**Plan Endorsement #**{{ PE\_PlanEndrosement\_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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BY |  | | | TITLE |  |
|  | | | | | |
| DATE | |  |