

**PARTICIPATION AGREEMENT – THE HARTFORD EMPLOYERS GROUP INSURANCE TRUST**

The undersigned Employer hereby requests that it be accepted as a Participating Employer under The Hartford Employers Group Insurance Trust (the "Trust"). The undersigned Employer wishes to make certain group insurance coverage under a group insurance policy(ies) (the "Contracts"), underwritten by Hartford Life Insurance Company or Hartford Life and Accident Insurance Company (the "Insurer"), issued to the Trustee available to its employees and former employees, their respective spouses, issue and other persons related to the employees or former employees (the "Insureds"), as may be approved by the Insurer.

The undersigned employer represents that:

1. It has established or is establishing and will maintain an employee welfare benefit plan which includes certain life and/or accident and health and/or disability income benefits.
2. The purpose of its participation in this Trust is to obtain the insurance coverage available under the Contracts to fund its obligations under said plan.
3. Unless otherwise provided in plan documents, the benefits available under said plan are identical to and subject to the same terms and conditions as those provided under the Contracts issued to the Trustee and applicable to the undersigned employer.
4. In those cases where it does not pay all the premium for insurance coverages available under the Contracts through its participation in this Trust, it will cooperate with the Insurer and its agent in establishing and maintaining a list bill or payroll deduction or other method of collecting and paying premiums due for its Insured Persons in accordance with the Insurer's reasonable requests.

The undersigned Employer understands and agrees that in no event will the Trustee of The Hartford Employer Group Insurance Trust be a Plan Administrator or other Fiduciary as to a Participating Employer's employee welfare benefit plan.

The undersigned Employer agrees: (1) to be bound by the terms and conditions of the Trust Agreement and any amendments thereto, and to assume all obligations of a Participating Employer under said Trust Agreement; (2) to be bound by the terms and conditions of the Contracts; and (3) to accept the terms of the proposal, if any, attached to this Participation Agreement.

The undersigned Employer hereby designates M3 Insurance Solutions, Inc.as Agent of Record to the group insurance coverage issued in connection with this Participation Agreement.

The undersigned Employer agrees to furnish, and permit the inspection of, any records or information required by the Settlor, Trustee or Insurer under said Trust in connection with the administration of the Contracts.

The undersigned Employer understands that the effective date of any insurance coverage will depend on the terms of the Contracts and that each eligible individual must apply to and be approved for coverage by the Insurer under said Contracts. The Employer further understands that said Contracts may be amended or canceled by the Insurer, and that the Settlor may terminate said Trust, and that participation of a Participating Employer and coverage of its Insured Persons may be terminated by the Insurer if the Participating Employer fails to comply with the terms of the Trust, Contracts or proposal.

**City of Manitowoc**

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

Title: \_\_\_\_\_

The above named employer is accepted as a Participating Employer in The Hartford Employers Group Insurance Trust by the Settlor.

**SETTLOR, THE HARTFORD EMPLOYERS GROUP INSURANCE TRUST**

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

Title: Nadine M. Schaber  
Director of Group Retiree Health

Once accepted, the policy number(s) is (are): AGP-\_\_\_\_\_