## **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.



Between

## NATIONAL ELECTRICAL ANNUITY PLAN

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



(hereinafter "Covered Employer") and the National Electrical Annuity Plan (hereinafter "NEAP")

Federal Registration ID:



(Month/Year)

Effective:

make contributions to NEAP on behalf of its employees in	Agreement and Trust (hereinafter "Trust") permits a Covered Employer, which has agreed to a the International Brotherhood of Electrical Workers' or one of its local union's bargaining unit, sees not in that bargaining unit (hereafter "non-bargaining unit employees").
	red Employer who desires to contribute on behalf of its non-bargaining unit employees shall the Covered Employer to the terms of the Trust, thereby specifying the detailed basis upon
non-bargaining unit employee who meets the following employee's total hours of service for that year with any a bargaining unit ("alumni coverage"); except with regard included in another unit of employees covered by a colle	s to NEAP on behalf of either 1) <i>all</i> of its non-bargaining unit employees or 2) each and every condition: during the current plan year or a prior plan year, at least one-half (½) of the and all Covered Employers were performed in a Brotherhood bargaining unit or a Local Union to both 1) and 2) above, contributions need not be made on behalf of employees who are active bargaining agreement with a labor union, if retirement benefits were the subject of good the labor union. The Covered Employer hereby agrees to make contributions on (check one of
	All of its non-bargaining unit employees.
<del>-</del>	Its "alumni" non-bargaining employees only.
The Covered Employer must execute a new participation	agreement if it wishes to change to the other type of non-bargaining unit coverage.
contribution amount the Covered Employer is required to twenty-five cents (\$.25) per hour of Covered Employmen	ch non-bargaining unit employee under this Participation Agreement shall be the same as a contribute pursuant to the collective bargaining agreement, but in no event shall be less then it. The Covered Employer shall contribute the same amount per hour of Covered Employment argaining unit employee. The contribution amount is specified below.
	utions to NEAP's local collection agent or to such depository as the Trustees of NEAP shall the order of NEAP, or such other method of transmitting money as the Trustees may permit. NEAP on the last day of each month.
	a copy of the Trust and agrees to be bound by all terms and conditions of said Trust (including, f records, tax qualification related coverage/participation requirements, and the collection and om time to time.
In consideration of the Participation Agreement, NEAP a employees.	agrees to accept said Covered Employer's contributions to NEAP for such non-bargaining unit
This Participation Agreement shall be binding upon and s	shall inure to the benefit of the heirs, successors, and assigns of the respective parties hereto.
employees or ceases to be eligible to contribute pursuan longer desires to make payments in accordance with \$	the Covered Employer ceases to be obligated to contribute on behalf of IBEW represented to Section 6.2.1(b) of the Trust, or as of the date the Covered Employer determines that it no Section 6.2.1(b) of the Trust. In any such event, the Covered Employer shall give NEAP at of contributions and the Covered Employer shall give written notification to all employees that a copy of each such notification.
This Participation Agreement may be terminated by NE Agreement or the terms of the Trust.	AP if the Covered Employer fails substantially to comply with the terms of this Participation
The Covered Employer hereby agrees to contribute the for	ollowing amount on behalf of each non-bargaining unit employee:
	yroll, or other contribution formula with detailed description of formula; the contribution rate current collective bargaining agreement NEAP contribution.) o NEAP of any change to the preceding amount.
	Covered Employer
	Name of Employer
Date:	By:
Date	Name and Title
	Signature
	National Electrical Annuity Plan
Date:	By:
	Michael J. Reed Assistant Administrator and Controller



Between

## NATIONAL ELECTRICAL ANNUITY PLAN

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



(Month/Year)

Effective:

#### NEAP PARTICIPATION AGREEMENT FOR COVERED EMPLOYERS

(hereinafter "Covered Employer") and the National Electrical Annuity Plan (hereinafter "NEAP")

