

**Exhibit B**  
**Employer Information and Administrative Elections**

By execution of the attached Participation Agreement, I verify understand and acknowledge that:

- The information provided below is correct and complete.
- In accordance with SEC rules, Security Financial Resources must provide notice that in accepting telephone investment instructions from VEBA Plan participants, Security Financial Resources must use reasonable procedures to identify participants that if reasonable procedures are followed, it may not be liable for unauthorized instructions
- I have been offered an opportunity to request and review prospectuses for the funds included in the VEBA plan and that I can request and updated prospectus at any time.
- All contributions received for Employer directed Special Purpose or Pre-allocation contributions will be deposited into the Default Investment Option until such time as the Employer provides investment direction.

**1. Provide Employer Contact Information**

Name of Employer East Allen County Schools Employer EIN 35-1097344  
Mailing Address 1240 SR930 E New Haven IN 46774  
Street Address City State ZIP Code

**Employer Contact:**

Name Patrick McCann  
Address: (If different from above) \_\_\_\_\_  
Street Address City State ZIP Code  
Phone 260-446-0100 X1011 Fax 260-446-0107 Email pmccann@eacs.k12.in.us  
Does this individual need access to the Plan Sponsor Website? ☒ Yes ☐ No If yes, last 4 of SSN 5248

**Business Manager:**

Name Jeremiah Hruschak  
Address: (If different from above) \_\_\_\_\_  
Street Address City State ZIP Code  
Phone 260-446-0100X1006 Fax 260-446-0107 Email jhruschak@eacs.k12.in.us  
Does this individual need access to the Plan Sponsor Website? ☒ Yes ☐ No If yes, last 4 of SSN 1549

**Payroll:**

Name Jill Watkins  
Address: (If different from above) \_\_\_\_\_  
Street Address City State ZIP Code  
Phone 260-446-0100 X1010 Fax 260-446-0107 Email jwatkins@eacs.k12.in.us  
Does this individual need access to the Plan Sponsor Website? ☒ Yes ☐ No If yes, last 4 of SSN 3319

**Other:**

Name: Jaime Kirkman  
Address: (If different from above) \_\_\_\_\_  
Street Address City State ZIP Code  
Phone 260-446-0100 X1024 Fax \_\_\_\_\_ Email jkirkman@eacs.k12.in.us  
Does this individual need access to the Plan Sponsor Website? ☒ Yes ☐ No If yes, last 4 of SSN 3451

**Local President:**

Name: Andra Kosmoski  
Address \_\_\_\_\_  
Street Address City State ZIP Code  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email akosmoski@eacs.k12.in.us

**Participant Enroller or Independent Representative (to be completed by Security Benefit or representative):**

Name Andrew Dixon Representative ID \_\_\_\_\_  
Broker/Dealer Cetera Investment Services  
Address 6602 E. 75th St. Suite 100 Indianapolis IN 46250  
Street Address City State ZIP Code  
Phone 260-494-5407 Fax \_\_\_\_\_ Email andrew.dixon@ceterainvestors.com  
Does this individual need access to the Plan Sponsor Website? ☐ Yes ☒ No If yes, last 4 of SSN N/A

**Exhibit B**  
**Employer Information and Administrative Elections**

**Plan Name** East Allen County Schools

**Plan Number** 353020-01

**Original Date** 01/28/2011  
(mm/dd/yyyy)

**Amendment Date** \_\_\_\_\_  
(mm/dd/yyyy)

**1. Agreement / Contribution Funding**

**Name** Post-Retirement Lump Sum Buyout Teachers

ERB2 Medical & Health Insurance Post-Retirement Lump Sum Buyout Teachers

ERB11 Health Insurance Post-Retirement Lump Sum Buyout Teachers

☒ **Collective Bargained** Contract Effective Date \_\_\_\_\_ Contract Expiration Date \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

☐ **Other** \_\_\_\_\_

**2. Eligibility for Plan Participation (Contributions will be made on behalf of the following Covered Groups)**

**Minimum Age:** ☒ None or ☐ Age \_\_\_\_\_ **Minimum Service:** ☒ None or ☐ \_\_\_\_\_ years

Teachers and Academic Support Personnel (ASP) hired prior to July 1, 1999

☒ **Excluding** Teachers hired after July 1, 1999.

**3. Contributions (continued on page two)**

**The Employer has agreed to make the following contributions:**

**Frequency of contributions:** ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annual  
☐ Annual ☐ One time lump sum ☐ One time buyout ☐ No additional contributions will be made  
☐ Other \_\_\_\_\_

A one-time contribution equal to the percent value of the individual's adjusted retirement benefit calculated equal to the percent value of the individual's adjusted retirement benefit as of June 30, 2024

ERB11 ☒ **Health Insurance Premium Reimbursement Account (variable contributions)**

% \_\_\_\_\_ of salary per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Compensated Absence Contributions:** Contributions attributable to the Participant's unused leave time (e.g., sick leave, vacation leave) that was accrued with the Employer.

**Details** \_\_\_\_\_

% \_\_\_\_\_ Annual contributions of accumulated leave/benefit beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Details** \_\_\_\_\_

% \_\_\_\_\_ Contribution of accumulated leave/benefit at separation from service

**Details** \_\_\_\_\_

**Special Purpose Contributions:**

**Details** \_\_\_\_\_

**Other** \_\_\_\_\_

**3. Contributions (continued from page one)**

**ERB2** ☒ **Medical Expense Reimbursement Account (equal dollar contributions)**

Contribution amount per employee

\$ \_\_\_\_\_ per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

\$ \_\_\_\_\_ annual contribution on \_\_\_\_\_  
(mm/dd/yyyy)

Other equal dollar contribution \_\_\_\_\_

**Special Purpose Contributions:**

Details \_\_\_\_\_

**Preallocation Contributions (unallocated):**

Details \_\_\_\_\_

**4. Vesting (if multiple selected, the earlier of)**

- ☐ 100% Immediate ☒ 100% Vested after 30 years ☐ % \_\_\_\_\_ per year for \_\_\_\_\_ years ☐ Upon Death  
☒ Other Or qualifying for retirement benefits under the provisions of ISTRF (cn occur at age 50 with 15 or more years of creditable service)

