

AMENDMENT NO: 1

AMENDMENT TO: DLORAH, INC. FLEXIBLE BENEFIT PLAN

GROUP NO.: 402

On the effective dates listed below, the following provisions are added to and made part of the employer's flexible benefit plan:

Effective February 17, 2009:

5.4 CHANGE IN STATUS

A Family Status change now includes the following for dependent/childcare expense accounts only:

- Change in daycare provider

A change in the election amount for your dependent/childcare expense account must be consistent with the change in daycare provider. i.e. If your new daycare provider is less expensive than your previous provider, you may decrease your election amount and vice versa.

Effective April 1, 2009:

SPECIAL ENROLLMENT PERIOD (MEDICAID OR CHIP)

An employee or dependent that is otherwise eligible for coverage under this Plan, but not enrolled, may be eligible for a Special Enrollment Period if either of the following conditions is met:

1. The employee or dependent is covered under a Medicaid program under Title XIX of the Social Security Act or under a state child health plan (CHIP) under Title XXI of the Act, and coverage under such plan or program is terminated because the employee or dependent loses eligibility.
2. The employee or dependent is determined by the state to be eligible to receive contribution assistance from a Medicaid program or state child health plan, to pay for coverage under this Plan.

However, loss of eligibility does not include a loss of coverage for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the other coverage.)

The employee or dependent must request the special enrollment and enroll no later than sixty (60) days from the date of termination of Medicaid or CHIP coverage or sixty (60) days from the date the individual is determined to be eligible for contribution assistance by the state of residence.

The effective date of coverage as the result of this type of special enrollment shall be the first day of the first calendar month following the Plan administrator's receipt of the completed enrollment form.

By the signature of its duly authorized representative below, the Plan Administrator agrees to be bound by the terms and provisions of this amendment on or after the effective date hereof.

IN WITNESS WHEREOF, this amendment is executed this 20th day of August, 2009.

By: [Signature]
Title: Provost
Employer: Dlorah, Inc.

Witness: [Signature]