

**ADOPTION AGREEMENT
HEALTH REIMBURSEMENT PLAN**

The undersigned adopting employer hereby adopts this Plan. The Plan is intended to qualify as a health reimbursement arrangement under Code sections 106 and 105. The Plan shall consist of this Adoption Agreement, its related Basic Plan Document and any related Appendix and Addendum to the Adoption Agreement. Unless otherwise indicated, all Section references are to Sections in the Basic Plan Document.

COMPANY INFORMATION

1. Name of adopting employer (Plan Sponsor): _____
2. Address: _____
3. City: _____ 4. State: _____ 5. Zip: _____
6. Phone number: _____ 7. Fax number: _____
8. Plan Sponsor EIN: _____
9. Plan Sponsor fiscal year end: _____
- 10a. Plan Sponsor entity type:
 - i. C Corporation
 - ii. S Corporation
 - iii. Non profit
 - iv. Partnership
 - v. Limited Liability Company
 - vi. Limited Liability Partnership
 - vii. Sole Proprietorship
 - viii. Union
- 10b. If 10a.viii (Union) is selected, enter name of the representative of the parties who established or maintain the Plan: _____
11. State of organization of Plan Sponsor: _____
- 12a. The Plan Sponsor is a member of an affiliated service group:
 Yes No
- 12b. If 12a is "Yes", list all members of the group (other than the Plan Sponsor): _____
- 13a. The Plan Sponsor is a member of a controlled group:
 Yes No
- 13b. If 13a is "Yes", list all members of the group (other than the Plan Sponsor): _____

PLAN INFORMATION

A. GENERAL INFORMATION

1. **Plan Number:** _____
2. **Plan name:** a. _____
b. _____
3. **Effective Date:**
- 3a. Original effective date of Plan: _____
- 3b. Is this a restatement of a previously-adopted plan?
 Yes No
- 3c. If A.3b is "Yes", effective date of Plan restatement: _____
NOTE: If A.3b is "No", the Effective Date shall be the date specified in A.3a, otherwise the date specified in A.3c; provided, however, that when a provision of the Plan states another effective date, such stated specific effective date shall apply as to that provision.
- 4a. **Plan Year** means each 12-consecutive month period ending on _____ (e.g. December 31). If the Plan Year changes, any special provisions regarding a short Plan Year should be placed in the Addendum to the Adoption Agreement.
- 4b. The Plan has a short plan year:
 Yes No
- 4c. If A.4b is "Yes", the short plan year begins _____ and ends on _____.

B. ELIGIBILITY

Other Company Benefit Plan

- 1a. An Employee is eligible to participate in the Plan under the same terms and conditions as under the Company benefit plan specified in B.1b:
 - i. Yes - without limitation
 - ii. Yes - with limitations and modifications described in B.1c.
 - iii. No

- 1b. If **B.1a** is not "No", enter name of other Company benefit plan: _____
- 1c. If **B.1a** is "Yes - with limitations and modifications", describe limitations and/or modifications: _____
- NOTE:** If **B.1a** is not "No", the remainder of Section **B** is disregarded.

Exclusions/Modifications

- If **B.1a** is "No", the term "Eligible Employee" shall not include (Check items **B.2 - B.6a** as appropriate):
2. **Union.** Any Employee who is included in a unit of Employees covered by a collective bargaining agreement, if benefits were the subject of good faith bargaining, and if the collective bargaining agreement does not provide for participation in this Plan.
3. Any **leased employee.**
4. **Non-Resident Alien.** Any Employee who is a non-resident alien who received no earned income (within the meaning of Code section 911(d)(2)) which constitutes income from services performed within the United States (within the meaning of Code section 861(a)(3)).
5. **Part-time.** Any Employee who is expected to work less than _____ hours per week.
- 6a. **Other.** Other Employees described in **B.6b.**
- 6b. If **B.1a** is "No", and **B.6a** is selected, describe other Employees excluded from definition of Eligible Employee: _____.
- NOTE:** The Plan may not discriminate in favor of highly compensated employees (within the meaning of Code section 105(h)(5)) as to benefits provided or eligibility to participate.
- 7a. If **B.1a** is "No", allow immediate participation for all Eligible Employees employed on the date specified in **B.7b**:
 Yes No
- 7b. If **B.1a** is "No" and **B.7a** is "Yes", all Eligible Employees employed on _____ shall become eligible to participate in the Plan as of such date.
- 8a. If **B.1a** is "No", indicate whether the Plan will make any other revisions to the term "Eligible Employee":
 Yes No
- 8b. If **B.1a** is "No" and **B.8a** is "Yes", describe any further modifications to the term "Eligible Employee": _____.

Service Requirements

10. If **B.1a** is "No", minimum age requirement for an Eligible Employee to become eligible to be a Participant in the Plan: _____
11. If **B.1a** is "No", minimum service requirement for an Eligible Employee to become eligible to be a Participant in the Plan:
- i. None.
- ii. Completion of _____ hours of service
- iii. Completion of _____ days of service
- iv. Completion of _____ months of service
- v. Completion of _____ years of service
- 12a. If **B.1a** is "No", frequency of entry dates:
- i. An Eligible Employee shall become a Participant in the Plan as soon as administratively feasible upon meeting the requirements of **B.10** and **B.11**.
- ii. first day of each calendar month
- iii. first day of each plan quarter
- iv. first day of the first month and seventh month of the Plan Year
- v. first day of the Plan Year
- 12b. If **B.1a** is "No" and **B.12.a.i** (immediate entry) is not selected, an Eligible Employee shall become a Participant in the Plan on the entry date selected in **B.12a** that is:
- i. coincident with or next following
- ii. next following
- the date the requirements of **B.10** and **B.11** are met.
- 13a. If **B.1a** is "No", indicate whether the Plan will make any other revisions to the eligibility rules specified in **B.10 - B.12**:
 Yes No
- 13b. If **B.1a** is "No" and **B.13a** is "Yes", describe any further modifications to the eligibility rules specified in **B.10 - B.12**:
 _____.

C. BENEFITS

Eligible Expenses

- 1a. Coverage under the Plan for Covered Persons is available for the following Eligible Expenses (Section 4.01):
- i. **All allowable medical expenses.** All medical expenses that are excludable from income under Code section 105(b).
- ii. **Health plan deductibles and coinsurance.** Only health plan deductibles and coinsurance amounts that are otherwise payable by the Participant under a Company-sponsored medical plan covering the Participant.
- iii. **Health plan coinsurance.** Only health plan coinsurance amounts that are otherwise payable by the Participant under a Company-sponsored medical plan covering the Participant.

- iv. **Listed medical expenses.** All medical expenses that are listed on an appendix to the Adoption Agreement that are excludable from income under Code section 105(b).
- 1b. If **C.1a** is "All allowable medical expenses", exclude coverage for over the counter drugs:
 Yes No
- 1c. Are there any other modifications to the definition of Eligible Expenses:
 Yes No
- 1d. If **C.1c** is "Yes", describe modifications to the definition of Eligible Expenses: _____.
NOTE: The modifications listed in **C.1d** may not be inconsistent with expenses that are excludable from income under Code section 105(b).

Covered Person

- 2a. The definition of Covered Person under the Plan shall include the following persons:
 - i. **Participant, spouse and dependents.** The Participant, his or her spouse and all dependents within the meaning of Code section 152 as modified by Code section 105(b).
 - ii. **Persons covered under Company medical plan.** The Participant, his or her spouse and all dependents within the meaning of Code section 152 as modified by Code section 105(b), but only if such persons are also covered under the Company-sponsored benefit plan specified in **C.2b**.
 - iii. **Other.** The persons described in **C.2c**.
- 2b. If **C.2a** is "Persons covered under Company medical plan", indicate the name of the Company-sponsored benefit plan:
_____.
- 2c. If **C.2a** is "Other", indicate the definition of Covered Person: _____.
NOTE: The definition in **C.2c** may not include anyone other than the Participant, his or her spouse and all dependents within the meaning of Code section 152 as modified by Code section 105(b).

Benefit Limitations

- 3. Enter the maximum annual amount that will be credited to a Participant's Health Reimbursement Account in any Plan Year for the applicable coverage category (Section 4.01):
 - a. One Covered Person (Participant only): _____
 - b. Two Covered Persons (Participant plus one other Covered Person): _____
 - c. More than two Covered Persons (Family coverage): _____
- NOTE:** If the Plan only provides for a single coverage level for all Participants, enter that coverage level in **C.3a.- C.3c**.
- 4a. The amounts in **C.3** shall be credited to the Participant's Health Reimbursement Account at the following times:
 - i. **Beginning of Plan Year.** The entire amount shall be credited at the beginning of the Plan Year.
 - ii. **Semi annually.** One half of the amount shall be credited at the beginning of the Plan Year and on the first day of the seventh month of the Plan Year.
 - iii. **Quarterly.** One fourth of the amount shall be credited at the beginning of each plan quarter.
 - iv. **Monthly.** One twelfth of the amount shall be credited at the beginning of each calendar month during the Plan Year.
- 4b. If a Participant enters the Plan at a time other than the beginning of a period described in **C.4a**, the amounts credited to the Participant's Health Reimbursement Account for such period shall be reduced to reflect the time of actual participation in the applicable period:
 Yes No
- 5a. The Plan allows a carryover of the balance in a Participant's Health Reimbursement Account to the next Plan Year:
 - i. Yes.
 - ii. Yes - but limited to the dollar amount specified in **C.5b**.
 - iii. Yes - but limited to the multiple specified in **C.5b** of the maximum annual benefit specified in **C.3**.
 - iv. No.
- 5b. If **C.5a** is "Yes with limitations", enter the maximum dollar amount (or multiple of the maximum annual amount specified in **C.3**) that may be carried over to the next Plan Year: _____.
NOTE: Enter a percentage if **C.5a.iii** is selected and the multiple is less than 1.

