

CERTIFICATE OF ADOPTING RESOLUTION

The undersigned authorized representative of _____
(the Employer) hereby certifies that the following resolutions were duly adopted by Employer on
_____ (date), and that such resolutions have not been modified or
rescinded as of the date hereof;

RESOLVED, that the Amendment to the _____
(name of the plan) (the Amendment) is hereby approved and adopted, and that an authorized
representative of the Employer is hereby authorized and directed to execute and deliver to the
Administrator of the Plan one or more counterparts of the Amendment.

The undersigned further certifies that attached hereto is a copy of the Amendment approved
and adopted in the foregoing resolution.

Date: _____

Signed: _____

(print name/title)

SUMMARY OF MATERIAL MODIFICATIONS (SMM)

For the

(Name of Plan)

(1) **General.** This is a Summary of Material Modifications regarding the above referenced Plan (“Plan”). This Summary of Material Modifications supplements and amends the Summary Plan Description (SPD) previously provided to you. You should retain this document with your copy of the SPD.

(2) **Identification of Employer.** The legal name, address and Federal Employer Identification number of the Employer are:

Employer name

EIN: _____

Employer street address

Employer city, state and zip code

FOR CAFETERIA PLANS:

(3) **Description of Modifications.** The Employer has amended your Plan effective for the 2015 Plan year and beyond, the 2016 Plan Year and beyond or the 2017 Plan year and beyond.

If you have any questions regarding the application of this provision to you, contact your Employer.

BENEFITS

Health Care Flexible Spending Account Funds. Carryover provision. The Plan provides for a carryover of up to \$500 of any remaining unused funds in your health FSA as of the end of the Plan year. Such carryover amount may be used to pay or reimburse medical expenses under the health FSA incurred during the entire Plan year to which it is carried over.

For example: If you elected \$1,500 for the 2015 plan year and only spent \$1,000 for 2015 eligible medical expenses you will be able to carryover, into the 2016 Plan year, \$500 to reimburse eligible medical expenses incurred in 2016. Please contact your Employer if you have questions about this Carryover provision.

If you are enrolled in a Health Savings Account (HSA) for a future Plan year, the carryover amount from the current Plan year will be deposited into a Limited-Purpose Health FSA in the future Plan year.