

CERTIFICATE OF ADOPTING RESOLUTION

The undersigned authorized representative of Stetson University and affiliates (the Employer) hereby certifies that the following resolutions were duly adopted by Employer on January 1, 2013, and that such resolutions have not been modified or rescinded as of the date hereof;

RESOLVED, that the Amendment to the Stetson University Flexible Benefits Plan (the Amendment) is hereby approved and adopted, and that an authorized representative of the Employer is hereby authorized and directed to execute and deliver to the Administrator of the Plan one or more counterparts of the amendment.

The undersigned further certifies that attached hereto is a copy of the Amendment approved and adopted in the foregoing resolution.

Date: April 16, 2013

Signed: Sheila Daniels

Sheila Daniels, Associate Vice President of Human Resources
(print name/title)

HEALTH CARE FLEXIBLE SPENDING ACCOUNT AMENDMENT

ARTICLE I
PREAMBLE

- 1.1 Adoption and effective date of amendment. The Employer adopts this Amendment to the **Stetson University Flexible Benefits Plan** ("Plan") to reflect changes to Internal Revenue Code (IRC) Section 125(i), as amended by the Affordable Care Act (ACA). The sponsor intends this Amendment as good faith compliance with the requirements of this provision. This Amendment shall be effective on or after the date the Employer elects in Section 2.1 below.
- 1.2 Supersession of inconsistent provisions. This Amendment shall supersede the provisions of the Plan to the extent those provisions are inconsistent with the provisions of this Amendment.

ARTICLE II
LIMITATION ON ALLOCATIONS

- 2.1 Effective Date. This Amendment is effective as of **January 1, 2013** (the first day of the plan year beginning on or after January 1, 2013).
- 2.2 Limitation on Allocations. Notwithstanding any provision contained in this Health Care Flexible Spending Account to the contrary, the maximum annual contribution amount that may be allocated to the Health Care Flexible Spending Account Benefit may not exceed the lesser of the Participant's salary reduction elected for the plan year or \$2,500 plus any Employer contributions that may be made. (The \$2,500 amount will be indexed each year to reflect any anticipated cost of living adjustments as assigned by the IRS.)

This Amendment has been executed this 16th day of April, 2013.

Name of Employer:

By: Stetson University
EMPLOYER

SUMMARY OF MATERIAL MODIFICATIONS (SMM)

For the

Stetson University Flexible Benefits Plan

(1) **General.** This is a Summary of Material Modifications regarding the above referenced Plan ("Plan"). This Summary of Material Modifications supplements and amends the Summary Plan Description (SPD) previously provided to you. You should retain this document with your copy of the SPD.

(2) **Identification of Employer.** The legal name, address and Federal Employer Identification number of the Employer are:

Stetson University

EIN: 59-0624416

Employer name

421 N. Woodland Blvd.

Employer street address

DeLand, FL 32723

Employer city, state and zip code

FOR CAFETERIA PLANS:

(3) **Description of Modifications.** The Employer has amended your Plan effective as of the first day of the Plan year coinciding with or following January 1, 2013. Subsequent plan years will reflect the IRS cost-of-living adjustment Indexed amount.

If you have any questions regarding the application of this provision to you, contact your Plan Administrator.

BENEFITS

Annual Health Care Spending Account Amount. The maximum annual contribution amount that may be allocated to your Health Care Flexible Spending Account Benefit may not exceed the lesser of your salary reduction (contribution) elected for the year or \$2,500 plus any Employer contributions that may be made. (The \$2,500 amount will be indexed each year to reflect any anticipated cost of living adjustments as assigned by the IRS.)