CalCPA Health
Health plans for CPAs since 1959

Underwriting Manual

v.2023.0915

INTRODUCTION

CalCPA Health plans are self-funded healthcare plans designed by CPAs for CPAs. They leverage Anthem Blue Cross's comprehensive provider network and claims processing capabilities for medical claims. The prescription drug plan is administered separately by Express Scripts.

In addition to the Health plans, fully-insured HMO plans are offered through Anthem Blue Cross with IngenioRx as the prescription drug carrier.

CalCPA Health also offers fully insured group term life and long term disability products through Lincoln Financial.

Note: Any conflict between the terms of this Underwriting Manual and the Summary of Benefits and Coverage will be resolved in favor of the Summary of Benefits and Coverage.

CONTACTINFORMATION

Plan Agent Address

Banyan Administrators
Managers for the CalCPA Health Programs
1215 Manor Drive
Suite 200
Mechanicsburg, PA 17055

Plan Agent Customer Service Contact Info

Phone: (877) 480-7923
Fax: (877) 237-4519
E-Mail: calcpahealth@calcpahealth.com
Business Hours: Monday – Friday; 8:00 a.m. – 5:00 p.m. PST

CalCPA Health

http://www.calcpahealth.com
Phone: (800) 556-5771
Fax: (650) 522-3056
E-Mail: Tom.Kowalski@calcpahealth.com

TABLE OF CONTENTS

SECTION 1

OVERVIEW OF UNDERWRITING PROCESS

1. REQUIREMENTS FOR COMPLETION OF FORMS

a. Subscription Agreement.

b. A copy of the latest DE-9 and DE-9C (Quarterly Contribution Return and Report of Wages).* If the firm is newly established less than 90 days before the effective date, 30 days of payroll must be submitted. We reserve the right to request a DE-9 and DE-9C after a quarter in business.

c. Enrollment forms from all employees enrolling.

d. Enrollment forms from all Qualified Beneficiaries applying for COBRA coverage.

e. Enrollment waiver forms from all employees declining coverage.

f. Be sure HMO enrollees select an IPA or PMG provider and write in the provider code number. If no provider code is indicated or an incorrect provider code is entered, Anthem will automatically assign one based on the employee zip code.

*DE-9 and DE-9C is not required for Sole Proprietors.

2. GUIDELINES FOR COMPLETION OF FORMS

All questions must be answered and all signatures, initials and dates obtained before applications can be processed. If the group paperwork is incomplete, the Plan Agent may be unable to complete the process.

a. The employee's signature date cannot be more than 59 days prior to the requested effective date for new group submissions.

b. Only the employee may fill in, or modify, information filled in, on the Employee Enrollment Form. Any changes to information must be initialed and dated by the employee. No alteration to preprinted material on the Employee Application is acceptable, and altered forms will be rejected.

Note: Due to the privacy policies of Banyan Administrators and the Health Insurance Portability and Accountability Act (HIPAA), enrollment forms may not be submitted via unsecured e-mail. They must be sent by secure email, fax or mail to the Plan Agent. Please contact the Plan Agent to set up secure email.

3. GUIDELINES FOR COMPLETION OF HEALTH MAINTENANCE ORGANIZATION (HMO) FORMS

Requirements for completion of forms:

a. The most current Employee Enrollment Form must be completed.

   A Primary Medical Group (PMG) or Independent Practice Association (IPA) must be selected. If an IPA is selected, a Primary Care Physician (PCP) must be selected for each enrolling family member then listed by number on page 1 of the application.

Note: If no provider code is indicated or an incorrect provider code is entered, Anthem will automatically assign one based on the employee zip code.

b. Employee Enrollment Waiver Forms from all employees and dependents declining coverage must be submitted at the time of the application. The Coverage Declination section of the Employee Enrollment Form must be completed. Be sure to submit a copy of the waiving employee's insurance card to validate the waiver.

c. If firm has any former employees currently on COBRA/CalCOBRA, the COBRA Information section of the Employee Enrollment Form must be completed.

4. PROCESSING TIME SPECIFICATIONS

Effective date is the first of the month only. Applications must be received by Banyan Administrators on or before the fifth (5^{th}) of the month in which coverage is to be effective. If the fifth (5^{th}) of the month falls on a weekend or a holiday, then the submission deadline is the first subsequent regular workday.

