



574 Boston Road
P.O. Box 5059
Billerica, MA 01822-5059
Telephone (978) 663-3232
(800) 464-0039
Fax (978) 663-5431
www.nbtgroup.com

PPO Value Plan Employer Application

Employer (Correct Legal Name)		Type of Business		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Address (Street)		City	State	Zip Code	
Telephone Number Area Code ()		Principal Contact for Program		Title	
Desired Effective Date (Must be 1st of the month)			Nature of Business		

ELIGIBILITY & PARTICIPATION REQUIREMENTS	ENROLLMENT INFORMATION
<p>ELIGIBLE COMPANIES: A Massachusetts firm that maintains a membership in Northeast Business Trust</p> <p>ELIGIBLE EMPLOYEES: All full-time employees working at least 20 hours per week</p> <p>PARTICIPATION REQ: No minimum participation is required</p> <p>EMPLOYER CONTRIB: No minimum employer contribution is required</p> <p>NEW HIRES: All future employees can be enrolled within 30 days of hire or within a time frame consistent with company new hire probation policy</p>	<p>_____ Total # of employees (including owners)</p> <p>_____ Total # of elig. EE's</p> <p>_____ % employer's contribution</p>

Applicable premium rates are guaranteed for each participating employer from the date of issue through 6/30/07. Thereafter, rates are subject to change in accordance with the master policy. On each billing, the premium rates include charges to cover costs incurred by the Administrator in billing and collecting from participating employers.

No coverage for any employee shall take effect until this agreement and the employee's individual enrollment cards have been accepted by the plan Administrator and the initial premium paid. The employer agrees to remit regularly, in advance, the required premium payments to the plan Administrator and acknowledges that coverage will terminate if premium payments are not received when due.

NBT reserves the right to reject any firm.

MONTHLY PREMIUM CALCULATION

PPO Value Plan					
Type of Coverage	# of Elig EE's	x	Month Rate	=	Premium
EE Only		x	\$28.00	=	\$
Full Family		x	\$68.00	=	\$
Total					\$

Rates Guaranteed until 7/1/2009. Benefits subject to change on January 1st.

I certify that the information on this application is true and complete.

Signature (Authorized Employer Representative)		Title	
Broker Name		Street, City, State, Zip	
		Telephone	
Official Use	<u>Account No.</u>	<u>Effective Date</u>	<u>Approved By</u>
			<u>Date</u>
			<u>Representative</u>