Participation Agreement Instructions

Complete the Participation Agreements (2 copies).

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

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.



NATIONAL ELECTRICAL ANNUITY PLAN

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





Between	Federal Registration ID:	Effective:
(hereinafter "Related Organ	nization") and the National Electrical Annuity Plan (hereinafter "	NEAP") (Month/Year)
Section 6.2.2 of the Nation contributions to NEAP on b	nal Electrical Annuity Plan Agreement and Trust (hereinafter "Toehalf of their employees.	rust") permits certain Related Organizations to make
	est provides that such a Related Organization who desires to dement which binds the Related Organization to the terms of the tobe made to NEAP.	
bargaining unit employee wh total hours of service for tha unit ("alumni coverage"), exc another unit of employees	hereby agrees to make payments to NEAP on behalf of eith ho meets the following condition: during the current plan year or a at year with any and all Covered Employers were performed in a E cept with regards to both 1) and 2) above, contributions need not covered by a collective bargaining agreement with a labor unio Related Organization and the labor union. The Related Organization	a prior plan year, at least one-half (½) of the employee's Brotherhood bargaining unit or a Local Union bargaining be made on behalf of employees who are included in it, if retirement benefits were the subject of good faith
g/,	All of its non-bargaining unit en	nployees.
	– Its "alumni" non-bargaining en	nployees only.
The Related Organization r	must execute a new participation agreement if it wishes to char	nge to the other type of non-bargaining unit coverage.
determined by such related Related Organization shall	ted to NEAP on behalf of each non-bargaining unit employee und organization, but in no event shall be less than twenty-five all contribute the same amount per hour of Covered Employmentyee. The contribution amount is specified below.	cents (\$.25) per hour of Covered Employment. The
shall designate, only by che	hereby agrees to make contributions to NEAP's local collection eck or bank draft, made payable to the order of NEAP, or such ns shall become a debt due and owing the NEAP on the last date.	n other method of transmitting money as the Trustees
(including, but not limited to	hereby acknowledges receipt of a copy of the Trust and agrees to, provisions relating to the production of records, tax qualification nent of payments) and such Trust as amended from time to time	tion related coverage/participation requirements, and
In consideration of the Part	ticipation Agreement, NEAP agrees to accept said Related Org	anization as a contributing employer to NEAP.
This Participation Agreeme hereto.	ent shall be binding upon and shall inure to the benefit of the he	eirs, successors, and assigns of the respective parties
or as of the date the Rela Trust. In any such event, the	ent will expire as of the date the Related Organization ceases to ated Organization determines that it no longer desires to make the Related Organization shall give NEAP at least thirty (30) day ation shall give written notification to all employees that contraction.	e payments in accordance with Section 6.2.2 of the ys written notification of the cessation of contributions
This Participation Agreement or Participation Agreement or	ent may be terminated by NEAP if the Related Organization the terms of the Trust.	n fails substantially to comply with the terms of this
The Related Organization covered by this agreement:	hereby agrees to contribute the following amount on beha	If of each and every non-bargaining unit employee
(insert amount per hour, pe	ercentage of compensation, or other contribution formula with d	etailed description of formula)
	must provide written notification to NEAP of any change to the	
		•
	Related Organization	Name of Organization
Date:	By:	
	,	Name and Title
	·	Signature
	National Electrical Annuity Plan	
Nate:	Rve	
Date:	By:	

Darrin E. Golden **Executive Secretary-Treasurer**



NATIONAL ELECTRICAL ANNUITY PLAN

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





Between Federal	Registration ID:	Effective:				
(hereinafter "Related Organization") and the National	Electrical Annuity Plan (hereinafter "NEAP")	(Month/Year)				
Section 6.2.2 of the National Electrical Annuity Plan Agreement and Trust (hereinafter "Trust") permits certain Related Organizations to make contributions to NEAP on behalf of their employees.						
Section 6.2.3(a) of the Trust provides that such a Rewritten Participation Agreement which binds the Relwhich the contributions are to be made to NEAP.						
The Related Organization hereby agrees to make p bargaining unit employee who meets the following cond total hours of service for that year with any and all Cove unit ("alumni coverage"), except with regards to both 1) a another unit of employees covered by a collective bar bargaining between such Related Organization and the one of the following):	ition: during the current plan year or a prior plan yered Employers were performed in a Brotherhood and 2) above, contributions need not be made or gaining agreement with a labor union, if retirem	rear, at least one-half (½) of the employee's bargaining unit or a Local Union bargaining n behalf of employees who are included in ent benefits were the subject of good faith				
	 All of its non-bargaining unit employees. 					
	- Its "alumni" non-bargaining employees o	nly.				
The Related Organization must execute a new partici	pation agreement if it wishes to change to the of	her type of non-bargaining unit coverage.				
The amount to be contributed to NEAP on behalf of e determined by such related organization, but in no e Related Organization shall contribute the same amount on-bargaining unit employee. The contribution amount	event shall be less than twenty-five cents (\$.25 unt per hour of Covered Employment or the sa	5) per hour of Covered Employment. The				
The Related Organization hereby agrees to make corshall designate, only by check or bank draft, made paramay permit. All contributions shall become a debt due	yable to the order of NEAP, or such other meth	nod of transmitting money as the Trustees				
The Related Organization hereby acknowledges rece (including, but not limited to, provisions relating to the the collection and enforcement of payments) and such	production of records, tax qualification related					
In consideration of the Participation Agreement, NEAl	agrees to accept said Related Organization as	a contributing employer to NEAP.				
This Participation Agreement shall be binding upon a hereto.	nd shall inure to the benefit of the heirs, success	sors, and assigns of the respective parties				
This Participation Agreement will expire as of the date or as of the date the Related Organization determin Trust. In any such event, the Related Organization shand the Related Organization shall give written not a copy of each such notification.	es that it no longer desires to make payments all give NEAP at least thirty (30) days written n	s in accordance with Section 6.2.2 of the otification of the cessation of contributions				
This Participation Agreement may be terminated by Participation Agreement or the terms of the Trust.	NEAP if the Related Organization fails subs	tantially to comply with the terms of this				
The Related Organization hereby agrees to contrib covered by this agreement:	ute the following amount on behalf of each	and every non-bargaining unit employee				
(insert amount per hour, percentage of compensation	, or other contribution formula with detailed desc	cription of formula)				
The Related Organization must provide written notific	ation to NEAP of any change to the preceding a	mount.				
	Related OrganizationName of C					
	Name of C	Organization				
Date:	By:Name and					
	Name and	Title				
	Signature					
	National Electrical Annuity Plan					
Date:	Bv:					

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