The BESTflex℠ Plan
Employee Benefits Corporation

Amendment of the Plan Adoption Agreement

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GumGum, Inc. (G145330)
Legal Name of Organization ("Employer")

2 6 - 1 2 7 6 2 5 6
Federal Employer ID Number (FEIN) (xx-xxxxxxx)

Validation

Please return ALL pages.
ALL Plan Design changes are subject to review and approval by Employee Benefits Corporation. A $50 fee will be charged for Mid-Year changes. Plan Renewal changes will be processed at no additional charge until the start of your new plan year.

Authorization

The undersigned, as an authorized representative of the Employer hereby certifies that on

1 1 - 1 8 - 2 0 2 0
Date (mm-dd-yyyy)

the governing body[1] of the Employer adopted the following resolutions:

WHEREAS, the Employer maintains for the benefit of its employees and their beneficiaries a Section 125 cafeteria plan (the Plan) with the name of

Choose only one option:

- (•) [Employer Name] Flexible Compensation Plan
- ( ) Previously established custom name:

Enter the custom Plan name

WHEREAS, the Employer wishes to amend the Plan pursuant to the Employer's amendment authority as set forth in the Plan Document.

NOW, THEREFORE, BE IT RESOLVED, that the Employer hereby amends the Plan with modifications to Plan language and procedures consistent with the following selected Plan options, effective as of the date shown above, or if later, the following effective date:

1 1 - 1 8 - 2 0 2 0
Effective date of the change (mm-dd-yyyy)

Plan Settings

INSTRUCTIONS: *to change your plan settings, please **check the box** in the appropriate section(s).*

EXAMPLE: ☑ Change

Then enter the information completely in the sections you have checked.
If you are not changing your plan settings in a section, do not check the box, and leave the section blank.

☐ Change Collectively Bargained Benefit

( ) Yes, this benefit is collectively bargained ( ) No, this benefit is not collectively bargained

☐ Change Plan Year

If the new start date is before the current plan year's end date, the current plan will be shortened.
If the new start date is after the current plan year's end date, a short initial plan year will be created.

- ( ) Use a calendar Plan Year (January 01 - December 31) beginning January 1, 20 ____
- ( ) Use an off-calendar Plan Year. The new plan year end date will be 12 months later.

New Plan Year Start Date (mm-dd-yyyy)

[1]Board of directors, in the case of a corporation. Voting partners in the case of a partnership. Managers in the case of a limited liability organization.

☐ Change Health Savings Account (HSA) Elections

	Add	*Remove*
Allow employees to make pre-tax HSA contributions	○	○

☐ Change Group Insurance Premiums

	Renewal Month (mm-dd)	*Add*	*Remove*		*Renewal Month (mm-dd)*	*Add*	*Remove*
☐ Medical Insurance (including SHOP)		○	○	☐ Accidental Death and Dismemberment Insurance		○	○
☐ Dental Insurance		○	○	☐ Cancer Insurance		○	○
☐ Vision Insurance		○	○	☐ Accident		○	○
☐ Disability		○	○	☐ Hospital Indemnity		○	○
☐ Group Term Life Insurance (up to $50,000/Employee only)		○	○	☐ Individual Medical Insurance (Retiree-Only)		○	○
☐ Other:		○	○				

☐ Change Flexible Spending Accounts

	Add	*Remove*		*Add*	*Remove*
☐ Standard Health FSA	○	○	☐ Dependent Care FSA	○	○
☐ Limited Health FSA *(Dental and Vision Only; Add if you have an HSA)*	○	○	☐ Individual Premium FSA *(Retiree-Only, Dental, Vision)*	○	○

☐ Change 2 1/2 Month Grace Period

	Add Grace Period	*Remove Grace Period*
☐ Standard Health FSA and Limited Health FSA	○	○
☐ Dependent Care FSA	○	○
☐ Individual Premium FSA	○	○

☑ Change Health Care FSA Rollover (Standard Health FSA and/or Limited Health FSA)

○ Remove Rollover *(if chosen, skip to Change Flexible Spending Accounts Annual Limits section)*

○ Add Rollover in Health Care FSA *(cannot also allow 2 1/2 month grace period)*

☑ Change Rollover Options

☐ **Maximum Rollover Amount:** ○ Statutory Maximum ($500) ○ $ ____ Maximum Rollover Amount

☑ **Require New Election:** Require participants to make a new plan year election in order to roll over Health Care FSA funds to the new plan year

○ Yes *(if chosen, skip to Change Flexible Spending Accounts Annual Limits section)*

◉ No

☐ **Minimum Balance:** *(applies only when there is no new plan year election)* ○ No Minimum ○ Set Minimum: $ ____ Minimum Rollover Amount

☐ **Change Year-to-Year Account Setting**: Choose one.

