

**AMENDMENT NUMBER 4
TO
ENLOE MEDICAL CENTER
EMPLOYEE BENEFIT PLAN**

The Enloe Medical Center Employee Benefit Plan is hereby amended as follows:

Effective July 1, 2023

- I. In **ARTICLE I – ELIGIBILITY AND PARTICIPATION** section A. **Who Is Eligible**, is deleted and replaced with the following:

A. Who Is Eligible

You are eligible to participate in this Plan if you are:

1. in active full-time or benefits-eligible part-time employment for the employer, and
2. are regularly scheduled to work at least forty-eight (48) hours of service per pay period.

You will be deemed in "active employment" on each day you are actually performing services for the employer and on each day of a regular paid vacation or on a regular non-working day, provided you were actively at work on the last preceding regular working day. For positions requiring Continuing Education Leave, a maximum forty-eight (48) hours in a fiscal year, will count towards hours worked. You will also be deemed in "active employment" on any day you are absent from work during an approved FMLA leave or solely due to a health factor. An exception applies only on your first scheduled day of work. If you do not report for employment on your first scheduled workday, you will not be considered as having commenced active employment.

Your eligible dependents may also participate. Eligible dependents include:

1. A legally married spouse, unless legally separated from you. "Legally married" means an eligible employee's legal spouse, whether same-sex or opposite-sex, in a marriage entered into under the laws of a U.S. or foreign jurisdiction having the authority to sanction marriages, but will not include a common law spouse.
2. A registered domestic partner. A registered domestic partnership means a relationship validly established under California Family Code Section 297-297.5. A registered domestic partner means an individual, who has filed, along with the employee, a Declaration of Domestic Partnership with the Secretary of State of California, or a similar declaration issued by another state, and at the time of enrollment in the Plan **meets all the following requirements:** (1) both persons have a common residence; (2) neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated,

dissolved or adjudicated a nullity; (3) the two persons are not related by blood in a way that would prevent them from being married to each other in the state of California; (4) both persons are at least 18 years of age; and (5) one or both of the persons are 62 years of age or older and are entitled to Medicare or Social Security.

3. A child from birth to age twenty-six (26).

The term child includes:

- a. your natural child or a natural child of your covered domestic partner;
- b. a stepchild by legal marriage;
- c. a child who is adopted or has been placed with you for adoption by a court of competent jurisdiction;
- d. a child for whom legal guardianship has been awarded;
- e. a child who is the subject of a *Qualified Medical Child Support Order (QMCSO)* dated on or after August 10, 1993. To be "qualified," a state court medical child support order must specify: the name and last known mailing address of the plan participant and each *alternate recipient* covered by the order, a reasonable description of the type of coverage or benefit to be provided to the *alternate recipient*, the period to which the medical child support order applies, and each plan to which the order applies; and
- f. An unmarried child who is incapable of self-sustaining employment by reason of mental or physical disability and is primarily dependent on you for maintenance and support may continue to be covered under this Plan regardless of age, so long as the disability persists, and the disability began before the child reached age twenty-six (26).

In order to continue coverage, you must furnish written proof of the disability within thirty-one (31) days of the child's twenty-sixth (26th) birthday. The *plan administrator* may require you to furnish periodic proof of the child's continued disability but not more often than annually. If such proof is not satisfactory to the *plan administrator*, coverage for the child will end immediately.

You may not participate in this Plan as an employee and as a dependent. In addition, a person may not participate in this Plan as a dependent of more than one (1) employee.

No one who is on active duty with the armed forces will be eligible for coverage under this Plan.

All other provisions of the Plan remain the same.

This Agreement has been executed this 20 day of September, 20 23

Enloe Medical Center

BY: _____

Authorized Employer Representative

WITNESS: _____