Adel-DeSoto-Minburn CSD
FLEXIBLE BENEFITS PLAN
SUMMARY PLAN DESCRIPTION INSERT

PLAN INTENT

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The employer named below establishes this plan with the intention of maintaining such plan for an indefinite period of time and for the exclusive benefit of its employees.

EMPLOYER - SPONSOR

Employer - Plan Sponsor	Adel-DeSoto-Minburn CSD
Federal Tax ID Number	42-1398258
Mailing Address	801 Nile Kinnick Dr. South
City, State, ZIP	Adel, IA 50003
Plan Administrator	Sponsoring Employer
Company Contact Person	Nancy Gee
Address:	801 Nile Kinnick Dr. South Adel, IA 50003

Plan Information

Name of Plan:	Adel-DeSoto-Minburn CSD Flexible Benefit Plan
Plan Number:	501
Plan Year End:	June 30th
Plan Service Provider:	Kabel Business Services
Address:	1454 30th Street, Suite 105 West Des Moines, Iowa 50266
Phone Number:	515-224-9400

The appointed Plan Service Provider in conjunction with the Administrator will perform the functions of accounting, record keeping, changes of participant family status, and any election or reporting requirements of the Internal Revenue Code.

Eligibility Requirements

Existing Employees- If you are in the Employer's employment on the Plan's effective date, you shall be eligible to become a participant on the Plan's effective date, subject to the exclusions noted below.

New Employees- If your employment by the Employer begins after the Plan's effective date, your service period requirements for eligibility are incorporated by reference from the terms of the underlying benefit policies subject to the exclusions noted below.

Re-employment of Former Employees- A re-employed former employee shall be treated the same as a new employee in determining eligibility.

Age requirement- There will be no maximum age requirement for participation in the Plan.
Employees excluded from this classification group are those individual employees who fall into one or more of the following categories:

Part-time employees, normally expected to work less than 30 hours per week.
Employees under 18 years of age.

Termination of Participation- You will automatically cease to be a participant on the earliest of the following dates:

a. Your death;

b. The date you terminate your employment;
c. The date you fail to meet the eligibility requirements;
d. The date the Plan terminates;
e. The date the administrator determines you made fraudulent or improper use of any Plan, certificate, or identification.

Layoff, Leave of Absence and Sabbatical-

a. When salary is discontinued, but you later return to work in a new Plan Year, you will be treated as a new employee.
b. When salary is continued, you are treated the same as an active employee.

Service period requirements for eligibility are incorporated by reference from the terms of the underlying benefit policies.

The entry date is the date when an employee meeting the eligibility requirements will be able to begin participation in the Plan. This will mean the date eligibility requirements are met.

Benefit Plans

Medical or Medical - Related Premiums - This benefit provides for payments by the Employer for a medical or medical-related premiums.

Each year each participant may choose not to participate in pre-tax group health benefits by notifying the employer in writing on or before the first day of any plan year. Unless notified of a change prior to the start of a new plan year, the prior year election will be continued.

For purposes of this Plan, medical or medical-related premium includes the cost of medical and hospitalization insurance, major medical insurance, group term life insurance (employee only up to $50,000), dental insurance, and/or vision insurance. Medical insurance premium includes you, your spouse, and any eligible dependent children.

The terms, conditions, and limitations of the core health benefits offered will be as set forth in and controlled by the Group medical and medical related policies. (Eligible employees become eligible to participate when eligible for group health insurance.)

Irrevocability of Elections

Irrevocability of Elections- Elections made by you under the Plan shall be irrevocable during the Plan Year subject to a change in family status. You may revoke a benefit election for the balance of the Plan Year and file a new election only if both the revocation and the new election are based on and consistent with a change in family status. Any new election shall be effective at such time as the administrator shall prescribe but not earlier than the first pay period beginning after the election form is signed.

Change in Family Status- You may not change a benefit election after the start of the Plan Year unless the change and new election are based on and consistent with the following:

1. Change in an employee's legal marital status – this includes marriage, divorce, death of a spouse, legal separation, and annulment.
2. Change in number of dependents – this includes birth, adoption, placement for Adoption, and death.
3. Change in employment status – if any of the following events change: the employment status of the employee, the employee's spouse, or the employee's dependent would qualify: a termination or commencement of employment; a strike or lockout; a commencement of or return from an unpaid leave of absence; and a change in work-site. In addition, if the eligibility conditions of the Cafeteria Plan or other employee benefit plan of the employer or the employee, spouse or dependent depend on the employment status of that individual and there is a change in that individual's employment status with the consequence that the individual becomes (or ceases to be) eligible under the Plan, then that change constitutes a change in employment under this paragraph. For example, if a Plan applies only to salaried employees and an employee switches from salaried to hourly paid, with the consequence that the employee ceases to be eligible for the Plan, then that change constitutes a change in employment status.
4. Dependent satisfies or ceases to satisfy eligibility requirements for coverage on account of attainment of age, student status, or any similar circumstances.
5. Residence – a change in the place of residence of the employee, spouse or dependent.
6. HIPPA Special Enrollment Rights – a change may be made if an employee has a right to enroll in an employer's group health plan; or to add coverage for a family member under HIPPA, the employee can make a conforming election under the Cafeteria Plan.