Federal Registration ID:

make contributions to NEAP on behalf of its employees in	Agreement and Trust (hereinafter "Trust") permits a Covered Employer, which has agreed to a the International Brotherhood of Electrical Workers' or one of its local union's bargaining unit, sees not in that bargaining unit (hereafter "non-bargaining unit employees").
	red Employer who desires to contribute on behalf of its non-bargaining unit employees shall the Covered Employer to the terms of the Trust, thereby specifying the detailed basis upon
non-bargaining unit employee who meets the following employee's total hours of service for that year with any a bargaining unit ("alumni coverage"); except with regard included in another unit of employees covered by a colle	is to NEAP on behalf of either 1) all of its non-bargaining unit employees or 2) each and every groundition: during the current plan year or a prior plan year, at least one-half $(\frac{1}{2})$ of the and all Covered Employers were performed in a Brotherhood bargaining unit or a Local Union to both 1) and 2) above, contributions need not be made on behalf of employees who are active bargaining agreement with a labor union, if retirement benefits were the subject of good e labor union. The Covered Employer hereby agrees to make contributions on (check one of
	All of its non-bargaining unit employees.
	Its "alumni" non-bargaining employees only.
The Covered Employer must execute a new participation	agreement if it wishes to change to the other type of non-bargaining unit coverage.
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	utions to NEAP's local collection agent or to such depository as the Trustees of NEAP shall the order of NEAP, or such other method of transmitting money as the Trustees may permit. NEAP on the last day of each month.
	a copy of the Trust and agrees to be bound by all terms and conditions of said Trust (including, f records, tax qualification related coverage/participation requirements, and the collection and om time to time.
In consideration of the Participation Agreement, NEAP a employees.	agrees to accept said Covered Employer's contributions to NEAP for such non-bargaining unit
This Participation Agreement shall be binding upon and s	shall inure to the benefit of the heirs, successors, and assigns of the respective parties hereto.
employees or ceases to be eligible to contribute pursuan longer desires to make payments in accordance with \$	the Covered Employer ceases to be obligated to contribute on behalf of IBEW represented to Section 6.2.1(b) of the Trust, or as of the date the Covered Employer determines that it no Section 6.2.1(b) of the Trust. In any such event, the Covered Employer shall give NEAP at of contributions and the Covered Employer shall give written notification to all employees that a copy of each such notification.
This Participation Agreement may be terminated by NE Agreement or the terms of the Trust.	AP if the Covered Employer fails substantially to comply with the terms of this Participation
The Covered Employer hereby agrees to contribute the fo	ollowing amount on behalf of each non-bargaining unit employee:
	yroll, or other contribution formula with detailed description of formula; the contribution rate current collective bargaining agreement NEAP contribution.)  o NEAP of any change to the preceding amount.
	Covered Employer
	Name of Employer
D .	
Date:	By:  Name and Title
	Signature
	National Electrical Annuity Plan
Date:	By:
	Michael J. Reed Assistant Administrator and Controller



# REPORTING PROCEDURES FOR NON-BARGAINING UNIT EMPLOYEES OF COVERED EMPLOYERS

### Signing a Participation Agreement

By signing a Participation Agreement, a Covered Employer agrees to contribute to NEAP on behalf of its non-bargaining employees. There are two types of Participation Agreements:

- "ALL" Agreement A Covered Employer shall contribute on behalf of "ALL" its employees not in the bargaining unit (this includes all temporary and part-time employees).
- "Alumni Only" Agreement A Covered Employer shall contribute on behalf of
  each and every non-bargaining unit 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 non-bargaining employees, a Covered Employer 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 Covered Employer 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 Covered Employer who signs an "ALL" Agreement is required to use the classification code 26.
- A Covered Employer who signs an "Alumni Only" Agreement is required to use the classification code 27.

**Contributions** – Contributions payable by the Covered Employer on behalf of its non-bargaining unit employees shall be as follows:

- The same as a contribution amount the Covered Employer is required to contribute pursuant to the collective bargaining agreement, 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 non-bargaining unit employee.

**NOTE:** When signing a Participation Agreement, the Covered Employer must insert in the applicable section on the Participation Agreement, the rate per hour or percentage of compensation, and the collective bargaining agreement in which this contribution rate or percentage may be found.

**Calculating Contributions** – Contributions under this Participation Agreement shall be calculated in the same manner as contributions made under the collective bargaining agreement.

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 Covered Employer 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 by phone at 301-556-4300 Ext. 481, Monday through Friday.



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
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