

## NECA-IBEW WELFARE TRUST FUND

### Participation Agreement

#### (Non-Construction Bargaining Unit Employees)

1. The undersigned Employer hereby agrees that this Agreement represents the detailed written agreement required by the Labor-Management Relations Act to permit the NECA-IBEW Welfare Trust Fund (“Fund”) to receive contributions from Employer designated herein on behalf of all Non-Construction Bargaining Unit Employees (“BU Employees”) employed by Employer and to allow the BU Employees to participate in the plan sponsored by the Board of Trustees of the NECA-IBEW Welfare Trust Fund.

2. The Employer further acknowledges that the Trustees have full discretion and authority to adopt rules and regulations governing the participation of BU Employees and which may be included in the Fund’s Administrative Rules, Plan Document, the Trust Agreement, or other Plan documents. The Trustees have the authority to amend and interpret these rules and regulations without the consent of the Employer.

3. The BU Employees covered by this Agreement will be subject to eligibility rules set forth in the Fund’s summary plan description and Plan Document, including the rule set forth in Article III, Section 3.03 that specifies that non-construction BU Employees shall not have hours credited to an individual Hour Bank.

4. The Employer agrees to be bound by, and hereby assents to, all of the terms of the Trust Agreement, as amended from time to time, creating the Fund, and the rules and regulations adopted by the Trustees of the Fund pursuant to said Trust Agreement. In the event of a conflict between any term or condition of this Agreement and any term or condition of the Trust Agreement, the Trust Agreement will control.

5. Commencing on the effective date of this Agreement, the Employer shall pay to the Fund at the same hourly rate of contribution as required to be paid per hour by other Participating Employers in the wage area times 160 hours per month for each employee who is reported as a BU Employee (and all BU Employees of the Employer *must* be listed). Employer certifies that any additions or deletions from the BU Employee list shall be shown at the time of such addition or deletion on a Form substantially as set forth in the Form attached hereto and submitted to the Fund Office so that such Form will correctly and contemporaneously show the current complement of BU Employees.

For purposes of this agreement, a BU Employee is a full-time and regular part-time employee, who is covered by a collective bargaining agreement, that regularly works more than twenty (20) hours cumulatively per week , in order to provide health and welfare benefits as therein provided. A BU Employee shall also include any employee who is considered a full-time employee under applicable federal law(s) that require the Employer to maintain health and welfare benefits, including, for example, any employee who is employed on average for at least

thirty (30) hours of service per week (or one hundred thirty (130) hours of service in a calendar month) as defined by Section 1513 of the Affordable Care Act (26 U.S.C. §4980H) and regulations promulgated thereunder.

6. It is specifically agreed and understood that the Employer will cooperate in making timely contributions to the Fund (on or before the 15<sup>th</sup> of the following month) and that failure to do so shall subject the Employer to attorney's fees, interest, liquidated damages, audit costs, and any other additional costs assessed pursuant to the terms of the Fund's Trust Agreement. Additionally, the Employer agrees and understands that the Trustees may, on reasonable notice, have a payroll examination conducted by an accountant or its representatives of the Employer's payroll records in connection with the Employer's obligations hereunder.

The Employer further agrees to maintain records with respect to all employees covered by this Agreement sufficient to determine the benefits due or which may become due to such employees under the Fund's governing documents. Employers must also maintain contemporaneous time cards, time sheets, or other written records verifying the eligibility of its employees, hourly and salary alike, and the type of work performed by the employees. In the event that the Employer fails to maintain records required hereunder sufficient to determine an Employee's eligibility for benefits, then the Employer hereby agrees that all hours worked which the employee received pay or was entitled to receive pay from the employer, including but not limited to sick time, vacation, personal leave, leave of absence or any other compensatory time, shall be considered work covered by this Participation Agreement or the collective bargaining agreement, as applicable. Further, failure to maintain said records may result, *in the sole discretion of the Board of Trustees*, in legal action being initiated by the Fund to collect contributions or to seek other legal or equitable relief, a refund of contributions received, employer and/or employee ineligibility to participate in the Fund, and/or a loss of accrued credit/eligibility for employees participating in the Fund which are covered by this Agreement.

7. As a condition of participation under this Agreement, the Employer agrees to be a party to one or more collective bargaining agreements with a Local Union affiliated with the International Brotherhood of Electrical Workers.

8. This Agreement is not effective until it is accepted by the Trustees and is executed by an authorized representative of the Fund.

9. The Employer hereby accepts as Employer Trustees the present Employer Trustees appointed under said Trust Agreement and all such past or succeeding Employer Trustees as shall have been or will be appointed in accordance with the terms of the Trust Agreement.

10. Either party may terminate this Agreement without cause by delivering a written termination notice via certified mail return receipt requested to the other party. Such termination notice shall be effective the first day of the month following the month in which it is received by the Fund. Upon termination, the Employer will immediately give written notice to all BU Employees whose participation is terminated.

11. This Agreement shall automatically and immediately terminate, with no notice required to be sent to either party, upon the occurrence of any of the following events:

- A. The Employer terminates its collective bargaining agreement with a Local Union affiliated with the International Brotherhood of Electrical Workers. In such event the termination date of this Agreement shall be the same termination date of the collective bargaining agreement with International Brotherhood of Electrical Workers; or
- B. The Employer becomes at least sixty (60) days delinquent in its contributions owed to the Fund. In such event, the termination date of this Agreement shall be the first day of the first month immediately following the sixtieth (60<sup>th</sup>) day that the Employer is delinquent.

12. This Agreement shall not become effective until a fully executed copy is on file with the Fund Office at 2120 Hubbard Avenue, Decatur, Illinois 62526-2871.

NECA-IBEW WELFARE TRUST FUND

EMPLOYER

By: \_\_\_\_\_  
Its Administrator

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Signature of Authorized Agent

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

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

\_\_\_\_\_

TO: BOARD OF TRUSTEES  
NECA-IBEW WELFARE TRUST FUND

This will acknowledge that I have read the NECA-IBEW Participation Agreement for Non-Construction Bargaining Unit Employees and **CHOOSE TO PROVIDE COVERAGE** for **ALL NON-CONSTRUCTION BARGAINING EMPLOYEES** of this organization with the NECA-IBEW Welfare Trust Fund.

List **ALL NON-CONSTRUCTION BARGAINING EMPLOYEES** with their social security number and date of hire. Please **NOTIFY** the Fund Office when there are any additions or changes in this list.

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

**EMPLOYER FEDERAL IDENTIFICATION NUMBER:** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_

**NON-CONSTRUCTION BARGAINING EMPLOYEES:**

| <b>NAME</b> | <b>S.S.N.</b> | <b>HIRE DATE</b> |
|-------------|---------------|------------------|
| _____       | _____         | _____            |
| _____       | _____         | _____            |
| _____       | _____         | _____            |
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| _____       | _____         | _____            |
| _____       | _____         | _____            |

Please return this completed form, **within ten (10) working days to:**

NECA-IBEW Welfare Trust Fund  
**ATTENTION: Internal Control Department**  
2120 Hubbard Avenue  
Decatur, Illinois 62526-2871