

Application to Become a Member of the

WASHINGTON COUNCIL OF POLICE & SHERIFF'S DISABILITY AND LIFE INSURANCE PLAN AND TRUST

The undersigned applicant hereby applies for membership in the Washington Council of Police & Sheriff's Disability and Life Insurance Plan and Trust in accordance with the terms, conditions and representations set forth herein, and in the Trust Instrument. The Administrator is hereby requested to accept this application for membership and to request the carrier or carriers to effect coverage, subject to the underwriting rules of the carrier, under individual applications for insurance or service which may be submitted by or on behalf of the applicant, its members and their dependents. The undersigned applicant hereby attests to and/or accepts the following:

1. That applicant has members who are primarily engaged in the business of law enforcement and fire fighting on a fulltime basis, who are members in good standing of a local law enforcement or fire fighters guild, who are employed by a county, municipality, fire district or a general authority law enforcement officer employed by a state university or port district within the state of Washington, and for disability coverage, who are qualifying LEOFF II individuals under Washington law, and for life insurance coverage who are qualifying LEOFF I and II individuals under Washington law or are fulltime employees of the Washington Council of Police & Sheriff's Disability and Life Insurance Plan and Trust. Applicant agrees that at such time as the preceding representation is no longer true, membership in the Trust automatically terminates without notice, as does any and all insurance or other coverage provided through plans of the Trust for the applicant, its members and their dependents.
2. That any rights of the applicant, or any of its members and their dependents or the beneficiaries of any of them, or any person claiming by or through such persons, to any insurance or service benefits shall be subject to the terms and conditions, including any future modifications thereof, of any group policies or service contracts issued by a carrier to the Trustee of the Washington Council of Police & Sheriff's Disability and Life Insurance Plan and Trust.
3. That applicant will pay all premiums, contributions and administrative fees billed to it by the administrator on or before the due date.
4. That 100% of the eligible members of the applicant enroll in the plan if it is non-contributory, or, if contributory, applicant agrees to enroll and maintain the following enrollment:

Eligible Members:	Less than 10	10 but less than 20	20 and over
Enrollment:	100%	90%	85%
5. That applicant adopts the Trust and the provisions therein and appoints the Trusteed Plans Service Corporation of Tacoma, Washington, Administrator. Administrator shall have total, complete and exclusive administrative control and its duties shall include: billing and collecting of premiums, contributions and fees from members of the Trust; transmitting premiums and contributions to Trustee periodically as due to carriers; providing administrative, accounting and other services as required. The Administrator is the agent of the applicant and of the Trust members and will act in their behalf and will be held harmless from any liability arising out of the performance of its duties. All funds received by the Administrator shall be owned by the Trust and will be held for disbursement exclusively as provided herein. Administrator in its sole discretion and for what it considers the overall benefit of all members of the Trust may accept, deny and terminate membership in the Trust. The Administrator may charge a specific administration fee for each plan of coverage.
6. That applicant agrees that no coverage is in force until this membership application and the individual applications for coverage have been approved and notice of the effective date of each individual's coverage has been furnished by the Administrator and the full premium and fees have been received by the Administrator.
7. That applicant will at own expense provide any and all information and documentation the Administrator may require for the purpose of providing information it may deem necessary to comply with carriers underwriting rules or to the terms of any policy or contract.

Applicant applies for the coverages checked:

Long Term Disability/Group Term Life, AD&D,
Seat belt / Dependent Life / Line of Duty Basic Basic Plus Enhanced Enhanced Plus

Additional Group Term Life and AD&D (optional) \$5,000 \$10,000 \$15,000 \$20,000

Requested effective date of coverage _____ Number of LEOFF II members on effective date _____

Contribution by Employer _____% or \$_____ Contribution by Member _____% or \$_____

Does this insurance replace existing insurance? No Yes **If yes, submit a copy of the existing policy.**

Policy Number _____ Name of Insurance Carrier _____

Billing Name	Contact	Name of Applicant (Guild, Association, Union, etc.)
Street Address	Contact (Officer of the Guild, Association, Union, etc.)	
City	WA ST Zip	Email Address
Telephone Number	Fax Number	Telephone Number
Email Address	Signature	Date