

RESOLUTION #2012-130
SUMMARY OF MATERIAL MODIFICATIONS NO. 4

This modification is made as of **January 1, 2013** by City of Rapid City to the City of Rapid City Flexible Benefits Plan. All other terms and provisions of the Plan remain unaltered and in effect.

Please check the following that apply:

- _____ The Plan Administrator will print the attached amendment for distribution.
- _____ First Administrators, Inc. will provide one copy of the attached amendment for the Plan Administrator to print and distribute.
- _____ First Administrators, Inc. will print _____ copies of the attached amendment for distribution.
- _____ Other: _____

The following text **replaces "Option 1- Medical Expense Reimbursement Option"** section of the **Plan Administration Information Supplement** found in the Flex Summary Plan Description.

* Option 1 - Medical Expense Reimbursement Option. The maximum amount you may contribute to this option each Plan Year is ~~\$5,000~~\$2,500. The minimum amount you may contribute each Plan Year is \$0 (contributed evenly over each payroll period).

City of Rapid City

(Authorized Signature)

(Date)

(Printed Name)

(Title)