**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 | |  |