7. Judgment, Decree or Order – a change may be made as a result of a judgment, decree or order resulting from a divorce, annulment or legal separation, including a qualified medical child support order (QMCSO).
8. Entitlement to Medicare or Medicaid – a change may be made as a result of Medicaid and Medicare entitlement.
9. COBRA – a change may be made if a COBRA event (or similar state law continuation coverage event) occurs with respect to the employee, the employee's spouse or a dependent.
10. A leave of absence under the Family Medical Leave Act.

Changes in Cost

The plan allows for an automatic election change that corresponds to an increase or decrease in the cost of the coverage. Moreover, if there is a significant cost increase, a Plan may allow participants either to make a corresponding election increase or elect alternative coverage.

Change in Coverage

1. Significant Curtailment – if the coverage under a Plan is significantly curtailed or ceases during a period of coverage, the Cafeteria Plan may permit affected employees to revoke their elections under the Plan and make a new election for coverage under another benefit package option providing similar coverage. Coverage under a Plan is significantly curtailed only if there is an overall reduction in coverage provided to participants under the Plan so as to constitute reduced coverage to participants.
2. Addition to or elimination of benefit package – if during a period of coverage a Plan adds a new benefit package option or other coverage option (or eliminates an existing benefit package option or other coverage option), the Cafeteria Plan may permit affected employees to elect the newly added option (or elect another option if an option has been eliminated) prospectively on a pre-tax basis and make corresponding election changes with respect to other benefit package options providing similar coverage.
3. Change in coverage of spouse or dependent under other employer's plan – a Cafeteria Plan may permit and employee to make a prospective election change that is on account of and corresponds with a change made under the plan of the spouse's former or dependent's employer if (1) a Cafeteria Plan or qualified benefits plan of the spouse's, former spouse's or dependent's employer permits participants to make an election change that would be permitted under the proposed and final regulation; or (2) the Cafeteria Plan permits participants to make an election for a period of coverage that is different from the period of coverage under the Cafeteria Plan or qualified benefits plan of the spouse's, former spouse's, or dependent's employer.

Consistency Rule (applicable to all events except 6-10) – The election change must be on account of and correspond to a change in the status that affects eligibility for coverage under an employer's plan. An exception to this rule is that an impact on eligibility is not required for marital status or employment status events to support election changes for group term life insurance or long term disability coverage.

Under most circumstances the change must be made within 30 days of the event

Termination

Employee Right to Terminate- Once the Plan Year commences, your election is irrevocable except when:
a. Legislation required termination of or substantial amendment to the Plan.
b. The company terminates the Plan and/or coverage's.

Plan Termination- The Plan or any portion of the Plan shall be subject to termination at any time by the Employer.
Upon termination of the Plan, the Administrator may continue the Plan in order to pay balances or distribute balances.

Your Rights

As a participant in the Company's Medical or Medical-Related Premium Conversion Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act ("ERISA"). ERISA provides that all Plan participants shall be entitled to:

Examine, without charge, at the Plan Administrator's office and at other specified locations such as work-sites and union halls, all plan documents including insurance contract, collective bargaining agreements and copies of all documents filed by the Plan with the U.S. Department of Labor such as detailed annual reports and plan descriptions.

Obtain copies of all plan documents and other plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report when such a report is required by law.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. the people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of the plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit from the plan or from exercising you rights under ERISA.

If your claim for a benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan Administrator review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide materials and pay you up to $100 a day until you receive the materials unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored in whole or in part, you may file suit in a state or federal court as above. If it should happen that Plan fiduciaries misuse the Plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees or if it finds your claim is frivolous. If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this part of the Summary Plan Description of about your rights under ERISA, you should contact the nearest office of the U.S. Labor-Management Services Administration, Department of Labor.

Incorporation By Reference

The actual terms and the conditions of the separate benefits offered under this Plan are contained in separate, written documents governing each respective benefit, and will govern in the event of a conflict between the individual plan document and the Employer's Cafeteria Plan.