

**AMENDMENT # 1**

to the

**SYSTEMSPPLUS HEALTH +  
EMPLOYEE DENTAL PLAN**

The SystemsPlus Health + Employee Dental Plan is hereby amended, effective 05/01/12. This amendment affects all claims for services incurred on or after the effective date of this amendment. The terms of this amendment are as follows:

- I. The "General Information" section will be replaced in its entirety with the attached.
- II. All references pertaining to "SystemsPlus Health + Employee Dental Plan" will now be changed to "National Franchisee Association Health + Dental Plan."

APPROVED AND ACCEPTED

This Plan Amendment # 1 to the SystemsPlus Health + Employee Dental Plan, is hereby executed:

\_\_\_\_\_, on \_\_\_\_\_  
(City) (State) (Date)

BY: \_\_\_\_\_

\_\_\_\_\_  
(Title)

## GENERAL INFORMATION

**Plan Sponsor:**

**Federal Identification Number:** [PLACE STICKER HERE]

**Name of the Plan:**

**Plan Number:**

**Plan Administrator:** Plan Sponsor, acting through its exclusive agent, Allison Hazen, Trustee of the NFA Member Plan Master Trust and exclusive agent of the Sponsor:  
61 Overlook Drive  
South Burlington, VT 05403-7887  
Phone: 802-865-5291  
Cell: 802-922-3548

**Group Number:** 50704

**Benefits Covered:** Dental benefits under the National Franchisee Association Health + Dental Plan

**Plan Effective Date:** May 1, 2010

**Plan Anniversary Date:** May 1<sup>st</sup>

**Plan Year Ends:** April 30<sup>th</sup>

**Contract Administrator and Pre-Determination Administrator:**  
Comprehensive Benefits Administrator, Inc. dba CBA Blue  
P.O. Box 9350  
South Burlington, VT 05407-9350  
(888) 222-9206

**Agent for Legal Process:** Allison Hazen, Trustee of the NFA Member Plan Master Trust and exclusive agent of the Sponsor  
61 Overlook Drive  
South Burlington, VT 05403-7887  
Phone: 802-865-5291  
Cell: 802-922-3548

**Contributions:** The Plan is contributory.

**Eligibility Requirements:** All employees working an average of twenty (20) hours or more per week.

**Dependent Children's Coverage:** Married or unmarried dependent children up to twenty-six (26) years of age.

**Eligibility Date:** First day of the month following sixty (60) days of continuous employment unless the waiting period is waived as a condition of employment.

**Termination Date:** See "Termination of Benefits" section for details.