

Plan Endorsement #{{PE_PlanEndorsement_Number}} SP

GROUP # {{PE_GroupNumber}}

EFFECTIVE DATE {{PE_EffectiveDate}}

EMPLOYER ID# {{PE_EIN}} PLAN #s{{PE_PlanNumber}}

NAME OF PLAN {{PE_NamePlan}} Employee Benefits Plan

TYPE OF PLAN {{PE_PlanDescription}} Plan

The following wording is hereby added to the Plan:

{{PE_NamePlan}}, of {{PE_City}}, {{PE_State}} hereby establishes a plan for payment of certain expenses for the benefit of its eligible employees to be known as {{PE_NamePlan}} Employee Benefits Plan. The attached document serves as the summary plan description, plan description and plan document for the Plan.

{{PE_NamePlan}} has caused this Plan to take effect as of 12:01 A.M. {{CP_TimeZone}} on {{PE_EffectiveDate}} at {{PE_City}}, {{PE_State}}.

APPROVED AND ATTESTED: