

# Association of Free Lutheran Congregations (AFLC) PARTICIPATION AGREEMENT

For Participation by Related Group Members

The undersigned Employer, by executing this Participation Agreement, elects to become a Participating Employer in the Plan identified in the accompanying Adoption Agreement, as if the Participating Employer were a signatory to that Agreement. The Participating Employer accepts, and agrees to be bound by, all of the elections granted under the provision of the Master Plan as made by Association of Free Lutheran Congregations (AFLC), the Signatory Employer to the Execution Page of the Adoption Agreements.

1. The Effective Date of the undersigned Employer's participation in the designated Plan is: \_\_\_\_\_
2. The undersigned Employer's adoption of this Plan constitutes:
  - ☐ The adoption of a new plan by the Participating Employer.
  - ☐ The adoption of an amendment and restatement of a plan currently maintained by the Employer, identified as Association of Free Lutheran Congregations (AFLC), and having an original effective date of January 1, 2004.
  - ☐ No, the undersigned Employer chooses to waive participation in this plan.
3. Funding for Benefits shall be in accordance with Exhibit A.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name of Participating Employer/Congregation: \_\_\_\_\_

Church City, State: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

AFLC Church Code: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Treasurer)

## **Acceptance:**

Name of Signatory Employer: The Association of Free Lutheran Congregations

Date Accepted: \_\_\_\_\_ Signed: \_\_\_\_\_  
(AFLC Headquarters)

Name(s) of Trustee: Business Manager and President of AFLC

Date Accepted: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Trustee)

*[Note: Each Participating Employer must execute a separate Participation Agreement. Contact AFLC Headquarters for a copy of the plan Adoption Agreement. Refer to the Execution page for important Master Plan information.]*

# Exhibit A

## Life and Disability Insurance Premiums

- ☐ Our location is choosing to participate in the Employer paid group life insurance plan. All eligible employees will be enrolled in the plan effective the first of the month following hire date.
- ☐ Our location is choosing to participate in the Employer paid group disability plan. All eligible employees will be enrolled in the plan effective the first of the month following hire date.
- ☐ Our location is choosing to participate in the Voluntary life plan. Our eligible employees will be given the opportunity to purchase supplemental life insurance through payroll deduction.

## Monthly Employer Contribution for HRA Funding:

- ☐ Our location is choosing to make contributions to the AFLC Health Reimbursement Arrangement for all eligible employees.
  - Monthly Contribution will be \$\_\_\_\_\_ for all eligible employees
  - Monthly Contributions will be based on the following formula:

\$_____	for employees who	_____
		<small>Description of employee classification</small>
\$_____	for employees who	_____
		<small>Description of employee classification</small>

## Administrative Fees paid by Employer:

- \$10.00 per participant in HRA or Flex plan. Everyone who has an HRA account balance is considered a participant, even if they are no longer eligible for contributions.
- \$3.00 per participant in the Employer Paid Life, or Disability Insurance plans.

To find a link to all the enrollment forms please go to [www.aflc.org/home/pensions-aflc](http://www.aflc.org/home/pensions-aflc)