

WASHINGTON TEAMSTERS WELFARE TRUST SUBSCRIPTION AGREEMENT

COLLECTIVE BARGAINING AGREEMENT PROVIDING FOR PARTICIPATION IN TRUST

The Employer and Labor Organization below are parties to a Collective Bargaining Agreement providing for participation in the above Trust. An enforceable Collective Bargaining Agreement must exist as a condition precedent to participation in the Trust.

LEWIS COUNTY (SUPERVISORS GROUP)

Employer Name
351 NW NORTH ST.
Address
CHEHALIS WA 98532
City State Zip Code

TEAMSTERS UNION LOCAL NO. 252

Labor Organization (Union) Name
217 E. MAIN STREET
Address
CENTRALIA WA 98531
City State Zip Code

COLLECTIVE BARGAINING AGREEMENT

The parties' Collective Bargaining Agreement is in effect from: 1/1/2026 to: 12/31/2028

☐ New Account ☒ Renewal — Account No. 126839 Approximate No. of Covered Employees: 19

INFORMATION CONCERNING EMPLOYER'S BUSINESS

Employer EIN (Tax ID No.) 91-6001351

Employer is: ☒ Public Entity ☐ Corporation - State of ☐ Partnership ☐ Sole Proprietorship ☐ LLC

If Partnership or Sole Proprietorship, provide name/s of the owner or partners:

BENEFIT PLAN(S) DESIGNATED IN COLLECTIVE BARGAINING AGREEMENT

The Collective Bargaining Agreement provides that contributions will be made to the Trust on behalf of all employees for whom the Employer is required to contribute under the Trust Operating Guidelines for the purpose of providing such employees and their dependents with the following benefit plan(s): (The undersigned parties acknowledge the receipt of a copy of the Trust Operating Guidelines which by this reference are made a part hereof.)

COVERAGE IN BARGAINING AGREEMENT (For renewals, list all coverages, not just changes)				Monthly Rate
Medical Plan	☐ A	☒ B	☐ Z	\$ 1618.00
Life/AD&D	☒ A - \$30,000 Employee/\$3,000 Dependent			\$ 8.60
	☐ B - \$15,000 Employee/\$1,500 Dependent			
	☐ C - \$5,000 Employee/\$500 Dependent			
Weekly Time Loss	☐ E - \$500	☒ A - \$400	☐ B - \$300 ☐ C - \$200 ☐ D - \$100	\$ 18.00
Disability Waivers	☒ Additional 9 months Disability Waiver of Contributions - Medical only			\$ 11.40
Domestic Partners	☐ Domestic Partners – Medical			\$
Dental Plan	☒ A	☐ B	☐ C	\$ 120.50
Domestic Partners	☐ Domestic Partners – Dental			\$
Vision Plan	☒ EXT			\$ 17.10
Domestic Partners	☐ Domestic Partners – Vision			\$

Will there be any coverage changes before the Collective Bargaining Agreement's expiration? ☐ Yes ☒ No.

If yes, attach a Subscription Agreement for each change.

EFFECTIVE DATE OF CONTRIBUTIONS - A Subscription Agreement must be submitted in advance of the effective date below.

Contributions above are effective (month, year) MAY, 2026 based on employment in the prior month.

Important: Coverage is effective in the month following the month in which the contributions are due based on the Trust's eligibility lag month. For example, contributions effective April based on March employment will provide coverage in May.

EXPIRATION OF COLLECTIVE BARGAINING AGREEMENT

Upon expiration of the above-referenced Collective Bargaining Agreement, the Employer agrees to continue to contribute to the Trust in the same amount and manner as required in the Collective Bargaining Agreement until such time as the Employer and the Labor Organization either enter into a successor Collective Bargaining Agreement, which conforms to the Trust Operating Guidelines, or one party notifies the other in writing (with a copy to the Trust) of its intent to cancel such obligation five (5) days after receiving notice, whichever occurs first. The Trust reserves the right to immediately terminate participation in the Trust upon the failure to execute this or any future Subscription Agreement or to comply with the Trust Operating Guidelines as amended by the Trustees from time to time.