5. EVALUATION CRITERIA

Processing is based on the following criteria:

a. Business qualifications.

b. Employee & dependent eligibility.

c. Employee participation.

Groups could be declined for the following reasons, but not limited to:

a. A bona fide employer/employee relationship does not exist (i.e., 1099s & leased employee are not eligible). If the employee is a spouse, a copy of the spouse's latest W-2 needs to be included with the application.

b. The employer is not headquartered in the state of California.

c. The group is a carve-out.

d. The employee participation requirement is not met.

SECTION 2

GENERAL UNDERWRITING GUIDELINES – NEW BUSINESS

1. EMPLOYER ELIGIBILITY

a. The group must have and maintain business licensure and/or appropriate state filings allowing the company to conduct business in the state of California.

b. Available to accounting firms in public practice or firms offering general financial services, both of which are headquartered in the state of California. This includes Financial Advisors, Securities Brokers, Credit Unions, small Regional Banks, etc.

c. To be eligible and retain such eligibility, more than 50% of all of the firm's owners (principals, proprietors, partners, shareholders, or other owners) must be CPA members of CalCPA, or Associate members of CalCPA. All CPA owners must be members of CalCPA in good standing.

d. More than 50% of the group's enrolled employees must reside in California.

e. Please visit https://siccode.com/en/siccode/list/directory/search_keyword/financial for all accepted SIC codes.

f. Sole Proprietors are not eligible to enroll after Open Enrollment unless they have lost coverage within the past 31 days.

2. EMPLOYER/EMPLOYEE RELATIONSHIP REQUIREMENTS

a. An employer/employee relationship must exist. Employees must be employed on a permanent basis, with wages subject to withholding that are reported on a W-2 Form. Sole Proprietors are not required to provide a W-2.

b. Persons compensated on a 1099 basis are not eligible.

c. Seasonal, temporary or substitute employees, defined as employees hired with a planned future termination date, are not eligible.

3. EMPLOYER CONTRIBUTIONS

An employer must contribute a minimum of 50% of the cost of employee's medical premiums, and 100% of employee's dental, vision, life or long term disability premiums. This does not include the cost for dependents. Payroll deduction is required for employee contributions that are withheld to pay premium costs. If an employer pays 100% of the premiums, 100% employee participation is required.

4. EMPLOYEE ELIGIBILITY

a. To be eligible, employees must be employed on a permanent basis, with wages subject to withholding that are reported on a W-2 Form. Such employees are eligible to enroll in CalCPA Health if they are actively at work at least 20 hours per week (or 30 hours per week, if elected by the employer). A copy of the latest DE-9C is required to verify the employment relationship.

b. Each new hire must complete an Employee Enrollment Form and return it to the Plan Agent within 31 days of becoming eligible for coverage. If the Employee Enrollment Form is not submitted within 31 days of the effective date, the employee must wait until Open Enrollment to join the plan, or until they experience a qualifying life event.

5. EMPLOYEE PARTICIPATION REQUIREMENTS

Medical Plans:

a. If the employer is paying 100% of the employee medical premium, then all eligible employees must enroll. If the employee pays part of the premium, a minimum of 75% of the eligible employees must enroll.

b. Employees who waive coverage on the grounds that they have other medical coverage, including Kaiser, are not counted as eligible employees.

c. Any eligible employee and/or dependent waiving coverage at time of enrollment must complete an employee enrollment waiver form indicating the waiver. The employee must complete the employee information and coverage declination sections of the Employee Enrollment Form, and must forward it to the Plan Agent.

Dental and Vision Plans:

a. If the employer offers dental and/or vision coverage, then all eligible employees must enroll.

b. Employers may apply for dental and/or vision coverage for the first of any month.

c. Employees who waive coverage on the grounds that they have other coverage are not counted as eligible employees.

d. Any eligible employee and/or dependent waiving coverage at time of enrollment must complete an employee enrollment form indicating the waiver. The employee must complete the employee information and coverage declination sections of the Employee Enrollment Form and must forward it to the Plan Agent.

e. Sole Proprietors are not eligible for the Premier Choice Vision plan.

f. Employers with a broker may not offer dental and/or vision coverage without also medical coverage.

