

Certificate of Guarantee

I, _____, representing my employer _____, guarantee that the Health Plan employer contribution rates proposed to your union on 5/22/07 will provide the negotiated benefit levels for the full life of the proposed union contract and provide the optimum fund reserves, as has already been established by the Fund trustees.

Furthermore, to assure our employees that they will not suffer health benefit reductions during the term of the contract I commit my own personal finances to provide any shortfall of funding AND if that is not enough funding I commit my employer's financial resources to prevent benefit reductions and continue no less than optimum reserves, as has already been established by the Fund trustees.

Name _____ Date _____

Company _____