## **Participation Agreement Instructions**

Complete the Participation Agreements (2 copies).

Select the type of Participation Agreement you wish to enter into (either All or Alumni).

Have an authorized representative of your company sign both copies of the Participation Agreement.

Return **both** signed copies of the agreement to our office.

We will obtain signature on behalf of the NEAP and will return one fully executed original to you for your records.

Complete the form to provide us with the names, Social Security numbers and job classifications of all non-bargaining unit employees to be contributed upon.

Please be sure that you received your signed Participation Agreement back from the Fund office before you begin reporting and contributing on your non-bargaining employees.

If you have any questions or need more information, please contact the Fund office via e-mail by clicking on "Contact Us" located on the top right of the website.



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

## NATIONAL ELECTRICAL ANNUITY PLAN

Suite 500 • 2400 Research Boulevard, Rockville, MD 20850-3266 • (301) 556-4300





Between	Federal Registration ID:	Effective:
·	on") and the National Electrical Annuity Plan (hereinaf	,
Section 6.2.2 of the National El contributions to NEAP on behalf		er "Trust") permits certain Related Organizations to make
	t which binds the Related Organization to the terms	s to contribute on behalf of its employees shall execute a of the Trust, thereby specifying the detailed basis upon
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	All of its non-bargaining un	it employees.
	– Its "alumni" non-bargainin	g employees only.
The Related Organization must	execute a new participation agreement if it wishes to	change to the other type of non-bargaining unit coverage.
determined by such related org Related Organization shall cont	ganization, but in no event shall be less than twenty-	ee under this Participation Agreement shall be an amount -five cents (\$.25) per hour of Covered Employment. The yment or the same percentage of compensation for each
shall designate, only by check o		ction agent or to such depository as the Trustees of NEAP such other method of transmitting money as the Trustees st day of each month.
(including, but not limited to, pro		rees to be bound by all terms and conditions of said Trust lification related coverage/participation requirements, and o time.
n consideration of the Participa	tion Agreement, NEAP agrees to accept said Related	Organization as a contributing employer to NEAP.
This Participation Agreement shereto.	nall be binding upon and shall inure to the benefit of th	e heirs, successors, and assigns of the respective parties
or as of the date the Related ( Trust. In any such event, the Re	Organization determines that it no longer desires to elated Organization shall give NEAP at least thirty (30 shall give written notification to all employees that or	ses to be eligible to pursuant to Section 6.2.2 of the Trust, make payments in accordance with Section 6.2.2 of the ) days written notification of the cessation of contributions contributions have ceased. NEAP shall be furnished with
This Participation Agreement n Participation Agreement or the t		ation fails substantially to comply with the terms of this
The Related Organization here covered by this agreement:	eby agrees to contribute the following amount on b	behalf of each and every non-bargaining unit employee
(insert amount per hour, percen	tage of compensation, or other contribution formula wi	ith detailed description of formula)
The Related Organization must	provide written notification to NEAP of any change to	the preceding amount.
	Related Organization	
		Name of Organization
Date:	By:	AL LEW
		Name and Title
		Signature
	National Electrical Annuity Plar	1

By:\_\_\_

Michael J. Reed Assistant Administrator and Controller



Date: \_\_

## NATIONAL ELECTRICAL ANNUITY PLAN

Suite 500 • 2400 Research Boulevard, Rockville, MD 20850-3266 • (301) 556-4300





Between	Federal Registration ID:	Effective:
	and the National Electrical Annuity Plan (hereinafte	
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	ch binds the Related Organization to the terms o	o contribute on behalf of its employees shall execute a f the Trust, thereby specifying the detailed basis upon
pargaining unit employee who meets to otal hours of service for that year with unit ("alumni coverage"), except with re another unit of employees covered by	he following condition: during the current plan year on any and all Covered Employers were performed in gards to both 1) and 2) above, contributions need not a collective bargaining agreement with a labor ur	either 1) all of its employees or 2) each and every non- or a prior plan year, at least one-half (½) of the employee's a Brotherhood bargaining unit or a Local Union bargaining not be made on behalf of employees who are included in nion, if retirement benefits were the subject of good faith anization hereby agrees to make contributions on (check
	All of its non-bargaining unit	employees.
	– Its "alumni" non-bargaining	employees only.
The Related Organization must exec	ute a new participation agreement if it wishes to ch	nange to the other type of non-bargaining unit coverage.
determined by such related organiza Related Organization shall contribute	ation, but in no event shall be less than twenty-fiv	e under this Participation Agreement shall be an amount ve cents (\$.25) per hour of Covered Employment. The nent or the same percentage of compensation for each
shall designate, only by check or bar		on agent or to such depository as the Trustees of NEAP uch other method of transmitting money as the Trustees day of each month.
including, but not limited to, provisio		ees to be bound by all terms and conditions of said Trust ication related coverage/participation requirements, and ime.
n consideration of the Participation A	Agreement, NEAP agrees to accept said Related O	organization as a contributing employer to NEAP.
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or as of the date the Related Organ Trust. In any such event, the Related	nization determines that it no longer desires to m d Organization shall give NEAP at least thirty (30) of	s to be eligible to pursuant to Section 6.2.2 of the Trust, take payments in accordance with Section 6.2.2 of the days written notification of the cessation of contributions ontributions have ceased. NEAP shall be furnished with
This Participation Agreement may be Participation Agreement or the terms		ion fails substantially to comply with the terms of this
The Related Organization hereby a covered by this agreement:	grees to contribute the following amount on bel	half of each and every non-bargaining unit employee
insert amount per hour, percentage	of compensation, or other contribution formula with	n detailed description of formula)
Γhe Related Organization must provi	de written notification to NEAP of any change to th	e preceding amount.
	Related Organization	
		Name of Organization
Date:	Ву:	
		Name and Title
		Signature
	National Electrical Annuity Plan	

