

**RESOLUTION
R 40-14**

**A RESOLUTION AUTHORIZING SIGNATURE OF THE
VILLAGE PRESIDENT ON A PARTICIPATION AGREEMENT**

WHEREAS, the Corporate Authorities of the Village of Lombard have received a Participation Agreement from Benistar Employer Services Trust; and,

WHEREAS, the Corporate Authorities deem it to be in the best interest of the Village of Lombard to approve the Participation Agreement as attached hereto and marked Exhibit "A."

NOW, THEREFORE, BE IT RESOLVED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF LOMBARD, DU PAGE COUNTY, ILLINOIS, AS FOLLOWS:

SECTION 1: That the Village President be and hereby is authorized to sign on behalf of the Village of Lombard said agreement as attached hereto.

SECTION 2: That this Resolution shall be in full force and effect from and after its passage and approval as provided by law.


Adopted this 2nd day of October, 2014.

Ayes: Trustee Whittington, Fugiel, Foltyniewicz, Breen, Fitzpatrick and Ware


Nays: None

Absent: None

Approved this 2nd day of October, 2014.


Keith T. Giagnorio
Village President

ATTEST:


Sharon Kuderna
Village Clerk

PARTICIPATION AGREEMENT
(REV. 3/15/00)

TO: Trustee of The BENISTAR Employer Services Trust (BESTSM)

TRUSTEE: First Union National Bank (Hartford, CT)

The Undersigned Employer hereby requests that it be approved as a Participating Employer under The BENISTAR Employer Services Insurance Trust. The undersigned Employer wants to make certain group insurance coverage under the group insurance policies issued to the Trust available to its employees or former employees and the relatives of employees or former employees who may be eligible to apply for said coverage.

The undersigned Employer represents that:

1. It has established or is establishing and will maintain an employee welfare benefit plan which includes certain accident and health benefits.
2. The purpose of its participation in this Trust is to obtain the insurance coverage available under policies issued to the Trust in order to continue to provide access for its retirees to certain benefits provided under the policies. The Employer agrees to provide the Administrator with sixty (60) days written notice of its intent to discontinue its participation in the Trust.
3. Unless otherwise provided in plan documents, the benefits available under said plan are identical to and subject to the same terms and conditions as those provided under policies issued to the Trust and applicable to the undersigned Employer.
4. In those cases where it does not pay the entire premium for insurance coverage available through its participation in this Trust, it will endorse the group insurance coverage available to its employees or former employees and certain relatives of employees or former employees through the Trust.

The undersigned Employer understands and agrees that in no event will the Trustee or administrator of The BENISTAR Employer Services Trust be a Plan Administrator or other Fiduciary as to a Participating Employer's employee welfare benefit plan.

The undersigned Employer agrees: (1) that the terms and conditions of said Trust Agreement and any amendments thereto shall be controlling as respects plan administration; and (2) that the terms and conditions of any insurance policies issued to the Trustee covering certain employees or former employees or relatives of employees or former employees of the Employer shall be controlling as respects plan benefits and rates. BENISTAR Admin Services, Inc. shall, upon written request, provide a copy of the Trust Agreement and such group insurance policies to a Participating Employer.

The undersigned Employer hereby designates TPG Group, Inc. of Stamford, Connecticut, as Agent of Record as to the group insurance coverage issued in connection with this Participation Agreement.

The undersigned Employer agrees to allow its present administrator (or other designee) to furnish any information reasonably required by the Settlor, Trustee or Insurer under said Trust in connection with the administration of the Insurance Fund under said Trust including eligibility data.

The undersigned Employer understands that the effective date of any insurance coverage will depend on the term of the policies issued or to be issued to the Trust, and that each eligible individual must apply to and be approved for coverage by the Insurer under said policies. The Employer understands that said group insurance policies issued to the Trust may be amended or cancelled by the Insurer. The Employer further understands that the Settlor may terminate said Trust, and that participation of a Participating Employer and coverage of its Insured Persons may be terminated by the Insurer if the Participating Employer fails to comply with the terms of the Trust, Policies or proposal.

Participating Employer – Village of Lombard

October 2, 2014
Date

By: 

Title: Village President
Duly Authorized Officer

The above named Employer is approved as a Participating Employer in The BENISTAR Employer Services Trust.

For: BENISTAR Employer Services Trust
BENISTAR Admin Services, Inc. (Administrator)

Date

By: _____
Donna Wayne

Title: Assistant Secretary
