

## APPENDIX E EMPLOYEE COVERAGE

By executing this Appendix E to its Welfare Benefit Plan, the Employer provides coverage under such Plan for Employees to the extent provided below. This Appendix is part of and is subject to the provisions of the Employer's Welfare Benefit Plan. This Appendix is effective as of the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, and replaces any prior Appendix E.

E1.1 Plan Sponsor Elections for Employees. The following features are selected for this Plan. These elections and coverages shall govern benefits subject to the provisions of the Plan and Section E1.2.

(a) **Benefits and Eligibility.** All benefits to be provided under a particular Policy from time to time shall be exclusively as then provided in such Policy providing the benefit and shall be payable in accordance with such Policy's terms, conditions, and provisions, including, but not limited to, eligibility limitations. The Employer selects the following benefits to be offered to Employees under the Plan and the following eligible hourly requirement categories (complete as applicable):

- Medical** coverage shall be available for Employees who work at least \_\_\_\_\_ hours per week (hours entered must be no lower than 20 and no higher than 30).
- Dental** coverage shall be available for Employees who work at least \_\_\_\_\_ hours per week (hours entered must be no lower than 20 and no higher than 40).
- Vision** coverage shall be available for Employees who work at least \_\_\_\_\_ hours per week (hours entered must be no lower than 20 and no higher than 40).
- Life and Accidental Death and Dismemberment** coverage shall be available for Employees who work at least \_\_\_\_\_ hours per week (hours entered must be no lower than 20 and no higher than 40).
- Dependent Life** coverage (same hourly requirement as Life and Accidental Death and Dismemberment will apply).
- Long Term Disability** coverage shall be available for Employees who work at least \_\_\_\_\_ hours per week (hours entered must be no lower than 20 and no higher than 40).
- Short Term Disability** coverage shall be available for Employees who work at least \_\_\_\_\_ hours per week (hours entered must be no lower than 20 and no higher than 40).

(b) **Required Waiting Periods.** An eligible Employee shall not commence coverage until completion of the any applicable required waiting periods. "Date of hire" as used in this Section E1.1 means the date the Employee starts working. Coverage may not commence before the date which is (complete as applicable):

- Medical:**
  - \_\_\_ month(s) after date of hire;
  - \_\_\_ day(s) after date of hire;
  - 1st of month after \_\_\_ months following date of hire;
  - 1st of month after \_\_\_ days following date of hire; or
  - Date of hire (no waiting period).
  
- Dental:**
  - \_\_\_ month(s) after date of hire;
  - \_\_\_ day(s) after date of hire;
  - 1st of month after \_\_\_ months following date of hire;
  - 1st of month after \_\_\_ days following date of hire; or
  - Date of hire (no waiting period).
  
- Vision:**
  - \_\_\_ month(s) after date of hire;
  - \_\_\_ day(s) after date of hire;
  - 1st of month after \_\_\_ months following date of hire;
  - 1st of month after \_\_\_ days following date of hire; or
  - Date of hire (no waiting period).
  
- Life and Accidental Death and Dismemberment:**
  - \_\_\_ month(s) after date of hire;
  - \_\_\_ day(s) after date of hire;
  - 1st of month after \_\_\_ months following date of hire;
  - 1st of month after \_\_\_ days following date of hire; or
  - Date of hire (no waiting period).
  
- Dependent Life:** (same waiting period as Life and Accidental Death and Dismemberment will apply)
  
- Long Term Disability:**
  - \_\_\_ month(s) after date of hire;
  - \_\_\_ day(s) after date of hire;
  - 1st of month after \_\_\_ months following date of hire;
  - 1st of month after \_\_\_ days following date of hire; or
  - Date of hire (no waiting period).
  
- Short Term Disability:**
  - \_\_\_ month(s) after date of hire;
  - \_\_\_ day(s) after date of hire;
  - 1st of month after \_\_\_ months following date of hire;
  - 1st of month after \_\_\_ days following date of hire; or
  - Date of hire (no waiting period).

(c) **Credit for Time Served.** Time served as a part-time, seasonal, or temporary Employee (complete as applicable) \_\_\_ will \_\_\_ will not be credited toward satisfaction of any required waiting period under each Policy under the Plan.

(d) **Premiums.** Premiums for benefits shall be subject to change from time to time. Premiums shall be paid by the Employer except as provided below (complete as applicable):

The following contribution for **Medical** benefits shall be paid by the Employee: (Check and complete schedules below as applicable. Enter either the percentage from 0% to 100% or monthly dollar amount. If dollar amount is not per month, indicate the period used: dollar amount per \_\_\_\_\_.)

Employees working at least \_\_\_\_\_ hours shall pay the following percentage/dollar amount (see Section E1.1(a) for the minimum number of hours) for coverage selected by the Employee:

( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee only coverage;  
( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee/spouse coverage;  
( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee/children coverage; or  
( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee/family coverage.

If contribution and hours are broken down further, complete the following: Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following percentage for the coverage selected by the Employee:

( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee only coverage;  
( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee/spouse coverage;  
( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee/children coverage; or  
( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee/family coverage.

If contribution and hours are broken down further, complete the following: Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following percentage for the coverage selected by the Employee:

( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee only coverage;  
( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee/spouse coverage;  
( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee/children coverage; or  
( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee/family coverage.

The following contribution for **Dental** benefits shall be paid by the Employee: (Check and complete schedules below as applicable. Enter either the percentage from 0% to 100% or monthly dollar amount. If dollar amount is not per month, indicate the period used: dollar amount per \_\_\_\_\_.)

Employees working at least \_\_\_\_\_ hours shall pay the following percentage/dollar amount (see Section E1.1(a) for the minimum number of hours) for coverage selected by the Employee:

( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee only coverage;  
( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee/spouse coverage;  
( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee/children coverage; or  
( \_\_\_\_\_ % ) or ( \$ \_\_\_\_\_ ) for Employee/family coverage.