Life and Long Term Disability Plans:

a. All active, regular employees working at least 30 hours per week must enroll.

b. Sole Proprietors are not eligible for Life and Long Term Disability plans.

6. EMPLOYEE ELECT MEDICAL COVERAGE

Employers may offer one plan, a combination of plans or all of the CalCPA Health plans to their employees. Exception: Sole Proprietors are not eligible to enroll in the HMO plans.

7. HIGH DEDUCTIBLE (HSA COMPATIBLE)

CalCPA Health HSA medical plans are designed to meet the Health Savings Account (HSA) requirements set forth in the Medicare Prescription Drug, Improvement and Modernization Act of 2003. They operate using a tax-advantaged medical savings account. The funds contributed to the account are not subject to income tax, but can only be used to pay for qualified medical expenses.

Participants in any of the CalCPA Health HSA plans who choose to open a Health Savings Account may select any financial institution of their choice. However, as a convenience to its members, CalCPA Health offers integrated HSA administration through Health Equity available to CalCPA Health HSA plan participants.

If integrated HSA administration is elected, the appropriate Health Equity forms must be completed.

8. EMPLOYEE CHOICE

Employers have the opportunity to offer CalCPA Health plans alongside a Kaiser plan. Employees enrolled in the group Kaiser plan are considered eligible waivers. A firm will be eligible to enroll in CalCPA Health if only one employee is joining the program and the rest of benefit eligible employees are joining Kaiser or have another valid waiver, assuming all other eligibility criteria are met.

9. RATING POLICIES

a. Premium level will be based upon number of permanent full-time employees.

b. Premium levels will be adjusted annually, at the start of the open enrollment period, and at the expiration of any rate guarantee period based on an enrollment snapshot at that time.

c. Firms who enroll with an effective date other than January 1 will have a 12 month rate guarantee for the first year.

d. Approved out-of-state employees will be charged an area rate based on the location of the employer's business license. In state employees are charged an area rate based on their home zip code.

e. Process for Large Group Proposals (100+ Participants)

i. The following is a detailed description of the process requirements for all large group quote requests (i.e., 100 or more full-time employees) generated on behalf of the Group Insurance Trust of the California Society of CPAs ("the Trust").

1) All quote proposals must be submitted to rfp@calcpahealth.com. Submissions must include:
   1. Firm Information
   2. Firm Name
   3. Firm Address (incl. 5-digit zip code)
   4. Does firm plan to wrap coverage with another carrier (e.g., Kaiser)?

(Note: To obtain and maintain eligibility as an employer, more than 50% of all of the employer's owners (i.e., principals, proprietors, partners, shareholders, or other owners) must be CPA members of CalCPA, or Associate members of CalCPA. All CPA-owners must be members of CalCPA in good standing.)

2) Census Information
   1. Employee DOB

2. Employee Family Coverage Tier (i.e., Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family)
3. Employee 5-digit Zip Code
4. Employee Status (e.g., Active, Cobra, Waived Coverage, etc.)
5. Employee Current Plan (Carrier and Type of Plan must be identified – e.g., Cigna HMO Plan XXX)

3) Rate Information
   1. Current (i.e., expiring) rates for each plan offered by the firm. These will either be composite rates (for firms that are composite-rated) or age-rated rates (for firms that are age-rated).
   2. Renewal rates for each plan offered by the firm. These will either be composite rates (for firms that are composite-rated) or age rated rates (for firms that are age-rated).

4) Broker Information
   1. Broker Name
   2. Broker Firm Name
   3. Broker Firm Address
   4. Broker Contact Information
   5. Broker Tax ID Number
   6. W-9 of Payee
   7. California Insurance License
   8. Proof of Errors & Omissions
   9. Producer's Agreement

5) Large Claims Information
   1. Have any eligible enrollees (i.e., employee, dependents, COBRA, owners/partners) been hospitalized during the past 12 months? If so, provide details.
   2. Have any eligible enrollees been diagnosed with or being treated for cancer, brain tumor, blood disease, heart disease or heart disorder, stroke, AIDS, AIDS-related conditions, nervous system disorder, mental condition, liver/kidney disease, birth defect, transplant, or any other medical condition? Provide details to all that apply.
   3. Have any eligible enrollees received medical benefits in excess of $25,000 in the last 12 months for any condition other than those listed above? If so, provide details.
   4. Are any of the eligible enrollees currently pregnant? If so, provide details.

