

PARTICIPATION AGREEMENT

This Participation Agreement is entered into by the undersigned School Board ("Board") and the Florida Educator Health Trust ("FLEHT") and state as follows:

WHEREAS, FLEHT is a duly organized insurance trust established pursuant to the laws of the State of Florida and created by that certain Agreement and Declaration of Trust dated _____, 2025 ("Trust"); and

WHEREAS, the Board, a political subdivision of the State of Florida, is a "Member" of the Florida Association of District School Superintendents, Inc. ("FADSS") as defined in Article II, Section 7 of the Trust and is therefore entitled to seek to participate in the Trust; and

WHEREAS, the Board has applied to become a "Participating Trust Member" of FLEHT, as defined in Article II, Section 13 of the Trust; and

WHEREAS, the Trustees of the Trust have determined that the Board meets all requirements to become a Trust Member School District as defined in the Trust and have, therefore, approved on _____, 2026, the Board's application to become a Participating Trust Member School District; and

WHEREAS, the Board, by official action taken on _____, 2026, has voted to become a Participating Trust Member School District and to appoint the Superintendent as Trustee of the Trust as provided in Article II, Section 20 of the Trust.

NOW, THEREFORE, the Trustees of FLEHT do by these presents accept, acknowledge and approve the Board becoming a Participating Trust Member School District of FLEHT with all of the rights, privileges and obligations appurtenant thereto, and the Board accepts, acknowledges and approves of its membership in FLEHT as a Participating Trust Member School District and hereby appoints the Superintendent of Schools in the Board's district as Trustee.

FLORIDA EDUCATOR HEALTH TRUST

By: _____
Chair
Date: _____

Attest:

Secretary

Date: _____

**SCHOOL BOARD OF _____ COUNTY,
FLORIDA**

By: _____
Chair
Date: _____

Attest:

Superintendent of Schools

Date: _____