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March 7, 1996

Department of Labor
Pension & Welfare Benefit Programs
Frances Perkins Building, Room N-5644
200 Constitution Ave NW
Washington DC 20216

2520040183988

RE: Felker Brothers Corp
EIN: 39-1305529
Plan Number: 501

Enclosed for filing with your office find one copy of the following amendments prepared for the above referenced plan. If you require additional information, please contact the undersigned.

1. Amendment One - Employee Benefit Plan
Employee Union Benefit Plan
Employee Non-Union Benefit Plan
Employee Non-Union Benefit Plan

2. Amendment Two - Employee Union Benefit Plan

Sincerely,

A handwritten signature in cursive script that reads "Lis Iverson".

Lis Iverson
Senior Marketing/Service Coordinator

LI:sf

Enclosure

Benefits Group
Healthcare Management Group
Stanton Group
DCA Wisconsin
Workers' Compensation Group

Offices:
Minneapolis, Minnesota
Madison, Wisconsin

Equal Opportunity, Affirmative Action Employer

AMENDMENT NUMBER 2

This Amendment attaches to, and is made part of, Felker Brothers Corporation Employee Medical Plan (the "Plan") for Union Employees. If the provisions of this Amendment and those of the summary plan description do not agree, the provisions of the Amendment will apply.

The following paragraph under **ENROLLMENT** is deleted:

The term enrollment means application for coverage on a form furnished or approved by the Plan and payment of any required contribution. Employees must enroll themselves and their Dependents for coverage under this Plan, within thirty-one (31) days of the date they become eligible in order to be covered under the Plan. There is no allowance for late enrollment. The following provisions also apply.

and replaced with:

The term enrollment means application for coverage on a form furnished or approved by the Plan and payment of any required contribution.

The following exclusions under **GENERAL EXCLUSIONS** are deleted:

14. Routine foot care including care of weak, unstable or flat feet, metatarsalgia, or bunions except open cutting procedures; or care or treatment of corns, calluses, or toenails unless part of the nail root is removed, or treatment of metabolic or peripheral-vascular disease.
39. Speech therapy, except Medically Necessary restorative therapy when a normal speech pattern is modified by illness or injury.

This Amendment is effective January 1, 1995.

COMPANY NAME: FELKER BROTHERS CORPORATION

BY: Carol Willyard

PLAN SPONSOR ID NUMBER: 39-1305529

39-1305529

PLAN NUMBER: 501

TITLE: Human Resource Adm.

DATE: 2-28-96

AMENDMENT NUMBER ONE

This Amendment shall be attached to and made part of the Felker Brothers Corporation Employee Benefit Plan (Plan 3).

Notwithstanding anything to the contrary contained herein and wherever applicable, the following provision changes shall apply:

SCHEDULE OF BENEFITS

CALENDAR YEAR OUT-OF-POCKET

Per Individual\$ 750
Per Family\$1,500

NOTE: An "out-of-pocket expense" includes the Deductible plus the 25% portion of Eligible Expenses which must be paid by each Plan Participant, or between all covered family members, each Calendar Year. Once the Out-of-Pocket limit shown above is reached, benefits otherwise payable at 75% will increase to 100% for the remainder of that Calendar Year.

EXCEPTION: The Out-of-Pocket limit does not include:

- Expenses for Mental Illness or Substance Abuse treatment.
- Expenses for Prescription Medication.
- Copayment amounts.
- Pre-Certification penalties.
- Expenses in excess of a specified limitation or maximum amount.
- Expenses not covered under the Plan.

Pharmacy Network Program

- **Prescription Medication.** Limited to a maximum paid benefit of \$300 per individual and \$500 per family each Calendar Year.\$2.00 copay for generic then 100%
\$5.00 copay for brand name then 100%
- **Emergency Room Charge**\$45 copay per visit then 75% after the Deductible. NOTE: Copayment waived for immediate care of a life threatening emergency.

This amendment is effective January 1, 1996.

COMPANY NAME: Felker Brothers Corporation

BY: Carol Wulffahrt

PLAN SPONSOR ID NUMBER: 39-1305529

PLAN NUMBER: 501

TITLE: H.R. Administrator

DATE: 2/23/96

AMENDMENT NUMBER ONE

This Amendment shall be attached to and made part of the Felker Brothers Corporation Employee Union Benefit Plan.

Notwithstanding anything to the contrary contained herein and wherever applicable, the following provision changes shall apply:

SCHEDULE OF BENEFITS

Emergency Room Charge

\$25 copay per visit then 75%. NOTE:
Copayment waived for immediate care of a life threatening emergency.

This amendment is effective January 1, 1996.

COMPANY NAME: Felker Brothers Corporation

BY: Carol Willyahnt

PLAN SPONSOR ID NUMBER: 39-1305529

PLAN NUMBER: 501

TITLE: H.R. Administrator

DATE: 2/23/96

AMENDMENT NUMBER ONE

This Amendment shall be attached to and made part of the Felker Brothers Corporation Employee Non-Union Benefit Plan.

Notwithstanding anything to the contrary contained herein and wherever applicable, the following provision changes shall apply:

SCHEDULE OF BENEFITS

- **Emergency Room Charge**..... \$25 copay per visit then 75% after the Deductible. NOTE: Copayment waived for immediate care of a life threatening emergency.

This amendment is effective January 1, 1996.

COMPANY NAME: Felker Brothers Corporation
BY: Carol Willyahrt
PLAN SPONSOR ID NUMBER: 39-1305529
PLAN NUMBER: 501
TITLE: H.R. Administrator
DATE: 2/23/96