

Cafeteria Plan

Company Data:

Company Information:

1. [CompanyName] Name of adopting employer (Plan Sponsor):
- 2a. [CompanyAddress1] Plan Sponsor address line 1:
- 2b. [CompanyAddress2] Plan Sponsor address line 2:
3. [CompanyCity] Plan Sponsor city:
4. [CompanyState] Plan Sponsor state:
5. [CompanyZip] Plan Sponsor zip:
6. [CompanyPhoneAC] Plan Sponsor phone AC/Number:
7. [CompanyFaxAC] Plan Sponsor fax AC/Number:

Additional Company Information:

8. [CompanyEmployerID] Plan Sponsor EIN:
9. [CompanyTaxYear] Plan Sponsor fiscal year end:
- 10a. [EntityType] Plan Sponsor entity type:
[] C Corporation [] S Corporation [] Non profit [] Partnership [] Limited Liability Company [] Limited Liability Partnership [] Sole Proprietorship [] Union [] Government agency [] Other
- 10b. [UnionAdmin] If 10a is "Union", enter name of the representative of the parties who established or maintain the Plan:
- 10c. [EntityTypeOther] If 10a is "Other", enter Plan Sponsor entity type:
11. [EntityState] State of organization of Plan Sponsor:
- 12a. [CompanyAffilServGrp] The Plan Sponsor is a member of an affiliated service group:
[] Yes [] No
- 12b. [CompanyAffiliatePartCo] If 12a is "Yes", list all members of the group (other than the Plan Sponsor):
- 13a. [CompanyContGrp] The Plan Sponsor is a member of a controlled group:
[] Yes [] No
- 13b. [CompanyContGrpPartCo] If 13a is "Yes", list all members of the group (other than the Plan Sponsor):

Contact Information:

21. [Name] Contact name:
22. [Title] Contact title:
23. [Salutation] Contact salutation:
24. [ContactPhone] Contact phone:
25. [ContactFax] Contact fax:
26. [ContactEmail] Contact email:

Notes:

30. [Notes] Notes

Plan Data:

A. GENERAL INFORMATION

A. General

1. [PlanNumber] Plan Number:
- 2a. [PlanLine1] First line of Plan name:
- 2b. [PlanLine2] Second line of Plan name:
- 3a. [OrigEffectDate] Original effective date of Plan:
- 3b. [AmendRestate] Is this a restatement of a previously-adopted plan?
[] Yes [] No
- 3c. [EffectiveDate] If A.3b is "Yes", effective date of Plan restatement:
- 4a. [PlanYearEnd] Plan Year End (Month Day):
- 4b. [PlanYearEndShort] The Plan has a short plan year:
[] Yes [] No
- 4ci. [PlanYearEndShortBegin] If A.4b is "Yes", enter the start date of the short Plan Year:
- 4cii. [PlanYearEndShortEnd] If A.4b is "Yes", enter the end date of the short Plan Year:
5. [ERISAPlan] Is the Plan subject to ERISA?
[] Yes [] No

A. Plan Features

- 10a. [PremiumConvAcct] Contributions to fund a Premium Conversion Account are permitted:
[] Yes [] No
- 10b.i. [PremiumConvAcctMedical] If A.10a is "Yes", Contributions to pay premiums for Employer Group Medical coverage are permitted:
[] Yes [] No
- 10b.ii. [PremiumConvAcctDental] If A.10a is "Yes", Contributions to pay premiums for Employer Dental coverage are permitted:
[] Yes [] No
- 10b.iii. [PremiumConvAcctVision] If A.10a is "Yes", Contributions to pay premiums for Employer Vision coverage are permitted:
[] Yes [] No
- 10b.iv. [PremiumConvAcctDisability] If A.10a is "Yes", Contributions to pay premiums for Employer Disability coverage are permitted:
[] Yes [] No
- 10b.v. [PremiumConvAcctTermLife] If A.10a is "Yes", Contributions to pay premiums for Employer Group Term Life coverage are permitted:
[] Yes [] No
- 10b.vi. [PremiumConvAcctIOMedical] If A.10a is "Yes", Contributions to pay premiums for individually-owned medical coverage are permitted:
[] Yes [] No
- 10b.vii. [PremiumConvAcctIODental] If A.10a is "Yes", Contributions to pay premiums for individually-owned Dental coverage are permitted:
[] Yes [] No
- 10b.viii. [PremiumConvAcctIOVision] If A.10a is "Yes", Contributions to pay premiums for individually-owned Vision coverage are permitted:
[] Yes [] No
- 10b.ix. [PremiumConvAcctIODisability] If A.10a is "Yes", Contributions to pay premiums for individually-owned Disability coverage are permitted:
[] Yes [] No
- 10b.x. [PremiumConvAcctOther] If A.10a is "Yes", Contributions to pay premiums for other coverage are permitted:

