

Adoption Agreement A Cafeteria (IRC Section 125) Plan

ame of Employer(s)	Unified School District #261		
lan Administrator Nan	ne <u>Haysville USD 261</u>		
mployer Address	1745 W Grand		
inployer rudices	Street		
	Haysville	KS	67060
	City	State	Zip
	Employer Tax Identification Number _4	8-0697340	
em 2. Benefit P	lan Options		
r the benefit of its em	ployees, the undersigned Employer(s) a	lopts the Haysville USD 261	
	Cafeteria Plan, which ii	ncludes the following separate b	enefit plans:
☑ Medical	☐ Gro	up Term Life Insurance Plan	
☑ Dental		ilth Expense Reimbursement Pl	an
☑ Cancer	☑ Chii	d and Dependent Care Reimbu	rsement Plan
☑ Vision	☑ Dei	oit Card	
☑ Vision ☑ Disability	☑ Del	oit Card	
✓ Vision✓ Disability☐ Accident		oit Card	
☑ Vision ☑ Disability		oit Card	
✓ Vision✓ Disability☐ Accident☐ Hospital Inc	ome Plan	oit Card	
✓ Vision✓ Disability☐ Accident☐ Hospital IncEm 3. Plan Yea	ome Plan		an.
✓ Vision ✓ Disability ☐ Accident ☐ Hospital Inc	ome Plan Ir the Employer makes the following staten		an:
✓ Vision ✓ Disability ☐ Accident ☐ Hospital Inc	ome Plan If the Employer makes the following staten fective date of the Plan: _9/1/02	nents and selections for each pla	an:
✓ Vision ✓ Disability ☐ Accident ☐ Hospital Inc. The Man Year Connection herewith, ✓ Original ef	ome Plan Ir the Employer makes the following staten	nents and selections for each pla y/Year 9/1/10	an:
✓ Vision ✓ Disability ☐ Accident ☐ Hospital Incom To Plan Year connection herewith, ✓ Original ef	the Employer makes the following statent fective date of the Plan: 9/1/02 Month/Dative date of this Plan amendment shall be:	nents and selections for each pla _y/Year _9/1/10 Month/Day/Year	
✓ Vision ✓ Disability ☐ Accident ☐ Hospital Incom To Plan Yea connection herewith, ✓ Original ef ✓ The effecti ☐ The first P	the Employer makes the following staten fective date of the Plan: 9/1/02 Month/Da ive date of this Plan amendment shall be: lan Year shall be a short Plan Year begin	nents and selections for each pla y/Year 9/1/10 Month/Day/Year ning on	
✓ Vision ✓ Disability	the Employer makes the following statem fective date of the Plan: 9/1/02 Month/Da ive date of this Plan amendment shall be: lan Year shall be a short Plan Year begin	nents and selections for each pla y/Year 9/1/10 Month/Day/Year ning on	 , 20
✓ Vision ✓ Disability ☐ Accident ☐ Hospital Inc. The effection of the ending to	the Employer makes the following staten fective date of the Plan: 9/1/02 Month/Da ive date of this Plan amendment shall be: lan Year shall be a short Plan Year begin	nents and selections for each pla y/Year 9/1/10 Month/Day/Year ning on equent Plan Years are	

ltem	4.	Eligibility Requirements			
A.		ployees begin plan participation on the entry date indicated below:			
		The first of the month following the date of hire. The first day of the month following completion of eligibility. Other _(Unless hired on the first)			
		Il employees of the Employer shall be eligible to participate in the plan in accordance with the plan ocument except the following:.			
		Employees who have not completed months of service. Employees who are nonresident aliens and receive no earned income from the employer which			
	Ø	constitutes income from sources in the United States. Other Employees working less than 630 hours per year			
ltem	5.	Flexible Spending Accounts			
A.	Ma	ximum Annual Elections.			
		e maximum amount available to each Participant for the purchase of elected benefits for Flexible ending Accounts through salary reduction will be:			
	V	The maximum annual election amount available for the Health Expense Reimbursement			
	Ø	Plan shall be <u>3600.00</u> . The maximum annual election amount available for the Dependent Care Assistance Plan shall be <u>5000.00</u> .			
B.	Hea	Health Expense Reimbursement Plan.			
		e Health Expense Reimbursement Plan, if a component of this Cafeteria (IRC Section 125) Plan, shall ude these provisions:			
		Eligible health care costs shall include any item defined in Section 213 (d) of the Code except for the following:			
		The Employer shall reimburse each Participant for eligible health FSA expenses as claims are received unless otherwise indicated as follows:			
		Revocation or change of the benefit amount during the plan year shall be limited to those events authorized by the Internal Revenue Service, not including the following:			
C.	Gra	ace Periods for Health Expense Reimbursement Plans.			
	foll	IRS Notice 2005-42 allows Employer's to offer up to a two and one-half month extension, which immediately follows the end of the Plan Year. Unused benefits or contributions of employees may be paid or reimbursed to plan participants for qualified health expense benefits incurred during the specified grace period.			
	Z	Grace Period Declined Grace Period Elected The Grace Period extension for health expense benefits beginning on _9/1, 20 _11, and ending on _11/15, 20 _11 Subsequent Plan Years will begin and end on the same dates.			

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D.	Child and Dependent Care Reimbursement Plan. The Child and Dependent Care Reimbursement Plan, if a component of this Cafeteria (IRC Section 125)			
	Plan, shall include the following provision:			
	The Employer shall reimburse each Participant for eligible dependent care expenses as claims are received unless otherwise indicated as follows:			
E.	The Health Expense Reimbursement Plan and the Child and Dependent Care Reimbursement Plan, if			
	components of this Cafeteria (IRC Section 125) Plan, shall include these following provisions:			
	Active participants, terminated participants in the Child and Dependent Care Reimbursement Plan, and terminated participants (and their eligible dependents) in the Health Expense Reimbursement Plan who have elected extended coverage under COBRA, shall have 90 days following the end of the plan year to submit claims for respective reimbursable expenses incurred within the plan year.			
	Terminated participants in the Health Expense Reimbursement Plan who have elected not to extend their coverage under COBRA, shall have 90 days from the end of the plan year to submit claims for reimbursable expenses incurred during their period of coverage in the plan year.			
Empl	oyer Agreement and Signature			
The Pl	an shall be construed according to the laws of the State of <u>Kansos</u> .			
specifi 125 R benefit benefit	It is the intention of the Employer to maintain the plan for an indefinite period of time. The Plan Year shall remain as specified within this document, unless the Employer has qualifying business reasons in compliance with IRS Section 125 Regulations. Qualified business reasons must be documented prior to approval of Plan Year changes. The benefit plan herein adopted shall contain notice of the benefits available for distribution to each employee and such benefits will be legally enforceable. I certify that the adoption of the Section 125 Cafeteria Plan has been duly authorized by the Employers' Board of			
Directo	ors, and accurately appears in the approved Board minutes of the Employer.			
(2) ful acknov selecti	derstood that (1) Mass Group Marketing, Inc. is not responsible for the tax and legal aspects of the plan, and il responsibility is assumed by the undersigned organization establishing the plan, which organization wledges having counseled with its legal and tax advisors with respect to the adoption of the plan and the on of options.			
In Witn	ness Whereof, the parties affix their signatures this 29th Juy, 20 10.			
Name of	ISVILLE USD 2101 Aset. Sust. of Bus/France			
Name of Signatur	Plan Administrator (Please Print) Title (Please Print)			
Witness	Mile (Please Print) Mile (Please Print) Mile (Please Print) Mile (Please Print) Witness Title			
U				

MGMFlex-4 (07/2010)



Plan Administration Agreement Hausville USD 261 Mass Group Marketing, Inc. (MGM) and _ the Employer, enter into this Agreement for the purpose of establishing the terms and conditions under which MGM agrees to provide administrative and advisory services in connection with the Employer's Section 125 Flexible Benefits Plan. This Agreement commences as of the Plan Year Start Date.

ENROLLMENT

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MGM shall provide the Employer with the Enrollment Forms for each plan participant and any other materials necessary and appropriate for the administration of the Cafeteria Plan.

EMPLOYER RECORD KEEPING II.

The specified terms of the Agreement are as follows:

The Employer shall maintain application/enrollment forms, eligibility records, and account transactions and such other records as MGM deems necessary. The Employer shall be responsible for keeping all of the records/documents on file for the required period of time.

EMPLOYERS' PLAN DOCUMENT

MGM shall provide the Cafeteria Plan document, Summary Plan Descriptions and other pertinent documents required to be maintained by the Employer, or distributed to participants, as required by the Internal Revenue Code and the Department of Labor. MGM shall update all plan documents, as required by law.

DOCUMENT AND FORM ISSUANCE

MGM shall issue enrollment forms, expense claim forms and any other forms it deems necessary for the performance of its administrative services.

FLEXIBLE SPENDING ACCOUNT PROCESS

- a) Expense Account Deposits The Employer shall fund each individual flexible spending account, in accordance with the Plan Document and Individual enrollment form elections.
- b) Record Keeping and Reports MGM shall maintain required records in order to provide the administrative services outlined in this Agreement. The Employer and plan participants will be provided with statements indicating account activity and remaining balances. Compliance and status reports shall also be provided to the Employer.

DUTIES AND RESPONSIBILITIES OF THE PARTIES

MGM shall neither ensure nor underwrite the liabilities of the Employer under the Cafeteria Plan. The Employer, or his designee, is the legal Plan Administrator and, as such, has the ultimate decision making authority for reimbursement requests made under the Plan. MGM's duty to the Employer and plan participants is limited to operating the Plan as indicated in this Agreement.

MGM has no responsibility or obligation to investigate the claims which are submitted to it for payment. The parties agree that all such claim investigation is the Employer's sole responsibility. The Employer's written notification to MGM that a claim for payment has been made shall constitute, as between MGM and Employer, a conclusive presumption that the claim is valid and should be paid. MGM shall pay claims in accordance with provisions contained in the Adoption Agreement. All reimbursement checks will be mailed to the participants' home unless otherwise requested by the district.

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MGM



It is understood that MGM shall provide the services requested solely to simplify the installation and the continued maintenance and operation of the Plan. MGM is not a party to the Plan and does not provide legal or tax counsel to the Plan, the Plan Administrator, the Employer, or plan participants. MGM strongly recommends that legal and tax advice from competent independent sources be obtained by the Plan Administrator and/or the Employer.

The Employer agrees to furnish any and all information required by MGM to perform the services described herein. MGM shall not be responsible for (i) the accuracy of the information provided to MGM, (ii) any services or reports based upon any inaccurate information, or (iii) any failure to provide services or reports because of a lack of accurate information. Exceptior gross negligence, MGM shall not be liable for any act or omission in connection with the services described herein.

Except for gross negligence, the Employer hereby agrees to indemnify to the extent allowed by law, MGM and hold it harmless against any and all loss, damage, and expense, including attorney fees, occasioned by claims, demands, or lawsuits brought against MGM in connection with its performance under this Agreement.

MGM shall be responsible for the preparation, and submission to the Employer, of any and all Internal Revenue Service and U.S. Department of Labor filings and reports. The Employer understands and agrees that final responsibility for compliance with all regulations and timely and accurate filing of all necessary reports remains with the Plan Administrator named by the Employer and/or the Employer.

The Employer shall notify MGM of all changes, additions and/or terminations in enrollment in the Plan, as they occur.

VIL CHANGES IN AGREEMENT

MGM reserves the right to change its administration services, and the provisions and terms under this Agreement each plan year anniversary, by giving written notice to the Employer not less than thirty (30) days prior to the end of the plan year. If any such change is unacceptable to the Employer, the Employer shall have the right to terminate the Agreement by giving written notice of termination to MGM before the effective date of the change. No response to the notification shall constitute acceptance by the Employer under this Agreement and shall not require a new Agreement to be rendered.

This Administration Agreement is executed by the Employer and MGM on

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Haysile USD 20

Employer Name

Asst. Syst. est Bus. Finance

Title

7/29 10

Date

Date

Signature

This Administration Agreement is executed by the Employer and MGM on

20 10

MGM Benefits Group, Representative

Title

9-21-10

Date

Signature

Signature

MGM Benefits Group · 2121 N. Glenville Drive · Richardson, Texas · 75082 800.833.4028 · Fax 469.385.4620 flexsupport@membenefits.com

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