

**APPLICATION FOR PARTICIPATION IN THE
WISCONSIN BANKERS ASSOCIATION INSURANCE TRUST FUND**

The Employer designated below hereby makes or reaffirms application for participation in the Wisconsin Bankers Association Insurance Trust Fund ("Trust"). The Employer agrees that its participation is subject to the following:

1. Participation in the Trust entitles the Employer and its employees to participate in any of the various insurance programs that may from time to time be available through the Trust. The Employer shall make appropriate applications for participation in such programs on such forms as may from time to time be supplied by the Trust or the insurer under such program.
2. The Employer agrees to be bound by all the terms and conditions of the Trust and the Trust Agreement in which it is contained, and as they may from time to time be amended.
3. The Employer acknowledges receipt of a copy of the current Trust Agreement.
4. The Employer understands that the Trust imposes certain obligations and responsibilities upon it and hereby accepts those obligations and responsibilities. Among such obligations and responsibilities is the obligation to comply with all state and Federal laws that are applicable to the Employer's plan and to the Trust. By execution of this Application for Participation, the Employer acknowledges that any benefits it provides under the Trust must be not discriminate in favor of highly compensated employees or, if applicable, in favor of key employees.
5. Notwithstanding anything in the Plan documents or any other documents to the contrary, the Employer understands that the Trust only will provide benefits to the extent the insurer has agreed in the respective policy to provide such benefits to the Employer. Any extension of benefits beyond that paid by terms of the policy as interpreted by the insurer shall be the sole responsibility of the Employer.

The Employer's obligation to reimburse the Trust continues after coverage with the Trust expires and applies to all such payments for claims incurred while it is covered under the Trust.

The undersigned Employer is Plan Sponsor and has the authority to sign for any participating Related Employers. The Plan Sponsor hereby binds any future Related Employer which may participate in the Plan Sponsor's plan.

Dated _____, 20____ Employer
By Plan Sponsor

By: _____
Print Title

Address of Plan Sponsor:

Plan Sponsor's Federal Employer Identification Number ("EIN"): _____

If Plan Sponsor is a member of a controlled group of affiliated banks and other entities or a group of unaffiliated banks that jointly maintain a benefit plan or plans, list below the other participating entities ("Related Employers"):

Name and address of Employer:

EIN: _____

Name and address of Employer:

EIN: _____

Name and address of Employer:

EIN: _____

Name and address of Employer:

EIN: _____

Name and address of Employer:

EIN: _____

Name and address of Employer:

EIN: _____

Application Approved: _____, 20____.

**WISCONSIN BANKERS ASSOCIATION
INSURANCE TRUST FUND**

By: WISCONSIN BANKERS ASSOCIATION
EMPLOYEE BENEFITS CORPORATION, INC.,
Administrative Services Provider

By: _____