

BENEFIT ADVANTAGE SERVICES AGREEMENT

This Benefit Advantage Services Agreement (“Agreement”) effective January 1, 2018 is between Town of Allenstown (“Employer”) and HealthTrust, Inc. (“HealthTrust”), a New Hampshire voluntary corporation.

RECITALS

HealthTrust provides public sector employers who are Members of HealthTrust (or subunits of such Members) with health and related benefit programs and administrative services for their employees, including administrative services through Benefit Advantage with respect to Section 125 Flexible Benefits Plans (“Flexible Benefits Plan”) and standard designed Health Reimbursement Arrangement (“HRA”) Plans that are integrated with certain HealthTrust medical plans.

Employer is a current Member of HealthTrust (or a subunit of a Member) who offers one or more HealthTrust medical and/or dental plan option to its employees. Employer has established a Flexible Benefits Plan and/or an HRA Plan for the benefit of its Eligible Employees and Employer desires to retain HealthTrust to furnish Benefit Advantage administrative services with respect to such plan(s) (the “Benefit Plan(s)”). HealthTrust is willing to provide such services pursuant to the terms of this Agreement.

AGREEMENT

Accordingly, the parties agree as follows:

1. Definitions.

Unless otherwise specifically defined in this Agreement, specially capitalized terms used herein shall have the same meanings assigned to those terms in the applicable Benefit Plan.

2. HealthTrust Service Obligations.

2.1 Benefit Plan Services. HealthTrust agrees to perform services with respect to the Benefit Plan(s) as specified in this Agreement and in Schedule A-1 (“FSA Services”) and/or Schedule B-1 (“HRA Services”) which are attached to and form part of this Agreement. The specified FSA Services and/or HRA Services are collectively referred to as “Benefit Plan Services.” HealthTrust shall perform the Benefit Plan Services on behalf of Employer in accordance with the provisions of this Agreement and the applicable Benefit Plan(s). The parties acknowledge and agree that HealthTrust may subcontract with Benefit Strategies, LLC (BSL) or another third-party vendor to perform claims administration and certain other Benefit Plan Services. The parties acknowledge and agree that HealthTrust’s ability to perform the Benefit Plan Services is dependent upon Employer providing HealthTrust with correct and complete information and performing Employer’s other obligations hereunder in a timely manner as necessary to enable HealthTrust to provide such services.

3. Employer Obligations.

3.1 In General; Plan Compliance. Employer agrees to perform the obligations imposed upon it by this Section 3 and the other provisions of this Agreement including any applicable Schedules. Employer specifically agrees that Employer:

- a) Has responsibility for establishment, administration and operation of the Benefit Plan(s) and has discretionary authority and responsibility for construing and interpreting the provisions of the Benefit Plan(s) and deciding all questions of fact arising under the Benefit Plan(s).
- b) Gives HealthTrust (and its subcontractor) the authority to act on behalf of Employer in connection with the Benefit Plan(s), but only with respect to the specific Benefit Plan Services expressly stated in this Agreement and the applicable Benefit Plan, or as otherwise mutually agreed in writing by Employer and HealthTrust.
- c) Is the Plan Administrator of the Benefit Plan(s) and will not represent to persons covered under the Benefit Plan(s) or to any third party that HealthTrust or a HealthTrust subcontractor, including without limitation BSL, is the “plan administrator” as that term is generally defined in ERISA Sec. 3(16) (without regard to the fact that each Benefit Plan is a non-ERISA governmental plan).
- d) Has the responsibility to ensure compliance with all applicable laws and regulations with respect to the Benefit Plan(s), and the provision of Benefit Plan Services by HealthTrust or its subcontractor under this Agreement does not relieve the Employer of this obligation.
- e) Has responsibility to pay any fee or penalty arising from the Benefit Plan(s) that is assessed by the Internal Revenue Service and/or other federal or state governmental agencies.
- f) Has ultimate responsibility for funding all claims reimbursements and other benefits paid by HealthTrust (or its subcontractor) in administering the Benefit Plan(s).
- g) Will preserve and maintain the confidentiality of the identification number(s) and password(s) provided by HealthTrust or its subcontractor, including BSL, for use with respect to its Benefit Plan(s) and to adopt and enforce such controls as may be necessary to accomplish the same.
- h) Acknowledges that HealthTrust and its subcontractor, including BSL, may regard as accurate and authorize each data transaction made through the use of the identification number(s) and/or password(s) provided to Employer by HealthTrust or BSL for use with respect to the Benefit Plan(s).
- i) Will notify HealthTrust of any discrepancies in the reports and other records of activity Employer has available from HealthTrust or a third-party vendor associated with the administration of the Benefit Plan(s) promptly, but in no event more than forty-five (45) days after the report or record is made available to the Employer. HealthTrust or its subcontractor shall have no liability of any nature for discrepancies with respect to which it is not notified within such forty-five (45) days.
- j) Will notify HealthTrust of any changes to the Benefit Plan(s) at least thirty (30) days before such changes become effective.
- k) Acknowledges that HealthTrust (and any subcontractor) is not providing tax or legal advice and that Employer is solely responsible for determining the legal and tax status of the Benefit Plan(s).

