

# FLEXIBLE BENEFITS PLAN SUMMARY PLAN DESCRIPTION

## PLAN INFORMATION SUMMARY

The Employer named below establishes a Flexible Benefits Plan (the "Plan") as set forth in this Summary Plan Description ("SPD") as of the Effective Date set forth below. The purpose of the Plan is to provide eligible Employees a choice between cash and the specified welfare benefits described in this Plan Information Summary (see "Benefits Provided Under the Plan"). Pre-tax Contribution elections under the Plan are intended to qualify for the exclusion from income provided in Section 125 of the Internal Revenue Code of 1986.

### FLEXIBLE BENEFITS PLAN EMPLOYER INFORMATION

### YUBA COLLEGE

1) Name and Address of Employer/

Plan Administrator: **DEBBIE REYNOLDS  
2088 NORTH BEALE RD  
MARYSVILLE, CA 95901**

The Plan Administrator has the exclusive right to interpret the Plan and to decide all matters arising under the Plan, including the right to make determinations of fact and construe and interpret possible ambiguities, inconsistencies, or omissions in the Plan and this SPD.

2) Employer's Telephone Number: **(530) 741-6722**

3) Employer's Federal Tax  
Identification Number: **68-0447767**

4) Plan Number Assigned to Cafeteria  
Plan (e.g., 501 if this is the first ERISA  
Plan Number assigned) 501

5) 125 Start Date: **01/01/2005**

6) Effective Date of this Plan: **01/01/2009**

7) Last Day of the Plan Year: **12/31/2009**

Subsequent Plan Years: **01/01-12/31**

8) Name and Address of  
FSA Claim Administrator: **CLAIMS PROCESSOR: FLEX ONE 1932 WYNNTON RD. COLUMBUS, GA 31999**

9) Name and Address of registered  
agent for service of legal process: **DEBBIE REYNOLDS**

10) Affiliated Employers that will participate in the Plan (affiliates in excess of 29 are listed in Appendix 1):

11) Employer's Type of Business: CORPORATION

**ELIGIBILITY**

All Employees employed by the Employer shall be eligible to participate under the Plan except the following: \_\_\_\_\_

An eligible Employee may become a Participant in the Plan (check one):

- Immediately, upon the first day of employment (but not prior to the Effective Date of the Plan).
- On the \_\_\_\_\_ day following commencement of employment.
- On the first day of the month following \_\_\_\_\_ days of employment.
- Other: \_\_\_\_\_  
provided the Employee completes a Salary Redirection Agreement ("SRA"). However, eligibility for coverage under any given Benefit Plan or Policy shall be determined by the terms of that Benefit Plan or Policy, and reductions of the Employee's Compensation to pay Pre-tax or After-tax Contributions shall commence when the Employee becomes covered under the applicable Benefit Plan or Policy.

An eligible Employee may become a Participant in the Dependent Care and/or Medical Expense Reimbursement Plan(s) (if elected below):

- On the same day such Employee is eligible for the Pre-Tax Contribution benefits under the Plan.
- On the \_\_\_\_\_ day following commencement of employment.
- On the first day of the month following \_\_\_\_\_ days of employment.
- Other: \_\_\_\_\_  
provided the Employee completes a SRA selecting such benefits.

**BENEFITS PROVIDED UNDER THE PLAN**

The following Benefit Plans and Policies subject to the terms and conditions of the Plan are available for election by eligible Employees. The maximum a Participant can contribute via the SRA is the maximum aggregate cost of the Benefit Plans or Policies elected minus any Nonelective Contribution made by the Employer. It is intended that such Pre-tax Contribution amounts shall, for tax purposes, constitute an Employer contribution, but may constitute Employee contributions for state insurance law purposes. Copies of the Benefit Plans or Policies (or a list of eligible Policy numbers) shall be attached as an appendix to this Plan.

- Medical Coverage
- Vision Care Coverage
- Disability Income – Short Term (A&S)
- Cancer Insurance
- Dental Coverage
- Group Term Life Insurance
- Disability Income – Long Term (LTD)
- Intensive Care Insurance
- Accident Insurance
- Hospital Indemnity Insurance (HIP)
- Specified Health Event
- Personal Sickness Indemnity (PSI)
- Medical Care Expense Reimbursement described in Appendix I to this SPD, not to exceed \$ 2,500 per Plan Year pursuant to the YUBA COLLEGE Medical Care Expense Reimbursement Plan.  
Name and Address of Medical Care Expense Reimbursement Plan \_\_\_\_\_  
COBRA Administrator (if applicable): \_\_\_\_\_

- Dependent Care Expense Reimbursement described in Appendix I to this SPD, not to exceed \$5,000 per Plan Year or \$2,500 for married filing separate returns pursuant to the YUBA COLLEGE Dependent Care Expense Reimbursement Plan.
- Health Savings Account (as defined in Code Section 223) established with the following Custodian/Trustee: \_\_\_\_\_
- Opt-out Option: See Employer enrollment material.

**THE FUNDING AGENT**

The Employer selects the following Funding Agent for the Plan (check one):

- The Employer, which will comply with the requirements of Article VII of the Plan.
- The Flexible Benefits Trust created concurrently with the execution of the Plan, which shall receive contributions under the Plan in accordance with Article VII of the Plan.

**ADMINISTRATIVE EXPENSES**

Administrative Expenses incurred in operating the Plan shall be paid by (check one):

- The Employer, except as otherwise noted in the Plan.
- The Participants, except as otherwise noted in the Plan.