

VOLUNTARY WAIVER OF COBRA ADMINISTRATION SERVICE

All employees participating in **Washington Farm Bureau Healthcare Trust** (the "Trust"), are eligible for continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 ("COBRA"). This is because the Trust is a large group health plan. The Trust's third-party administrator, Benefit Solutions, Inc. ("BSI"), provides COBRA administrative services on behalf of the Trust for Trust lines of coverage. This service is provided at no additional charge to participating employers.

The Trust provides you with the right to elect to opt out of having BSI perform your COBRA administrative services. In order to opt out you must complete the information below and sign this form. Opting out will not impact the rates payable to the Trust.

Please keep in mind all COBRA related communications, enrollment updates, and eligibility changes must be directed to BSI only. Carriers will not accept change requests or payments made directly to them and doing so will delay enrollment and cause disruption in COBRA beneficiaries' coverage.

OPT OUT:

By signing below, you acknowledge that your employees participating in the Trust's plan are eligible for COBRA continuation coverage. You agree that you will provide COBRA administrative services or will contract with a third-party administrator (TPA) to provide COBRA administrative services for your employees participating in the Trust. The following is the contact information of your COBRA administrator:

COBRA Administrator Contact Information			
COBRA Administrator Company Name:		COBRA Administrator Phone (main):	
Address: Zip	City	State	
Contact Name:	Contact Phone:	Contact Fax:	Email Address:
Will COBRA Administrator be remitting the collected COBRA premiums to:			
<input type="checkbox"/> Employer <input type="checkbox"/> BSI			

Also, by signing below you agree to assume all liabilities and penalties associated with any violation of the notice and administrative obligations set forth in COBRA. The Trust and BSI, along with its officers, directors, agents, representatives, employees, and any subsidiaries are released from any obligations, responsibilities, or claims related to your COBRA notification and/or administration duties.

You agree to indemnify and hold harmless BSI and the Trust from any and all loss, damages or liability incurred in complying with COBRA as described in this opt out. In the event that BSI or the Trust is made a party to any investigation, or legal proceeding of any kind or nature or subject to any penalties or excise taxes arising out of your employees' right to COBRA continuation coverage, directly or indirectly, you agree to indemnify and hold BSI and the Trust harmless from any and all liability and expenses (including reasonable attorneys' fees) resulting there from.

Employer Name

BSI Account Number

Signature

Date

Print Name

Title