Michael J. Reed Assistant Administrator and Controller



# FOR EMPLOYEES OF RELATED ORGANIZATIONS

### Signing a Participation Agreement

By signing a Participation Agreement, a Related Organization agrees to contribute to NEAP on behalf of its employees. There are two types of Participation Agreements:

- "ALL" Agreement A Related Organization shall contribute on behalf of "ALL" its employees (this includes all temporary and part-time employees).
- "Alumni Only" Agreement A Related Organization shall contribute on behalf of each and every employee who meets the following condition: during the current plan year or a prior plan year, at least one-half (1/2) of the employee's total hours of service for that year with any and all Covered Employers were performed in a Brotherhood bargaining unit or a Local Union bargaining unit (this includes all temporary and part-time employees).

All employees must be reported in accordance with the option selected on the Participation Agreement and must be submitted to NEAP on the Participant Information Sheet.

In order to start contributing to NEAP on behalf of its employees, a Related Organization must **make an election in the applicable section** on the Participation Agreement and sign two copies of the Participation Agreement, returning both to the NEAP office. Upon receipt, NEAP will sign one copy and return it to the Related Organization for their records. The other copy will be kept on file at NEAP.

### Reporting on Employees

**Classification Codes** – To ensure that the employees are being reported on correctly, the following classification codes are required to be used:

- A Related Organization who signs an "ALL" Agreement is required to use the classification code 26.
- A Related Organization who signs an "Alumni Only" Agreement is required to use the classification code 27.

**Contributions** – Contributions payable by the Related Organization on behalf of its employees shall be as follows:

 An amount determined by the Related Organization but in no event shall be less than twenty-five cents (\$.25) per hour of Covered Employment. • The same amount per hour of Covered Employment or the same percentage of compensation for each employee.

**NOTE:** When signing a Participation Agreement, the Related Organization must insert, in the applicable section on the Participation Agreement, the rate per hour or percentage of compensation.

**Calculating Contributions** – When calculating the amount of contributions due, the Related Organization is required to use **actual hours worked** and **actual wages**.

This information is for guidance only. Only the Trustees of the NEAP may change or interpret the rules of the Plan. Additional information on NEAP can be found at **www.neap.org**. Should a Related Organization have any questions concerning NEAP, please contact NEAP at the address below.

National Electrical Annuity Plan 2400 Research Boulevard, Suite 500 Rockville, MD 20850-3266

Special Services Representatives are available between the hours of 8:30 a.m. and 5:00 p.m. (EST), Monday through Friday by calling 301-556-4300.



www.neap.org

### **Non-Bargaining Unit List**

Company Name:

Federal Registration Number:

If you selected the "Alumni" agreement which covers only your Non-Bargaining Unit employees that have previously been participants in NEAP, please provide the following for **each and every one** of your "Alumni" Non-Bargaining Unit employees; their Name, Social Security Number, Job Title, and the date the employee began work in that capacity, and indicate if the employee has ever worked under an IBEW CBA which contained the NEAP Standard Language Clause.

If you selected the "ALL" agreement which covers all of your Non-Bargaining Unit employees,, please provide the following for **each and every one** of your Non-Bargaining Unit employees; their Name, Social Security Number and Job Title, the date the employee began work in that capacity, and indicate if the employee has ever worked under an IBEW CBA which contained the NEAP Standard Language Clause.

Name	Social Security Number	Job Title i.e. Owner, Estimator, Bookkeeper etc.	Date Began Working at this Job Title	Ever Worked Under IBEW CBA Yes/No