For Employer _____

Title/Assn _____ Date _____

For Union _____

Title _____ Date 5.6.26

ELIGIBILITY TO PARTICIPATE IN TRUST

Eligibility for benefits is determined in accordance with the requirements established in the Collective Bargaining Agreement provided such requirements are consistent with the Trust guidelines. To establish eligibility for benefits, Trust guidelines require that eligible employees must have the required number of hours in a month and have the contractually required contributions paid on their behalf. Eligibility will commence according to the Trust's lag month eligibility rule. Eligibility continues as long as the employee remains eligible, has the contractually required number of hours per month, and has the required contributions made. The Trust, however, will not recognize any contractual provision that conditions continued eligibility on having less than 40 or more than 80 hours in a month. Eligibility will end according to the Trust's policy for employees who do not have the required number of hours and contributions in a month and who do not qualify for an applicable extension of eligibility, if any.

Employees of a participating employer not performing work covered by the Collective Bargaining Agreement may participate in the Trust only pursuant to a written special agreement approved in writing by the Trustees. The Trustees reserve the right to recover any and all benefits provided to ineligible individuals from either the ineligible individual receiving the benefits or the employer responsible for misreporting them (if applicable).

REPORTING OBLIGATION AND CONSEQUENCES OF DELINQUENCY

Employer contributions are due no later than ten (10) days after the last day of each month for which contributions are due. The Employer acknowledges that in the event of any delinquency, the Trust Agreement provides for the payment of liquidated damages, interest, attorney fees, and costs incurred in collecting the delinquent amounts.

TRUSTEES' AUTHORITY TO DETERMINE TERMS OF PLANS

The parties recognize that the detail of the benefit plans provided by the Trust and the rules under which employees and their dependents shall be eligible for such benefits is determined solely by the Board of Trustees of the Trust in accordance with the terms of the governing Agreement and Declaration of Trust (Trust Agreement). The Trustees retain the sole discretion and authority to interpret the terms of the Trust's benefit plans, the plans' eligibility requirements, and other matters related to the administration and operation of the Trust and its benefits plans. The Trustees may modify benefits or eligibility of any plan for the purpose of cost containment, cost management, or changes in medical technology and treatment.

MECHANISM FOR HANDLING CONTRIBUTION INCREASES

The Trustees' authority shall include the right to adjust the contribution rates to support the benefit plans offered by the Trust and to maintain adequate reserves to cover any extended eligibility and the Trust's contingent liability.

The parties recognize that it is the intent of the Trust not to provide employee benefit plans for less than the full cost of any such plan. If the Collective Bargaining Agreement does not provide a mechanism for fully funding the designated benefit plans, the Board of Trustees may substitute a plan then available that is fully supported by the employer's contribution obligations. The disposition of any excess employer contributions will be subject to the collective bargaining process.

ACCEPTANCE OF TRUST AGREEMENT

The Employer and the Labor Organization accept and agree to be bound by the terms of the Trust Agreement governing the Trust, and any subsequent amendments to the Trust Agreement. The parties accept as their representatives for purposes of participating in the Trust the Trustees serving on the Board of Trustees and their duly appointed successors.

Provided, however, that in the event that either Section 2 or 3 of Article VIII of the Trust Agreement is amended to change or modify an Employer's liability as specified therein, such amendment will not be deemed applicable to an Employer until such time as the Employer enters into a successor Collective Bargaining Agreement after the expiration of the Employer's then current Collective Bargaining Agreement.

APPROVAL OF TRUSTEES

This Agreement has been approved by the Board of Trustees of the Washington Teamsters Welfare Trust.

Date _____

Administrative Agent
Washington Teamsters Welfare Trust

WASHINGTON TEAMSTERS WELFARE TRUST

SUBSCRIPTION AGREEMENT GUIDELINES

To participate in the Washington Teamsters Welfare Trust, the bargaining parties must complete a Subscription Agreement and file it with the Trust Administrative Office. Additionally, the bargaining parties are advised of the following general participation and benefit information. See Trust Operating Guidelines for more detailed information.

1. The Subscription Agreement language may not be modified or altered.
2. A Subscription Agreement must be submitted to the Trust Administrative Office for each new or renewed collective bargaining agreement, which provides for participation under the Trust.
3. For new accounts, an enforceable collective bargaining agreement, with contribution requirements and eligibility thresholds for benefits consistent with Trust guidelines, must be submitted prior to the activation of the account.
4. **Contributions for changes in plan benefits or new accounts are effective the first of the month following the date the Trust Office receives the documents in #2 and #3. Trust policy does not allow retroactive changes in contributions or benefits.**
5. **A new Subscription Agreement is required for each change in benefits.** If a collective bargaining agreement provides for benefit changes subsequent to those listed on the Subscription Agreement submitted to the Trust Office for the new or renewed agreement **and** the changes take effect prior to the termination of the collective bargaining agreement, the bargaining parties are responsible for formally notifying the Trust Administrative Office of the changes; this may be done by completing and submitting another Subscription Agreement, either with the initial agreement or anytime prior to the effective date of the contribution rate changes for the new benefits. Submission of a collective bargaining agreement by itself does not constitute formal notification of changes.

