

**Western Healthcare Insurance Trust
Benefit Eligibility & Premium Review Program
Annual Certification of Internal Review**

NOTE TO WHIT PARTICIPATING EMPLOYERS: This form must be signed by the Chief Financial Officer or Director of Human Resources of the employer, and returned to the Trust Office within 120 days of the end of the Employer's fiscal year. This review program allows the Trust to avoid a more comprehensive and burdensome audit procedure with the Trust's participating employers.

As a participating member of the Western Healthcare Insurance Trust, _____ (hereafter, "Employer" or "we"), certify that we have performed an internal review for the period of January through December 2008 of Trust contributions, participation and eligibility; and verified compliance with the following WHIT requirements.

- 1) All participating employees in WHIT benefit plans are employed in a group of employees designated by the participating employer. Each employee in the designated group is participating.
- 2) All participating employees are employed on a permanent, full-time basis, defined as 20 hours or more per week, in a benefits-eligible position, as defined by the Employer.
- 3) All participating employees are compensated in the form of wages or salary (except for employees on COBRA or FMLA leave) for services presently being performed.
- 4) We have concluded from our internal review that contributions to the Trust have been correctly calculated and accurately paid to the Trust Office, following the effective date of our Subscription Agreement (2009 ed.) with the Trust, or the date of our last Annual Certification of Internal Review, whichever is later.

This certification must be signed and returned to the Trust Office:
c/o Susan McAdams Zenith Administrators, Inc.
201 Queen Anne Ave. North, Suite 100
Seattle, WA 98109

EMPLOYER NAME

Signature

Print name of Signatory Party

Title of Signatory Party

Date of Signature

Please indicate the employee who supervised the internal review, so we may contact that person in case of any questions. Thank you.

Name

Email address

Title

Phone No. [1/21/09 ed.]