#### Resolution No. 2024-02

## RESOLUTION TO AMEND AND RESTATE THE MIDAMERICA ADMINISTRATIVE & RETIREMENT SOLUTIONS HEALTH REIMBURSEMENT ARRANGEMENT

WHEREAS, Phelan Piñon Hills Community Services District

(the "Employer") has established and adopted the MidAmerica Administrative & Retirement Solutions Health Reimbursement Arrangement (the "Plan") for the benefit of its eligible employees and their dependents;

WHEREAS, the section of the Plan entitled "Plan Amendments" reserves the right of the Employer to amend the Plan, at any time and in whole or in part, so long as participants are notified and any amendment does not adversely affect the rights of existing participants, and to make changes imposed by the Internal Revenue Service, without notice to participants;

WHEREAS, the Employer wishes to amend and restate the Plan; and

WHEREAS, a copy of the amended and restated Plan document has been attached;

NOW, THEREFORE, BE IT RESOLVED that the Plan is amended and restated by adopting all of the terms of the amended and restated Plan document attached, effective on January 1, 2024

\*\*\*\*\*

This Resolution has been executed this 14th day of February , 2024.

Signature
Don Bartz, General Manager

Name and Title
Phelan Piñon Hills Community Services District

Employer

## Health Reimbursement Arrangement for Active Employees ADOPTION AGREEMENT

### for

## Phelan Piñon Hills Community Services District

Employer Address:	4176 Warbler Road		
	Phelan, CA 92371		
Employer Telephone Number:	760-868-1212		
Employer Identification Number:	26-2835062		
	• • •	•	
Arrangement for Integrated Employe	es (hereinafter referred to as the '	ent, hereby adopts and implements the Health R "Plan" or the "HRA") and agrees to abide by the terr the Employer hereby makes the following designation	ns of the Plan.
		Employer effective January 1, 2021	
Plan Year. The Plan Year ends on	December 31		
Eligible Classes. The class or classes	of Employees covered by this Plan	n are: (See attached Class Specifications.)	
Class ActA: Active Employees - O	pt Out	Class ActB: Board Members with Group Medic	al Coverage
Class ActC: Active Employees enrolle	ed in single coverage	Class ActD:	
Class ActE:		Class ActF:	
Retirement Solutions, Inc.  Designation of Individuals to Have other persons shall be given access to	Access to Protected Health Inform the PHI to be disclosed:	ne following initial Plan Administrator: MidAmerica MidAme	
Business Office Personnel HR D	epartment Personnel		
The Employer hereby agrees to the professor state of the professor s		ed this Adoption Agreement on this 14thday of	
Name of Employer:	Phelan Piñon Hills Community	Services District	
Signature:	DR		
Print Name:	Don Bartz	462	
Title:	General Manager		
Employer CONTACT (print):	Kim Sevy		
Title:	Human Resources Manager		
E-Mail:	ksevy@pphcsd.org		
Telephone:	760-868-1212	Ext. 309	
Fax:	760-868-2323		
	equired to advise you no person	or entity may use any tax advice in this communi	ication or any

attachment to (i) avoid any penalty under federal tax law or (ii) promote, market or recommend any purchase, investment or other action.

### **Employer Representations**

- Employees are not permitted to make any election or choice between cash, the HRA, and/or any other tax deferred program.
- The allocation to the HRA will be expressed in a percent of compensation or dollar amount.
- The Employer has discretion in determining classes of Employees eligible to participate in the HRA. Once determined, Employees in the class shall be treated uniformly and be provided a uniform allocation to the HRA. Such class shall remain in effect for the Employer's entire fiscal year for all affected Employees in such year and for all future contributions to such class. Each year, the Employer may reevaluate allocations and classes for new Employees only.
- The Employer acknowledges that it has received the Plan document for the HRA and agrees with all the terms therein.
- The Employer understands that whether a contribution to the HRA is non-elective for tax purposes is a facts and circumstances determination, and the Employer is responsible for whether the contribution is truly non-elective or not. The Employer understands that MidAmerica Administrative & Retirement Solutions, Inc. and its agents and employees are not tax or legal advisors. They may provide general information regarding the tax treatment of health reimbursement arrangements, but the Employer should consult with its own tax or legal advisors as to how tax and other rules may apply to its own facts and circumstances.
- The Employer will not provide any information or forms or enter into any contracts inconsistent with the preceding.
- The Employer acknowledges that every Participant must be enrolled in a group health plan, as described in the Declaration of Coverage Under Another Group Health Plan Form, and it is the Employer's responsibility to ensure that all Participants complete and sign the Form.

