

**Amendment #2
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 July 1, 2021:

In the **CONTINUATION OF COVERAGE** section, **Employer Continuation Coverage, #5** is amended to the following:

5. Employer-Approved Leave of Absence (not meeting the definition of FMLA); coverage will continue to the end of the month following a maximum of 180 days. This runs concurrently with Continuation during FMLA. If FMLA has been exhausted, this Employer-Approved Leave of Absence Continuation will continue only to the end of the month following a total of 180 days, including those days covered under FMLA.

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

Signed this 11th day of MARCH, 2021.



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