**5. Availability of Benefits**

- ☒ Post Retirement ☐ In-Service

**Eligibility for Reimbursement Benefits**

- ☐ Immediate (separation of service is not required)  
☒ All participants will be eligible for Reimbursement Benefits upon separation of service  
☐ All participants will be eligible for Reimbursement Benefits, who have: Attained Age \_\_\_\_\_ Min Service \_\_\_\_\_ yrs.  
Details \_\_\_\_\_

**6. Forfeiture**

- ☐ N/A 100% Immediate Vesting  
☐ Used to offset the Employer's future funding allocation ERB \_\_\_\_\_ ERB \_\_\_\_\_  
☒ Reallocated to the Accounts of all other Participants, as soon as practicable after the forfeiture occurs, but in no event shall reallocations be made less frequently than annually.  
☐ The forfeited amount will be reallocated to such Participants on a per capita basis.  
☐ As instructed by the Employer  
☐ \_\_\_\_\_ Equal amount to each participant ☐ ERB11 Variable amount to each participant

**7. Transfer**

The employer hereby instructs the Trustee and the Administrator that Participant Account balances transferred may be used:

Accounts transferred from ISTA WBPT from ERB1

☐ For the reimbursement of Participants' insurance premiums only

**ERB2** ☒ For the reimbursement of Participants' insurance premiums or medical expenses

**8. Amendment Details**

**Exhibit B**  
**Employer Information and Administrative Elections**

**Plan Name** East Allen County Schools

**Plan Number** 353020-01

**Original Date** 01/28/2011  
(mm/dd/yyyy)

**Amendment Date** 7/1/2025  
(mm/dd/yyyy)

**1. Agreement / Contribution Funding**

**Name** Post-Retirement Annual Teachers

ERB4 Medical & Health Insurance Post-Retirement Annual Teachers

ERB1 Health Insurance Post-Retirement Annual Teachers

☒ **Collective Bargained** Contract Effective Date \_\_\_\_\_ Contract Expiration Date \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

☐ **Other** \_\_\_\_\_

**2. Eligibility for Plan Participation (Contributions will be made on behalf of the following Covered Groups)**

**Minimum Age:** ☒ None or ☐ Age \_\_\_\_\_ **Minimum Service:** ☒ None or ☐ \_\_\_\_\_ years  
Teachers and Academic Support Personnel (ASP) hired after June 30, 1999

☒ **Excluding** Teachers hired before July 1, 1999

**3. Contributions (continued on page two)**

**The Employer has agreed to make the following contributions:**

**Frequency of contributions:** ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annual  
☒ Annual ☐ One time lump sum ☐ One time buyout ☐ No additional contributions will be made  
☐ Other \_\_\_\_\_

Contributions made annually in June or July

ERB1 ☒ **Health Insurance Premium Reimbursement Account (variable contributions)**

% \_\_\_\_\_ of salary per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Compensated Absence Contributions:** Contributions attributable to the Participant's unused leave time (e.g., sick leave, vacation leave) that was accrued with the Employer.

**Details** \_\_\_\_\_

% \_\_\_\_\_ Annual contributions of accumulated leave/benefit beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Details** \_\_\_\_\_

% \_\_\_\_\_ Contribution of accumulated leave/benefit at separation from service

**Details** \_\_\_\_\_

**Special Purpose Contributions:**

**Details** \_\_\_\_\_

**Other** \_\_\_\_\_

**3. Contributions (continued from page one)****ERB4** ☒ **Medical Expense Reimbursement Account (equal dollar contributions)**

Contribution amount per employee

\$ \_\_\_\_\_ per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)\$ \_\_\_\_\_ annual contribution on \_\_\_\_\_  
(mm/dd/yyyy)

Other equal dollar contribution \_\_\_\_\_

**Special Purpose Contributions:**Details Equal contribution to all eligible members based upon percentage deemed by CBA**Preallocation Contributions (unallocated):**

Details \_\_\_\_\_

**4. Vesting (if multiple selected, the earlier of)**☐ 100% Immediate ☒ 100% Vested after 5 years ☐ % \_\_\_\_\_ per year for \_\_\_\_\_ years ☐ Upon Death☐ Other \_\_\_\_\_**5. Availability of Benefits**☒ Post Retirement ☐ In-Service**Eligibility for Reimbursement Benefits**☐ Immediate (separation of service is not required)☒ All participants will be eligible for Reimbursement Benefits upon separation of service☐ All participants will be eligible for Reimbursement Benefits, who have: Attained Age \_\_\_\_\_ Min Service \_\_\_\_\_ yrs.

Details \_\_\_\_\_

**6. Forfeiture**☐ N/A 100% Immediate Vesting☐ Used to offset the Employer's future funding allocation ERB \_\_\_\_\_ ERB \_\_\_\_\_☒ Reallocated to the Accounts of all other Participants, as soon as practicable after the forfeiture occurs, but in no event shall reallocations be made less frequently than annually.☐ The forfeited amount will be reallocated to such Participants on a per capita basis.☒ As instructed by the Employer☐ \_\_\_\_\_ Equal amount to each participant ☒ ERB1 Variable amount to each participant**7. Transfer**

The employer hereby instructs the Trustee and the Administrator that Participant Account balances transferred may be used:

Accounts transferred from ISTA WBPT from ERB2☐ For the reimbursement of Participants' insurance premiums onlyERB4 ☒ For the reimbursement of Participants' insurance premiums or medical expenses**8. Amendment Details**See East Allen County Schools VEBA contributions item 1b only for teachers hired after 6/30/99Amended 11/3/2025, eff 7/1/25 - updated vesting for ERB1 & ERB4 from 10 yrs to 5 yrs per new contract ratified 11/5/25Amended 11/3/2025- removed "Per EACS master contract , forfeitures from these sources are to be reallocated to pars with Buyout (11) funds" from section 6.