Effective Date January 1, 202

Employer Initials\_

Eligible Class ActA: Active Em	oloyees - Opt Out		19 17 41 49 54
Defined as: Active employees w determined by the district annual	ho secure group health coverage ally. For the 2024 calendar yea	ge through a family member w r, this amount will be \$650 per	rill receive a monthly contribution
Employment Status Upon the initi	al contribution to the Plan. Partici	nant employment status shall be:	
★ Active	a contribution to the time, the time		
<u>Contribution Types</u> All funds for formula:	the Plan shall come exclusively	from the Employer and shall be of	determined in accordance with the following
▼ Dollar Amount	Percentage of Compo	ensation	
Contribution Frequency			
☐ One Time ☐ Semi-Annually	Annually Monthly		the employer Trust account annually. Deposits will be participants accounts with funds pulled from the Trust.
Vesting Schedule Participants shall	own their account balance in acc		
☐ 100% upon Separation of S ☐ Other Immediate access to fur	eting the Employer's eligible requiervice ands during active service. 5 Years of service to the service of service of the serv	vice required to be vested 100% in accu	imulated unused balance upon separation of service.
of the death of the Participant, the I	Participant's spouse, and all of the	Participant's qualifying dependent	shall forfeit their unvested funds. In the event ts, any vested funds remaining in the account unvested funds shall be forfeited. Forfeitures
Reduce future Employer co  Be redistributed pro-rata at		an Participants who are actively em	ployed as of the end of the Plan Year
Run-off Times Participants will be Run-off time for Participants to subm that shall be forfeited due to death w	nit claims for reimbursement from	incurring expenses after the date funds that shall be forfeited will be	that their Participation in the Plan ends. The 90 (ninety) days. The Run-off time for funds
Reimbursements Reimbursements s	hall be for:		
	ses specified in section 213(d) of the	e Internal Revenue Code	
Limited Purpose Post Deductible Premium Only Medical Ex	penses (Highly Compensated Indiv	iduals may receive only premium n	eimbursements.)
HRA/FSA Ordering			,
<ul><li>★ The Plan permits reimburs expenses exceeding the do</li><li>★ The Plan permits reimburs</li></ul>	ements for expenses eligible to be ollar amount of any FSA have bee ements for Limited Purpose, Dedu	n paid.	therefore the HRA shall not reimburse before which are not eligible to be reimbursed by the
Administration Fees: Administration S8 per participant per month (includes p		* -	
Manual Claim Fees: Not Applicat	le		
Reimbursement Eligibility: A Par	ticipant shall be eligible for reimb	oursement of medical expenses at	the time selected below.
	ed		
Investment Selection Inves	tment Provider: American Unite	d Life Insurance Company	
Type of Investment: X Fixed an	☐ Em	e annuities – Default F apployer directed rticipant directed; restrictions are:  None  100% vested  At Retirement  Account balance in excess of \$  Other  Funds limited (see attachment)	Forfeiture Default
Effective Date January 1, 2021	nployer Initials W		

