

HEALTHAMERICA OHIO INSURANCE TRUST
TRUST PARTICIPATION AGREEMENT

In order to receive a certificate evidencing insurance coverage for the undersigned and their dependents under a group sickness and accident insurance policy (the "Policy") issued to the HealthAmerica Ohio Insurance Trust (the "Trust"), and underwritten by Coventry Health and Life Insurance Company, a Delaware corporation doing business as "HealthAssurance", the undersigned requests participation in the Trust. If the undersigned's participation in the Trust is approved by the Trustee (the "Trustee"), then the undersigned is an Insured (as the term is defined in the Trust Agreement) effective as of the date that the Trustee signs this Trust Participation Agreement. But, the undersigned acknowledges and agrees that even if they are approved by the Trustee as an Insured, neither the undersigned nor their dependents are insured under the Policy, until each satisfies the specific eligibility requirements of the Policy, as determined by HealthAssurance. All undefined capitalized terms have the meaning given them in the Trust Agreement.

The undersigned acknowledges and agrees to be bound by all the terms and conditions of the Trust Agreement and Policy, as each may be amended from time to time, and specifically acknowledges and agrees: (a) to furnish any information that the Trustee or HealthAssurance requests and that is reasonably related to the proper administration of the Trust or Policy, (b) that they have no right, title or interest in or to the Trust Funds or the Policy, (c) benefits payable under the Policy are solely governed by the terms and conditions of the Policy and all claims and causes of action for benefits may only be asserted against HealthAssurance, and not against any other Insured, the Trust, or the Trustee, (d) Trustee has no rights or obligations under the Policy, (e) the undersigned may withdraw from the Trust and cancel coverage under the Policy upon 30 days prior written notice to the Trustee, (f) failure by an Insured to remit premium amounts when due automatically constitutes withdrawal and cancellation of all coverage effective as of the due date or last day of any applicable grace period, whichever is later.

The undersigned is executing this Trust Participation Agreement on the date set forth after their name.

Print: _____
Date: _____, 200__
Address: _____

ACCEPTED BY:

HEALTHAMERICA PENNSYLVANIA, INC.
As Trustee for the
HEALTHAMERICA OHIO INSURANCE TRUST



By: Robert L. Dawson
Its: President and Chief Executive Officer
Date: _____, 200__