



May 13, 1997

SPD
Pension & Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue
Washington, DC 20210

Re: Summary of Material Modifications (SMM)
Client Name: Monroe County United Way Agencies Life and Health
Benefit Welfare Plan
Plan Number: 502
EIN: 35-6637534

To Whom It May Concern:

The enclosed Summary of Material Modifications is being forwarded to you as required by ERISA.

Sincerely,

Geo. S. Olive & Co. LLC

Peter A. Welsh
(317) 383-3775

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PENSION AND WELFARE BENEFITS ADMINISTRATION

**SUMMARY OF MATERIAL MODIFICATIONS
TO THE
STONE BELT COUNCIL FOR RETARDED CITIZENS, INC.
EMPLOYEE BENEFIT PLAN
FX400**

**THE FOLLOWING, EFFECTIVE JULY 1, 1996, CONTAINS THE FOLLOWING CHANGES TO OUR
EMPLOYEE BENEFIT PLAN.**

**PLEASE KEEP A COPY OF THIS SUMMARY WITH YOUR SUMMARY PLAN DESCRIPTION
(BOOKLET) FOR FUTURE REFERENCE.**

UNDER THE PLAN SPECIFICATIONS SECTION, DELETE THE FOLLOWING:

Plan Sponsor	Stone Belt Council for Retarded Citizens, Inc.
Agent for Legal Service	Stone Belt Council for Retarded Citizens, Inc.
Participating Agencies	Stone Belt Council for Retarded Citizens, Inc. Family Service Association Hoosier Hills Food Bank Public Health Nursing Association of South Central Indiana, Inc. and its sub-agency, Abilities Unlimited United Way Agency of Monroe County, Inc. Monroe County United Ministries, Inc.
Plan Administrator and Named Fiduciary	Stone Belt Council for Retarded Citizens, Inc. 2815 East Tenth Bloomington, Indiana 47401 (812)332-2168
Plan	Stone Belt Council for Retarded Citizens Employee Benefit Plan
Type of Plan	Self-Funded Medical, Dental and Vision Plan
Administration	Self-Administered by the Plan Sponsor: The Plan Sponsor has appointed a Plan Administrator for the Plan and the Plan Administrator has appointed a Third Party Administrator to handle the day to day operation of the Plan.
Third Party Administrator (Claims Manager)	Edward B. Morris Associates, Inc. 7400 N. Shadeland Avenue, Suite 200 P.O. Box 50440 Indianapolis, IN 46250-0440 Phone: (317)842-4747
Plan Participants	Employees of the Participating Agencies as defined herein

Funding	Self-funded with Employer and Employee contributions <u>Employer Contributions</u> The Participating Employers make contributions, as needed, to pay benefits from their general assets and Plan Sponsor uses a portion of such contributions to purchase reinsurance as reimbursement for catastrophic claims <u>Employee Contributions</u> Established as required, from time to time, by the Plan Administrator
Effective Date	July 1, 1989
Effective Date of Amended Plan	August 1, 1995
Plan Year	July 1st to June 31st
Group Number	FX400
Employer Identification	35-1059827
Plan Number	502

UNDER THE PLAN SPECIFICATIONS SECTION, ADD THE FOLLOWING:

Plan Sponsors	United Way of Bloomington and Monroe County, Inc. Stone Belt Arc, Incorporated and Public Health Nursing Association
Agents for Legal Service	Stone Belt Arc, Incorporated
Participating Agencies (United Agency Employers)	Stone Belt Arc, Incorporated Family Service Association Hoosier Hills Food Bank Public Health Nursing Association of South Central Indiana, Inc. and its sub-agency, Abilities Unlimited United Way Agency of Monroe County, Inc.
Plan Administrator and Named Fiduciary	Stone Belt Arc, Incorporated 2815 East Tenth Bloomington, Indiana 47401 (812)332-2168
Plan	Monroe County United Way Agencies Life and Health Benefits Welfare Plan
Type of Plan	Self-Funded Medical, Dental and Vision Plan
Trust	Monroe County United Way Agencies Life and Health Benefits Welfare Trust