Eligible Class ActB:	Board Members with	th Group Medical Coverage		
Defined as: Board r	nembers who secure	group health coverage throu	igh a family member or have group nnually. For the 2024 calendar year, this	coverage through other
	<u> </u>			amount will be \$650 per month.
Employment Status  Active	Upon the initial contrit	oution to the Plan, Participant	employment status shall be:	
Contribution Types formula:	All funds for the Plan	shall come exclusively from	the Employer and shall be determined	in accordance with the following
➤ Dollar Amor	ınt	☐ Percentage of Compensati	on	
Contribution Frequ	ency			
☐ One Time ☐ Semi-Annua	illy	Annually Monthly	Quarterly  Other District will fund the employer Trus	st account annually. Deposits will be ints with funds pulled from the Trust.
Vesting Schedule Pa	rticipants shall own the	ir account balance in accordar	ce with the following vesting schedule:	no vita intes paries non inc trees.
☐ 100% upon : ☐ Other	Retirement, meeting the Separation of Service	Employer's eligible requireme	nts for retirement	
_			e at the time of termination shall forfeit	their unvested funds. In the event
of the death of the Pa	rticipant, the Participan	it's spouse, and all of the Parti	cipant's qualifying dependents, any veste in the Plan, all vested and unvested fur	ed funds remaining in the account
	re Employer contribution sted pro-rata at the end of		ticipants who are actively employed as o	f the end of the Plan Year
Run-off time for Parti		for reimbursement from funds	ring expenses after the date that their Pathat shall be forfeited will be 90 (ninety)	
Reimbursements Rei	mbursements shall be fo	r:		
Limited Purp Post Deducti	oose	ied in section 213(d) of the Inte	rnal Revenue Code  may receive only premium reimburseme	oute )
HRA/FSA Ordering	ny ividuicai Expenses (11	ngmy compensated marvidual	may receive only premium remouseme	1113.)
☐ The Employ  ▼ The Plan pe expenses ex ☐ The Plan pe	rmits reimbursements for ceeding the dollar amo rmits reimbursements for	or expenses eligible to be reiml unt of any FSA have been paid or Limited Purpose, Deductible	in which Participants may elect to participursed by the FSA plan and therefore the l. or Premium Only expenses which are no pant's FSA account is exhausted.	HRA shall not reimburse before
Administration Fees	: Administrative Fees a	re paid by the Employer for ac	ive employees.	
	-112	ee) with \$75 monthly minimum		
Manual Claim Fees:	Not Applicable			
X Immediate	gibility: A Participant s	hall be eligible for reimbursen	ent of medical expenses at the time sele	cted below.
Investment Selection	Investment Pr	ovider: American United Life	Insurance Company	WW
Type of Investment:	☒ Fixed annuity onl	☐ Employe ☐ Participa ☐ Nor ☐ 100 ☐ At I	% vested tetirement ount balance in excess of \$	:fault
Effective Date	y 1, 2021 Employer I	CM3	ds limited (see attachment)	

Eligible Class ActC: Active Employees enrolled in single coverage
Defined as: Active Employees enrolled in employee only coverage with the district will receive a monthly contribution determined by the district annually. For the 2024 calendar year, this amount will be \$150 per month.
Employment Status Upon the initial contribution to the Plan, Participant employment status shall be:  X Active
Contribution Types All funds for the Plan shall come exclusively from the Employer and shall be determined in accordance with the following formula:
☑ Dollar Amount ☐ Percentage of Compensation
Contribution Frequency  One Time Annually Quarterly Semi-Annually Semi-Annually Other District will fund the employer Trust account annually, Deposits will be made monthly to participants accounts with funds pulled from the Trust
<u>Vesting Schedule</u> Participants shall own their account balance in accordance with the following vesting schedule:
□ 100% Immediate □ 100% upon Retirement, meeting the Employer's eligible requirements for retirement □ 100% upon Separation of Service □ 0ther Immediate access to funds during active service. 5 Years of service required to be vested 100% in accumulated unused balance upon separation of service □ 100% upon death (can be selected in addition to "other" above)
Forfeitures Employees who are not 100% vested under the Vesting Schedule at the time of termination shall forfeit their unvested funds. In the even of the death of the Participant, the Participant's spouse, and all of the Participant's qualifying dependents, any vested funds remaining in the account shall be forfeited. In the event that the Participant opts out of participation in the Plan, all vested and unvested funds shall be forfeited. Forfeitures shall:
Reduce future Employer contributions  Be redistributed pro-rata at the end of each Plan Year to all Plan Participants who are actively employed as of the end of the Plan Year
Run-off Times Participants will be allowed <u>0 (zero)</u> days to continue incurring expenses after the date that their Participation in the Plan ends. The Run-off time for Participants to submit claims for reimbursement from funds that shall be forfeited will be <u>90 (ninety)</u> days. The Run-off time for funds that shall be forfeited due to death will be one year.
Reimbursements Reimbursements shall be for:
HRA/FSA Ordering
<ul> <li>□ The Employer maintains a Flexible Spending Account (FSA) plan in which Participants may elect to participate.</li> <li>□ The Plan permits reimbursements for expenses eligible to be reimbursed by the FSA plan and therefore the HRA shall not reimburse before expenses exceeding the dollar amount of any FSA have been paid.</li> <li>□ The Plan permits reimbursements for Limited Purpose, Deductible or Premium Only expenses which are not eligible to be reimbursed by the FSA plan and therefore the HRA shall reimburse before the Participant's FSA account is exhausted.</li> </ul>
Administration Fees: Administrative Fees are paid by the Employer for active employees.  \$8 per participant per month (includes platform fee) with \$75 monthly minimum
Manual Claim Fees: Not Applicable
Reimbursement Eligibility A Participant shall be eligible for reimbursement of medical expenses at the time selected below.    Immediate   Upon becoming 100% vested
Investment Selection Investment Provider: American United Life Insurance Company
Type of Investment:  Fixed annuity only
Effective Date January 1, 2021 Employer Initials 1997