- ☐ Yes ☐ No
- 10c. **[PremiumConvAcctOtherDesc]** If **A.10a** is "Yes" and **A.10b.x** (Other) is selected, describe other types of Insurance Contracts:
- 11a. **[HealthCareReimAcct]** Contributions to fund a Healthcare Reimbursement Account are permitted:
☐ Yes ☐ No
- 11b. **[HealthCareReimAcctHSA]** Contributions to fund an HSA Account are permitted (Section 4.08):
☐ Yes ☐ No
12. **[DependentCareAcct]** Contributions to fund a Dependent Care Assistance Account are permitted:
☐ Yes ☐ No
13. **[AdoptionAssistanceAcct]** Contributions to fund a Adoption Assistance Account are permitted:
☐ Yes ☐ No

A. Simple Cafeteria Plan

15. **[SimpleCafe]** Is the plan a Simple Cafeteria plan?
☐ Yes ☐ No

A. Miscellaneous

20. **[SPDDate]** Enter date to place on cover of Summary Plan Description:
21. **[FileNumber]** File Number:
22. **[UDF1]** User Defined Field #1
23. **[UDF2]** User Defined Field #2
24. **[UDF3]** User Defined Field #3
25. **[UDF4]** User Defined Field #4
26. **[UDF5]** User Defined Field #5

B. ELIGIBILITY

B. Exclusions/Modifications

1. **[ExcludeCBA]** Exclude Employees covered under a collective bargaining agreement from definition of Eligible Employee:
☐ Yes ☐ No
2. **[ExcludeLease]** Exclude leased Employees from definition of Eligible Employee:
☐ Yes ☐ No
3. **[ExcludeNRA]** Exclude nonresident aliens from definition of Eligible Employee:
☐ Yes ☐ No
- 4a. **[ExcludePartTime]** Exclude part-time employees from definition of Eligible Employee:
☐ Yes ☐ No
- 4b. **[ExcludePartTimeText]** If **B.4a** is "Yes", a part-time employee is an employee who works less than the following number of hours per week:
- 5a. **[ExcludeOther]** Exclude other Employees from definition of Eligible Employee (any exclusion must satisfy Code section 125(g) and the requirements under Section 5.01):
☐ Yes ☐ No
- 5b. **[ExcludeOtherText]** If **B.5a** is "Yes", describe other Employees excluded from definition of Eligible Employee:
- 6a. **[InitAllEmployees]** Allow immediate participation for all Eligible Employees employed on the date specified in **B.6b**:
☐ Yes ☐ No
- 6b. **[InitAllEmployeesEmployDate]** If **B.6a** is "Yes", the special participation rule shall apply to all Eligible Employees employed on:
7. **[PremiumConvAutoEligible]** If **A.10a** is "Yes", an Employee shall be an Eligible Employee with respect to the Premium Conversion Account if the Employee is eligible to participate in the benefit plan described in **A.10b**:
☐ Yes ☐ No

- 8a. **[EligibleEmployeeOther]** Indicate whether the Plan will make any other revisions to the term "Eligible Employee":
☐ Yes ☐ No
- 8b. **[EligibleEmployeeOtherText]** If B.8a is "Yes", describe any further modifications to the term "Eligible Employee":

