

SCHIP AMENDMENT

ARTICLE I PREAMBLE

- 1.1 **Adoption and effective date of amendment.** The Employer adopts this Amendment to Tom Green County's Section 125 Cafeteria Plan with Flexible Spending Accounts ("Plan") to reflect certain provisions of the Children's Health Insurance Program Reauthorization Act of 2009 (State Children's Health Insurance Program (SCHIP)) and the American Recovery and Reinvestment Act of 2009 (ARRA). The sponsor intends this Amendment as good faith compliance with the requirements of these provisions. This Amendment shall be effective on or after the date the Employer elects in Section 2.1 or 3.1 below.
- 1.2 **Supersession of inconsistent provisions.** This Amendment shall supersede the provisions of the Plan to the extent those provisions are inconsistent with the provisions of this Amendment.

ARTICLE II SPECIAL ENROLLMENT RIGHTS

- 2.1 **Effective Date.** This Amendment is effective as of April 1, 2009.
- 2.2 **Special Enrollment Rights.** The Plan is amended to allow for special enrollments rights in the event a Participant or his or her eligible Dependent (1) loses coverage under Medicaid or a state child health program, or (2) becomes eligible for state assistance with respect to paying his or her contributions to the Plan, as follows:

Special enrollment rights. A Participant may change an election for accident or health coverage during a Plan Year and make a new election that corresponds with the special enrollment rights provided in Code Section 9801(f), including those authorized under the provisions of the Children's Health Insurance Program Reauthorization Act of 2009 (SCHIP); provided that such Participant meets the sixty (60) day notice requirement imposed by Code Section 9801(f) (or such longer period as may be permitted by the Plan and communicated to Participants). Such change shall take place on a prospective basis, unless otherwise required by Code Section 9801(f) to be retroactive.

This amendment has been executed this 12th day of May, 2009.

Name of Employer:

Tom Green County

By:

M. Brown

EMPLOYER Michael D. Brown
County Judge

CERTIFICATE OF ADOPTING RESOLUTION

The undersigned authorized representative of Tom Green County (the Employer) hereby certifies that the following resolutions were duly adopted by Employer on May 12, 2009, and that such resolutions have not been modified or rescinded as of the date hereof;

RESOLVED, that the Amendment to the Cafeteria Plan (the Amendment) is hereby approved and adopted, and that an authorized representative of the Employer is hereby authorized and directed to execute and deliver to the Administrator of the Plan one or more counterparts of the amendment.

The undersigned further certifies that attached hereto is a copy of the Amendment approved and adopted in the foregoing resolution.

Date: May 12, 2009

Signed: [Signature]

Michael D. Brown, County Judge
[print name/title]

**SUMMARY OF MATERIAL MODIFICATIONS
for the**

Tom Green County's Section 125 Cafeteria Plan with Flexible Spending Accounts
(Name of Plan)

(1) **General.** This is a Summary of Material Modifications regarding the above referenced Plan ("Plan"). This Summary of Material Modifications supplements and amends the Summary Plan Description (SPD) previously provided to you. You should retain this document with your copy of the SPD.

(2) **Identification of Employer.** The legal name, address and Federal Employer identification number of the Employer are:

Tom Green County EIN: 75-6001184
113 West Beauregard
San Angelo TX 76903

(3) **Description of Modifications.** The Employer has amended your Plan effective as of April 1, 2009 to allow the following:

Special Enrollment Rights under SCHIP

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections. Federal law provides Special Enrollment provisions under some circumstances.

If an Employee has declined enrollment in the Plan for him or herself or his or her dependents (including a spouse) because of coverage under Medicaid or the Children's Health Insurance Program, there may be a right to enroll in this Plan if there is a loss of eligibility for the government-provided coverage. However, a request for enrollment must be made within 60 days after the government-provided coverage ends.

In addition, if an Employee has declined enrollment in the Plan for him or herself or his or her dependents (including a spouse), and later becomes eligible for state assistance through a Medicaid or Children's Health Insurance Program which provides help with paying for Plan coverage, then there may be a right to enroll in this Plan. However, a request for enrollment must be made within 60 days after the determination of eligibility for the state assistance.

If you have any questions regarding the application of this provision to you, contact the Plan Administrator.