

**McDonald's Licensees Health & Welfare Plan
Letter of Intent**

I, _____(Name), am an Operator of a McDonald's restaurant and choose to participate in the McDonald's Licensees Health & Welfare Plan.

I request that participation become effective ____/01/____.

I understand that I have 31 days after I become an Operator to join the Plan and submit an Adoption Agreement. If participation is requested after this 31-day period certain limitations on enrollment will apply. This Adoption Agreement will determine the eligibility requirements for joining the Plan.

All correspondence and bills should be sent to the following address:

Operator Name: _____
Company Name: _____
Address: _____
City: _____
State: _____
ZIP Code: _____
Phone No: _____
Fax No: _____
E-Mail: _____

HIPAA Authorized Contacts (Those with whom the Administrator can discuss your Plan):

1. _____
2. _____
3. _____

Operator Signature

Date

Title

ADMINISTRATOR'S USE ONLY:	
COMPANY _____	RATE AREA _____
FRANCHISE ID # _____	PPO STATE _____