5. Are any of the employees currently disabled? If so, provide details.

6) Miscellaneous Information
   1. Effective Date of Quote
   2. Quoting Options (e.g., total replacement HSA, dual option HMO/PPO, etc.)

ii. In the case that any of the information requested in #1 is missing, an e-mail will be sent to the producer who submitted the original request asking for the missing information. This follow-up e-mail will be sent within 2 business day of receiving the initial request for proposal.

iii. All quotes prepared by CalCPA Health will be on a composite-rated basis.

iv. Quotes will be returned within 7 to 10 business days of having received complete information for the quote. Quotes will include broker commission percentage, as well as rate stipulations (e.g., based on variance of population).

v. The Trust reserves the right to decline to quote any large group firm for any reason whatsoever.

10. RATE AND BENEFIT GUARANTEE

a. First year medical rates are guaranteed for a minimum of 12 months. Focal renewal or anniversary month will determine timing of future adjustments.

b. Changes to both premium rates and benefits can be made by CalCPA Health with 60 days notification.

c. Groups that enrolled on or after January 1, 2014 will have their annual renewal on the anniversary of their effective date. The Open Enrollment period to submit changes begins 2 months before the renewal date, and ends two Fridays prior to the renewal date. For example: A group that enrolls on 6/1/2015 will have an Open Enrollment period from 4/1/2016 through 5/20/2016 for changes effective 6/1/2016.

11. NEW GROUP ELIGIBILITY/EFFECTIVE DATE

a. The eligibility date for existing employees and dependents is the employer's effective date.

b. Groups will not be guaranteed an effective date unless fully completed group enrollment materials are received by the Plan Agent by the submission deadline.

12. WAITING PERIOD

The employer may choose a first-of-the-month following hire date, first-of-the-month following 30 days, or first-of-the-month following 60 days waiting period for all future employees. The eligibility date for coverage is always the first day of the month following completion of the waiting period.

If an employee is not actively at work on the day coverage would otherwise become effective, coverage is delayed until the first day of the month after the date the employee returns to active work.

SECTION 3

GENERAL UNDERWRITING BUSINESS REQUIREMENTS

1. PRIOR ACCUMULATOR CREDIT

a. Members of firms joining the CalCPA Health plans in the middle of the calendar year may be eligible for an accumulator (deductible and out-of-pocket) credit for their previous coverage. Accumulator credits may be granted for PPO and HSA plans only. Requests for credit are to be submitted to the Trust for review within 60 days of implementation/enrollment. Valid prior-carrier EOB(s) must be submitted with request.

b. Accumulators may be credited when moving from another HSA or PPO plan to a CalCPA Health HSA or PPO plan.

c. Pharmacy accumulators are not eligible for credits.

d. HMO plans are not eligible for credits – either coming from or going to an HMO.

2. ELIGIBLE DEPENDENTS

Dependent coverage is available to the following:

a. The legal spouse of an employee.

b. Opposite Sex and Same Sex domestic partners of employees. Proof of domestic partnership is not required.

c. Children of eligible employees who are under the age of 26.

d. Children of a covered spouse who are under the age of 26.

e. Children of a covered domestic partner who are under the age of 26.

f. Disabled children age 26 or older, with appropriate medical certification, who were disabled and enrolled as a dependent before turning 26.

3. FEDERAL REGULATIONS

a. Medicare: ***CalCPA Health*** is not a substitute for Medicare Supplemental Insurance. If a business employs, based on Medicare Secondary Payer counting rules, fewer than 20 employees, should any employee or dependent turn 65 years of age, and that employee be enrolled in Medicare, his/her primary health carrier will be Medicare. If the employee is not enrolled in Medicare, the Trust will pay primary. Any employee or dependent that

is 65 or older must submit a Medicare Secondary Payer survey with their application.

b. COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985): Participation in the employee's benefit plan, as well as coverage under whatever medical programs are provided by the employer to employee and their dependents may be continued under a Federal Law known as COBRA for groups that employ 20 or more employees for at least 50% of the previous calendar year.

Note: Federal COBRA rates are 102% of the group rate.

