Plan Document: Grace Period Amendment

Amendment to the Medical or Medical-Related Expense Reimbursement Benefits Plan (Health FSA)

All terms and conditions stated in the Plan Document and Appendix B are applicable to this Health FSA Amendment unless specifically changed by this Amendment.

All capitalized terms in this Amendment are defined exactly as in the Plan Document, Article III, Definitions, or as defined in Appendix B.

This Amendment adds a Grace Period for the Medical or Medical-Related Expense Reimbursement Benefits Plan (Health FSA). A Health FSA cannot have a Grace Period and allow Carryover. The Carryover terms stated in Appendix B is hereby deleted in its entirety.

Grace Period. The Health FSA allows reimbursement for Qualified Expenses, when the services are rendered during the Grace Period. The Grace Period extends two and one half months after the last day of your Plan Year. The last day of this Grace Period is the fifteenth day of the third month following the end of the Plan Year. Services that are rendered after the last day of this Grace Period will not be considered for reimbursement under the prior Plan Year.

You must be enrolled through the end of the last day of the Plan Year in order for this Grace Period to apply.

Order of payment. Medical services that qualify for reimbursement and are rendered during the Grace Period will be reimbursed using any balance in your prior Plan Year annual election first, and then reimbursed from any new Plan Year annual election.

Participants who terminate before the end of the Plan Year. If you terminate coverage for any reason prior to the end of the last day of the Plan Year, then you may not submit any claims for services that were rendered after your date of termination. The Grace Period rules described above will not be available.

Forfeiture (Use-it-or-lose-it Rule) and run out period for submitting claims. A Participant forfeits any amount of his/her annual election that exceeds the amount of claims reimbursed for Qualified Expenses rendered during any Plan Year or applicable Grace Period.

A Participant who terminates coverage during the Plan Year has a run out period in which to submit eligible claims. The duration of the run out period will be provided in the Summary Plan Description provided by the Employer.

A Participant who is covered through the end of the last day of any Plan Year will have a run out period in which to submit eligible claims. The duration of the run out period will be provided in the Summary Plan Description provided by the Employer.

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