3.2 Information to HealthTrust. Employer shall provide HealthTrust with the information specified in this Agreement, including applicable Schedules, and with such other information as HealthTrust may request that is necessary for HealthTrust to perform its Benefit Plan Services obligations hereunder. Such information shall be provided to HealthTrust in the time and manner as set forth in this Agreement or as otherwise reasonably requested by HealthTrust. HealthTrust shall assume that all information provided by Employer is accurate and complete and is under no duty to verify or question the accuracy or completeness of such information. HealthTrust shall have no responsibility for errors due to Employer’s failure to timely update such information and shall have no liability to Employer or any Eligible Employee as a consequence of inaccurate information. Employer acknowledges that any failure to provide enrollment or other necessary information to HealthTrust in a timely manner may result in delay or denial of claims for reimbursement by Eligible Employees under the Benefit Plans.

- 3.3 Eligibility and Enrollment Information. Employer is responsible for conducting initial enrollment and any open or special enrollment of Eligible Employees into the Benefit Plan(s). Employer shall transmit enrollment information to HealthTrust in the format required by HealthTrust.
- 3.4 Enrollment Changes. Employer shall notify HealthTrust immediately in writing via fax, mail or email of any newly Eligible Employees electing benefits under the Health FSA, Dependent Care Account, and/or HRA or of a Change-in-Status Event, termination of employment or other event which changes or could change an Eligible Employee's status under the Benefit Plan(s), or affects or could affect HealthTrust's service responsibilities under the Benefit Plan(s) or this Agreement. Such enrollment change information shall be provided by Employer in such format as is required by HealthTrust. Employer acknowledges that any failure to provide enrollment change information to HealthTrust in a timely manner may result in the payment of claims for Employees who are no longer eligible for such claim reimbursement pursuant to the Benefit Plan(s).
- 3.5 Tax Reporting and Nondiscrimination Testing. Employer shall be responsible for all W-2 and other income and employment tax withholding, payment and reporting obligations with respect to Eligible Employees' participation in the Benefit Plan(s). Employer shall file all required reports with the IRS or other appropriate federal agency and shall provide Participants with required tax reporting information. Employer shall be responsible for any nondiscrimination testing with respect to the Benefit Plan(s) necessary or appropriate to ensure that the Benefit Plan(s) do not violate applicable nondiscrimination rules under the Code. Notwithstanding the preceding sentence, HealthTrust has arranged for BSL, at the option and request of the Employer, to provide nondiscrimination testing with respect to Benefit Plan(s) for a separate fee to be charged directly by BSL to the Employer.

4. Benefit Plan Accounts, Claims Funding and Payment.

The parties agree to the establishment, funding, and administration of applicable reimbursement accounts as specified in Schedule A-1 with respect to the Flexible Benefits Plan and/or Schedule B-1 with respect to the HRA Plan, as applicable.

