

**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