4. STATE REGULATIONS

Cal-COBRA legislation provides for the continuation of coverage for employees and eligible dependents of qualifying groups with 2-19 employees for at least 50% of the work days in the previous calendar year. An employee and/or his/her eligible dependents are eligible for continuation of coverage under CalCOBRA up to 36 months if coverage was terminated due to any of the qualifying events listed below:

a. Death of the employee (continuation for dependents).

b. Employee's termination of employment or reduction in hours.

c. Spouse's divorce or legal separation from the employee.

d. Loss of eligible dependent status of an enrolled child.

e. Employee becoming entitled to Medicare.

f. Separation of domestic partnership.

Note: CalCOBRA, under the CalCPA Health program, is administered by bswift Grand Rapids. CalCOBRA rates are 110% of the group rate.

SECTION 4

GENERAL UNDERWRITING GUIDELINES – EXISTING BUSINESS

1. OPEN ENROLLMENT

Each employer group that enrolls on or after January 1, 2014 will have their annual renewal on the anniversary of their effective date. The Open Enrollment period to submit changes begins 2 months before the renewal date, and ends two Fridays prior to the renewal date. For example: A group that enrolls on 6/1/2015 will have an Open Enrollment period from 4/1/2016 through 5/20/2016 for changes effective 6/1/2016.

At that time employers may change plans or add additional plans. Changes may also be made to the probationary period and to the number of hours required for an employee to be eligible for coverage. Employees and/or qualified dependents that previously declined coverage may enroll at this time. Special enrollment periods may apply.

2. GROUP ADD EFFECTIVE DATES

a. Eligible employees may apply for coverage for themselves and their eligible dependents by submitting a completed employee enrollment application. Effective dates are determined as follows:

   i. If the application is received within 31 days of the completion of the employee's waiting period, effective date coincides with the eligibility date.

   ii. If the application is received more than 31 days after the employee's eligibility date, the application cannot be accepted. The employee may apply during the following Open Enrollment, or within 31 days of experiencing a qualifying life event.

b. For employees who are declining coverage: the Employee Enrollment Waiver Form must be completed, with indication of the coverage waiver, anytime an employee and/or dependent becomes eligible, but does not enroll, or if the employee and/or dependent remains eligible, but is not retaining coverage. A copy of the waiving employee's insurance card must be submitted to validate the waiver.

c. Special enrollment periods are provided for newborns, adoptees, new spouses, domestic partners and wards of legal guardians. They may be added without a waiting period if they are enrolled within 31 days of becoming eligible. In addition, spouses who are eligible, but not enrolled, may also be added in the event of a birth or adoption. Newborns are effective as of the date of birth, adopted children are effective as of the date of adoption. All others are effective the first of the month following the qualifying event date.

d. Spousal Medicare Eligibility Extension (Not available for HMO Plans): Regardless of firm size, when a CalCPA Health member leaves our plan and goes on Medicare, his/her younger spouse may remain in CalCPA Health at their own age band, until the spouse reaches Medicare age, or the employee retires (whichever comes first) as shown below:

   i. Firms of Any Size - In the case of an employee who goes on Medicare and who has a younger spouse and/or child(ren), the younger spouse may remain in the plan at his/her own rate band and eligible child(ren) may be covered under the younger spouse's plan at their respective rate.

   ii. Firms with 2+ Employees - In a case where there is no spouse, or the spouse is also on Medicare, but there are dependents, the dependents are not eligible to continue the Employer's CalCPA Health policy. Dependents may elect COBRA/CalCOBRA, or the employee may choose to remain in the plan with his/her

dependents.

SECTION 5

DEFINITIONS

The meanings of key terms used in this booklet are shown below.

CalCOBRA means California Insurance Sections 10128.50. Eligible CalCOBRA Continuants may extend coverage for up to 36 months.

CalCOBRA Excluded Member means a member with respect to whom any of the following applies. Such member:

1. Is entitled to Medicare benefits. Entitlement to Medicare Part A only constitutes entitlement to Medicare benefits.

2. Is covered under other hospital, medical, or surgical coverage, or is covered under another group benefit plan, a self-insured employee welfare benefit plan, that provides coverage for individuals and that does not impose any exclusion or limitation with respect to any pre-existing condition limitation or the exclusion or limitation does not apply or is satisfied.