Coordination with Other Plans

- 6. Describe method to coordinate coverage in the Plan with a Health Care Reimbursement Account ("HCRA") in a Company-sponsored cafeteria plan for expenses that are reimbursable under both this Plan and the cafeteria plan (Section 6.01(e)):
 - i. **None.** Plan is not used in conjunction with a Company-sponsored HCRA.
 - ii. **HRA first.** A Participant shall not be entitled to payment/reimbursement under the HCRA until the Participant has received his or her maximum annual reimbursement under the Plan.
 - iii. **Cafeteria plan first.** A Participant shall not be entitled to payment/reimbursement under this Plan until the Participant has received his or her maximum annual reimbursement under the HCRA.
- 7a. Describe method to coordinate coverage in the Plan with Health Savings Accounts (Section 6.01(j)):
 - i. **None.** Coverage in the Plan is not limited or the Plan is not used in conjunction with a Health Savings Account.

- ii. **Permitted Coverage.** Coverage in the Plan is only provided for permitted insurance and other specified coverage (e.g., coverage for accidents, disability, dental care, vision care or preventive care within the meaning of Code section 223(c)(1) and Rev. Rul. 2004-45).
- iii. **Post Deductible Coverage.** The Plan will not pay or reimburse any medical expense incurred before the minimum annual deductible under Code section 223(c)(2)(A)(i) is satisfied.
- iv. **Both Permitted and Post Deductible Coverage.** Until the minimum annual deductible under Code section 223(c)(2)(A)(i) is satisfied, coverage in the Plan is only provided for permitted insurance and other specified coverage (e.g., coverage for accidents, disability, dental care, vision care or preventive care within the meaning of Code section 223(c)(1) and Rev. Rul. 2004-45). The Plan will pay or reimburse all medical expenses otherwise allowed by the Plan incurred after the minimum annual deductible under Code section 223(c)(2)(A)(i) is satisfied.
- v. **Suspended HRA.** A Participant may elect to forego coverage in the Plan for permitted insurance and other specified coverage (e.g., coverage for accidents, disability, dental care, vision care or preventive care within the meaning of Code section 223(c)(1) and Rev. Rul. 2004-45).

7b. If **C.7a** is not "None", the limitations shall apply to:

- i. All Participants.
- ii. Only Participants who are also eligible to participate in the high deductible health plan.

NOTE: If **C.7a** is "None" or **C.7b** is not "All Participants", eligibility for a Health Savings Account may be limited.

D. PLAN OPERATIONS

Claims

1. Claims for reimbursement must be filed with the Plan Administrator within _____ days following the last day of each Plan Year (Section 6.01).
 2. Claims for reimbursement must be filed with the Plan Administrator within _____ days following Termination of Employment (Section 6.01).
- NOTE:** Claims must be submitted by the earlier of the time specified in **D.1** and **D.2**.
3. Indicate whether the Company will provide debit, credit, and/or other stored-value cards (Section 6.01(i)):
 - Yes No

Plan Administrator

- 4a. Designation of Plan Administrator (Section 7.01):
 - i. Plan Sponsor
 - ii. Committee appointed by Plan Sponsor
 - iii. Other
- 4b. If **D.4a.iii** is selected, Name of Plan Administrator: _____
- 5a. Type of indemnification for the Plan Administrator (Section 7.02):
 - i. None - the Company will not indemnify the Plan Administrator.
 - ii. Standard as provided in Section 7.02.
 - iii. Custom.
- 5b. If **D.5a.iii** (Custom) is selected, indemnification for the Plan Administrator is provided pursuant to an Addendum to the Adoption Agreement.

Other Provisions

- 6a. Claims/notices should be submitted to:
 - i. Plan Sponsor
 - ii. Other
- 6b. If **E.6a** is other, indicate where claims should be sent:
 - i. Name: _____
 - ii. Address: _____
 - iii. Phone: _____
7. Indicate whether the Plan is subject to COBRA (Section 4.03(b)):
 - Yes No
8. Indicate whether the Plan is subject to the HIPAA privacy rules (Section 7.03):
 - Yes No
9. Indicate whether the Plan is subject to the HIPAA portability rules (Section 7.05):
 - Yes No
10. Indicate whether the Plan is subject to FMLA (Section 4.03(a)):
 - Yes No

E. EFFECTIVE DATES

Use this Section to provide any effective dates for Plan provisions other than the Effective Date specified in **A.3**.

F. EXECUTION PAGE

Failure to properly fill out the Adoption Agreement may result in the failure of the Plan to achieve its intended tax consequences.

The Plan shall consist of this Adoption Agreement, its related Basic Plan Document #HRA and any related Appendix and Addendum to the Adoption Agreement.

Additional participating employers may be specified in an addendum to the Adoption Agreement.

The undersigned agree to be bound by the terms of this Adoption Agreement and Basic Plan Document and acknowledge receipt of same. The Plan Sponsor caused this Plan to be executed this ____ day of _____, 200____.

PLAN SPONSOR (COMPANY):
