



EMERITI[®]

RETIREMENT HEALTH SOLUTIONS

DECLARATION OF PROGRAM MEMBERSHIP

The institution listed below (the “Institution”) states that it is a higher education institution or higher education-related, not-for-profit organization and is tax exempt under Section 501(c)(3) of the Internal Revenue Code.

The Institution understands that the purpose of the Emeriti Retirement Health Solutions program (the “Emeriti Program”) is to enable the higher education and related not-for-profit organizations to collectively develop, through The Emeriti Consortium for Retirement Health Solutions, an Illinois Not-For-Profit Corporation (the “Emeriti Consortium”), defined contribution retiree medical plans for their employees, their spouses, and dependents. The Emeriti Program further allows its member organizations, acting through the Emeriti Consortium, to collectively negotiate contracts with service providers and insurance companies necessary for the establishment and operation of such plans.

The Institution hereby declares its membership in the Emeriti Program offered to the higher education community through the Emeriti Consortium. That membership will become effective _____ (e.g. month and year). The Institution understands that this Declaration of Program Membership establishes a first level of contractual obligations between the Institution and the Emeriti Consortium, and that subsequent to this declaration of membership the Institution will be billed an implementation fee of \$15,000 for Emeriti’s performance of services in support of the execution of the plan adoption agreement, the membership contract, and various service agreements. Final obligations of membership will become legally binding when all plan agreements have been duly signed by officers of both parties.

IN WITNESS WHEREOF, the Institution has caused this Declaration of Program Membership to be executed by its duly authorized officer or representative effective as of the date stated below.

Name of Institution: _____
(Typed or Printed)

Location: _____
(Typed or Printed)

By: _____ Date: _____
(Signature) (Typed or Printed)

Name: _____
(Typed or Printed)

Title: _____
(Typed or Printed)

Please fax one copy to the Emeriti Program at (866) 686-6565 and mail the original, signed Declaration of Program Membership to the Emeriti Program, 103 Executive Drive – Suite 503, New Windsor, NY 12553.