

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 church 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 church 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 church 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.

Administrative Fees paid by Employer

- Monthly \$3.00 per church participating in the Employer Paid Life, or Disability Insurance plans.