○ Same Plan Type: Health Care FSA rollover funds retain their prior account type (limited or standard) for all participants who do not make an FSA election in the new plan year.

- When a participant has rollover funds in a Health Care FSA, the funds will roll into the prior account type (limited or standard) in the new plan year.
- If you have an HSA, this option will not preserve HSA eligibility for a participant in a standard health FSA who does not make a limited health FSA election for the new plan year.

○ Auto-Convert for HSA Eligibility: standard health FSA rollover funds automatically convert to a limited health FSA in the new plan year.

- If you have SimplyHSA, auto-conversion takes place if the participant enrolls in SimplyHSA for the new plan year.
- If you have a different HSA, auto-conversion takes place if the participant does not make a new Health Care FSA election of any kind for the new plan year.
- If you choose Auto-Convert and do not have a limited health FSA, you must also add a limited health FSA to your plan in the *Change Flexible Spending Accounts* section.

☐ Change Flexible Spending Accounts Annual Limits

Health Care FSA (Standard Health FSA and Limited Health FSA)

○ Set Minimum Election: $ ____ Minimum Election amount ○ No Minimum Election ☐ Set Maximum Election Amount: $ ____ Maximum Election Amount ☐ Set Maximum Election as Statutory Maximum Limit

Dependent Care FSA

○ Set Minimum Election: $ ____ Minimum Election Amount ○ No Minimum Election

Individual Premium FSA

○ Set Minimum Election: $ ____ Minimum Election Amount ○ No Minimum Election

☐ Change Employer Contributions

☐ None ☐ Standard Health FSA ☐ Limited Health FSA ☐ Dependent Care FSA ☐ Individual Premium FSA

☐ All

$ ____ Contribution Amount

Eligibility:

Frequency: ○ Pay Period ○ Annually-Plan Start

☐ Health Savings Account (HSA) Contributions:

$ ____ Single $ ____ Family

$ ____ Other:

$ ____ Other:

Frequency: ○ Pay Period ○ Monthly ○ Quarterly ○ Annually-Plan Start ○ Other:

☐ Change Cash-in-lieu of Insurance Premiums

Health Insurance: ○ No ○ Yes

$ ____ Amount (0000)

Frequency: ○ Pay Period ○ Monthly ○ Quarterly ○ Annually-Plan End ○ Annually-Plan Start ○ Other:

Other Insurance Type: ○ No ○ Yes **Type:**

$ ____ Amount (0000)

Frequency: ○ Pay Period ○ Monthly ○ Quarterly ○ Annually-Plan End ○ Annually-Plan Start ○ Other:

☐ Change Eligibility Requirements

Hourly Requirement: ☐☐ Hours per week Other:

Waiting Period: The waiting period for your FSA needs to match or be longer than the longest waiting period requirement of your group medical plan.

- ○ First of the month after:
  - ○ 30 days ○ 60 days ○ 90 days ○ Date of hire
  - ○ Other:
- ○ From date of hire:
  - ○ 30 days ○ 60 days ○ 90 days
  - ○ Other:
- ○ On date of hire
- ○ Other:

Other Requirement:

☐ Change Runout Period for Claims Submission

☐ Runout period for future Plan Years ○ Standard 3-month ○ Other Date:

☐ Runout period for mid-year Participant terminations: ○ Standard 3 months from date of termination ○ Same as Plan Year runout end date

○ ☐☐ Days from date of termination (not to exceed Plan Year runout period)

BE IT FURTHER RESOLVED, that the individuals who manage the Employer hereby are authorized to execute the amended and restated plan document and related documents on behalf of the Employer and take such other actions as are necessary or appropriate to carry out the above resolutions.

■ Please Sign and Date the Document

X Reena Rai

Employer: Signature

11-18-2020

Date (mm-dd-yyyy)

Reena Rai

Print Name

PeopleOps Director

Title