Participation Agreement Instructions

Complete the Participation Agreements (2 copies).

Select the type of Participation Agreement you wish to enter into (either All of 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 NEBF 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.

To help you better understand how to report non-bargaining unit employees, see the Reporting Procedures for Non-Bargaining Unit 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.

2400 Research Boulevard • Suite 500 Rockville, MD 20850-3266 (301) 556-4300 Fax (301) 556-0100

Between



Federal Registration Number:

Effective:

(Month/Year)

NEBF PARTICIPATION AGREEMENT FOR COVERED EMPLOYERS

(hereinafter "Covered Employer") and the National Electrical Benefit Fund (hereinafter "NEBF")

Employer, which has agreed to make contributions to	Benefit Agreement and Trust (hereinafter "Restated Agreement") permits a Covered the NEBF on behalf of its employees in the International Brotherhood of Electrical so make contributions to the NEBF on behalf of employees not in that bargaining unit				
a written Participation Agreement which binds the Cover	on 6.3.3(a) provides that such a Covered Employer who desires to contribute on behalf of its non-bargaining unit employees shall execut ten Participation Agreement which binds the Covered Employer to the terms of the Restated Agreement, thereby specifying the detaile upon which the contributions are to be made to the NEBF.				
and every non-bargaining unit employee who meets the defined in the "Plan of Benefits for the NEBF" and, during total hours of service for that year with any and all Co ("alumni coverage"), except with regard to both 1) and 2 another unit of employees covered by a collective bargain	s to the NEBF on behalf of either 1) <i>all</i> of its non-bargaining unit employees or 2) each e following conditions: the employee has earned at least one benefit service credit as ng the current plan year or a prior plan year, at least one-half (1/2) of the employee's overed Employers were performed in an IBEW or IBEW Local Union bargaining unit 2) above, contributions need not be made on behalf of employees who are included in ining agreement with a labor union, if retirement benefits were the subject of good faith for union. The Covered Employer hereby agrees to make contributions on (check one				
3 ,	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.				
the gross labor payroll paid to, accrued by, the employ compensation which the Covered Employer would pay, received by the highest number of employees in the app	each non-bargaining unit employee under this Participation Agreement shall be 3% of yee. 3% of the gross labor payroll shall mean either a) 3% of all wages and other or which the employee would accrue, if the employee were receiving the wage rate propriate IBEW bargaining unit and working the normal straight time hours provided for all wages and other compensation paid to, or accrued by, the employee for services ess than in a).				
NEBF shall designate, only by check or bank draft, made	tions to the NEBF's local collection agent or to such depository as the Trustees of the payable to the order of the NEBF, or such other method of transmitting money as the lebt due and owing the NEBF on the last day of each month.				
of said Restated Agreement (including, but not limit	a copy of the Restated Agreement and agrees to be bound by all terms and conditions ted to, provisions relating to the production of records, tax qualification related and enforcement of payments) and such Restated Agreement as amended from time to				
In consideration of the Participation Agreement, the NEE bargaining unit employees.	BF agrees to accept said Covered Employer's contributions to the NEBF for such non-				
This Participation Agreement shall be binding upon and shereto.	shall inure to the benefit of the heirs, successors, and assigns of the respective parties				
represented employees or ceases to be eligible to cont Covered Employer determines that it no longer desires any such event, the Covered Employer shall give the NE	te the Covered Employer ceases to be obligated to contribute on behalf of IBEW tribute pursuant to Section 6.3.1(b) of the Restated Agreement, or as of the date the to make payments in accordance with Section 6.3.1(b) of the Restated Agreement. In EBF at least thirty (30) days written notification of the cessation of contributions and the employees and former employees (who had previously been contributed upon) that I with a copy of each such notification.				
This Participation Agreement may be terminated by the Participation Agreement or the terms of the Restated Agr	e NEBF if the Covered Employer fails substantially to comply with the terms of this reement.				
	Covered Employer Name of Company				
	Name of Company				
Date:	By:				
	Name and Title				
	Signature				
	National Electrical Benefit Fund				
Date:	By:				
	Michael J. Reed Assistant Administrator and Controller				