# Health Reimbursement Arrangement for Retirees ADOPTION AGREEMENT

for

## Phelan Piñon Hills Community Services District

Employer Address:	4176 Warbler Road					
	Phelan, CA 92371					
Employer Telephone Number:	760-868-1212					
Employer Identification Number: 26-2835062						
	• • •					
Arrangement for Retirees (hereinafte Adoption Agreement, and by its authority)	secuting this Adoption Agreement, hereby adopts and implements the Health Reimbursement referred to as the "Plan" or the "HRA") and agrees to abide by the terms of the Plan. With this porized signature below, the Employer hereby makes the following designations.					
Effective Date. The Plan's Original Englanuary 1, 2024. The Plan	ffective Date is January 1, 2021 The Plan's Restated Effective Date is an is available to Retirees of the Employer effective January 1, 2021					
Plan Year. The Plan Year ends on Do	ecember 31					
Eligible Classes. The class or classes	of Retirees covered by this Plan are: (See attached Class Specifications.)					
	Active Class A, B, & C Class RetB: Board Members on Medicare					
Class RetC: Active Employees on	Medicare Class RetD:					
Class RetE:	Class RetF:					
Retirement Solutions, Inc.	The Employer hereby designates the following initial Plan Administrator: MidAmerica Administrative &					
other persons shall be given access to	Access to Protected Health Information ("PHI"). The following Employees, classes of Employees, or the PHI to be disclosed:  separtment Personnel					
The Employer hereby agrees to the pro	visions of the Plan and has executed this Adoption Agreement on this 14thday of					
Name of Employer:	Phelan Piñon Hills Community Services District					
Signature:	DE					
Print Name:	Don Bartz					
Title:	General Manager					
Employer CONTACT (print):	Kim Sevy					
Title:	Human Resources Manager					
E-Mail:	ksevy@pphcsd.org					
Telephone:	760-868-1212 Ext. 309					
Fax:	760-868-2323					

IRS Circular 230 Notice: We are required to advise you no person or entity may use any tax advice in this communication or any attachment to (i) avoid any penalty under federal tax law or (ii) promote, market or recommend any purchase, investment or other action.

#### **Employer Representations**

- The Employer intends to reduce its Retirees' medical expenses by providing reimbursement of such expenses, in a limited capacity. The Employer anticipates that participation in the HRA will encourage prospective Retirees to retire earlier, as they will be better able to afford quality health care prior to the age at which they are Medicare eligible.
- The Employer may allow Retirees to participate in both the HRA and the Special Pay Plan (403(b)).
- Retirees are not permitted to make any election or choice between cash, the HRA, and/or the Special Pay Plan, or any other tax deferred program.
- The Employer will base HRA allocations on its estimates of the costs required to provide a certain amount of medical reimbursements to its Retiree population as that population approaches Medicare age.
- The Employer has discretion in determining classes of Employees eligible to participate in the Retiree HRA. Once determined, Retirees in the class shall be treated uniformly and be provided a uniform allocation to the HRA. Such class shall remain in effect for the Employer's entire fiscal year for all affected Retirees in such year and for all future contributions to such class. Each year, the Employer may reevaluate allocations and classes for new Retirees only.
- The Employer may gather information from the Retiree to determine the appropriate allocation to the HRA, but individual Participants are not allowed to elect or to determine their allocation.
- The Employer will monitor all rehires to ensure that less than two employees are in the Retiree HRA Plan.
- The Employer acknowledges that it has received the Plan document for the HRA and agrees with all the terms therein.
- The Employer understands that whether a contribution to the HRA is non-elective for tax purposes is a facts and circumstances determination, and the Employer is responsible for whether the contribution is truly non-elective or not. The Employer understands that MidAmerica Administrative & Retirement Solutions, Inc. and its agents and employees are not tax or legal advisors. They may provide general information regarding the tax treatment of health reimbursement arrangements, but the Employer should consult with its own tax or legal advisors as to how tax and other rules may apply to its own facts and circumstances.
- The Employer will not provide any information or forms or enter into any contracts inconsistent with the preceding.