**Exhibit B**  
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**Plan Name** East Allen County Schools

**Plan Number** 353020-01

**Original Date** 01/28/2011  
(mm/dd/yyyy)

**Amendment Date** \_\_\_\_\_  
(mm/dd/yyyy)

**1. Agreement / Contribution Funding**

**Name** Post-Retirement Annual & Lump SUM Custodial, Maintenance, & Bus Techs

\_\_\_\_\_ **Medical & Health Insurance** Post-Retirement Annual & Lump SUM Custodial, Maintenance, & Bus Techs

ERB5 **Health Insurance** Post-Retirement Annual & Lump SUM Custodial, Maintenance, & Bus Techs

☒ **Collective Bargained** **Contract Effective Date** \_\_\_\_\_ **Contract Expiration Date** \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

☐ **Other** \_\_\_\_\_

**2. Eligibility for Plan Participation (Contributions will be made on behalf of the following Covered Groups)**

**Minimum Age:** ☒ None or ☐ Age \_\_\_\_\_ **Minimum Service:** ☒ None or ☐ \_\_\_\_\_ years  
Custodial & Maintenance Personnel and Bus Technicians

☐ **Excluding** \_\_\_\_\_

**3. Contributions (continued on page two)**

**The Employer has agreed to make the following contributions:**

**Frequency of contributions:** ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annual  
☐ Annual ☒ One time lump sum ☐ One time buyout ☐ No additional contributions will be made

☒ **Other** There will be annual Contributions and a post separation payment. Annual contributions will be made by February 1st.

ERB5 ☒ **Health Insurance Premium Reimbursement Account (variable contributions)**

% \_\_\_\_\_ of salary per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Compensated Absence Contributions:** Contributions attributable to the Participant's unused leave time (e.g., sick leave, vacation leave) that was accrued with the Employer.

**Details** \_\_\_\_\_

% \_\_\_\_\_ Annual contributions of accumulated leave/benefit beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Details** See East Allen VEBA contributions for b&c for 2,3,&4

% \_\_\_\_\_ Contribution of accumulated leave/benefit at separation from service

**Details** \_\_\_\_\_

**Special Purpose Contributions:**

**Details** \_\_\_\_\_

**Other** \_\_\_\_\_



**3. Contributions (continued from page one)**

☐ **Medical Expense Reimbursement Account (equal dollar contributions)**

Contribution amount per employee

\$ \_\_\_\_\_ per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

\$ \_\_\_\_\_ annual contribution on \_\_\_\_\_  
(mm/dd/yyyy)

Other equal dollar contribution \_\_\_\_\_

**Special Purpose Contributions:**

Details \_\_\_\_\_

\_\_\_\_\_ **Preallocation Contributions (unallocated):**

Details \_\_\_\_\_

**4. Vesting (if multiple selected, the earlier of)**

☐ 100% Immediate ☒ 100% Vested after 5 years ☐ % \_\_\_\_\_ per year for \_\_\_\_\_ years ☐ Upon Death

☐ Other \_\_\_\_\_

**5. Availability of Benefits**

☒ Post Retirement ☐ In-Service

**Eligibility for Reimbursement Benefits**

☐ Immediate (separation of service is not required)

☒ All participants will be eligible for Reimbursement Benefits upon separation of service

☐ All participants will be eligible for Reimbursement Benefits, who have: Attained Age \_\_\_\_\_ Min Service \_\_\_\_\_ yrs.

Details \_\_\_\_\_

**6. Forfeiture**

☐ N/A 100% Immediate Vesting

☐ Used to offset the Employer's future funding allocation ERB \_\_\_\_\_ ERB \_\_\_\_\_

☒ Reallocated to the Accounts of all other Participants, as soon as practicable after the forfeiture occurs, but in no event shall reallocations be made less frequently than annually.

☐ The forfeited amount will be reallocated to such Participants on a per capita basis.

☐ As instructed by the Employer

☐ \_\_\_\_\_ Equal amount to each participant ☐ ERB5 Variable amount to each participant

**7. Transfer**

The employer hereby instructs the Trustee and the Administrator that Participant Account balances transferred may be used:

Accounts transferred from \_\_\_\_\_

\_\_\_\_\_ ☐ For the reimbursement of Participants' insurance premiums only

\_\_\_\_\_ ☐ For the reimbursement of Participants' insurance premiums or medical expenses

**8. Amendment Details**

This money type serves for forfeitures for ERB10 and active and ongoing contributions for b&c for 2,3,&4.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Exhibit B**  
**Employer Information and Administrative Elections**

**Plan Name** East Allen County Schools

**Plan Number** 353020-01

**Original Date** 01/28/2011  
(mm/dd/yyyy)

**Amendment Date** \_\_\_\_\_  
(mm/dd/yyyy)

**1. Agreement / Contribution Funding**

**Name** Post-Retirement Custodial, Maint, and Bus Techs hired before 1/1/2006

ERB6 Medical & Health Insurance Post-Retirement Custodial, Maint, and Bus Techs hired before 1/1/2006

Health Insurance Post-Retirement Custodial, Maint, and Bus Techs hired before 1/1/2006

☒ **Collective Bargained** Contract Effective Date \_\_\_\_\_ Contract Expiration Date \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

☐ **Other** \_\_\_\_\_

**2. Eligibility for Plan Participation (Contributions will be made on behalf of the following Covered Groups)**

**Minimum Age:** ☒ None or ☐ Age \_\_\_\_\_ **Minimum Service:** ☒ None or ☐ \_\_\_\_\_ years

☐ **Excluding** \_\_\_\_\_

**3. Contributions (continued on page two)**

**The Employer has agreed to make the following contributions:**

**Frequency of contributions:** ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annual  
☐ Annual ☒ One time lump sum ☐ One time buyout ☐ No additional contributions will be made  
☐ Other \_\_\_\_\_

One-time lump sum at retirement/severance

☐ **Health Insurance Premium Reimbursement Account (variable contributions)**

% \_\_\_\_\_ of salary per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Compensated Absence Contributions:** Contributions attributable to the Participant's unused leave time (e.g., sick leave, vacation leave) that was accrued with the Employer.

**Details** \_\_\_\_\_

% \_\_\_\_\_ Annual contributions of accumulated leave/benefit beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Details** \_\_\_\_\_

% \_\_\_\_\_ Contribution of accumulated leave/benefit at separation from service

**Details** \_\_\_\_\_

**Special Purpose Contributions:**

**Details** \_\_\_\_\_

**Other** \_\_\_\_\_



**3. Contributions (continued from page one)**

**ERB6** ☒ **Medical Expense Reimbursement Account (equal dollar contributions)**

Contribution amount per employee

\$ \_\_\_\_\_ per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

\$ \_\_\_\_\_ annual contribution on \_\_\_\_\_  
(mm/dd/yyyy)

Other equal dollar contribution \_\_\_\_\_

**Special Purpose Contributions:**

Details \_\_\_\_\_

**Preallocation Contributions (unallocated):**

Details \_\_\_\_\_

**4. Vesting (if multiple selected, the earlier of)**

☒ 100% Immediate   ☐ 100% Vested after \_\_\_\_\_ years   ☐ % \_\_\_\_\_ per year for \_\_\_\_\_ years   ☐ Upon Death

☐ Other \_\_\_\_\_

**5. Availability of Benefits**

☐ Post Retirement   ☐ In-Service

**Eligibility for Reimbursement Benefits**

☐ Immediate (separation of service is not required)

☒ All participants will be eligible for Reimbursement Benefits upon separation of service

☐ All participants will be eligible for Reimbursement Benefits, who have: Attained Age \_\_\_\_\_ Min Service \_\_\_\_\_ yrs.

Details \_\_\_\_\_

**6. Forfeiture**

☒ N/A 100% Immediate Vesting

☐ Used to offset the Employer's future funding allocation   ERB \_\_\_\_\_   ERB \_\_\_\_\_

☐ Reallocated to the Accounts of all other Participants, as soon as practicable after the forfeiture occurs, but in no event shall reallocations be made less frequently than annually.

☐ The forfeited amount will be reallocated to such Participants on a per capita basis.

☐ As instructed by the Employer

☐ \_\_\_\_\_ Equal amount to each participant   ☐ \_\_\_\_\_ Variable amount to each participant

**7. Transfer**

The employer hereby instructs the Trustee and the Administrator that Participant Account balances transferred may be used:

Accounts transferred from ISTA WBPT from ERB3

☐ For the reimbursement of Participants' insurance premiums only

**ERB6** ☒ For the reimbursement of Participants' insurance premiums or medical expenses

**8. Amendment Details**

**Exhibit B**  
**Employer Information and Administrative Elections**

**Plan Name** East Allen County Schools

**Plan Number** 353020-01

**Original Date** 1/28/2011  
(mm/dd/yyyy)

**Amendment Date** \_\_\_\_\_  
(mm/dd/yyyy)

**1. Agreement / Contribution Funding**

**Name** Post-Retirement Ongoing Leave Buyback Teachers

**ERB8** Medical & Health Insurance Post-Retirement Ongoing Leave Buyback Teachers

**ERB3** Health Insurance Post-Retirement Ongoing Leave Buyback Teachers

☒ **Collective Bargained** Contract Effective Date \_\_\_\_\_ Contract Expiration Date \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

☐ **Other** \_\_\_\_\_

**2. Eligibility for Plan Participation (Contributions will be made on behalf of the following Covered Groups)**

**Minimum Age:** ☒ None or ☐ Age \_\_\_\_\_ **Minimum Service:** ☒ None or ☐ \_\_\_\_\_ years

All Teachers and Academic Support Personnel (ASP)

☐ **Excluding** \_\_\_\_\_

**3. Contributions (continued on page two)**

**The Employer has agreed to make the following contributions:**

**Frequency of contributions:** ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annual  
☒ Annual ☐ One time lump sum ☐ One time buyout ☐ No additional contributions will be made  
☐ Other \_\_\_\_\_

**ERB3** ☒ **Health Insurance Premium Reimbursement Account (variable contributions)**

% \_\_\_\_\_ of salary per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Compensated Absence Contributions:** Contributions attributable to the Participant's unused leave time (e.g., sick leave, vacation leave) that was accrued with the Employer.

**Details** \_\_\_\_\_

% \_\_\_\_\_ Annual contributions of accumulated leave/benefit beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Details** See East Allen VEBA contributions for 1c,d,e,f,&g

% \_\_\_\_\_ Contribution of accumulated leave/benefit at separation from service

**Details** \_\_\_\_\_

**Special Purpose Contributions:**

**Details** \_\_\_\_\_

**Other** \_\_\_\_\_

**3. Contributions (continued from page one)****ERB8 ☒ Medical Expense Reimbursement Account (equal dollar contributions)**

Contribution amount per employee

\$ \_\_\_\_\_ per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)\$ \_\_\_\_\_ annual contribution on \_\_\_\_\_  
(mm/dd/yyyy)

Other equal dollar contribution \_\_\_\_\_

**Special Purpose Contributions:**

Details \_\_\_\_\_

**Preallocation Contributions (unallocated):**

Details \_\_\_\_\_

**4. Vesting (if multiple selected, the earlier of)**

- ☒ 100% Immediate    ☐ 100% Vested after \_\_\_\_\_ years    ☐ % \_\_\_\_\_ per year for \_\_\_\_\_ years    ☐ Upon Death  
☐ Other \_\_\_\_\_

**5. Availability of Benefits**

- ☒ Post Retirement    ☐ In-Service

**Eligibility for Reimbursement Benefits**

- ☐ Immediate (separation of service is not required)  
☒ All participants will be eligible for Reimbursement Benefits upon separation of service  
☐ All participants will be eligible for Reimbursement Benefits, who have: Attained Age \_\_\_\_\_ Min Service \_\_\_\_\_ yrs.  
 Details \_\_\_\_\_

**6. Forfeiture**

- ☐ N/A 100% Immediate Vesting  
☐ Used to offset the Employer's future funding allocation    ERB \_\_\_\_\_    ERB \_\_\_\_\_  
☒ Reallocated to the Accounts of all other Participants, as soon as practicable after the forfeiture occurs, but in no event shall reallocations be made less frequently than annually.  
     ☐ The forfeited amount will be reallocated to such Participants on a per capita basis.  
     ☒ As instructed by the Employer  
         ☐ \_\_\_\_\_ Equal amount to each participant    ☐ **ERB3** Variable amount to each participant

**7. Transfer**

The employer hereby instructs the Trustee and the Administrator that Participant Account balances transferred may be used:

Accounts transferred from **ISTA WBPT from ERB4**☐ For the reimbursement of Participants' insurance premiums only**ERB8** ☒ For the reimbursement of Participants' insurance premiums or medical expenses**8. Amendment Details**

**Exhibit B**  
**Employer Information and Administrative Elections**

**Plan Name** East Allen County Schools

**Plan Number** 353020-01

**Original Date** 01/28/2011  
(mm/dd/yyyy)

**Amendment Date** \_\_\_\_\_  
(mm/dd/yyyy)

**1. Agreement / Contribution Funding**

**Name** Post-Retirement Annual Contributions for Custodians, Maint & Bus Techs

ERB10 Medical & Health Insurance Post-Retirement Annual Contributions for Custodians, Maint & Bus Techs

\_\_\_\_\_ Health Insurance Post-Retirement Annual Contributions for Custodians, Maint & Bus Techs

☒ **Collective Bargained** Contract Effective Date \_\_\_\_\_ Contract Expiration Date \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

☐ **Other** \_\_\_\_\_

**2. Eligibility for Plan Participation (Contributions will be made on behalf of the following Covered Groups)**

**Minimum Age:** ☒ None or ☐ Age \_\_\_\_\_ **Minimum Service:** ☒ None or ☐ \_\_\_\_\_ years

Custodians & Maintenance Personnel and Bus Technicians who are employed on the date of deposit 2/1

☐ **Excluding** \_\_\_\_\_

**3. Contributions (continued on page two)**

**The Employer has agreed to make the following contributions:**

Frequency of contributions: ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annual

☒ Annual ☐ One time lump sum ☐ One time buyout ☐ No additional contributions will be made

☐ Other \_\_\_\_\_

\$600 on 2/1. Employees who work less than full 1 full year will be pro-rated.

☐ **Health Insurance Premium Reimbursement Account (variable contributions)**

% \_\_\_\_\_ of salary per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Compensated Absence Contributions:** Contributions attributable to the Participant's unused leave time (e.g., sick leave, vacation leave) that was accrued with the Employer.

**Details** \_\_\_\_\_

% \_\_\_\_\_ Annual contributions of accumulated leave/benefit beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Details** \_\_\_\_\_

% \_\_\_\_\_ Contribution of accumulated leave/benefit at separation from service

**Details** \_\_\_\_\_

**Special Purpose Contributions:**

**Details** \_\_\_\_\_

**Other** \_\_\_\_\_

**3. Contributions (continued from page one)****ERB10** ☒ **Medical Expense Reimbursement Account (equal dollar contributions)**

Contribution amount per employee

\$ \_\_\_\_\_ per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)\$ **600** annual contribution on **2/1**  
(mm/dd/yyyy)

Other equal dollar contribution \_\_\_\_\_

**Special Purpose Contributions:**

Details \_\_\_\_\_

**Preallocation Contributions (unallocated):**

Details \_\_\_\_\_

**4. Vesting (if multiple selected, the earlier of)**
☐ 100% Immediate   ☒ 100% Vested after **5** years   ☐ % \_\_\_\_\_ per year for \_\_\_\_\_ years   ☐ Upon Death  
☒ Other **or disability**
**5. Availability of Benefits**☒ Post Retirement   ☐ In-Service**Eligibility for Reimbursement Benefits**☐ Immediate (separation of service is not required)☒ All participants will be eligible for Reimbursement Benefits upon separation of service☐ All participants will be eligible for Reimbursement Benefits, who have: Attained Age \_\_\_\_\_ Min Service \_\_\_\_\_ yrs.

Details \_\_\_\_\_

**6. Forfeiture**☐ N/A 100% Immediate Vesting☒ Used to offset the Employer's future funding allocation   ERB **10**   ERB \_\_\_\_\_☐ Reallocated to the Accounts of all other Participants, as soon as practicable after the forfeiture occurs, but in no event shall reallocations be made less frequently than annually.☐ The forfeited amount will be reallocated to such Participants on a per capita basis.☐ As instructed by the Employer☐ \_\_\_\_\_ Equal amount to each participant   ☐ \_\_\_\_\_ Variable amount to each participant**7. Transfer**

The employer hereby instructs the Trustee and the Administrator that Participant Account balances transferred may be used:

Accounts transferred from **ISTA WBPT from ERB5**☐ For the reimbursement of Participants' insurance premiums only**ERB10** ☒ For the reimbursement of Participants' insurance premiums or medical expenses**8. Amendment Details**

**Exhibit B**  
**Employer Information and Administrative Elections**

**Plan Name** East Allen County Schools

**Plan Number** 353020-01

**Original Date** 06/20/2011  
(mm/dd/yyyy)

**Amendment Date** \_\_\_\_\_  
(mm/dd/yyyy)

**1. Agreement / Contribution Funding**

**Name** Post-Retirement 2011 Incentive

ERB 12 Medical & Health Insurance Post-Retirement 2011 Incentive

\_\_\_\_\_ Health Insurance Post-Retirement 2011 Incentive

☒ **Collective Bargained** Contract Effective Date \_\_\_\_\_ Contract Expiration Date \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

☐ **Other** \_\_\_\_\_

**2. Eligibility for Plan Participation (Contributions will be made on behalf of the following Covered Groups)**

**Minimum Age:** ☒ None or ☐ Age \_\_\_\_\_ **Minimum Service:** ☒ None or ☐ \_\_\_\_\_ years

Certified emp with Rule of 85 or eligible for ISTRF Retirement benefits with 20 years of teaching experience. +

Employed in 10-11 school year previously retired in IN. Submit irrevocable retirement notice by 4/15/2011

☐ **Excluding** \_\_\_\_\_

**3. Contributions (continued on page two)**

**The Employer has agreed to make the following contributions:**

**Frequency of contributions:** ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annual  
☐ Annual ☒ One time lump sum ☐ One time buyout ☐ No additional contributions will be made  
☐ Other \_\_\_\_\_

☐ **Health Insurance Premium Reimbursement Account (variable contributions)**

% \_\_\_\_\_ of salary per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Compensated Absence Contributions:** Contributions attributable to the Participant's unused leave time (e.g., sick leave, vacation leave) that was accrued with the Employer.

**Details** \_\_\_\_\_

% \_\_\_\_\_ Annual contributions of accumulated leave/benefit beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Details** \_\_\_\_\_

% \_\_\_\_\_ Contribution of accumulated leave/benefit at separation from service

**Details** \_\_\_\_\_

**Special Purpose Contributions:**

**Details** \_\_\_\_\_

**Other** \_\_\_\_\_



**3. Contributions (continued from page one)****ERB12 ☒ Medical Expense Reimbursement Account (equal dollar contributions)**

Contribution amount per employee

\$ \_\_\_\_\_ per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)\$ **6583.00** annual contribution on \_\_\_\_\_  
(mm/dd/yyyy)

Other equal dollar contribution \_\_\_\_\_

**Special Purpose Contributions:**Details **Contribution will be made between June and July of 2011****Preallocation Contributions (unallocated):**

Details \_\_\_\_\_

**4. Vesting (if multiple selected, the earlier of)**☒ 100% Immediate   ☐ 100% Vested after \_\_\_\_\_ years   ☐ % \_\_\_\_\_ per year for \_\_\_\_\_ years   ☐ Upon Death  
☐ Other \_\_\_\_\_**5. Availability of Benefits**☒ Post Retirement   ☐ In-Service**Eligibility for Reimbursement Benefits**☐ Immediate (separation of service is not required)☐ All participants will be eligible for Reimbursement Benefits upon separation of service☐ All participants will be eligible for Reimbursement Benefits, who have: Attained Age \_\_\_\_\_ Min Service \_\_\_\_\_ yrs.

Details \_\_\_\_\_

**6. Forfeiture**☒ N/A 100% Immediate Vesting☐ Used to offset the Employer's future funding allocation   ERB \_\_\_\_\_   ERB \_\_\_\_\_☐ Reallocated to the Accounts of all other Participants, as soon as practicable after the forfeiture occurs, but in no event shall reallocations be made less frequently than annually.☐ The forfeited amount will be reallocated to such Participants on a per capita basis.☐ As instructed by the Employer☐ \_\_\_\_\_ Equal amount to each participant   ☐ \_\_\_\_\_ Variable amount to each participant**7. Transfer**

The employer hereby instructs the Trustee and the Administrator that Participant Account balances transferred may be used:

Accounts transferred from \_\_\_\_\_

☐ For the reimbursement of Participants' insurance premiums only☐ For the reimbursement of Participants' insurance premiums or medical expenses**8. Amendment Details**

**Exhibit B**  
**Employer Information and Administrative Elections**

**Plan Name** East Allen County Schools

**Plan Number** 353020-01

**Original Date** 1/28/2015  
(mm/dd/yyyy)

**Amendment Date** 7/1/2015  
(mm/dd/yyyy)

**1. Agreement / Contribution Funding**

**Name** Post-Retirement Insurance Service & Leave Operational Support Personnel

Medical & Health Insurance Post-Retirement Insurance Service & Leave Operational Support Personnel

ERB19 Health Insurance Post-Retirement Insurance Service & Leave Operational Support Personnel

☐ **Collective Bargained** **Contract Effective Date** \_\_\_\_\_ **Contract Expiration Date** \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

☒ **Other** Administrative Guideline 4211

**2. Eligibility for Plan Participation (Contributions will be made on behalf of the following Covered Groups)**

**Minimum Age:** ☒ None or ☐ Age \_\_\_\_\_ **Minimum Service:** ☒ None or ☐ \_\_\_\_\_ years

Operational Support employees hired before 1/1/2006 - Qualifications 10 yrs and age 62 or eligible for PERF;  
15 yrs with no age requirement; OSP employee with mandated retirement due to disability.

☐ **Excluding** \_\_\_\_\_

**3. Contributions (continued on page two)**

**The Employer has agreed to make the following contributions:**

**Frequency of contributions:** ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annual  
☐ Annual ☒ One time lump sum ☐ One time buyout ☐ No additional contributions will be made  
☐ Other \_\_\_\_\_

ERB19 ☒ **Health Insurance Premium Reimbursement Account (variable contributions)**

% \_\_\_\_\_ of salary per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Compensated Absence Contributions:** Contributions attributable to the Participant's unused leave time (e.g., sick leave, vacation leave) that was accrued with the Employer.

**Details** \_\_\_\_\_

% \_\_\_\_\_ Annual contributions of accumulated leave/benefit beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Details** \_\_\_\_\_

% \_\_\_\_\_ Contribution of accumulated leave/benefit at separation from service

**Details** \_\_\_\_\_

**Special Purpose Contributions:**

**Details** \$200.00 x # of years of service and employee's computed hourly rate at the time of retirement multiplied

**Other** by the number of accumulated sick leave days

**3. Contributions (continued from page one)**

☐ **Medical Expense Reimbursement Account (equal dollar contributions)**

Contribution amount per employee

\$ \_\_\_\_\_ per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

\$ \_\_\_\_\_ annual contribution on \_\_\_\_\_  
(mm/dd/yyyy)

Other equal dollar contribution \_\_\_\_\_

**Special Purpose Contributions:**

Details \_\_\_\_\_

\_\_\_\_\_ **Preallocation Contributions (unallocated):**

Details \_\_\_\_\_

**4. Vesting (if multiple selected, the earlier of)**

☒ 100% Immediate ☐ 100% Vested after \_\_\_\_\_ years ☐ % \_\_\_\_\_ per year for \_\_\_\_\_ years ☐ Upon Death

☐ Other \_\_\_\_\_

**5. Availability of Benefits**

☒ Post Retirement ☐ In-Service

**Eligibility for Reimbursement Benefits**

☐ Immediate (separation of service is not required)

☒ All participants will be eligible for Reimbursement Benefits upon separation of service

☐ All participants will be eligible for Reimbursement Benefits, who have: Attained Age \_\_\_\_\_ Min Service \_\_\_\_\_ yrs.

Details \_\_\_\_\_

**6. Forfeiture**

☒ N/A 100% Immediate Vesting

☐ Used to offset the Employer's future funding allocation      ERB \_\_\_\_\_      ERB \_\_\_\_\_

☐ Reallocated to the Accounts of all other Participants, as soon as practicable after the forfeiture occurs, but in no event shall reallocations be made less frequently than annually.

☐ The forfeited amount will be reallocated to such Participants on a per capita basis.

☐ As instructed by the Employer

☐ \_\_\_\_\_ Equal amount to each participant    ☐ \_\_\_\_\_ Variable amount to each participant

**7. Transfer**

The employer hereby instructs the Trustee and the Administrator that Participant Account balances transferred may be used:

Accounts transferred from \_\_\_\_\_

\_\_\_\_\_ ☐ For the reimbursement of Participants' insurance premiums only

\_\_\_\_\_ ☐ For the reimbursement of Participants' insurance premiums or medical expenses

**8. Amendment Details**

**Exhibit B**  
**Employer Information and Administrative Elections**

**Plan Name** East Allen County Schools

**Plan Number** 353020-01

**Original Date** 1/28/2011  
(mm/dd/yyyy)

**Amendment Date** 7/1/2015  
(mm/dd/yyyy)

**1. Agreement / Contribution Funding**

**Name** Post-Retirement Insurance Food Service Managers

Medical & Health Insurance Post-Retirement Insurance Food Service Managers

**ERB 21** Health Insurance Post-Retirement Insurance Food Service Managers

☐ **Collective Bargained** **Contract Effective Date** \_\_\_\_\_ **Contract Expiration Date** \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

☒ **Other** Administrative Guideline 4212

**2. Eligibility for Plan Participation (Contributions will be made on behalf of the following Covered Groups)**

**Minimum Age:** ☒ None or ☐ Age \_\_\_\_\_ **Minimum Service:** ☒ None or ☐ \_\_\_\_\_ years

Food Service Managers hired before 1/1/06 and have a minimum of 10 years of service or is eligible for PERF:  
and is retiring from EACS (if employee has 15 years, retirement will be waived in event of death)

☐ **Excluding** \_\_\_\_\_

**3. Contributions (continued on page two)**

**The Employer has agreed to make the following contributions:**

**Frequency of contributions:** ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annual  
☐ Annual ☒ One time lump sum ☐ One time buyout ☐ No additional contributions will be made  
☐ Other \_\_\_\_\_

**ERB 21** ☒ **Health Insurance Premium Reimbursement Account (variable contributions)**

% \_\_\_\_\_ of salary per pay period beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Compensated Absence Contributions:** Contributions attributable to the Participant's unused leave time (e.g., sick leave, vacation leave) that was accrued with the Employer.

**Details** \_\_\_\_\_

% \_\_\_\_\_ Annual contributions of accumulated leave/benefit beginning on \_\_\_\_\_  
(mm/dd/yyyy)

**Details** \_\_\_\_\_

% \_\_\_\_\_ Contribution of accumulated leave/benefit at separation from service

**Details** \_\_\_\_\_

**Special Purpose Contributions:**

**Details** \$150 x # of years with EACS and sick day pay according to the Administrative Guideline.

**Other** \_\_\_\_\_

353020-01

East Allen County Schools

**Employer Participation Agreement  
For the Security Benefit Health Reimbursement Arrangement (HRA)  
Indiana VEBA Plan**

**Employer Participation Agreement  
For the Security Benefit Health Reimbursement Arrangement (HRA)  
Indiana VEBA Plan**

This Participation Agreement (the "Agreement") is effective as of the 1<sup>st</sup> day of July, 2025 (the "Effective Date"), by and between the undersigned Employer and Security Financial Resources, Inc., an affiliate of Security Benefit Life Insurance Company (the "Administrator").

**RECITALS**

- A. The Employer is a school district or school corporation which is part of a state or local government or education agency which is part of a state or local government, or an instrumentality of the foregoing.
- B. The Employer is a party to a collective bargaining or other written agreement (a "CBA") with an Association, pursuant to which the Employer has agreed to adopt the Security Benefit Health Reimbursement Arrangement (HRA) Indiana VEBA Plan as its plan (the "Plan") and to make contributions on behalf of certain of its employees to the Trust.
- C. The Security Benefit Health Reimbursement Arrangement (HRA) Indiana VEBA Trust (the "Trust") is intended to be a voluntary employees' beneficiary association established pursuant to Internal Revenue Code (the "Code") section 501(c)(9), pursuant to which the assets of the Plan and other similar plans adopted by similar employers will be held in trust for the exclusive benefit of participants and beneficiaries of the Plans.
- D. Depending on the type of Contributions made under this Agreement, the Plan may provide reimbursements from a Health Insurance Premium Reimbursement Account for health insurance coverage, as defined in Code sections 106 and 213(d)(1)(D), or from a Medical Expense Reimbursement Account pursuant to Code section 105 for the reimbursement of uninsured "medical care," as defined in Code section 213(d)(1). Effective January 1, 2011, reimbursement for expenses incurred for a medicine or a drug shall be treated as a reimbursement for medical care only if such medicine or drug is a prescribed drug (determined without regard to whether such drug is available without a prescription) or is insulin.
- E. Security Financial Resources, Inc is the Administrator of the Plan and Trust.
- F. UMB Bank, n.a., is the Trustee of the Trust.
- G. The Plan and Trust documents authorize the Administrator to accept employers for adoption of the Plan and for participation in the Trust.
- H. The Administrator agrees to accept the Employer for adoption of this Plan and as a participating employer in the Trust under the terms and conditions set forth herein.



## AGREEMENTS

1. The Employer adopts and agrees to be bound by all of the terms and provisions of the trust agreement for the Security Benefit Health Reimbursement Arrangement (HRA) Indiana VEBA Trust, as amended from time to time (the "Trust Agreement"), a copy of which has been made available to the Employer. The Employer agrees to be bound by all actions taken by the Administrator and the Trustee pursuant to the powers granted to such parties by the Plan and the Trust Agreement.
2. The Administrator accepts the Employer for adoption of the Plan and participation in the Trust pursuant to the authority vested in the Administrator by the Trust Agreement, effective as of the Effective Date.
3. The Trust Agreement shall fully apply to the Employer and its employees on whose behalf it contributes to the Plan and Trust without the imposition of any additional terms or conditions.
4. Neither this Agreement, the Administrator, the Plan nor the Trust Agreement shall increase or change the obligations of the Employer under its CBA. The Employer's sole obligation shall be to make contributions to the Plan and Trust in accordance with this Agreement and its CBA on behalf of eligible employees.
5. **Eligibility for Plan Participation.** Only those employees (i) in categories of employment for which the Employer's CBA requires contributions to the Plan and Trust or (ii) in non-collectively bargained categories of employment as designated in Exhibit B attached hereto shall be covered by this Agreement. As of the Effective Date, the CBA requires the Employer to make contributions to the Plan and Trust on behalf of all collectively bargained employees in the designated collective bargaining units as specified in Exhibit B attached hereto.

Only the employees in the categories designated in Exhibit B shall be covered by this Agreement. Any other employees of the Employer for whom the Employer desires participation in the Plan and Trust shall require specific acceptance by the Administrator to be covered under the Plan and Trust.

6. **Eligibility for Reimbursement Benefits.** Eligibility for Reimbursement Benefits is specified in Exhibit B attached hereto.
7. **Vesting.** Vesting is specified in Exhibit B attached hereto. All forfeited amounts will be reallocated pursuant to the terms of the Plan.
8. This Agreement shall remain in effect during the term of the CBA to which the Employer is a party with respect to its employees covered hereunder, including during any extensions or renewals thereof. Further, this Agreement shall remain in effect subsequent to the expiration of the CBA to which the Employer is a party with respect to its employees who are covered by this Agreement until terminated by the Administrator or the Employer upon 90 days' advance written notice to the other party. The Administrator, however, reserves the right to terminate the Employer's Plan and participation in the Trust:

- (a) On account of the Employer's failure to make contributions to the Plan and Trust in accordance with the requirements of section 8 hereof;
  - (b) If at any time the Employer's CBA is modified in such a manner which affects the operation or administration of the Plan and Trust in a manner that is unacceptable to the Administrator; or
  - (c) As otherwise provided in the Plan or the Trust Agreement.
9. The commencement and continuance of the Plan and the Employer's participation in the Trust is contingent upon such commencement or continuance or of the participation not adversely affecting the qualification of the Trust under Code section 501(c)(9).
10. The Employer shall pay to the Plan and Trust the amounts required by its CBA from time to time in effect for each employee in a category of employment which has been accepted for participation by the Administrator and for whom a contribution is required pursuant to the Employer's CBA. All contributions shall be due and payable at the location and in the manner designated by the Administrator. The Employer understands that its failure to make contributions in a timely fashion as required by its CBA or in the manner required by the Administrator may result in the termination of the Plan or its participation in the Trust.

Each Employer contribution shall be accompanied by a report in such form as the Administrator may require indicating the amount of the contribution allocable to each covered employee and any other information reasonably required by the Administrator.

In its CBA, the Employer has agreed to make the contributions specified in Exhibit B attached hereto.

11. The Employer hereby accepts the appointment of Security Financial Resources, Inc. as the Administrator of the Plan and the Trust.
12. The Employer hereby accepts the appointment of UMB Bank, n.a., as Trustee of the Trust.
13. The Employer hereby instructs the Trustee and the Administrator that Participant Account balances transferred to the Trust from the Indiana Educators' VEBA Trust, formerly known as the ISTA Welfare Benefit Trust, may be used [check one if applicable]:
- ☐ For the reimbursement of Participants' insurance premiums only; or
  - ☒ For the reimbursement of Participants' insurance premiums or medical expenses.
14. No change, modification, waiver or amendment to this Agreement shall be valid unless in writing and signed by the parties hereto.
15. In the event that any provision of this Agreement shall be held to be invalid or unenforceable for any reason whatsoever, it is agreed such invalidity or unenforceability shall not affect any other provision of this Agreement, and the remaining provisions hereof shall remain in full force and effect.

16. This Agreement shall be binding upon and shall be enforceable by and against the Administrator, its successors and assigns. This Agreement shall be binding and enforceable by and against the Employer, its successor and assigns.
17. Health Insurance Premium Reimbursement Benefits (as defined in the Plan) are reimbursable to the Participant in any amount, but a Participant's application for Medical Expense Reimbursement Benefits (as defined in the Plan) must be for a minimum of \$100, or such other amount as the Administrator may establish (the Participant's Account balance, if less).
18. This Agreement constitutes the entire agreement between the parties hereto concerning the subject matter hereof and supercedes any prior agreements, either written or oral, between the parties hereto.
19. The Employer agrees and acknowledges that all reasonable and appropriate expenses of administering the Plan and the Trust shall be paid from the assets of the Trust. The Employer agrees and acknowledges that the Administrator's fees for its services on behalf of the Plan and the Trust are outlined in the fee schedule attached hereto as Exhibit A, which fee schedule shall continue in effect until amended by the Administrator. The Administrator shall provide the Employer 30 days advance written notice of any change in its fee schedule.
20. The Employer agrees and acknowledges that the assets of the Plan and the Trust shall be invested by Plan participants in their sole discretion in such funds as selected by Security Distributors, Inc., an affiliate of the Administrator. The Employer further agrees and acknowledges that, in the event a Participant does not timely provide investment directions in a form acceptable to the Administrator, and until such investment directions are provided, the Participant's account will be invested in the Default Investment Option specified in the Plan. The Employer shall direct the investment of any Special Purpose or Preallocation contributions pending allocation of such contributions to Participant Accounts and shall be solely responsible for such investments.
21. The Administrator shall indemnify and hold harmless the Employer for all losses, damages and expenses (including reasonable attorneys' fees) incurred by the Employer as a result of the Administrator's negligence or breach of this Agreement. The Employer shall indemnify and hold harmless the Administrator for all losses, damages and expenses (including reasonable attorneys' fees) incurred by the Administrator as a result of the Employer's negligence or breach of this Agreement.

Each of the undersigned represents and warrants that its duly authorized officer has executed this Agreement on its behalf.

EMPLOYER

East Allen County Schools

(Name of Employer)

Date November 10, 2025

By: 

Its Chief Financial Officer

ADMINISTRATOR-SECURITY FINANCIAL  
RESOURCES, INC.

Date 11/10/2025

By:   
Authorized Representative

**EXHIBIT A**  
**FEE SCHEDULE**

The following annual fees shall apply to services performed by the Administrator pursuant to the Agreement:

The following fees shall be payable from each account and are deducted quarterly.

<b>Annual Administrative Fee Per Account</b>	<b>Trust Fee*</b>	<b>Service Fee*</b>
\$20	0.20%	0.18%

All fees shall be payable as long as amounts remain in a covered employee's account, even if the Employer terminates the Plan.

In addition to the forgoing Account fees, a \$15.00 fee will be charged to a Participant's Account for each hard copy reimbursement check issued. There is no charge for reimbursements by electronic funds transfers (EFTs).

Finally, a fee may be charged on contributions not received in an electronic format acceptable to the Administrator. The fee will approximate the additional cost of processing such contributions.

\*These fees are annual fees on the market value of the assets in the account of each covered employee or account maintained under the Plan.