

MILLWORKERS HEALTH AND WELFARE PLAN (CEP) FUND

EMPLOYER PARTICIPATION AGREEMENT

The undersigned hereby applies to the Board of *Trustees of the Millworkers Health and Welfare Plan (CEP) Fund* ("The Board of Trustees") for approval of the undersigned for participation in *the Millworkers Health and Welfare Plan (CEP) Fund* ("The Plan") or its successor plan.

If so approved, the undersigned undertakes and agrees to be bound by all of the terms and provisions of the Agreement and Declaration of Trust dated the 1st of May, 2006 as amended from time to time under and pursuant to which the Plan is constituted, and to perform and discharge promptly all of the obligations therein imposed upon employers.

The undersigned, further agrees that when this application for approval is approved and accepted by the Board of Trustees this document shall constitute a binding agreement between the undersigned and the Board of Trustees and each of their successors, respectively.

Dated this _____ day of _____, 20_____

APPROVED AND ACCEPTED ON BEHALF OF THE BOARD OF TRUSTEES:

AUTHORIZED UNION SIGNATURE

EMPLOYER NAME & ADDRESS

AUTHORIZED TRUSTEE SIGNATURE

AUTHORIZED EMPLOYER SIGNATURE

NAME OF AUTHORIZED PERSON
(PLEASE PRINT)