

**SUMMARY OF MATERIAL MODIFICATION
AND
AMENDMENT #7
TO THE
EFFINGHAM COUNTY
EMPLOYEE BENEFIT PLAN
GROUP NO. 17760**

This Summary of Material Modification and Amendment describes changes to the Effingham County Employee Benefit Plan effective January 1, 2021. These changes are effective as of **October 1, 2024** and will remain in effect until amended in writing by the Plan Administrator.

This document should be read carefully and attached to the Plan Document and Summary Plan Description. Please contact the Plan Administrator identified in the Summary Plan Description if you have any questions regarding the changes described in this Summary of Material Modification.

Effingham County Board of Commissioners (the "Plan Sponsor") is amending the Effingham County Employee Benefit Plan (the "Plan") as follows:

1. *The following **Continuation of Plan Coverage due to an Approved Leave of Absence** subsection is hereby added under the **Termination of Coverage** section as shown below:*

TERMINATION OF COVERAGE

Continuation of Plan Coverage due to an Approved Leave of Absence

Medical and Prescription Drug coverage will be continued by your Employer for you and your Dependents in the event of an approved Leave of Absence. Coverage will continue as follows:

- (1) In the event of an approved Leave of Absence, your coverage may continue for 6 weeks.

If your leave qualifies under the Family and Medical Leave Act (FMLA), any continuation of coverage provided under this provision will not run concurrent with FMLA.

Coverage under this provision will continue in accordance with the same terms and conditions of an active Employee. If a COBRA qualifying event occurs, any period of continued coverage under this section will not reduce the maximum time for which you may elect to continue coverage under COBRA. Please refer to the COBRA Continuation Coverage section of the Plan.

2. *The following **Leave of Absence** definition is hereby added alphabetically to the **Definitions** section as shown below:*

DEFINITIONS

Leave of Absence means a Leave of Absence of an Employee that has been approved by the Employer, as provided for in the Employer's rules, policies, procedures, and practices.

All other provisions of this Plan shall remain unchanged.

In Witness Whereof, Effingham County Board of Commissioners has caused this Amendment to take effect, be attached to, and form a part of their Employee Benefit Plan.

Authorized Signature _____ Date _____

Title _____

Witness _____ Date _____

Title _____