

## 2019-2020 VMA MetLife Participation Agreement

Please complete all information in order to avoid processing delays.

### Company Information

Company Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Do you have Common Ownership with another company?  Yes  No

If Yes, Name of Company: \_\_\_\_\_

Requested Date of Coverage: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Waiting Period for Future Hires: (select one):

- 1<sup>st</sup> of the month following Date of Hire
- 1<sup>st</sup> of the month following 30 Days from Date of Hire
- 1<sup>st</sup> of the month following 60 Days from Date of Hire

Number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Number of current COBRA or CAL-COBRA Participants: \_\_\_\_\_

**Please return these forms to Lena Nelson at [lena@vma.bz](mailto:lena@vma.bz) via an encrypted or password-protected method.**

Please keep in mind that communications via email over the internet are not secure. The Health Insurance Portability and Accountability Act (HIPAA) regulations require encrypted messaging systems for confidential communications. Please do not include personal identifying information such as your birth date or personal medical information in any emails or email attachments you send to us without adding encryption or password. If you require assistance or have additional questions, please reach out to Lena Nelson at [lena@vma.bz](mailto:lena@vma.bz) or 415-489-7618.

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### MetLife Ancillary Benefits

#### COMPANY SELECTED OPTIONS:

##### Dental Plans

- PPO 2000  
 PPO 1500  
 MET 185  
 MET 290

##### Vision Plans

- MET120-10/25  
 MET150-10/25

##### Contribution

Employer Contribution for Employees (must be 50% or greater)  
 Employer Contribution for Dependents  
 Base Plan Selection - Name Plan \_\_\_\_\_

##### Dental

\_\_\_\_\_%  
 \_\_\_\_\_%  
 \_\_\_\_\_%

##### Vision

\_\_\_\_\_%  
 \_\_\_\_\_%  
 \_\_\_\_\_%

### Basic Group Life and AD&D with Employee Assistance Program

\$10,000 basic life and accidental death and dismemberment (AD&D) is provided to all active full-time eligible employees participating in medical and/or dental benefit plans.

### Optional Supplemental Term Life and AD&D

Employee and/or Dependent  Yes  No

### Signature

The Company:

\_\_\_\_\_  
 Authorized Company Signer Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## 2019-2020 VMA MetLife Participation Agreement

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### Now, therefore, the Company agrees as follows:

1. The Company wishes to offer its "eligible" employees, as deemed by Visual Media Alliance Insurance Services (VMA) coverage under the employee benefit plans selected by the Company (the "Plan") and offered by VMA.
2. The Company shall participate in VMA pursuant to the Amended and Restated Agreement and Declaration of VMA.
3. The Company shall enroll a minimum of 75% of active employees working 30 hours or more per week. The Company shall pay a minimum of 50% of employee's monthly premium portion of the least expensive plan(s) offered.
4. The Company shall give each eligible employee the opportunity to select coverage under any of the plan options selected by the Company and to elect coverage for his or her spouse and/or children who are eligible under the Plan; provided, that the cost of coverage to the extent that it exceeds the amount the Company contributes on behalf of each eligible employee, pursuant to paragraph 3 above, shall be paid by the eligible employee.
5. The Company shall remit to VMA by the 10<sup>th</sup> day of each month the total contributions required under the Plan for the month.
6. The Company shall review the statement received from VMA each month to verify that the coverage set forth therein for each eligible employee is correct and shall report any corrections to VMA within 20 days following receipt of such statement.
7. Failure to remit to VMA the contributions required under the Plan when due will cause the termination of coverage under the Plan for all eligible employees of the Company and their spouses and children. In any such event, VMA shall further be entitled to take any appropriate legal action, including, but not limited to, action to recover all amounts due, interest thereon and expenses incurred, including reasonable attorneys' fees, and coverage will not be reinstated.
8. The undersigned may voluntarily terminate its participation in VMA 30 days after receipt by VMA of written notice thereof.
9. Terminations are effective at the end of the month in which the employee last worked.
10. This Agreement supersedes any prior agreements related to the subject matter of this Agreement.
11. In the absence of anything to the contrary, this agreement will be continuous and will be deemed valid, including any changes to plans or replacement plans offered.

**IN WITNESS WHEREOF** the Company has executed this Agreement as of the date below.

### The Company:

\_\_\_\_\_  
Authorized Company Signer Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date