

Associated Healthcare Credit Union

Benefit Program Agreement

Associated Healthcare Credit Union and _____, herein after known as AHCU and the Company, jointly agree to work as business partners in fulfilling the provisions outlined below in order to provide employees of the Company with the Credit Union’s Benefit Program:

Company:

- To designate one or more employees within the company as the primary contact for the purpose of coordinating and communications between AHCU and Company employees.
- To support the Benefit Program orientation and enrollment presentation(s) conducted by Credit Union personnel.
- To allow AHCU to make contact with Company employees on at least a quarterly basis through one or more methods to be determined.

AHCU:

- To offer an employee benefit that will enhance the Company’s current benefit package at no extra cost to the Company.
- To enroll Company employees in an organized manner with no loss of productivity.
- To provide Company with ongoing support services to ensure a high level of employee awareness, understanding and participation in the Credit Union Benefit Program
- To present a positive reflection of the Company to its employees.

This agreement may be altered or terminated by the Company and AHCU if determined by either party to be impractical or undesirable. Notice of intent to alter or terminate shall be transmitted in writing 30 days prior to the alteration or termination of this agreement.

Signature of Officer of company

Title

Date

Signature of Credit Union Officer

Title

Date