(Please Complete the Entire Subscription Agreement and Tear Off These Guidelines Before Mailing to the Trust Administrative Office)

WASHINGTON TEAMSTERS WELFARE TRUST SUBSCRIPTION AGREEMENT

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The Employer and Labor Organization below are parties to a Collective Bargaining Agreement providing for participation in the above Trust. An enforceable Collective Bargaining Agreement must exist as a condition precedent to participation in the Trust.

Lewis County (Supervisors)

Employer Name

360 NW North St.

Address

Chehalis

WA 98532

City

State

Zip Code

Teamsters Union Local No. 252

Labor Organization (Union) Name

217 E. Main St.

Address

Centralia

WA 98531

City

State

Zip Code

COLLECTIVE BARGAINING AGREEMENT

The parties' Collective Bargaining Agreement is in effect from: 1/1/26 to: 12/31/28

☐ New Account

☒ Renewal — Account No. 120839

Approximate No. of Covered Employees: 18

INFORMATION CONCERNING EMPLOYER'S BUSINESS

Employer EIN (Tax ID No.) _____

Employer is: ☒ Public Entity ☐ Corporation - State of _____ ☐ Partnership ☐ Sole Proprietorship ☐ LLC

If Partnership or Sole Proprietorship, provide name/s of the owner or partners: _____

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Medical Plan	☐ A	☒ B	☐ Z		\$1618.00	
Life/AD&D	☒ A - \$30,000 Employee/\$3,000 Dependent				8.60 \$	
	☐ B - \$15,000 Employee/\$1,500 Dependent					
	☐ C - \$5,000 Employee/\$500 Dependent					
Weekly Time Loss	☐ E - \$500	☐ A - \$400	☐ B - \$300	☒ C - \$200	☐ D - \$100	\$6.00
Disability Waivers	☒ Additional 9 months Disability Waiver of Contributions - Medical only					\$11.40
Domestic Partners	☐ Domestic Partners – Medical					\$
Dental Plan	☒ A	☐ B	☐ C			\$120.50
Domestic Partners	☐ Domestic Partners – Dental					\$
Vision Plan	☒ EXT					\$17.10
Domestic Partners	☐ Domestic Partners – Vision					\$

Will there be any coverage changes before the Collective Bargaining Agreement's expiration? ☒ Yes ☐ No.

If yes, attach a Subscription Agreement for each change.

EFFECTIVE DATE OF CONTRIBUTIONS - A Subscription Agreement must be submitted in advance of the effective date below.

Contributions above are effective (month, year) Jan., 2026 based on employment in the prior month.

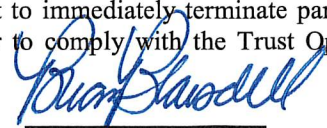
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For Employer _____

Title/Assn _____ Date _____

For Union 

Title Secretary-Treasurer Date 5.6.26

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TRUSTEES' AUTHORITY TO DETERMINE TERMS OF PLANS

The parties recognize that the detail of the benefit plans provided by the Trust and the rules under which employees and their dependents shall be eligible for such benefits is determined solely by the Board of Trustees of the Trust in accordance with the terms of the governing Agreement and Declaration of Trust (Trust Agreement). The Trustees retain the sole discretion and authority to interpret the terms of the Trust's benefit plans, the plans' eligibility requirements, and other matters related to the administration and operation of the Trust and its benefits plans. The Trustees may modify benefits or eligibility of any plan for the purpose of cost containment, cost management, or changes in medical technology and treatment.

MECHANISM FOR HANDLING CONTRIBUTION INCREASES

The Trustees' authority shall include the right to adjust the contribution rates to support the benefit plans offered by the Trust and to maintain adequate reserves to cover any extended eligibility and the Trust's contingent liability.

The parties recognize that it is the intent of the Trust not to provide employee benefit plans for less than the full cost of any such plan. If the Collective Bargaining Agreement does not provide a mechanism for fully funding the designated benefit plans, the Board of Trustees may substitute a plan then available that is fully supported by the employer's contribution obligations. The disposition of any excess employer contributions will be subject to the collective bargaining process.

