

**Georgia Farm Bureau
Member Health Program Trust
Participating Employer
Product Dues Acknowledgement**

The Georgia Farm Bureau (“GFB”) is offering the Georgia Farm Bureau Member Health Program Trust (the “Arrangement”) to certain employers in Georgia. Employers who elect to participate in the Arrangement (the “Participating Employers”) have elected to offer the Arrangement to their eligible employees and their family members. The Participating Employer agrees to the following:

1. The Participating Employer will require all participating employees to become or remain members in good standing with the GFB.
2. The Participating Employer agrees to pay product dues assessed by the GFB. The product dues charged will be calculated at \$4.00 per employee per month. Charges for product dues will be included on a separate invoice from Anthem each month in addition to the premium equivalent invoice. All invoices will be posted electronically on the Anthem Employer Portal.
3. The Participating Employer elects the Plan Administrator of the Arrangement to be its proxy to elect Trustees to the Plan.
4. The Participating Employer agrees to comply with all the Arrangement’s rules and requirements. Failure to comply with the Arrangement’s rules and requirements may result in the Participating Employer being terminated from the Arrangement.

This Acknowledgement is effective when signed by the Participating Employer.

Participating Employer

Employer Identification Number

Primary Contact Name

Primary Contact Signature

Agent of Record