TRUST SUBSCRIPTION AGREEMENT
AND APPLICATION FOR
MEDICAL EXPENSE REIMBURSEMENT COVERAGE

As an employer, the undersigned hereby subscribes to a particular agreement in its present form or as hereinafter amended, known as:

THE NATIONAL EDUCATION ASSOCIATION INSURANCE TRUST

HIGHER EDUCATION INSURANCE TRUST

THE NATIONAL SCHOOL EMPLOYEES INSURANCE TRUST

THE NATIONAL EMPLOYERS INSURANCE TRUST

THE NATIONAL PUBLIC EMPLOYEES INSURANCE TRUST

THE NATIONAL SERVICE INDUSTRY INSURANCE TRUST

THE NATIONAL BUSINESS INSURANCE TRUST

In addition, the employer hereby makes application for Medical Expense Reimbursement coverage as issued by American Fidelity Assurance Company.

Name of Employer: Dublin U S D

Address: 7471 Larkdale Ave

City: Dublin **State:** CA **Zip:** 94568

Effective Date of Coverage: January 1, 2017

The maximum plan year reimbursement per participant will be the amount indicated in the plan document in Section F. 7. In no event can the maximum exceed the limit as indicated by the IRS in accordance with the law.

Annual Premium: In Kind and Administrative Services provided to American Fidelity Assurance Company by Employer. These services include making employment information, payroll information, employees, and space available to American Fidelity Assurance Company to facilitate enrollments.

We are acquainted with the eligibility rules and we understand that no coverage is in force until this subscription and application have been approved by both the Trustee and Underwriter.

Dated at _____, this _____ day of _____, 20__.

Signature: _____

Title:_____