

EXHIBIT A

**DISTRICT COUNCIL 16 NORTHERN CALIFORNIA
HEALTH AND WELFARE TRUST FUND**

SUBSCRIBER AGREEMENT
FOR NON-BARGAINING EMPLOYEES
OF SIGNATORY EMPLOYERS

Date:

Employer's Name:

Employer Number:

Billing #:

Contributions will Start On:

Contribution Rate and Effective Date:

Employee Name	Last 4 Digits of SS#	Date of Birth	Date of Hire	Title	Effective Date of Coverage

Note: Employer must complete Exhibit A and submit it to the Fund Office on an annual basis.