Participation Agreement Instructions

1. Complete the Participation Agreement:

- o Fill out one copy of the Participation Agreement.
- o Select the type of Participation Agreement you wish to enter into:
 - All
 - Alumni

2. Obtain Signature:

 Have an authorized representative from your company sign the Participation Agreement.

3. Return Signed Copy:

o Return signed copy to our office.

4. **NEAP Signature**:

- o The Fund office will obtain the necessary signature on behalf of the NEAP.
- We will then return one fully executed Participation Agreement to you for your records.

5. Provide Employee Information:

 Complete the form to provide the names, Social Security numbers, and job classifications of all non-bargaining unit employees who will be subject to contributions.

6. Confirm Signed Agreement:

 Ensure you have received the fully executed Participation Agreement from the Fund office before starting to report and contribute for your employees.

7. Understand Reporting Procedures:

 To assist you with reporting for non-bargaining unit employees, refer to the Reporting Procedures for Non-Bargaining Unit Employees.

8. Contact Information:

 If you have any questions or need further clarification, please email Employerstatus@nebf.com.



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 (hereinaft	,
Section 6.2.2 of the National Electicontributions to NEAP on behalf of		r "Trust") permits certain Related Organizations to make
	nich binds the Related Organization to the terms of	to contribute on behalf of its employees shall execute a of the Trust, thereby specifying the detailed basis upon
pargaining unit employee who meets total hours of service for that year wi unit ("alumni coverage"), except with another unit of employees covered	the following condition: during the current plan year of ith any and all Covered Employers were performed in regards to both 1) and 2) above, contributions need by a collective bargaining agreement with a labor u	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 union, 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 exe	ecute a new participation agreement if it wishes to cl	hange to the other type of non-bargaining unit coverage.
determined by such related organi Related Organization shall contribu	ization, but in no event shall be less than twenty-f	e under this Participation Agreement shall be an amount ive cents (\$.25) per hour of Covered Employment. The ment or the same percentage of compensation for each
shall designate, only by check or b		ion agent or to such depository as the Trustees of NEAP uch other method of transmitting money as the Trustees t day of each month.
(including, but not limited to, provis		ees to be bound by all terms and conditions of said Trust fication related coverage/participation requirements, and time.
n consideration of the Participation	Agreement, NEAP agrees to accept said Related C	Organization as a contributing employer to NEAP.
This Participation Agreement shall nereto.	be binding upon and shall inure to the benefit of the	heirs, successors, and assigns of the respective parties
or as of the date the Related Org Trust. In any such event, the Relate	anization determines that it no longer desires to med Organization shall give NEAP at least thirty (30)	es to be eligible to pursuant to Section 6.2.2 of the Trust, nake 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 Participation Agreement or the term		tion fails substantially to comply with the terms of this
The Related Organization hereby covered by this agreement:	agrees to contribute the following amount on be	ehalf of each and every non-bargaining unit employee
insert amount per hour, percentage	e of compensation, or other contribution formula wit	h detailed description of formula)
The Related Organization must pro	vide written notification to NEAP of any change to the	he preceding amount.
	Related Organization	
		Name of Organization
Date:		
		Name and Title
		Signature
	National Electrical Annuity Plan	

Darrin E. Golden Executive Secretary-Treasurer



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