

Noble Local School District Employee Benefit Plan

Amendment No.: 6

Effective Date: July 1, 2016

Summary Plan Description: Noble Local School District Employee Benefit Plan
Dated: September 1, 2013

Pursuant to the Plan Sponsor's right to amend the Plan Document for Noble Local School District Employee Benefit Plan (the "Plan"), the Plan is hereby amended as follows:

The following change is effective July 1, 2016:

I. Within the above named Summary Plan Description, the section titled ELIGIBILITY, FUNDING, EFFECTIVE DATE AND TERMINATION PROVISIONS, the subsection Eligible Classes of Dependents (as amended by Amendment No. 2) is hereby deleted in its entirety and REPLACED by the following:

(1) A covered Employee's Spouse.

The term "Spouse" shall mean the person with whom covered Employee has established a valid marriage under applicable State law but does not include common law marriages. The term "Spouse" shall include an individual of the same sex as the covered employee, if they were legally married under the laws of a State or other foreign or domestic jurisdiction. The Plan Administrator may require documentation proving a legal marital relationship.

(2) A covered Employee's Child(ren).

An Employee's "Child" includes his natural child, stepchild, adopted child, or a child placed with the Employee for adoption. An Employee's Child will be an eligible Dependent until reaching the limiting age of 26, without regard to student status, marital status, financial dependency or residency status with the Employee or any other person. When the child reaches the applicable limiting age, coverage will end on the last day of the child's birthday month.

The phrase "placed for adoption" refers to a child whom a person intends to adopt, whether or not the adoption has become final, who has not attained the age of 18 as of the date of such placement for adoption. The term "placed" means the assumption and retention by such person of a legal obligation for total or partial support of the child in anticipation of adoption of the child. The child must be available for adoption and the legal process must have commenced.

This Plan will comply with provisions set forth in the State of Ohio budget passed in July 2009 which allows certain dependent children to remain on the Plan up to age 28. The Employee must request coverage under this provision from the Employer. Please refer to the Employer's human resources representative for more information.

For Plan Years on and after July 1, 2016 the plan will provide coverage to dependent children of employees to age 26 and coverage will end on the last day of the child's birthday month.

- (3) A covered Dependent Child who reaches the limiting age and is Totally Disabled, incapable of self-sustaining employment by reason of mental or physical handicap, primarily dependent upon the covered Employee for support and maintenance and unmarried. The Plan Administrator may require, at reasonable intervals, continuing proof of the Total Disability and dependency.

The Plan Administrator reserves the right to have such Dependent examined by a Physician of the Plan Administrator's choice, at the Plan's expense, to determine the existence of such incapacity.

Whereupon, to record the adoption of the foregoing, Noble Local School District, has caused this document to be executed, on its behalf on this 14th day of March, 2016.

PLAN SPONSOR:

Noble Local School District

By: Jenna L Rice
Treasurer
Title

Summary of Material Modification
To all Participants under the
Noble Local School District Employee Benefit Plan

This is a Summary of Material Modifications (“SMM”) regarding the Noble Local School District Employee Benefit Plan (the “Plan”). This SMM supplements and amends the Summary Plan Description (“SPD”) previously provided to you. The effective date of the changes in this SMM is July 1, 2016, unless an alternative effective date is specified below. Please do three things:

- (1) Carefully read this SMM. If you have any questions, contact the Plan Administrator;
- (2) Keep this SMM with your Summary Plan Description; and
- (3) Mark the sections of your Summary Plan Description that have been changed, so when you look at that section of your Summary Plan Description, you will be reminded that the change described in this SMM has occurred.

Effective July 1, 2016 the following change applies:

- I. Within the Summary Plan Description for the above named Plan, the section titled ELIGIBILITY, FUNDING, EFFECTIVE DATE AND TERMINATION PROVISIONS, the subsection Eligible Classes of Dependents (as amended by Amendment No. 2) is hereby deleted in its entirety and REPLACED by the following:**

- (1) A covered Employee's Spouse.

The term "Spouse" shall mean the person with whom covered Employee has established a valid marriage under applicable State law but does not include common law marriages. The term "Spouse" shall include an individual of the same sex as the covered employee, if they were legally married under the laws of a State or other foreign or domestic jurisdiction. The Plan Administrator may require documentation proving a legal marital relationship.

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The phrase "placed for adoption" refers to a child whom a person intends to adopt, whether or not the adoption has become final, who has not attained the age of 18 as of the date of such placement for adoption. The term "placed" means the assumption and retention by such person of a legal obligation for total or partial support of the child in anticipation of adoption of the child. The child must be available for adoption and the legal process must have commenced.

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- (3) A covered Dependent Child who reaches the limiting age and is Totally Disabled, incapable of self-sustaining employment by reason of mental or physical handicap, primarily dependent upon the covered Employee for support and maintenance and unmarried. The Plan Administrator may require, at reasonable intervals, continuing proof of the Total Disability and dependency.

The Plan Administrator reserves the right to have such Dependent examined by a Physician of the Plan Administrator's choice, at the Plan's expense, to determine the existence of such incapacity.

If you have questions about this Summary of Material Modification or about the Plan, or need a copy of the Summary Plan Description, please check with your employer's benefits office.
