



Eligible Categories of Coverage—Addendum to Exhibit A

A Plan Sponsor may complete this form to request that a Salary-Paying Unit be added or removed mid-year subject to the rules of HealthFlex.

A Plan Sponsor may also complete this form in certain circumstances to request that certain individuals or a group of individuals be covered under HealthFlex even though the participants are not eligible under the Plan Sponsor’s current *HealthFlex Adoption Agreement*. Please refer to page 3 for additional information about the circumstances in which these requests may be made.

Plan Sponsor Name _____

HealthFlex # _____ UMC ID # _____

Part 1 – Transitional Coverage. List name of Salary-Paying Unit(s) to be added or removed and indicate whether they are to be added or removed.

a. Mid-Year Addition or Removal of Salary-Paying Unit(s)

Part 2 – Grandfathered Coverage. List names of individuals or groups of individuals to be grandfathered.

a. Grandfathered Participants Eligible Under Previous Plan or *HealthFlex Adoption Agreement*:

b. Grandfathered Participants Due to Other Special Circumstances—*please explain the special circumstances in detail*:

Part 3 – Signatures

(Print name of Plan Sponsor) _____

has identified the individuals who will be covered as indicated above in this addendum to *Exhibit A* of the *HealthFlex Plan Sponsor Adoption Agreement*, dated _____, to become effective on _____ and to remain in effect until further notice.

The Plan Sponsor agrees that, going forward, individuals appointed to or otherwise becoming a part of the affected group of individuals (i.e., with the same employment status as those under this addendum) will be subject to the then-current HealthFlex eligibility rules and retirement provisions. Plan Sponsor acknowledges that it has the responsibility for ensuring that its health plan offered through HealthFlex is nondiscriminatory under applicable law.

The Plan Sponsor will evaluate each request for coverage based on the terms of this Addendum and will submit a *HealthFlex Enrollment/Change Form* for each affected individual.

Print name of authorized representative _____ Title _____

Authorized signature _____ Date _____

Accepted by Wespath

Print name of authorized representative _____ Title _____

Authorized signature _____ Date _____

Additional Information

1a. Mid-Year Addition or Removal of Salary-Paying Unit

Current HealthFlex Plan Sponsors may request that an individual or group of individuals be covered or not covered in HealthFlex, where such circumstance arises through a new appointment that occurs during the appointment change season. For example, if a clergyperson is appointed mid-year to an employer within the Conference that previously was not listed on the Conference's *Adoption Agreement Exhibit A*, then the Conference may amend, subject to the approval of Wespath, its *Adoption Agreement* through this Addendum to update the listed employers and add the new employer. The Conference may not amend the *Adoption Agreement* mid-year to add or remove a new category of appointment under a paragraph of *The Book of Discipline* that was covered or not covered in the *Adoption Agreement* at the beginning of the year.

2a. Grandfathered Participants Eligible Under Previous Plan or Previous *HealthFlex Adoption Agreement*

New HealthFlex Plan Sponsors, upon entering HealthFlex, may request that certain participants or groups of participants be eligible to enroll in HealthFlex, where, under then-current eligibility provisions of HealthFlex, such group would be ineligible to be covered under HealthFlex. Such individuals must have been eligible for coverage under the Plan Sponsor's group health plan at the time the Plan Sponsor adopts HealthFlex. Individuals covered under this provision would remain covered until the earliest of the following: (i) the individual experiences a change in appointment (to an otherwise eligible category or to an ineligible category); (ii) the participant or Plan Sponsor fails to pay the required contribution; or (iii) the Plan Sponsor informs Wespath that the grandfathered participants are no longer covered. If coverage is terminated, these individuals may be eligible for continuation of coverage for an additional 12 months, pursuant to the plan's continuation coverage rules.

Existing HealthFlex Plan Sponsors may also request that certain participants previously covered by HealthFlex (e.g., certain part-time clergy or lay employees or certain non-mandatory categories) remain covered even though the Plan Sponsor did not elect to continue coverage for the category to which the individual belongs in its most recent *Adoption Agreement Exhibit A*. In this case, the individuals would remain covered until the individual experiences a change in appointment. If coverage is terminated, these individuals may be eligible for continuation of coverage for an additional 12 months, pursuant to the plan's continuation coverage rules.

2b. Grandfathered Participants Due to Special Circumstances

Plan Sponsors may request that certain individuals or groups of individuals be covered in HealthFlex as a result of a legal arrangement between the Plan Sponsor and the individuals, such as part of a severance package, an early retirement incentive, an agreement in settlement of litigation, etc. Wespath will consider such requests if the matter is disclosed in advance to Wespath, the individual is considered in underwriting and the individual cannot be covered under a category available in the *Adoption Agreement* on *Exhibit A*. The individual may remain covered as long as premiums are paid.