# Michigan Electrical Employees' Health Plan

**6525 Centurion Drive • Lansing, MI 48917**
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## CERTIFICATION AND ELECTION FORM FOR WORKING OWNER PARTICIPATION

Employee Name & Address:

Employer Name and Address:

Employer Federal Tax ID No. _____

1. I, _____ *[employee's name],* maintain an ownership interest in the above employer ("Employer") of _____%.
2. Under the terms of the collective bargaining agreement ("CBA") between the above Employer and Local Union No. _____, I am permitted to work in a bargaining unit position and I am performing bargaining unit work. A copy of this CBA is attached.
3. In place of participating in the Michigan Electrical Employees' Health Plan ("Health Plan") as a nonbargaining unit employee, I elect to participate in the Health Plan as a bargaining unit employee for which contributions are required to the Plan based on my hours worked as described in the CBA ("Working Owner"). My election will be for one full Plan Year, beginning September 1, 20___ through August 31, 20___.
4. Records will be maintained by the Employer (as set forth below) identifying my hours worked in work covered by the CBA and the Employer agrees to contribute on my behalf to the Health Plan for those hours based on the terms of the CBA.
5. If in the future I want to resume coverage under the Health Plan as a nonbargaining unit employee, I must do so during the open enrollment period in July of each year for benefit entitlement under the Plan on the first day of September. I understand and acknowledge that if I experience a lapse in coverage under the Health Plan while I am working as a Working Owner and I am not eligible for benefits under the Health Plan at the time I resume coverage under the Health Plan, that I, and any eligible dependents, will be subject to the Health Plan's pre-existing condition provisions.
6. I understand that this election is not effective until a fully executed copy has been filed with the Health Plan Office.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE.

| Employee Signature | Social Security No. | Date |
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**Employer's Agreement:** As provided in paragraph 4 above, the undersigned agrees that records of hours worked will be maintained by the above named Employer on behalf of the above Employee for purposes of contributions to the Health Plan and Contributions for those hours will be paid based on the terms of the CBA

| Signature of Authorized Employer Representative | Title | Date |
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