2400 Research Boulevard • Suite 500 Rockville, MD 20850-3266 (301) 556-4300 Fax (301) 556-0100

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This Participation Agreement may be terminated by the Participation Agreement or the terms of the Restated Agr	e NEBF if the Covered Employer fails substantially to comply with the terms of this reement.				
	Covered Employer Name of Company				
	Name of Company				
Date:	By:				
	Name and Title				
	Signature				
	National Electrical Benefit Fund				
Date:	By:				
	Michael J. Reed Assistant Administrator and Controller				



REPORTING PROCEDURES

for Non-Bargaining Unit Employees of Covered Employers

- 1. In order to contribute on behalf of non-bargaining unit employees, Related Organizations must enter into an *NEBF Participation Agreement*. NEBF must approve and co-sign the agreement.
- 2. All applicable employees, including each and every temporary and part-time employee, must be reported in accordance with the option selected on the *NEBF Participation Agreement*.
- 3. The employer must use the applicable classification codes in accordance with the type of Agreement signed when reporting non-bargaining unit employees. The class codes are as follows:

Code	Classification		
27	Alumni Employees		
26	All Non-Bargaining Unit		
20	Employees		

- 4. <u>Actual hours</u> for the reporting period must be reported for each non-bargaining unit employee, including holiday, sick, and vacation hours.
- 5. <u>Actual or capped gross earnings</u> for the reporting period must be reported for each non-bargaining unit employee, including holiday, sick and vacation pay.

When an individual earns more than a full time journeyman in any reporting period, the gross earnings on which the NEBF contribution is made for that reporting period will be 'capped'. The monthly Reportable Earnings Cap is calculated by using the journeyman's wage rate (JWR), as outlined in the appropriate collective bargaining agreement (CBA), multiplied by the hours specified in the CBA. Please note that each time the JWR changes, the Reportable Earnings Cap will also change.

An example of how to determine the Reportable Earnings Cap is as follows:

JWR = \$25.00 CBA Hours = 40 per week
The monthly Reportable Earnings Cap is \$4,333.00.
(\$25.00 x 40 hours x 52 weeks ÷ 12 months)

OR

JWR = \$25.00 CBA Hours = 35 per week
The monthly Reportable Earnings Cap is \$3,792.00.
(\$25.00 x 35 hours x 52 weeks ÷ 12 months)

Reporting Examples

1. A part time employee has 39 hours and earns \$2,000.00 for the reporting period. The Reportable Earnings Cap is \$4,333.00. (JWR of \$25.00 and weekly hours of 40 per the CBA)

Report to NEBF: 39 hours (actual hours) and \$2,000.00 (actual gross earnings)

2. An employee has 210 hours and earns \$3,150.00 for the reporting period. The Reportable Earnings Cap is \$4,333.00. (JWR of \$25.00 and weekly hours of 40 per the CBA)

Report to NEBF: 210 hours (actual hours) and \$3,150.00 (actual gross earnings)

3. A salaried employee has 160 hours and earns \$7,000.00 for the reporting period. The Reportable Earnings Cap is \$4,333.00. (JWR of \$25.00 and weekly hours of 40 per the CBA)

Report to NEBF: 160 hours (actual hours) and \$4,333.00 in earnings (the cap)

NEBF does not accept responsibility for any determinations or interpretations made by anyone other than its headquarters staff. Should a covered employer have questions regarding the proper reporting procedures, please contact NEBF at the address below:

National Electrical Benefit Fund 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.nebf.com

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 NEBF, please provide the following for **each and every one** of your "Alumni" Non-Bargaining Unit employees; their Name, Social Security Number, 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 NEBF 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, 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 NEBF 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