

**Application to Become a Member of the**

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

The undersigned applicant hereby applies for membership in the Washington Council of Police & Sheriff's Disability and Life Insurance Plan in accordance with the terms, conditions and representations set forth herein. The Administrator is hereby requested to accept this application for membership and to request the carrier or carriers to effect coverage, subject to the terms of group insurance policies and 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. The applicant has Members as defined by group policy 753380 and stated below; refer to the policy for most current Member Definition: Member means:
  1. A regular employee of the Employer who is:
    - a. An associate member or a member in good standing of the Washington Council of Police & Sheriffs and:
      - i. A LEOFF II police officer, sheriff, promoted officer, or firefighter; ii. An administrative employee; or iii. A PERS (Public Employees Retirement System) employee, other than a corrections employee;
      - b. An active employee or appointed agent of Public Safety Employee's Insurance, Inc.;
      - c. A City of Fife corrections employee; or
      - d. An active LEOFF II job share employee of the Employer; and
    2. Actively At Work at least 30 hours each week (or at least 20 hours each week for a LEOFF II job share employee); and
    3. A citizen or resident of the United States or Canada.

For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days. Member does not include a temporary or seasonal employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.
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 Washington Council of Police & Sheriffs.
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 20	20 and over	Any size
Enrollment:	90%	85%	100% if Participation is Mandatory
5. That applicant 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; transmitting premiums and contributions periodically as due to carriers; providing administrative, accounting and other services as required. The Administrator is the agent of the applicant and 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 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 may accept, deny and terminate membership. 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 his or her 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, Dependent Life / Line of Duty:

Premier                       Premier Plus

Requested effective date of coverage \_\_\_\_\_ Number of LEOFF II members on effective date \_\_\_\_\_

Contribution by Employer \_\_\_\_\_% or \$ \_\_\_\_\_

\*Contribution by Member \_\_\_\_\_% or \$ \_\_\_\_\_ \*If Member Contributes to Premium, is 100% Member Participation Required? Yes \_\_\_\_\_ No \_\_\_\_\_

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
Telephone Number	Email	Phone
Claims / Payroll Contact	Email	
Claims/ Payroll Address	Phone	Signature                      Date

**Please return the completed form to:**                      **Trusteed Plans Service Corporation**  
 P.O. Box 1894  
 Tacoma, WA 98401-1894