

CALIFORNIA EMPLOYERS ALLIANCE

UISWA WELFARE BENEFITS TRUST FUND

And

BARGAINING UNIT AGENCY PARTICIPATION IN UISWA

PARTICIPANT JOINER AGREEMENT

PARTICIPANT'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____ FAX _____ Email _____

CITY, STATE, ZIP CODE _____

SINGLE _____ MARRIED _____ JOB TITLE _____ PLAN SPONSOR _____

I am applying for participation in the UISWA Welfare Benefits Trust Fund. I understand that participation in the Welfare Benefits Trust Fund requires membership in the UISWA established by an agreement between my Plan Sponsor and the UISWA.

I hereby give my Plan Sponsor authorization to deduct from my wages and transmit to UISWA, such amount as may be lawful and properly adopted in the current agreement as the agency fees. This authorization shall be irrevocable for the period of one year following the date it is signed or until the current agreement expires between the U.I.S.W.A. Trust and the C.E.A., whichever occurs first. This authorization shall automatically renew from year to year. If I cancel my participation in the Trust benefit offering, this authorization will also be considered as terminated.

PARTICIPANT: _____ DATE: _____

CEA/UISWA REPRESENTATIVE: _____ DATE: _____