ACCEPTANCE OF TRUST AGREEMENT

The Employer and the Labor Organization accept and agree to be bound by the terms of the Trust Agreement governing the Trust, and any subsequent amendments to the Trust Agreement. The parties accept as their representatives for purposes of participating in the Trust the Trustees serving on the Board of Trustees and their duly appointed successors.

Provided, however, that in the event that either Section 2 or 3 of Article VIII of the Trust Agreement is amended to change or modify an Employer's liability as specified therein, such amendment will not be deemed applicable to an Employer until such time as the Employer enters into a successor Collective Bargaining Agreement after the expiration of the Employer's then current Collective Bargaining Agreement.

APPROVAL OF TRUSTEES

This Agreement has been approved by the Board of Trustees of the Washington Teamsters Welfare Trust.

Date _____

Administrative Agent
Washington Teamsters Welfare Trust

WASHINGTON TEAMSTERS WELFARE TRUST

SUBSCRIPTION AGREEMENT GUIDELINES

To participate in the Washington Teamsters Welfare Trust, the bargaining parties must complete a Subscription Agreement and file it with the Trust Administrative Office. Additionally, the bargaining parties are advised of the following general participation and benefit information. See Trust Operating Guidelines for more detailed information.

1. The Subscription Agreement language may not be modified or altered.
2. A Subscription Agreement must be submitted to the Trust Administrative Office for each new or renewed collective bargaining agreement, which provides for participation under the Trust.
3. For new accounts, an enforceable collective bargaining agreement, with contribution requirements and eligibility thresholds for benefits consistent with Trust guidelines, must be submitted prior to the activation of the account.
4. **Contributions for changes in plan benefits or new accounts are effective the first of the month following the date the Trust Office receives the documents in #2 and #3. Trust policy does not allow retroactive changes in contributions or benefits.**
5. A new Subscription Agreement is required for each change in benefits. If a collective bargaining agreement provides for benefit changes subsequent to those listed on the Subscription Agreement submitted to the Trust Office for the new or renewed agreement **and** the changes take effect prior to the termination of the collective bargaining agreement, the bargaining parties are responsible for formally notifying the Trust Administrative Office of the changes; this may be done by completing and submitting another Subscription Agreement, either with the initial agreement or anytime prior to the effective date of the contribution rate changes for the new benefits. Submission of a collective bargaining agreement by itself does not constitute formal notification of changes.

(Please Complete the Entire Subscription Agreement and Tear Off These Guidelines Before Mailing to the Trust Administrative Office)

RETIREE'S WELFARE TRUST

SUBSCRIPTION AGREEMENT

COLLECTIVE BARGAINING AGREEMENT

THE UNDERSIGNED EMPLOYER AND LABOR ORGANIZATION CONFIRM, AS A CONDITION PRECEDENT TO PARTICIPATION IN THE RETIREE'S WELFARE TRUST, THAT THEY ARE PARTIES TO A COLLECTIVE BARGAINING AGREEMENT PROVIDING FOR CONTRIBUTIONS TO BE MADE TO THE TRUST ON BEHALF OF ALL BARGAINING UNIT EMPLOYEES FOR WHICH THE EMPLOYER IS REQUIRED TO CONTRIBUTE. UPON EXPIRATION OF THE CURRENT OR ANY SUBSEQUENT BARGAINING AGREEMENT REQUIRING CONTRIBUTIONS, THE EMPLOYER AGREES TO CONTINUE TO CONTRIBUTE TO THE TRUST IN THE SAME MANNER AND AMOUNT AS REQUIRED IN THE MOST RECENT EXPIRED BARGAINING AGREEMENT UNTIL SUCH TIME AS THE UNDERSIGNED EITHER NOTIFIES THE OTHER PARTY IN WRITING (WITH A COPY TO THE TRUST FUND) OF ITS INTENT TO CANCEL SUCH OBLIGATION FIVE DAYS AFTER RECEIPT OF NOTICE OR ENTER INTO A SUCCESSOR BARGAINING AGREEMENT WHICH CONFORMS TO THE TRUST POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS, WHICHEVER OCCURS FIRST. THE PARTIES AGREE TO PROVIDE THE TRUST OFFICE WITH A COPY OF THE CURRENT AND ALL FUTURE COLLECTIVE BARGAINING AGREEMENTS.

