



CEHIT

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CASCADE EMPLOYERS HEALTH INSURANCE TRUST

EMPLOYER ADOPTION AGREEMENT

The undersigned Employer agrees that as a condition of its participation in the Cascade Employers Health Insurance Trust, it does hereby adopt the Trust Agreement governing the Cascade Employers Health Insurance Trust and agrees to abide by its terms and the provisions of any health insurance program provided through the Trust. The Employer further agrees that it has received a copy of the governing Trust Agreement and that by signing this Adoption Agreement it designates and appoints the Trustee or Trustees currently serving as Trustees of the Cascade Employers Health Insurance Trust and agrees to the designation and appointment of any successor Trustee or Trustees under the terms of the Trust Agreement.

This Agreement entered into this ____ day of _____, _____.

Name of Employer

Signature of Authorized Employer Representative

Title of Authorized Employer Representative