B. Service Requirements

10. **[PSEligibleAge]** Minimum age requirement for an Eligible Employee to become eligible to be a Participant in the Plan
☐ None ☐ 21 ☐ 20-1/2 ☐ 20 ☐ 19 ☐ 18
- 11a. **[PSEligibleService]** Minimum service requirement for an Eligible Employee to become eligible to be a Participant in the Plan:
☐ None ☐ Specified number of hours of service ☐ Specified number of days of service ☐ Specified number of months of service ☐ Specified number of years of service
- 11b. **[PSEligibleServiceNumber]** If B.11a is not "None" enter the number of hours/days/months/years required under B.11a:
- 12a. **[PSEntryDate]** Frequency of entry dates:
☐ Immediate ☐ first day of the calendar month ☐ first day of each plan quarter ☐ first day of the first month and seventh month of the Plan Year ☐ first day of the Plan Year
- 12b. **[PSEntryDateTime]** If B.12a is not "Immediate", selection of entry date:
☐ coincident with or next following ☐ next following
13. **[PSEntryDatePremiumConv]** If A.10a is "Yes", an Eligible Employee shall become eligible with respect to the Premium Conversion Account at the same date as he or she becomes eligible to participate in the Insurance Contracts(s) described in A.10b
☐ Yes ☐ No
- 14a. **[PSEligibleOther]** Indicate whether the Plan will make any other revisions to the eligibility rules specified in B.10 - B.13:
☐ Yes ☐ No
- 14b. **[PSEligibleOtherText]** If B.14a is "Yes", describe any further modifications to the eligibility rules specified in B.10 - B.13:

B. Transfers/Rehires

15. **[Transfers]** Permit Participants who are no longer Eligible Employees (for reasons other than Termination) to continue to participate in the Plan until the end of the Plan Year:
☐ Yes ☐ No
16. **[Rehires]** Automatically reinstate benefit elections for Terminated Participants who are rehired within 30 days of Termination and permit new benefit elections for Terminated Participants who are rehired more than 30 days after Termination:
☐ Yes ☐ No

C. BENEFITS

C. Premium Conversion

- 1a. **[PremiumConvAutoEnroll]** If A.10a is "Yes" (Premium Conversion Accounts are permitted), provide for automatic enrollment for the Premium Conversion Account:
☐ Yes ☐ No
- 1b. **[PremiumConvAutoAmendElection]** If A.10a is "Yes" (Premium Conversion Accounts are permitted), provide for automatic adjustment for changes in the cost of insurance pursuant to the terms of Treas. Reg. 1.125-4:
☐ Yes ☐ No

C. Health Care Reimbursement

- 2a. **[HealthCareReimAcctLimitSelect]** If A.11 is "Yes" (Health Care Reimbursement Accounts are permitted), select the maximum salary reduction amount that can be contributed to a Health Care Reimbursement Account in any Plan Year:
☐ maximum amount permitted under Code section 125(i) ☐ Other
- 2b. **[HealthCareReimAcctLimit]** If A.11 is "Yes" (Health Care Reimbursement Accounts are permitted) and C.2a is "Other", enter the maximum salary reduction amount that can be contributed to a Health Care Reimbursement Account in any Plan Year:
3. **[HealthCareReimAcctAllowAfterTerm]** If A.11 is "Yes" (Health Care Reimbursement Accounts are permitted), specify whether a Participant shall continue making contributions after Termination of employment for the remainder of the Plan Year:
☐ Yes ☐ No
- 4a. **[HealthCareReimAcctChangeStatus]** If A.11 is "Yes" (Health Care Reimbursement Accounts are permitted), indicate whether a Participant may revise a Health Care Reimbursement Account election upon a change of status:
☐ Yes - without limitation ☐ Yes - but no decrease if less than amount reimbursed ☐ Yes - increase only ☐ Yes - with limitations ☐ No
- 4b. **[HealthCareReimAcctChangeStatusLimits]** If A.11 is "Yes" and if C.4a is "Yes with limitations", describe the limitations:

C. Health Care Reimbursement - Eligible Expenses

- 5a. **[HealthCareReimAcctCoveredPerson]** If A.11 is "Yes" (Contributions to fund a Health Care Reimbursement Account are permitted), a Participant may only be reimbursed from his or her Health Care Reimbursement Account for expenses that are incurred by:
☐ Participant, spouse and dependents ☐ Persons covered under Company medical plan ☐ Participants only ☐ Other
- 5b. **[HealthCareReimAcctCoveredPersonPlan]** If C.5a is "Persons covered under Company medical plan", indicate the name of the Company-sponsored benefit plan:
- 5c. **[HealthCareReimAcctCoveredPersonOther]** If C.5a is "Other", indicate who must incur expenses that can be reimbursed from a Participant's Health Care Reimbursement Account:
- 5d. **[HealthCareReimAcctNonAllowOther]** If A.11 is "Yes" (Health Care Reimbursement Accounts are permitted), exclude coverage for other expenses described in C.5c:
☐ Yes ☐ No
- 5e. **[HealthCareReimAcctNonAllowOtherText]** If A.11 is "Yes" and C.5d is "Yes", describe other expenses that are not eligible for reimbursement:
- 6a. **[HealthCareReimAcctHDHP]** If A.11 is "Yes" (Health Care Reimbursement Accounts are permitted), describe method to coordinate coverage in the Plan with Health Savings Accounts:
☐ None ☐ Permitted Coverage ☐ Post Deductible Coverage ☐ Both Permitted and Post Deductible Coverage
- 6b. **[HealthCareReimAcctHDHPGrace]** If A.11 is "Yes", C.6a is not "None" and D.3a is "Yes" (grace period allowed), indicate period when the limitations described in C.6 apply:
☐ Entire Plan Year ☐ During grace period only
- 6c. **[HealthCareReimAcctHDHPLimits]** If A.11 is "Yes" and C.6a is not "None", the limitations shall apply to:
☐ All Participants ☐ Only Participants eligible to participate in the HDHP ☐ Only Participants enrolled in the HDHP
7. **[HealthCareReimAcctHRACafeCoord]** If A.11 is "Yes", describe method to coordinate coverage in the Plan with a Company-sponsored HRA for expenses that are reimbursable under both this Plan and the HRA:
☐ None ☐ HRA first ☐ Cafeteria plan first

C. Company Contributions

- 8a. **[CompanyContrib]** Indicate whether the Company will contribute to the Plan:
☐ Yes - in Company's sole discretion ☐ 2 percent of Compensation ☐ Lesser of 6 percent of Compensation or 100 percent match ☐ Yes - pursuant to a fixed method ☐ No

- 8b. **[CompanyContribMethod]** If C.8a is "Yes - pursuant to a fixed method", describe how the contributions are determined:
- 9a. **[CompanyContribElectCash]** If C.8a is not "No", indicate whether the Plan permits Participants to elect cash in lieu of benefits:
☐ No ☐ Yes - with limitation ☐ Yes - without limitation
- 9b. **[CompanyContribElectCashLimit]** If C.8a is not "No" and if C.9a is "Yes - with limitation", describe any limitations:

C. Elections

- 10a. **[ElectionMake]** When may continuing Participants **make** elections regarding contributions:
☐ A period ending prior to the beginning of the Plan Year ☐ Pursuant to Plan Administrator procedures
- 10b. **[ElectionMakePeriod]** If C.10a is "A period ending prior to the beginning of the Plan Year", enter the number of days in the period:
11. **[ElectionDefault]** The election for a continuing Participant who fails to make an election within the period described in C.10 shall be determined in accordance with the following:
☐ Election not to participate ☐ Continue same election ☐ Continue same election for the Premium Conversion Account
12. **[ElectionModify]** When may Participants **modify** elections regarding contributions:
☐ At any time permitted under IRS regs ☐ Pursuant to Plan Administrator procedures
- 13a. **[ElectionFMLANonMed]** A Participant may elect to continue coverage on a pre-tax or after tax basis for non medical benefits when on leave of absence under the FMLA:
☐ Yes ☐ No
- 13b. **[ElectionNONFMLA]** A Participant may elect to continue coverage on a pre-tax or after tax basis pursuant to C.13a when on a leave of absence other than a leave of absence under the FMLA:
☐ Yes ☐ Yes - but subject conditions and limitations ☐ No
- 13c. **[ElectionNONFMLALimit]** If C.13b is "Yes - but subject to conditions and limitations", describe the conditions and/or limitations:

C. Dependent Care Spend Down

- 15a. **[DepCareSpend]** Indicate whether Employees that cease to Participate in the cafeteria plan may continue to be reimbursed for eligible dependent care expenses through the end of the Plan Year (or grace period if applicable):
☐ Yes ☐ No
- 15b. **[DepCareSpendEff]** If C.15a is "Yes", enter the effective date:

D. PLAN OPERATIONS

D. Claims

- 1a. **[ClaimDeadlinePlanYearType]** Specify whether the deadline for filing claims is a specified number of days or by a specified date:
☐ Within specified number of days after end of Plan Year ☐ By a specified time
- 1b. **[ClaimDeadlinePlanYear]** Enter the number of days after the end of the Plan Year or the specified date:
- 2a. **[ClaimDeadlineTerminationEarly]** Specify whether the Plan provides for an earlier deadline for claims submission for Terminated Participants:
☐ Yes ☐ No
- 2b. **[ClaimDeadlineTerminationType]** Specify whether the deadline for filing claims is a specified number of days or by a specified date:
☐ Within specified number of days after Termination ☐ By a specified time
- 2c. **[ClaimDeadlineTermination]** Enter the number of days after Termination or the specified date:
- 3a. **[ClaimGracePeriod]** The Plan provides for a 2-1/2 month grace period described in IRS Notice 2005-42 immediately following the end of each Plan Year
☐ Yes ☐ Yes - but limited to certain Accounts ☐ No