Effective Date January 1, 2021

**Employer Initials** 



	Class RetA: Integrated Rollo		
		1 100% vested bala	lances in Active Class A, B, & C HRA accounts upon separation of
service		Short on the Blanch	Destruction of section shall be
	Retiree		Participant employment status shall be: access to benefit until retirement or separation of service
		_	-
formula:		an snall come exclusiv	ively from the Employer and shall be determined in accordance with the followir
X	Dollar Amount	Percentage of C	Compensation or Retirement Pay
<u>Contrib</u>	ution Frequency		
	One Time Semi-Annually	☐ Annually ☐ Monthly	Quarterly  Other One-time rollover of Act A, B, & C balance
X	Schedule Participants shall own to 100% Immediate 100% upon Retirement, meeting to 100% upon Separation of Service Other	ne Employer's eligible	
of the de shall be shall:	eath of the Participant, the Particip	ant's spouse, and all o rticipant opts out of pa	ting Schedule at the time of termination shall forfeit their unvested funds. In the eve of the Participant's qualifying dependents, any vested funds remaining in the accouparticipation in the Plan, all vested and unvested funds shall be forfeited. Forfeiture
			all Plan Participants who are actively employed as of the end of the Plan Year
Run-off that shall	time for Participants to submit clain I be forfeited due to death will be or	ns for reimbursement f ne year.	ntinue incurring expenses after the date that their Participation in the Plan ends. The from funds that shall be forfeited will be 90 (ninety) days. The Run-off time for fundamental for fundamental for fundamental for fundamental for fundamental fundamental for fundamental fundamental for fundamental fundamental for fundamental fundamental fundamental fundamental for fundamental fundamen
	rsements Reimbursements shall be		
	All eligible Medical Expenses specimited Purpose  Post Deductible  Premium Only Medical Expenses		) of the Internal Revenue Code  —
HRA/FS	SA Ordering		
×	The Employer maintains a Flexib The Plan permits reimbursements expenses exceeding the dollar an The Plan permits reimbursements	for expenses eligible to nount of any FSA have for Limited Purpose, l	(FSA) plan in which Participants may elect to participate. to be reimbursed by the FSA plan and therefore the HRA shall not reimburse before been paid. Deductible or Premium Only expenses which are not eligible to be reimbursed by the the Participant's FSA account is exhausted.
	tion Fees: Administrative Fees are p	aid by the Participant.	
	ipant per month (includes platform fee	) with \$75 monthly minur	ımum
	nim Fees: Not Applicable ment Eligibility A Participant sha	II he eligible for reimh	bursement of medical expenses at the time selected below.
×	Immediate Upon becoming 100% vested Upon Retirement or Separation of		
Investm	ent Selection Investment	Provider: America	can United Life Insurance Company
	f Investment: X Fixed annuity	_	/ariable annuities – Default Forfeiture Default  Employer directed Participant directed; restrictions are: None 100% vested At Retirement
	Date January 1, 2021	wishing W	Account balance in excess of \$  Other Funds limited (see attachment)

		Soard Members on N				
					age will receive a monthly co	
_					ls are not accessible until separation	1 of service
Eı				nt employment status shall l		
	Retiree			benefit until retirement or s		
	ontribution Types Al rmula:	l funds for the Plan sha	ll come exclusively from	m the Employer and shall b	e determined in accordance with	the following
	Dollar Amount		Percentage of Compens	ation or Retirement Pay		
C	ontribution Frequence	e <b>y</b>				
	One Time Semi-Annually		Annually Monthly	Quarterly Other Annual contri	nutions into Trust with monthly contributions into	
<u>V</u>		-	ployer's eligible requirer	lance with the following ves	ting schedule:	
of sh	the death of the Parti	cipant, the Participant's s	pouse, and all of the Pa	rticipant's qualifying depend	on shall forfeit their unvested funds lents, any vested funds remaining d unvested funds shall be forfeite	in the account
		Employer contributions I pro-rata at the end of ea	ch Plan Year to all Plan	Participants who are actively	employed as of the end of the Plan	ı Year
Ru	un-off time for Particip		reimbursement from fun		ate that their Participation in the I be 90 (ninety) days. The Run-off	
<u>H1</u>	Limited Purpos Post Deductible Premium Only  RA/FSA Ordering The Employer The Plan perm	Medical Expenses maintains a Flexible Spe its reimbursements for ex	nding Account (FSA) pla	an in which Participants may mbursed by the FSA plan ar	elect to participate.  Indicate the the discount of the the second of the	mburse before
	☐ The Plan perm		imited Purpose, Deducti	laid. ble or Premium Only expens icipant's FSA account is exh	es which are not eligible to be rein austed.	nbursed by the
					re paid by the participant upon separa	
\$7 per pa	rticipant per month durin	g active service and \$8 per p	articipant per month (include	les platform fee) upon separatio	n of service with \$75 monthly minimum	<u>m</u>
Manual	Claim Fees: Not App	olicable				
Reimbu	rsement Eligibility					
	☐ Immediate ☐ Upon becoming ☑ Upon Retireme	nt or Separation of Service				
In	vestment Selection	Investment Providence	ler: American United	Life Insurance Company		
Ту	ype of Investment:	Fixed annuity only	Emplo	nnuities – Defaultyer directed pant directed; restrictions are: lone 00% vested at Retirement account balance in excess of \$	Forfeiture Default	
				Other Tunds limited (see attachment)		
<u>E</u> f	Mective Date January	, 2021 Employer Initia	als			

	Class RetC: Active las: Active Employee				medical coverag	e will receive a m	onthly contribution
							e until separation of service
	ment Status Upon the i			21			anni separanon et service
	Retiree			-		separation of service	
		_				-	andones with the following
formula:						be determined in acc	cordance with the following
X	Dollar Amount	☐ Perce	ntage o	f Compensation or l	Retirement Pay		
Contrib	ution Frequency						
	One Time	Annu		Į.	Quarterly	To a state of the	L
Ш	Semi-Annually	☐ Mont	•	L.	Active em	ibutions into Trust with month ployee accounts	
Vesting	Schedule Participants s	hall own their account	balanc	e in accordance wit	th the following ve	sting schedule:	
	100% Immediate						
	100% upon Retirement, 100% upon Separation		's eligit	ble requirements for	retirement		
=	Other	of Service					
	100% upon death (can l	e selected in addition t	to "othe	er'' above)			
Easfaits	was Employees take ere	not 100% wasted under	tha Va	orting Schadula at th	a time of terminati	on chall forfeit their i	unvested funds. In the even
of the de	eath of the Participant, the	he Participant's spouse	, and al	ll of the Participant	's qualifying depen-	dents, any vested fun	nds remaining in the account nall be forfeited. Forfeitures
X	Reduce future Employe	r contributions					
	Be redistributed pro-rate		n Year t	to all Plan Participa	nts who are actively	employed as of the	end of the Plan Year
Run-off	<u>Times</u> Participants will time for Participants to s l be forfeited due to death	ubmit claims for reimb	ays to c urseme	continue incurring e nt from funds that sl	expenses after the chall be forfeited wil	late that their Partici l be <u>90 (ninety)</u> days.	pation in the Plan ends. The The Run-off time for funds
Reimbu	rsements Reimbursemen	its shall be for:					
	All eligible Medical Ex	penses specified in sect	ion 213	(d) of the Internal R	tevenue Code		
	Limited Purpose						
	Post Deductible Premium Only Medical	Fynenses					
	A Ordering	Expenses					
HRAFE							
□ ⊠	expenses exceeding th	oursements for expense e dollar amount of any	s eligibi / FSA h	le to be reimbursed have been paid.	by the FSA plan a	nd therefore the HRA	A shall not reimburse before
	FSA plan and therefore						
inietrati	on Fees: Administrative	Fees are naid by the Emi	olover fo	or active employees.	Administrative Fees	are paid by the partici	pant upon separation.
	nt per month during active :						
		service and 30 per partien	atti per i	month (merades platte	atti tee) upon separati	on or service with \$15 i	nominy minimum
ual Clair	n Fees: Not Applicable						
nbursem	ent Eligibility A Partici	pant shall be eligible f	or reim	bursement of medi	cal expenses at the	time selected below.	
	Immediate Upon becoming 100%						
X	Upon Retirement or Sep						
Investm	ent Selection In	vestment Provider: 🚣	Americ	can United Life	Insurance Comp	pany	
Type of		d annuity only		Variable annuities	- Default	Forfeiture Default	
				Employer direct			
				None Participant direct	cted; restrictions are:		
				☐ 100% vest	ed		
				At Retiren			
				Account b	alance in excess of \$		
			1,2970		ited (see attachment)		
Effective	Date January 1, 2021	Employer Initials	OH		,		