



THE HEALTHY COMMUNITIES COOPERATIVE **THREE YEAR INSURANCE AGREEMENT**

The members of the Healthy Communities Cooperative believe that we can pursue and secure a more advantageous plan for health insurance for ourselves as a group rather than individually, and make the following agreement:

1. That, by the authorized signature(s) on page 2 below, the applicant

 (fill in business name of member applicant) agrees to participate in pursuing health insurance as a cooperative effort in order to secure the most advantageous plan for their employees; confirms that it is located in one of the permitted counties; is a member in good standing of a participating chamber of commerce; and agrees with our consumer-driven and wellness-based approach to health insurance.
2. Upon receipt of initial premium quotes, each member of the Healthy Communities Cooperative has thirty (30) days to notify the cooperative (PO Box 888, East Troy, WI 53120) in writing of their continued willingness to participate and the plan they desire.
3. That the members agree that upon securing a health insurance plan, they will agree to be bound to that health insurance plan for a period of three (3) years.
4. If any organization should fail to renew its health insurance plan during the three (3) year plan period of this agreement they will pay the Healthy Communities Cooperative 20% of their current cooperative insurance premium times the remaining number of months in the contract period. This payment shall be tendered no more than ninety (90) days after they fail to renew. If a member dies, goes out of business or otherwise ceases to exist there will be no penalty.
5. That should there be a dispute as to the terms of this agreement; the dispute shall be resolved through arbitration. The Healthy Communities Cooperative board of directors shall select an arbitration team of three (3) representative members of the cooperative. The employee that represents the cooperative member must be the company representative listed on the membership application. The team shall review the dispute and shall issue a decision as to the dispute. The member that has filed the dispute is not eligible to be part of the team.
6. The parties agree and acknowledge that this agreement does not constitute an insurance contract or agreement of any kind and creates no other obligations other than those specifically designated herein.

7. That this agreement shall be interpreted pursuant to the laws of the State of Wisconsin and any dispute that is pursued following the mandatory arbitration procedure contained herein shall be venued in Rock, Wisconsin with the prevailing party being entitled to recover the attorney's fees incurred in connection therewith.
8. That this agreement constitutes the entire agreement of the parties.

Dated this _____ day of _____, 20_____.

Name of Employer: _____

Name(s) of CEO or Partners _____

Signature _____

Signature _____

Return to: Healthy Communities Cooperative
 PO Box 888
 East Troy, WI 53120