3. Is eligible for or is covered under federal COBRA coverage.

4. Is eligible for or is covered under coverage pursuant to Chapter 6A of the Public Health Service Act, 42 U.S.C. Section 300bb-1.et seq. (Governmental Continuation); or

5. Has failed to notify the plan, to elect coverage or to pay initial premiums as set forth under the Cal-COBRA Notice and Premium Procedure.

CalCOBRA Employer means a participating employer in the plan who is required by law to comply with Cal-COBRA (2-19 employees).

CalCPA means the California Society of Certified Public Accountants.

Child meets the eligibility requirements for children as outlined under Section 3-2 “Eligible Dependents.”

COBRA means the medical plan related provisions of the Consolidated Budget Reconciliation Act of 1985, as such provisions have been subsequently amended (20 or more employees).

COBRA Employer means a participating employer in the plan that is required by law to comply with COBRA.

Deductible means the amount of charges a member must pay for any covered services before most benefits are available to the member under the plan.

Dependent is the employee's spouse or domestic partner and child(ren) who meet the eligibility requirements for dependents as outlined under "SECTION 3; 2. Eligible Dependents."

Domestic Partner meets the eligibility requirements for domestic partners as outlined under "SECTION 3; 2. Eligible Dependents."

Employee as outlined under "SECTION 2; 4. Employee Eligibility."

Employee Enrollment Form means the application each employee must complete upon becoming a member of a CalCPA Health plan, changing plan coverage, applying for COBRA coverage, or declining coverage.

Employer as defined under "SECTION 2; 1. Employer Eligibility."

Effective Date is the date your coverage begins under the program.

Federally Eligible Defined Individual is an individual who, as of the date on which the individual seeks coverage under Section 1366.35 of the California Health and Safety Code, meets all of the following conditions of the Health Insurance Portability and Accountability Act (HIPAA):

1. Has had 18 or more months of creditable coverage and whose most recent prior creditable coverage was under a group health plan, a federal governmental plan maintained for federal employees, or a governmental plan or church plan as defined in the federal Employee Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1002);

2. Is not eligible for coverage under a group health plan, Medicare, or Medi-Cal, and does not have other health insurance coverage;

3. Was not terminated from his or her most recent creditable coverage due to nonpayment of premiums or fraud; and

4. If offered continuation coverage under COBRA or CalCOBRA, has elected and exhausted that coverage.

Medicare means those hospital benefits and other health care benefits covered under the supplemental medical insurance program of Title XVIII of the Social Security Act 42 U.S.C. §§ 1395 et seq.

Medicare Beneficiary means an individual enrolled in Medicare.

Plan Administrator refers to Group Insurance Trust of the California Society of Certified Public Accountants, the entity which is responsible for the administration of the plan.

Plan Agent is the agent of the plan responsible for administering enrollment, underwriting and premium collection functions. Until replaced by the plan administrator, the plan agent is Banyan Administrators – Managers for the CalCPA Health Programs.

Qualified Beneficiary*, for the purposes of COBRA,* is any of the following who is not entitled to Medicare on the day before the qualifying event and who on the date of the qualifying event

is covered under the plan pursuant to the Subscription Agreement of a COBRA participating employer:

1. The plan participant;

2. A plan participant's spouse;

3. A plan participant's former spouse (or legally separated spouse); or

4. A child, including a child born to or placed for adoption with the plan participant during the COBRA continuation period.

Qualified Beneficiary*, for the purposes of CalCOBRA,* is any individual who on the date of the qualifying event is covered under the plan pursuant to the Subscription Agreement of a Cal-COBRA participating employer and is not a Cal-COBRA excluded member. Qualified beneficiary also includes any child who is born to a former plan participant of a Cal-COBRA participating employer, which plan participant is a qualified beneficiary who has elected Cal- COBRA coverage, or a child who is placed for adoption with such a former plan participant so electing, if the child is enrolled in the plan within 30 days after the child's birth or placement for adoption. Such entitlement to benefits, subject to applicable terms and conditions, shall continue for the remainder of the period during which the plan participant is covered under Cal-COBRA.

Qualifying Event, *for the purposes of COBRA,* means any one of the events as outlined under "SECTION 3; 4. State Regulations" that for election of coverage under COBRA or CalCOBRA, would otherwise result in a loss of coverage under the plan to a qualified beneficiary.

Subscription Agreement means the agreement entered into by an employer and accepted by the Group Insurance Trust of the California Society of Certified Public Accountants.