RETIREE PLAN (Check one):

☒ RWT-PLUS

☐ RWT-XL

EFFECTIVE DATES OF CURRENT BARGAINING AGREEMENT: 01/01/26 to 12/31/28

If a new Bargaining Agreement, first payment is due the Trust based on hours worked effective _____

ACCEPTANCE OF TRUST AGREEMENT

THE UNDERSIGNED ACKNOWLEDGE RECEIPT OF A COPY OF THE TRUST AGREEMENT AND TRUST POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS (SEE THE BACK OF THIS FORM FOR THE POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS), AND ACCEPT AS THEIR REPRESENTATIVES FOR PURPOSES OF PARTICIPATING IN THE TRUST, THE JOINT LABOR AND MANAGEMENT TRUSTEES SERVING ON THE BOARD OF TRUSTEES AND THEIR DULY APPOINTED SUCCESSORS. THE UNDERSIGNED EMPLOYER AND LABOR ORGANIZATION, BY EXECUTION OF THIS SUBSCRIPTION AGREEMENT, CONSENT TO BE BOUND BY THE TERMS OF THE TRUST AGREEMENT GOVERNING THE RETIREE'S WELFARE TRUST, INCLUDING ANY SUBSEQUENT AMENDMENTS THERETO. THE UNDERSIGNED FURTHER ACKNOWLEDGE THAT WITH EACH SUCCESSIVE COLLECTIVE BARGAINING AGREEMENT TO THE ONE IDENTIFIED ABOVE THAT PROVIDES FOR CONTRIBUTIONS TO CONTINUE TO BE MADE TO THE RETIREE'S WELFARE TRUST, THE PARTIES AGREE TO CONTINUE TO BE BOUND BY THE TERMS OF THE TRUST AGREEMENT AND ANY SUBSEQUENT AMENDMENTS THERETO. THIS SUBSCRIPTION AGREEMENT WILL AUTOMATICALLY CONTINUE UNTIL SUCH TIME AS CONTRIBUTIONS ARE NO LONGER REQUIRED TO BE MADE TO THE TRUST UNDER A COLLECTIVE BARGAINING AGREEMENT BETWEEN THE PARTIES; HOWEVER, THE TRUST RESERVES THE RIGHT TO DISALLOW OR TERMINATE PARTICIPATION IN THE TRUST UPON FAILURE TO EXECUTE THIS SUBSCRIPTION AGREEMENT OR TO COMPLY WITH THE TRUST AGREEMENT OR POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS.

EMPLOYER (Name and Address)

Lewis County (Supervisors)

360 NW North St.

Chehalis, WA 98532

By: _____

Title: _____ Date: _____

LABOR ORGANIZATION (Name and Address)

Teamsters

217 E Main St.

Centralia, WA 98531

By: 

Title: Secretary-Treasurer Date: 05/06/26

APPROVAL OF TRUSTEES This subscription agreement has been accepted by the Retiree's Welfare Trust:

By: _____ Title: _____ Date: _____

RETIREE'S WELFARE TRUST

POLICY ON ACCEPTANCE OF EMPLOYER CONTRIBUTIONS

It is hereby declared to be the policy of the Retiree's Welfare Trust to accept as Employer contributions only payments made in accordance with a Collective Bargaining Agreement and/or Written Agreement, which is not detrimental to the Plan.

Accordingly, a Collective Bargaining Agreement and/or Written Agreement which:

- Does not require monthly contributions to be made on behalf of all persons who perform work in the classifications or categories covered in such Collective Bargaining Agreement; or
- Requires a minimum waiting period of employment before contributions are owing; or
- Limits employees on whose account monthly contributions are to be made to those who are compensated for more than eighty (80) hours per month,

will be deemed to be detrimental to the Retiree's Welfare Trust and said contributions will not be acceptable.

The foregoing is only an illustration of Collective Bargaining Agreement and/or Written Agreement provisions, which the Trustees have deemed to be detrimental to the Plan and should not be considered as an all-inclusive list of all such types of provisions.

The determination of whether or not a Collective Bargaining Agreement and/or Written Agreement is detrimental to the Plan shall be made by the Trustees in their sole discretion.

NOTE: *There is a separate policy on acceptance of employer contributions in the Food Processing Industry. A copy may be obtained from the Trust Administrative Office.*

Retiree's Welfare Trust
2323 Eastlake Avenue East
Seattle, WA 98102
(206) 329-4900