

NPAA Health Benefits Program Agreement

This Agreement is entered into between:

The Nurse Practitioner Association of Alberta (NPAA) and

Name: _____ (the "Participant")

Effective Date: _____

WHEREAS the NPAA has made arrangements for members to have access to group benefits coverage through RWAM Insurance (the "NPAA Health Benefits Program");

AND WHEREAS the Participant wishes to participate in the NPAA Health Benefits Program;

NOW THEREFORE in consideration of the NPAA sponsoring the NPAA Health Benefits Program, the mutual covenants and agreements hereinafter set forth and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. Program Enrollment

The Participant agrees to enroll in the NPAA Health Benefits Program and abide by all terms and conditions outlined in this Agreement, the Health Benefits Policy, attached hereto as Schedule "A" and as amended from time to time by the NPAA at its sole unfettered discretion, and the RWAM Group Benefits Master Application (the "RWAM Agreement"), attached hereto as Schedule "B".

2. Payment Authorization

In accordance with Health Benefits Policy, as amended from time to time, the Participant authorizes NPAA to:

- Collect a one-time non-refundable administration fee of 10% of the annual premium upon enrollment;
- Collect a security deposit equivalent to one month's payment upon enrollment;
- Collect the first month's payment upon enrollment;
- Collect monthly payments via pre-authorized debit (PAD) or credit card for the duration of the program; and
- Collect any fees for late payment, including NPAA administrative fees, or late notice cancellation fees, including NPAA administrative fees, which may be payable.
- Collect any other amounts which may be detailed in the Health Benefits Policy, as amended from time to time.

3. Commitment

The Participant agrees to make payments for the full term of the program, which is 24 months (2 years). After the initial two-year commitment, NPAA will reassess the program, and participants may be given the option to renew or adjust their participation. Early cancellation is subject to the terms outlined in the Health Benefits Policy, including applicable fees.

4. Refunds and Cancellations

- **No refunds** will be issued for partially used months.
- **Early termination before the two-year commitment or during term of service (outside of renewal period)** will result in the participant being responsible for any outstanding payments up to the date of termination.
 - **If a cancellation request is received with less than 30 days' notice, such cancellation request will be subject to either an additional full month's premium or 15% late notice fee in accordance with the RWAM Agreement.**
- **Following the initial 2 year commitment, Cancellation requests** must be submitted in writing with **30 days' notice** and be within the renewal period
- **Please refer to the NPAA Health Benefits Program Agreement for other terms of cancellation**

5. Participant's Obligations

The Participant agrees to comply with the RWAM Agreement and fulfill certain of the NPAA's obligations as the Applicant under the RWAM Agreement, including:

- Complying with all Plan eligibility requirements on an ongoing basis;
- Maintain all records and documents related to the Plan;
- Only enrolling actively working, eligible permanent employees and their eligible dependents under the Plan;
- Exchanging with the NPAA employee/dependent personal information and authorizing the NPAA to exchange the same with RWAM for plan administration purposes;
- Immediately notify the NPAA of any employee who ceases to be Actively at Work or eligible for coverage and authorize the NPAA to notify RWAM of the same;
- Immediately notify the NPAA of any changes to the Contributory or Non-Contributory status of employees' premiums/contributions, including changes affecting the status, for tax purposes, of any benefits provided under the Plan and authorize the NPAA to notify RWAM of the same;
- Agrees to cooperate fully with and allow the NPAA access on request to all employee or other records in the Participant's possession or within its control relating to the RWAM Agreement, the Plan, or the administration thereof, and to authorize the NPAA to allow RWAM access to the same; and
- Any other obligations which may be listed in the Health Benefits Policy, as amended from time to time.

Additionally the Participant will:

- Provide all information required by RWAM for the individual appointed by the NPAA as the Plan Administrator to complete any necessary documents for the processing of any Life Insurance or Long-Term Disability claims;
- Contact the dependents of any deceased employee and provide such dependents with the information necessary for them to submit a Life Insurance claim; and
- Manage their own employment agreements/policies regarding benefit entitlement, cost-sharing arrangements, and benefit availability for employees on disability, maternity,

paternity, or any other type of leave, provided that the Participant shall always ensure that any terms of their employment agreements/policies are in compliance with the eligibility requirements and limitations of the Plan.

The Participant hereby acknowledges and agrees that any obligations relating to the payment of any premiums, administrative fees, or cancellation fees, as well as to the maintenance of and provision of any information or records set out above shall survive the termination of this Agreement indefinitely.

6. Default and Recourse

If the Participant fails to make payments for two consecutive months, the account will be considered in default, and benefits will be terminated.

- The NPAA reserves the right to recover unpaid balances through collections or legal action.

If the Participant fails to comply with any other obligation set out in Section 5, including any obligation relating to enrollment of employees in the Plan or the provision of any information or records, and such failure is not remedied within fifteen (15) days or if such failure cannot be remedied, the account will be considered in default, and benefits may be terminated, at the NPAA or RWAM's discretion.

- The NPAA reserves the right to commence legal action against the Participant for any breach of the terms of this Agreement or the Schedules attached thereto.

7. Indemnity

The Participant agrees to indemnify, defend, and hold harmless the NPAA, its affiliates, officers, directors, employees, agents, and representatives from and against any and all claims, liabilities, damages, losses, costs, and expenses (including legal fees and disbursements on a full indemnity basis) arising out of or in connection with:

- Any breach of this Agreement, the Health Benefits Policy, as amended from time to time, or the RWAM Agreement by the Participant;
- Any negligent act or omission, willful misconduct, or violation of applicable laws by the Participant;
- Any RWAM or third-party claims related to the Participant's performance or obligations under this Agreement.

The Participant hereby acknowledges and agrees that any obligations indemnify the NPAA as set out in this Section 7 shall survive the termination of this Agreement indefinitely.

8. Acknowledgment and Agreement

The Participant hereby acknowledges having read and understood this Agreement and all schedules thereto, including the Health Benefits Policy and the RWAM, and agrees to the terms contained therein.

The Participant hereby acknowledges that notwithstanding that the RWAM Agreement and/or the RWAM Enrolment Form implies that the NPAA is or lists the NPAA as the employer, the NPAA is not the employer of the Participant's employees and nothing in this Agreement, its schedules, or any related forms, subsequent agreements, or informational materials provided shall be deemed to create any employer/employee relationship between the NPAA and the Participant's employees or any partnership between the NPAA and the Participant.

The Participant hereby acknowledges that it is responsible for reviewing its own employment agreements with its employees or any of its internal policies and obtaining any independent legal advice to determine if any changes to its employment agreements/policies are required to be able to meet the requirements of the NPAA Health Benefits Program, including regarding the provision of employee/dependent information and potential requirements for employee contributions to Premiums. The Participant further acknowledges that the NPAA has not and will not provide any legal advice regarding the provision of benefits to its employees or any employment law concerns/issues between the Participant and its own employees.

Participant's Full Legal Name: _____

Per: _____

Name: _____

Title: _____

Date: _____

Nurse Practitioner Association of Alberta

Per: _____

Name: _____

Title: _____

Date: _____

Revision History

Version	Date	Summary of Changes	Initials	Changes Marked
1.0	January 2025	Create	HB	Yes
2.0	January 2026			