

## **AMENDMENT NO. 2**

to the Summary Plan Description of the

### **EVERETT SCHOOL EMPLOYEE BENEFIT TRUST'S MEDICAL BENEFIT PLAN**

The Summary Plan Description effective 01/01/08 is amended effective 04/01/09 as follows:

On **page 19** of the Summary Plan Description, within the **Eligibility and Enrollment Provisions**, under **Enrollment**, add **Special Enrollment for Loss of State Children's Health Insurance Program (SCHIP) or Medicaid** as follows:

#### **Special Enrollment for Loss of State Children's Health Insurance Program (SCHIP) or Medicaid**

A special enrollment period is available for current employees and their dependents who are otherwise eligible for coverage under the Plan, if one of the following events occurs:

- The employee's or dependent's State Children's Health Insurance Plan coverage or Medicaid coverage is terminated due to a loss of eligibility.
- The employee or dependent becomes eligible for State Children's Health Insurance Plan or Medicaid premium assistance.

The current employee or dependent may request the special enrollment within 60 days from the date other coverage is lost or within 60 days from the date that premium assistance eligibility is determined.

Effective date of coverage will be the first of the month following the date the request is received by the Plan Administrator.

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On **page 77** of the Summary Plan Description, within the **General Provisions**, under **Coordination of Benefits**, add the following after the last bullet point:

#### **Coordination of Benefits with Medicaid**

In all cases, benefits available through a state or Federal Medicaid program will be secondary or subsequent to the benefits of this Plan.

### Summary Plan Description Amendment Approval Notification

It is agreed by, **Everett School Employee Benefit Trust** that the provisions in the Summary Plan Description are amended and that these amendments are acceptable and will be the basis for the administration of the Plan as described herein.

The effective date of this plan amendment will be no earlier than the first of the month following the date of signature below.

Signed at **Everett**, Washington, this \_\_\_\_\_ day of \_\_\_\_\_ 2009, for an effective date of April 1, 2009.

**Everett School Employee Benefit Trust**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Print Name*