

For Internal Use Only
LiLA Employer # _____
Date Received _____
Date Approved _____

LiLA LETTER OF AGREEMENT For Participating Employers

Welcome to the Washington State Lifelong Learning Account Program. The LiLA Program enables businesses and organizations to establish savings accounts that help their employees pay for career-related education and training.

As a LiLA participating employer, your business agrees to make a minimum contribution of \$20 per month (\$240 minimum annual contribution) to each employee who establishes a LiLA account. Your employee has also agreed to minimum payroll deduction of \$20 per month (\$240 minimum annual contribution). Both you and your employee MAY contribute more than \$20 per month to the employee’s LiLA account. However, as the employer, you have the right to set a limit on annual contributions greater than the required minimum match of \$240.

I. PROGRAM MANAGEMENT

The Association of Washington Business’s (AWB) 501(c)(3) Education Foundation will serve as the fiscal agent for the LiLA Pilot Program, and The Workforce Training Education Coordinating Board (Workforce Board) will serve as program manager. As fiscal agent, the AWB Education Foundation will serve as trustee for all employee and employer contributions and will provide quarterly statements for all employer and employee accounts. The program manager will:

- A. Assist your business in promoting the LiLA Program to employees.
- B. Administer the application process for employees participating in the LiLA program.
- C. Assist employees with development of their Career Development Plan as required by [Section 7 of the LiLA program guidelines](#).
- D. Open and manage a LiLA account for each participating employee, and provide my business and employee participants with monthly LiLA account statements. AWB will serve as the legal custodian of all LiLA accounts.
- E. Review requests from participating employees to use LiLA funds to ensure the requests are consistent with the participant’s Career Development Plan and qualify as an Approved Education or Training Activity. My business expressly agrees that the Workforce Board shall have sole discretion to approve or reject a participating employee’s request to utilize LiLA funds for a particular education or training activity or expense, and understands that the consortium’s determinations will be based on whether the requested activity or expense comports with the participant’s Individual Career Development Plan and LiLA program guidelines.
- F. Process payments for Approved Education or Training Activities.
- G. Conduct a review of participant education and training activities as described in [Section 15 of the LiLA Program Guidelines](#) to determine satisfactory completion of education and assess attainment of goals specified in their Career Development Plan.
- H. Perform periodic evaluations of the LiLA Program to measure program outcomes, as described in [Section 19 of the LiLA Program Guidelines](#).

II. EMPLOYER RESPONSIBILITIES

I HEREBY agree to support the LiLA Program by assuming the following responsibilities:

- A. Promoting the LiLA Program to employees.
- B. Permitting all eligible employees to enroll in the LiLA Program. To be eligible to enroll in the LiLA Program, employees must meet the benefits eligibility requirements established by the employer.
- C. Authorizing Association of Washington Business (AWB) to open a non-interest bearing account in the name of **Business Name**, at West Coast Bank, Olympia, WA (the “Employer Account”), with AWB named as the custodian, for the purpose of receiving and distributing **Business Name’s**, matching contributions under the terms of the LiLA Program Guidelines. I expressly authorize AWB to withdraw funds from the Employer Accounts without my consent for purposes of funding Approved Education or Training Activities or expenses.
- D. Allowing employees participating in the LiLA Program to contribute directly to their LiLA accounts through payroll deductions.
- E. Providing a minimum match of \$20 per month (\$240 minimum annual match) to contributions made by employees participating in the LiLA Program.
- F. Furnishing the following information, on a form provided by the Workforce Board: employee name, participant ID number, employee deposit amount, and employer match amount.
- G. Participating in the LiLA Program evaluation activities, including periodic surveys, focus groups and/or interviews. (Evaluation activities are designed to be as brief and unobtrusive as possible.)

III. TERMINATION

This agreement may only be terminated for cause, upon thirty (30) days written notice to the other party; however, **Business Name** agrees that in the event their firm withdraws from the LiLA Program, all matching funds theretofore contributed by my business on behalf of its participating employees shall remain under the custody of the Washington LiLA Program, and will remain available for use by participating employees for Approved Education or Training Activities.

IV. RELEASE

I hereby release and forever discharge and holds harmless the Association for Washington Business (AWB), and the Workforce Education and Training Coordinating Board (Workforce Board), and its directors, officers, employees, agents, successors, and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise, or may hereafter arise in any way, from my business's participation in the Lifelong Learning Account Program.

V. ACCEPTANCE

I have reviewed the LiLA Program Guidelines and the foregoing document and understand their contents, and agree to adhere to the terms and conditions described therein. I am authorized to enter into this Agreement on behalf of my business, and agree to the terms and conditions set forth herein.

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____