- 3b. **[ClaimGracePeriodEffDate]** If **D.3a** is not "No", enter the first day of the first Plan Year for which the grace period will apply:
- 3c. **[ClaimGracePeriodAccounts]** If **D.3a** is "Yes - but limited to certain Accounts", enter the Accounts that are eligible for the grace period:
4. **[ClaimStoredValueCard]** Indicate whether the Company will provide debit, credit, and/or other stored-value cards for Health Care Reimbursement Accounts and/or Dependent Care Assistance Accounts:
☐ Yes ☐ No

D. Plan Administration

- 5a. **[PlanAdmin]** Designation of Plan Administrator:
☐ Plan Sponsor ☐ Committee appointed by Plan Sponsor ☐ Other
- 5b. **[PlanAdminFormat]** If **D.5a** is "Other", Name of Plan Administrator:
- 6a. **[IndemnifyAdmin]** Type of indemnification for the Plan Administrator:
☐ None ☐ Standard ☐ Custom
- 6b. **[IndemnifyCustom]** If **D.6a** is "Custom", enter indemnification for the Plan Administrator:

D. State Law Rules

- 10a. **[AppStateLawRules]** If **A.5** is "No" (non-ERISA Plan), is the Plan subject to other state law rules?
☐ Yes ☐ No
- 10b. **[StateLawRules]** If **D.10a** is "Yes" enter any state law rules that apply:

E. CUSTOM LANGUAGE APPENDICES

E. Custom Effective Date

1. **[CustomEffDate]** Enter custom effective date(s) that are to be added to Section E of the Adoption Agreement:

E. Custom Language

2. **[CustomLanguage]** Enter custom language that is to be added as an Addendum to the Adoption Agreement.

J. ADMINISTRATIVE ELECTIONS

J. General

1. **[ParticipantIDMethod]** Indicate the employee identification method that is used on all forms:
☐ Employee ID ☐ Social Sec Number ☐ None

J. Plan Contacts

- 5a. **[ClaimsSubmitParty]** Claims should be submitted to:
☐ Plan Sponsor ☐ Other
- 5b. **[ClaimsSubmitPartyName]** If **J.5a** is other, indicate name where claims should be sent:
- 5c. **[ClaimsSubmitPartyAddress]** If **J.5a** is other, indicate address where claims should be sent:
- 5d. **[ClaimsSubmitPartyPhone]** If **J.5a** is other, indicate phone where claims should be sent:

J. COBRA

- 6a.** **[PlanSubjectCOBRASPD]** Indicate whether the Health Care Reimbursement Account and/or Premium Conversion Account is subject to COBRA:
☐ Yes ☐ No
- 6b.** **[COBRANotifyDateSPD]** If **J.6a** is "Yes", enter the number of days within which a Participant must notify the Plan Administrator of certain qualifying events such as divorce or legal separation or a dependent child's losing coverage:
- 6c.** **[COBRAContact]** If the plan is subject to COBRA (**J.6a** is "Yes"), indicate the contact person to be listed in the COBRA Notice:
☐ Plan Sponsor ☐ Person to whom claims are submitted ☐ Other
- 6d.** **[COBRASubmitPartyName]** If the plan is subject to COBRA and **J.6c** is "Other", indicate the contact name listed in the COBRA Notice:
- 6e.** **[COBRASubmitPartyAddress]** If the plan is subject to COBRA and **J.6c** is "Other", indicate the contact address listed in the COBRA Notice:
- 6f.** **[COBRASubmitPartyPhone]** If the plan is subject to COBRA and **J.6c** is "Other", indicate the contact phone listed in the COBRA Notice:

J. Other Provisions

- 7.** **[PlanSubjectHIPASPD]** Indicate whether the Health Care Reimbursement Account, Health Savings Account and/or Premium Conversion Account is subject to HIPAA privacy rules:
☐ Yes ☐ No
- 8.** **[PlanSubjectFMLASPD]** Indicate whether the Plan is subject to FMLA:
☐ Yes ☐ No
- 9.** **[PlanSubjectHIPAPortSPD]** If **A.11a** is "Yes" (HCRA contributions are permitted), indicate whether the Summary Plan Description should include HIPAA portability language:
☐ Yes ☐ No
- 10.** **[NewbornLangSPD]** If the SPD includes HIPAA Portability language and **A.11a** is "Yes", indicate whether the SPD should include language regarding the Newborns' and Mothers' Health Protection Act:
☐ Yes ☐ No
- 11.** **[WHCRALangSPD]** If the SPD includes HIPAA Portability language and **A.11a** is "Yes", indicate whether the SPD should include language regarding the Women's Health and Cancer Rights Act:
☐ Yes ☐ No
- 12.** **[Grandfather]** If the SPD includes HIPAA Portability language and **A.11a** is "Yes", indicate whether the Plan is grandfathered for the purposes of providing notice regarding grandfathered status and for claims procedures:
☐ Yes ☐ No

J. Stored Value Card Restrictions - SPD

- 14.** **[ClaimStoredValueCardRestrict]** If **D.4** is "Yes" (the Company will provide stored value cards), indicate any restrictions or terms of use for the debit, credit, and/or other stored value cards (if terms are provided in other documents, you can reference those here):

J. Election Modification Language - SPD

- 15a.** **[ElectionModifySPD]** Do you wish to provide custom language for the SPD regarding modifications of elections to accounts other than the HSA? (see the help button for information on where this will appear)
☐ Yes ☐ No
- 15b.** **[ElectionModifySPDText]** If **J.15a** is "Yes", provide the custom language:
- 16a.** **[ElectionModifyHSASPD]** If **A.11b** is "Yes" (HSA Accounts are permitted), provide custom language for the SPD regarding modifications of Health Savings Account Elections:
☐ Yes ☐ No
- 16b.** **[ElectionModifyHSASPDText]** If **J.16a** is "Yes", provide the custom language:

J. Minimum Contributions - SPD

- 20. **[HCRAContribMin]** Enter any minimum contribution for participation in the Health Care Reimbursement Account (Enter "none" or leave blank if none)
- 21. **[HSAContribMin]** Enter any minimum contribution for participation in the Health Savings Account (Enter "none" or leave blank if none)
- 22. **[DCAContribMin]** Enter any minimum contribution for participation in the Dependent Care Reimbursement Account (Enter "none" or leave blank if none)
- 23. **[AAContribMin]** Enter any minimum contribution for participation in the Adoption Assistance Reimbursement Account (Enter "none" or leave blank if none)

J. Children Under Age 27

- 25. **[Age27Election]** If **A.11a** is "Yes" (HCRA contributions are permitted), does the Plan provide for a new election opportunity for newly eligible dependent coverage under the Cafeteria plan effective March 30, 2010 (PPACA Amendment)?
☐ Yes ☐ No
- 26. **[Age27Cov]** If the Plan provides coverage for children, is coverage extended until the end of calendar year in which the child turns 26?
☐ Yes ☐ No

J. Non-ERISA SPD language

- 30a. **[NonERISAClaims]** If the Plan is not subject to ERISA (**A.5** is "No") and not subject to HIPAA Portability (**J.9** is "No" or the plan is grandfathered at **J.12**), include claims language in the SPD?
☐ Yes - include sample claims language ☐ Yes - as provided below ☐ No
- 30b. **[NonERISAClaimsText]** If the Plan is not subject to ERISA (**A.5** is "No"), not subject to HIPAA Portability (**J.9** is "No") and **J.30a** is "Yes - as provided below", enter any claims procedures language you would like to appear in the claims section of the SPD:

- 31a. **[ERISARights]** If the Plan is not subject to ERISA (**A.5** is "No"), include ERISA-like rights language in the SPD?
☐ Yes - include sample rights language ☐ Yes - as provided below ☐ No
- 31b. **[ERISARightsText]** If the Plan is not subject to ERISA (**A.5** is "No") and **J.31a** is "Yes - as provided below", enter any language you would like to appear in the section "Your Rights" of the SPD:

J. Joinder Agreement

- 35. **[JoinderList]** For purposes of generating a Joinder Agreement, enter the names of all employers who have adopted the plan other the lead plan sponsor separated by a semicolon:

J. SPD Custom Language

- 100. **[CustomLanguageSPD]** Enter custom language to appear as an addendum to the Summary Plan Description: