



SUMMARY PLAN DESCRIPTION - Premium Only Plan

ADMINISTRATOR:
Arizona Cooperative Therapies
STE 2005
2702 N. 3RD ST
PHOENIX AZ 85004

CONTACT PERSON: Leo Huppert

PLAN YEAR: 02/01/2016 - 01/31/2017
TAX ID NUMBER: 20-5386975
GROUP ID NUMBER: 4311-7998-6213
PLAN NUMBER:

BENEFITS OFFERED TO EMPLOYEES:

Medical or Medical-Related Premiums

REQUIREMENTS FOR BENEFIT ELIGIBILITY:

Entry Period: First of the month after 60 days of continuous employment
Re-employed Former Employees: A former employee rehired within 30 days of termination will immediately be reinstated into their original elections. A former employee rehired after 30 days of termination may make new elections after re-satisfying Plan eligibility requirements.

PURPOSE

Your Employer has adopted this Flexible Compensation Plan to provide compensation alternatives for qualifying, participating employees and their dependents. You will now be able to choose among certain "tax free" benefits in lieu of taxable compensation. The Plan is intended to qualify as a "Cafeteria Plan" within the meaning of Section 125(d) of the Internal Revenue Code, and the benefits you elect will be excluded from your income under Section 125(a). This is a Summary Plan Description, and any conflict with the Summary Plan Description will be resolved by the language in the Plan Document.

CONTRIBUTIONS

By participating in the Plan, you agree to have your annual compensation reduced by the total cost of the Plan benefits you select with the signed Enrollment Form.

ELIGIBILITY

Existing Employees. If you are in the Employer's employment on the Plan's effective date, you shall be eligible to participate on the later of the Plan's Effective Date or on the date you satisfy the eligibility requirements.

New Employees. If your employment begins after the Plan's Effective Date, you will be eligible to participate on the entry date noted in the Adoption Section of the Plan Document following the date you satisfy the eligibility requirements.

Reemployment of Former Employees. A re-employed former employee may become a participant immediately upon re-hire.

Age Requirement. There will be no maximum age requirement for participation in the Plan.

Termination of Participation. You will automatically cease to be a Participant on the earliest of the following dates:

- a. Your death;
- b. The date the Plan terminates;
- c. The date the administrator determines you made fraudulent or improper use of any plan, certificate or identification.

TERMINATION

Employee Right to Terminate. Once the Plan Year commences, your election is irrevocable except under the following circumstances:

- a. Legislation required termination of or substantial amendment to the Plan;
- b. The company terminates the Plan and/or coverage.

Plan Termination. The Plan or any portion of the Plan shall be subject to termination at any time by the Employer. Upon the termination of the Plan, the Administrator may continue the Plan in order to pay balances or distribute balances.