Administration	Self-Administered by the Plan Sponsor: The Plan Sponsor has appointed a Plan Administrator for the Plan and the Plan Administrator has appointed a Third Party Administrator to handle the day to day operation of the Plan.
Third Party Administrator (Claims Manager)	Edward B. Morris Associates, Inc. 7400 N. Shadeland Avenue, Suite 200 P.O. Box 50440 Indianapolis, IN 46250-0440 Phone: (317)842-4747
Plan Participants	Employees of the Participating Agencies as defined herein
Funding	Self-funded with Employer and Employee contributions <u>Employer Contributions</u> The Participating Employers make contributions, as needed, to the Trust. The Trust will pay benefits and purchase reinsurance for reimbursement for catastrophic claims <u>Employee Contributions</u> Established as required, from time to time, by the Plan Administrator
Effective Date	July 1, 1989
Effective Date of Amended Plan	July 1, 1996
Plan Year	July 1st to June 30th
Group Number	FX400
Employer Identification	35-1059827
Trust Identification Number	35-6637534
Plan Number	502
Plan Trustees	Eleanor Rogers, Executive Director Public Health Nursing Association 333 E. Miller Drive Bloomington, IN 47401 (812)336-4492 Margaret E. Stice, Executive Director United Way of Monroe County, Inc. 441 South College Avenue Bloomington, IN 47403 (812)334-8370 Elbert Johns, Executive Director Stone Belt Arc, Inc. 2815 E. 10th Street Bloomington, IN 47408

THROUGHOUT THE ENTIRE PLAN DOCUMENT, DELETE THE FOLLOWING:

Stone Belt Council for Retarded Citizens, Inc.

THROUGHOUT THE ENTIRE PLAN DOCUMENT, ADD THE FOLLOWING:

Stone Belt Arc, Incorporated

THROUGHOUT THE ENTIRE PLAN DOCUMENT, DELETE THE FOLLOWING:

Employer and Plan Sponsor and the singular language which refers to them

THROUGHOUT THE ENTIRE PLAN DOCUMENT, ADD THE FOLLOWING:

Plan Administrator and the singular language which refers to them

UNDER THE SECTION ENTITLED "INTRODUCTION", ADD THE FOLLOWING:

LEGAL PROCESS: The Plan is a legal entity. Legal notices may be filed with, and legal process served upon the Designated Legal Agent. The Plan number assigned to this Plan by the Plan Administrator is shown in the Plan Specification section.

UNDER THE SECTION ENTITLED "INTRODUCTION", DELETE THE FOLLOWING:

BASIS ON WHICH PAYMENTS ARE TO BE MADE FROM THE PLAN: Employee contributions to the Plan are deducted from each employee's earnings. All contributions will be used for the payment of claims, claim costs and reasonable administrative expenses prior to the Employer's next regularly scheduled pay period.

UNDER THE SECTION ENTITLED "INTRODUCTION", ADD THE FOLLOWING:

BASIS ON WHICH PAYMENTS ARE TO BE MADE (CONTRIBUTIONS): Employee contributions to the Plan are deducted from each employee's earnings and are deposited in a Trust which has been established by the Employers. All contributions will be used for the payment of claims, claim costs and reasonable administrative expenses.

UNDER THE SECTION ENTITLED "INTRODUCTION", DELETE THE FOLLOWING:

FUNDING POLICY: Notwithstanding any other provision of the Plan, each Participating Agency's obligation to pay claims otherwise allowable under the terms of the Plan shall be limited to its obligation to make contributions as set forth in the preceding paragraph entitled "Basis on Which Payments are to be Made (contributions)". In the event that the Plan Sponsor terminates the Plan, then as of the effective date of termination, the Participating Agencies (and Covered Persons) will have no further obligation to make additional contributions. In addition, coverage for allowable claims filed after such Plan termination date will be limited to any remaining contributions made by the Participating Agencies which are not required to pay claims filed before the effective Plan termination date.

UNDER THE SECTION ENTITLED "INTRODUCTION", ADD THE FOLLOWING:

FUNDING POLICY: Notwithstanding any other provision of the Plan, the Employer's obligation to pay claims otherwise allowable under the terms of the Plan shall be limited to (the obligation to make contributions to the Plan as set forth in the preceding paragraph entitled "Basis on Which Payments are to be Made (contributions)") contributions actually made to the Trust. Plan assets will be held for the exclusive purpose of providing Plan benefits and shall not insure or revert to the benefit of the Employers. In the event that the Employers terminate the Plan, then as of the effective date of termination, the Employers (and covered persons) shall have no further obligation to make additional contributions to the Trust. In addition, coverage for allowable claims filed after such Plan termination date shall be limited to those remaining assets of the Trust fund not required to pay claims filed before the effective Plan termination date.

UNDER THE SECTION ENTITLED "DEFINITIONS", ADD THE FOLLOWING:

PLAN SPONSORS: The Plan Sponsors are United Way of Bloomington and Monroe County, Inc., Stone Belt Arc, Incorporated and Public Health Nursing Association. The Plan Sponsors have established the Plan to provide benefits as described herein for Participating Employers and eligible Employees and their eligible dependents by means of the Monroe County United Way Agencies Life and Health Benefits Welfare Plan.