THE PUBLIC EMPLOYER TRUST AGREEMENT

The Township of Moorestown, as a current participant in the Public Employer Trust (herein after known as "Trust"), for the policy period beginning ***July 1, 2019- June 30, 2020*** understands and agrees to the following:

- The monthly premium statements mailed to the participant, by the insurance company, should be submitted with the billed premiums within the thirty-day grace period. Any changes to be made to the billed amount will be adjusted by the carriers on future bills.
- The insurance company is responsible to provide the participant with an ample supply of descriptive material for distribution to its eligible employees.
- The insurance company will provide a direct claim system, which will process claims between the employee's home address and the insurance company claim office.
- Any future rate adjustments will be based upon the claim experience of the Trust. As such, no separate experience records will be available or obtainable on any one participant.
- The participant may discontinue its involvement in the Trust at the end of the policy period, providing 60 days' advanced written notice to the Administrator (B&B Benefit Advisors). All premiums must be paid in full prior to the cancellation date. Your group will automatically renew for the new policy period unless written termination is received as specified herein.
- Benefit Programs Adopted:

  Dental (X), Prescription Drug (X), Medical (X), Vision ( )

- As Administrator, Brown & Brown Benefit Advisors reserves the right to make changes in insurance carriers for the Trust policies so long as the insurance carriers guarantee benefits are equal to or greater than current benefits.

For:

Signature of Participant Officer

Thomas Merchel
Name of Participant Officer

CFO/Deputy Manager
Title or Position

5/9/2019
Date

The Public Employer Trust

Signature of B&B Benefit Advisors Representative

Jack McDermott
Name of Representative

Sr. Vice President, Employee Benefits Division
Title

3/18/19

Brown & Brown Benefit Advisors

24 Arnett Avenue, Suite 110 • Lambertville, NJ 08530
Tel: 609.397.3088 • **Toll Free:** 888.537.2829 • **Fax:** 609.397.0082

Wisdom. To your benefit.™

ADDENDUM TO THE PUBLIC EMPLOYER TRUST AGREEMENT

Moorestown Township

HORIZON HEALTHCARE DENTAL/PUBLIC EMPLOYER TRUST
Group # 98191
Sub Group # 0000-007

IT IS AGREED that in accordance with the contractual provisions of the Public Employer Trust, said Contract is hereby effective July 1, 2019:

Check the appropriate box below to confirm your selection for a one year or two year period:

	Coverage	July 1, 2019 to June 30, 2020
☒	Single	$36.11
	Husband/Wife	$65.04
	Parent/Child	$65.04
	Family	$107.42

	Coverage	July 1, 2019 to June 30, 2021
☐	Single	$
	Husband/Wife	$
	Parent/Child	$
	Family	$

Except as herein amended, all terms and provisions of the Contract shall remain in full force.

Group Official

5/9/2019
Date