

HOLD HARMLESS AGREEMENT

I hereby elect to become a Participant of the VEBA Medical Expense Plan (Plan). I realize that the parties involved in this Plan (including, but not limited to, my employer, the Health Care Authority, its agents, my bargaining representative and the trustees) cannot guarantee any federal or state tax or investment results.

I acknowledge that any benefits to which I may become entitled to are subject to the terms and conditions of the governing Plan documents and applicable law, and that the Plan or its agents may withhold from such benefits (and may transmit to the government) any tax, charge, penalty or assessment which is determined to be attributable to or allocable to such benefits or on account of the operations of the Plan and to hold the Plan and its agents harmless with respect to such actions taken in good faith.

Employee Signature: _____

Date: _____

Please return this form to [AGENCY] [SECTION] prior to your retirement date.

Received by [AGENCY] [SECTION] (Name and Date)

Name: _____

Date: _____