



DISTRICT IMPLEMENTATION FORM

IS YOUR DISTRICT CURRENTLY A MEMBER OF TCPN? YES NO *(This is a requirement to offer the 1Plus Plan)*

TODAY'S DATE: _____ UPCOMING IN-SERVICE DATE(S): _____
(if known)

DISTRICT NAME: _____ REGION #: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING ADDRESS (IF DIFFERENT): _____

MAIN TELEPHONE: (____) _____ FAX: (____) _____

SUPERINTENDENT NAME: _____

EMAIL: _____ TELE: (____) _____ EXT: _____

MAIN CONTACT: _____ TELE: (____) _____ EXT: _____

EMAIL: _____

(Person responsible for implementation/enrollment/HR questions)

BILLING CONTACT _____ TELE: (____) _____ EXT: _____

EMAIL: _____

(Person responsible for COBRA, Billing Administration, adds/deletes, if different than Main Contact)

NUMBER OF TOTAL EMPLOYEES (CURRENT): FULL TIME: _____ PART TIME: _____

NUMBER OF EMPLOYEES (CURRENT) ON ACTIVECARE 1-HD: _____

AMOUNT OF EMPLOYER CONTRIBUTIONS ON: *(Based on per employee per month; please comment in space provided below if contributions are made on other items or tiers)*

ACTIVECARE 1-HD: \$ _____

COMMENTS OR SPECIAL REQUESTS: _____

Fax or email to Entrust, Inc. c/o Admin Dept. Fax (281) 368-7827 or admin@entrustinc.com

For Internal Use Only	
Received Date: _____	Location: _____
Distribution Date: _____	Sub. Group: _____



**AGREEMENT OF
JOINING SCHOOL DISTRICT**

WHEREAS, _____ (“the District”), pursuant to its having signed an Interlocal Agreement with The Cooperative Purchasing Network (“the Plan Sponsor”), desires to adopt the provisions of the Plan Document and Trust Agreement of the 1Plus Plan (known collectively as the “Plan”) for the benefit of their employees (and their eligible dependents) who qualify for coverage; and,

WHEREAS, the District agrees to be bound by all the terms of the Plan and has been made aware of and agreed to the required contribution amount, whether paid by the District or by the employees who are Plan participants. Furthermore, the District agrees that it is responsible for collecting, by way of payroll reductions, (or payroll deductions, if applicable) any contributions to be made by employees who are Plan participants. The District further agrees that the funds contributed by the District and by the employees who are plan participants may be commingled for purposes of investment with other funds of the Plan or be maintained separately, and the District hereby further agrees to promptly furnish to the Contract Administrator all information required by the Plan and the Trustee(s) with reference to the employees who are plan participants (and their eligible dependents), and to pay its contributions and the employee contributions to the Plan in the amount and at the time required by the terms of the Plan; and,

WHEREAS, the District agrees to the adoption of the Plan, effective September 1st, 2014, and that the proper District Representative of the District are authorized to execute any necessary or appropriate documents and do such other things as may be necessary or appropriate to make such adoption effective.

CERTIFICATE

The undersigned District Representative of _____ certifies that the foregoing is a true copy of an Agreement which was adopted by the District on the _____ day of _____, and that said resolution has not been amended, rescinded or revoked in any way, and is in full force and effect as of the present date.

WITNESS my hand and seal of the District, this _____ day of _____, 2014.

Authorized District Representative -- *Print Name*

Authorized District Representative -- *Signature*