- If contribution and hours are broken down further, complete the following: Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following percentage for the coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee only coverage;  
( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee/spouse coverage;  
( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee/children coverage; or  
( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee/family coverage.

- If contribution and hours are broken down further, complete the following: Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following percentage for the coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee only coverage;  
( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee/spouse coverage;  
( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee/children coverage; or  
( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee/family coverage.

- The following contribution for **Vision** benefits shall be paid by the Employee: (Check and complete schedules below as applicable. Enter either the percentage from 0% to 100% or monthly dollar amount. If dollar amount is not per month, indicate the period used: dollar amount per \_\_\_\_\_.)

- Employees working at least \_\_\_\_\_ hours shall pay the following percentage/dollar amount (see Section E1.1(a) for the minimum number of hours) for coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee only coverage; and  
( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee/family coverage.

- If contribution and hours are broken down further, complete the following Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following percentage for the coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee only coverage; and  
( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee/family coverage.

- If contribution and hours are broken down further, complete the following Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following percentage for the coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee only coverage; and  
( \_\_\_\_\_ %) or (\$ \_\_\_\_\_ ) for Employee/family coverage.

- The following contribution for **Life and Accidental Death and Dismemberment** benefits shall be paid by the Employee: (Check and complete schedules below as applicable. Enter either the percentage from 0% to 100% or monthly dollar amount. If dollar amount is not per month, indicate the period used: dollar amount per \_\_\_\_\_.)

- Employees working at least \_\_\_\_\_ hours shall pay the following percentage/dollar amount (see Section E1.1(a) for the minimum number of hours) for coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_) for Employee only coverage.

- If contribution and hours are broken down further, complete the following Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following amount for the coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_) for Employee only coverage.

- If contribution and hours are broken down further, complete the following Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following amount for the coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_) for Employee only coverage.

- The following contribution for **Dependent Life** benefits shall be paid by the Employee: (Check and complete schedules below as applicable. Enter either the percentage from 0% to 100% or monthly dollar amount. If dollar amount is not per month, indicate the period used: dollar amount per \_\_\_\_\_.)

- Employees working at least \_\_\_\_ hours shall pay the following percentage/dollar amount (see Section E1.1(a) for the minimum number of hours) for coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_) for coverage.

- If contribution and hours are broken down further, complete the following Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following amount for the coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_) for coverage.

- If contribution and hours are broken down further, complete the following Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following amount for the coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_) for coverage.

- The following contribution for **Long Term Disability** benefits shall be paid by the Employee: (Check and complete schedules below as applicable. Enter either the percentage from 0% to 100% or monthly dollar amount. If dollar amount is not per month, indicate the period used: dollar amount per \_\_\_\_\_.)

- Employees working at least \_\_\_\_\_ hours shall pay the following percentage/dollar amount (see Section E1.1(a) for the minimum number of hours) for coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_) for Employee only coverage.

- If contribution and hours are broken down further, complete the following Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following amount for the coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_) for Employee only coverage.

- If contribution and hours are broken down further, complete the following Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following amount for the coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_) for Employee only coverage.

- The following contribution for **Short Term Disability** benefits shall be paid by the Employee: (Check and complete schedules below as applicable. Enter either the percentage from 0% to 100% or monthly dollar amount. If dollar amount is not per month, indicate the period used: dollar amount per \_\_\_\_\_.)

- Employees working at least \_\_\_\_ hours shall pay the following percentage/dollar amount (see Section E1.1(a) for the minimum number of hours) for coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_) for Employee only coverage.

- If contribution and hours are broken down further, complete the following Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following amount for the coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_) for Employee only coverage.

- If contribution and hours are broken down further, complete the following Employees working at least \_\_\_\_\_ hours, but less than \_\_\_\_\_ hours, shall pay the following amount for the coverage selected by the Employee:

( \_\_\_\_\_ %) or (\$ \_\_\_\_\_) for Employee only coverage.

**(e) Termination Date of Benefits.** Subject to the provisions in Article V, at termination of eligibility for a benefit, coverage shall terminate on the date indicated as follows (complete as applicable):

- Medical:**
  - Date employment/eligibility terminates; or
  - Last day of month in which employment/eligibility terminates.

- Dental:**
  - Date employment/eligibility terminates; or
  - Last day of month in which employment/eligibility terminates.
  
- Vision:**
  - Date employment/eligibility terminates; or
  - Last day of month in which employment/eligibility terminates.
  
- Life and Accidental Death and Dismemberment:**
  - Date employment/eligibility terminates; or
  - Last day of month in which employment/eligibility terminates.
  
- Dependent Life:** (Termination date is same as Life and Accidental Death and Dismemberment.)
  
- Long Term Disability:**
  - Date employment/eligibility terminates; or
  - Last day of month in which employment/eligibility terminates.
  
- Short Term Disability:**
  - Date employment/eligibility terminates; or
  - Last day of month in which employment/eligibility terminates.

E1.2 Policy Provisions Incorporated/Supersession. The terms of the Policies providing benefits under this Plan are incorporated into the Plan document. Such Policies may change from time to time. The terms of the Policies are modified by this Plan and made subject to the terms of the Plan. However, notwithstanding anything in this Plan to the contrary, to the extent that the terms of this Plan would cause payment of a benefit not allowed under the terms of the underlying Policy for such benefit, the terms of the particular benefit Policy will govern.

**IN WITNESS WHEREOF**, the Plan Sponsor has hereunto caused this Appendix to the Plan to be signed by its authorized undersigned officer as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

[Typed Name of Plan Sponsor]

By: \_\_\_\_\_

Title: \_\_\_\_\_

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