

Election of Participation Form
Pennsylvania Townships Health Insurance Cooperative Trust

The _____ of _____, _____
County (“Participating Employer”), _____ *[e.g., a*
Township of the Second Class of the Commonwealth of Pennsylvania or other
eligible entity], elects to participate in the Pennsylvania Townships Health
Insurance Cooperative Trust (“Trust”) established for the benefit of the employees
of the Participating Employers, and agrees to all of the terms and conditions of,
and to be bound as party by, the Restated Trust Agreement of Trust, which is
incorporated herein by reference, including duly adopted amendments thereto,
entered into to effectuate plans and programs of the Trust.

It is understood and agreed that the Plan(s) and the Restated Trust Agreement of
Trust, or both, may be amended at any time, and from time to time, as therein
provided.

Participating Employer hereby represents and warrants to the Board of Trustees of
the Trust that Participating Employer is a political subdivision of the
Commonwealth of Pennsylvania or is an entity the income of which is excluded
from gross income under Section 115 of the Internal Revenue Code.

_____ of _____, _____ County.

Attest:

By:

Secretary

Chairman