Mutual Insurance Company for all unpaid premiums for the period that such Employer participated in the Trust.

Acceptance of this request to participate is subject to all of American Community Mutual Insurance Company's requirements and to the terms of the group insurance policy issued to the Trust. American Community Mutual Insurance Company will notify the applicant-employer of any approval or disapproval of this request. A notice of approval will specify the effective date of the employer's plan or plan change. If the employer is accepted as a Participating Employer, it will receive a copy of the certificate of insurance.

Applicant-Employer (Full Legal Name): _____
(Please Print)

Signed At: _____ Date: _____
City State

Signature of Authorized Employer Representative