

SAMBA Employee Benevolent Fund Enrollment Agreement

By submitting my Employee Benevolent Fund (the Fund) enrollment application, I certify the following:

1. I am either a permanent full-time or part-time employee of the Federal Agency that I selected upon entering this web site.
2. I am actively at work at my Federal Agency.

Part-time employees: Actively at work for permanent part-time employees means you were not on any type of leave for more than one-half of your regularly scheduled tour of duty as shown on your current SF 50 during the pay period immediately before the pay period in which your enrollment application is submitted to SAMBA.

Full-time employees: Actively at work for full-time employees means you were not on Annual Leave, Sick Leave, any type of Leave Share, any type of Family and Medical Leave, or Military Leave for more than 32 hours during the pay period immediately before the pay period in which your enrollment application is submitted to SAMBA.

I further understand and agree to the following terms and conditions for enrollment in the Employee Benevolent Fund:

3. I have reviewed the Employee Benevolent Fund **Plan Description**. SAMBA reserves the right to modify the Plan documents from time to time.
4. The Plan documents and **SAMBA's Bylaws** are available for downloading from the SAMBA web site or I may request a paper copy from SAMBA.
5. All Plan documents and revisions to Plan documents may be sent to me electronically to the email address then on file with SAMBA. SAMBA will use the email address that I provided in my enrollment application unless I notify SAMBA of a change in my email address. It is my responsibility to notify SAMBA of any change to my e-mail address by visiting the Member Services page on SAMBA's web site at **www.SambaPlans.com** or by calling a Customer Service Representative at (800) 638-6589.
6. If the foregoing certifications or any of the information supplied by me on the enrollment application form is erroneous or false, my enrollment in the Fund is void.
7. My enrollment in the Fund shall become effective on the first day of the month following the month this enrollment application is accepted by SAMBA and the annual contribution is received. For example, if I submit this application on June 13, and the annual contribution is received on June 13, then my enrollment shall become effective on July 1. My enrollment in the Fund shall terminate if any of the conditions listed in the Plan documents occur. For example, should there be insufficient funds in my bank account to pay the annual contribution, there is no enrollment.
8. I understand that the initial annual contribution and all subsequent annual contribution payments may only be paid online from SAMBA's web site. Should there be insufficient funds in my bank account to pay the annual contribution, or the attempted charge to my credit/debit card is denied, I understand there is no enrollment.

9. I understand SAMBA will only send Annual Announcements to my email address on record to advise of the yearly premium that is coming due.
10. If I cancel my membership in the Fund or fail to timely pay the required annual contribution, I will not be permitted to re-enroll in the Fund until the next regularly held Open Enrollment period.
11. If I go out on Leave Without Pay due to illness, injury or family medical leave for more than 365 consecutive days, my membership in the Fund will be terminated at the end of the 365th day. I may re-enroll within 60 days of my return to active work status.
12. If due to military obligations, I go out on leave for more than 30 calendar days or resign from the agency to perform active duty in the military; my membership in the Fund will be terminated. I may re-enroll within 60 days following my return to active work status. If I go on Military Leave for less than 30 days (typically for two week training periods), my membership will be suspended. When I return to active work status, my membership will be reinstated provided the premium is paid.
13. I understand that if I leave the Agency my coverage terminates. I will have 31 days to notify SAMBA of my separation of employment and to request a conversion policy.
14. I understand that the required annual contribution to the Fund is non-refundable.
15. With 30 days advance notice sent to my email address then on file with SAMBA, SAMBA may change the required annual contribution at any time.
16. Simultaneous enrollments in more than one Employee Benevolent Fund sponsored by SAMBA are prohibited. No more than one Fund death benefit will be paid regardless of multiple simultaneous enrollments in the Fund.
17. As an Employee Benevolent Fund member, I will automatically be a SAMBA member.
18. Either my Agency or SAMBA may cancel the Fund at any time, but in no event will my Fund Membership be cancelled prior to 30 days advance notice of the Fund's cease operation date, which notice shall be given to the e-mail address then on file with SAMBA. The Employee Benevolent Fund is not an official instrumentality of my Federal Agency or the United States Government.
19. SAMBA is the plan sponsor and administrator as defined in the Employee Retirement Income Security Act of 1974 (ERISA). SAMBA will operate the Fund as part of its SAMBA Benefit Plan, which is governed by ERISA and SAMBA's By-Laws and Plan Documents under ERISA.

----- End of Enrollment Agreement -----