

**Amendment #1  
To the Plan Document and Summary Plan Description for  
County of Shelby**

This Amendment to the **County of Shelby Health Benefit Plan** ("Plan") is made effective on and after the date stated herein.

WHEREAS, applicable provision of the Plan grant the Employer the right to amend the Plan; and,

WHEREAS, the Employer desires to make such amendment;

NOW, THEREFORE, the Plan is hereby amended as follows, with such amendment to be effective on and after the date listed herein:

**Effective December 1, 2020**, coverage for **Retirees** is removed. As such, the following changes are made:

1. Under **ELIGIBILITY**, the following is removed:

**Eligibility for Retiree Coverage**

A person is eligible for retiree coverage from the first day that he or she meets one of the following requirements:

1. Is a retired Employee of the Employer and is not eligible for Medicare;
2. Is an Active Employee who is eligible for retirement under the Plan having a minimum of two consecutive years of employment and is between the ages of 62 and 65. Spouses and Dependents or a retiree are also eligible provided they meet the requirements stated in the provision entitled "Eligibility for Dependent Coverage."

Retiree coverage will be paid for by the retiree.

2. Under **TERMINATION OF COVERAGE**, the following is removed:

**Termination Dates of Retiree Coverage**

The coverage of any retiree who is covered under the Plan will terminate on the earliest to occur of the following dates: 1. The date of termination of the Plan. 2. The date of death of the covered retiree. 3. The date of the expiration of the last period for which the retiree has made a contribution, in the event of his or her failure to make, when due, any contribution for coverage for himself or herself to which he or she has agreed in writing. 4. The date the covered retiree becomes eligible for Medicare coverage or becomes eligible for coverage under another Employer's health plan.

3. Under **DEFINITIONS**, "**Participant**" is removed and replaced with the following:

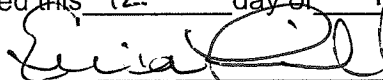
"Participant" shall mean any Employee or Dependent who is eligible for benefits (and enrolled) under the Plan.

4. Under **CONTINUATION OF COVERAGE**, the following is removed:

In the case of a bankruptcy Qualifying Event, the maximum coverage period for a Qualified Beneficiary who is the covered retiree ends on the date of the retiree's death. The maximum coverage period for a Qualified Beneficiary who is the covered Dependent of the retiree ends on the earlier of the Qualified Beneficiary's death or 36 months after the death of the retiree.

All other provisions of this document remain as stated. The above is effective on and after the dates stated herein.

Signed this 12<sup>th</sup> day of NOVEMBER, 2020.

 SHelby County TREASURER

Authorized Representative **County of Shelby Health Benefit Plan** and Title