

## Flexible Benefit Plan Employee Benefit Resources, LLP

Information provided is in summary format. Any difference between the summary provided and actual contract will be settled in favor of the contract.	
<b>GENERAL INFORMATION</b>	
<b>Welcome Letter</b>	<a href="#"><u>Click here</u></a>
<b>Claims Administration/Tools</b>	<a href="#"><u>Employee Benefit Resources, LLP</u></a>
<b>Summary Plan Description and Amendment</b>	<a href="#"><u>Summary Plan Description Amendment - January 1, 2005</u></a>
<b>Eligibility</b>	You will be eligible to join the plan once you have satisfied the conditions for coverage under our group medical plan.
<b>Plan Benefits</b>	<ul style="list-style-type: none"> <li>• Health Care Reimbursement Plan</li> <li>• Dependent Care Assistance Account</li> <li>• Premium Expense Account</li> </ul>
<b>Annual Benefits Limitation</b>	Health Care Reimbursement Account: \$5,000 Dependent Care Reimbursement Account: \$5,000 (\$2,500 if married filing separate tax returns)
<b>Plan Year</b>	January 1st through December 31st
<b>Mid-Year Termination</b>	In the event that your employment is terminated, voluntarily or involuntarily, you may file claims against your account as long as the incurred dates for your expenses are prior to your termination date.
<b>Time Frame to File Claims</b>	You have until March 31st of the following year to submit expenses incurred through December 31st of the plan year.
<b>Change in Contributions</b>	You may change your contributions to the plan in any amount upon written notification to your plan administrator. Such change shall become effective on the first day of the next plan year following such notification. You may also change contributions and elections during the plan year within 60 days of a qualified family status change.
<b>HEALTH CARE REIMBURSEMENT PLAN</b>	
<b>Medical Related Expenses</b>	Many health care expenses incurred by you and your family are not covered by a health insurance plan, such as deductibles and copayments.
<b>Eligible Medical Expenses</b>	Qualified medical-dental expenses are those expenses for services <u>incurred during the plan year</u> for the diagnosis, treatment or prevention of disease, and for treatments affecting any part or function of the body. The expense must be to alleviate or prevent a physical defect or illness.
<b>Additional Information</b>	The following information is available to you: <ul style="list-style-type: none"> <li>• <a href="#"><u>Listing of Allowed Expenses</u></a></li> <li>• <a href="#"><u>Listing of Denied Expenses</u></a></li> <li>• <a href="#"><u>Listing of covered over the counter medications</u></a></li> </ul>
<b>DEPENDENT CARE ASSISTANCE ACCOUNT</b>	
<b>Dependent Care Expenses</b>	A Dependent Care Reimbursement Account under IRS Section 125 allows you to avoid both FICA and Federal Income Tax on qualifying child and dependent care expenses.
<b>Eligible Dependents</b>	Children under the age of 13, a disabled spouse or other dependents who are physically or mentally incapable of self-care.
<b>Eligible Expenses</b>	Expenses must be work related; must be for qualifying dependent's care; care can be provided inside or outside your home; you can include part of the expenses for household services if they are at least partly for the well being and protection of a qualifying dependent.
<b>PREMIUM EXPENSE ACCOUNT</b>	
<b>Premium Only Program</b>	A Premium Expense Account allows you to use tax-free dollars to pay for certain premium expenses under various insurance programs that we offer you. These premium expenses include Health Care, Dental and Vision.