5. Service Fee Pricing, Billing and Payment.

- 5.1 Pricing. Employer shall pay HealthTrust for the Benefit Plan Services provided by HealthTrust pursuant to this Agreement any applicable fees specified in Schedule A-2 ("FSA Fees") and/or Schedule B-2 ("HRA Fees"). If this Agreement is renewed for subsequent one-year terms in accordance with Section 6, HealthTrust will provide Employer with written notice of any changes or additions to the fees set forth in such schedules at least sixty (60) days prior to the first day of the renewal term. HealthTrust also reserves the right to change or add to the fees set forth in such schedules, if and when (i) the respective Benefit Plan is amended, and (ii) when the applicable Benefit Plan Services provided pursuant to this Agreement are changed.
- 5.2 Billing and Payment. HealthTrust shall provide Employer with invoices on a monthly billing cycle for the fees payable pursuant to Section 5.1. Employer will pay such invoices in full within thirty (30) days of the invoice date.
- 5.3 Payment Failures. Failure by Employer to make any payment in accordance with the terms of this Agreement (including, without limitation, payment of fees pursuant to this Section 5, or claims reimbursement funding pursuant to Section 4) will constitute a payment default. If Employer fails to cure any such payment default within five (5) business days after notice, in addition to other available remedies, HealthTrust may terminate this Agreement upon fifteen (15) days prior written notice to Employer.

6. Term and Termination.

6.1 Term and Renewal. Subject to earlier termination as provided herein, this Agreement will remain in effect for an initial term from January 1, 2018 through December 31, 2018, and shall renew automatically for successive one-year terms unless terminated by either party on thirty (30) days written notice to the other party prior to the end of the then current term. Notwithstanding the issuance of such termination notice, HealthTrust agrees to continue to render Benefit Plan Services hereunder and Employer agrees to pay for such services in accordance with the terms of this Agreement through the date of termination. In addition, HealthTrust will adjudicate and pay any residual claims for reimbursement under the Benefit Plan(s) that were incurred prior to termination of this Agreement for any applicable Grace Period and/or Run-Out Period, unless otherwise agreed to by the parties. Employer agrees to pay for any services provided after the date of termination based on the then applicable service fee schedule(s).

6.2 Early Termination.

In addition to any rights to early termination pursuant to Section 5.3 and pursuant to the HIPAA Business Associate Agreement:

- a) In the event of a material breach of this Agreement by either party, the party alleging such breach shall give written notice thereof to the other party. If such breach is not cured within a reasonable period of time, the non-breaching party may terminate this Agreement by providing the other Party with no less than thirty (30) days advance written notice of the date of such termination.
- b) In the event that Employer ceases to be a Member of HealthTrust, this Agreement will automatically terminate unless otherwise agreed to by the parties.
- c) In the event that Employer ceases to offer any medical and/or dental coverage through HealthTrust or otherwise ceases to offer the Benefit Plan(s), HealthTrust may immediately terminate this Agreement or the provision of services with respect to the applicable Benefit Plan(s) as of the effective date of such cessation.

7. Miscellaneous.

7.1 Confidentiality; HIPAA. Each party will not disclose confidential or proprietary information concerning the other party's operations or procedures, which is hereby deemed confidential information, except as otherwise required by law. If confidential information of a party is disclosed or otherwise acquired by the other party to this Agreement, such information will be held in confidence and surrendered by the acquiring party to the disclosing party upon the termination of this Agreement or upon prior written request by the disclosing party. The parties acknowledge that in performing their obligations under this Agreement they each may have access to, use and create confidential healthcare information with respect to covered persons under the Benefit Plan(s). The parties agree that they shall comply with applicable laws and regulations regarding such information, including the Health Insurance Portability and Accountability Act and applicable regulations and rules promulgated thereunder ("HIPAA"), and the provisions of the HIPAA Business Associate Agreement between HealthTrust and Employer, on behalf of the Benefit Plan(s), which is incorporated herein by reference. With respect to Protected Health Information (as defined in such Business Associate Agreement) shared between the Employer as Plan Sponsor and HealthTrust as a contractor of the Plan Sponsor (or HealthTrust's subcontractor), HealthTrust and Employer agree to the additional limitations and conditions with respect to such disclosure set forth in the HIPAA Privacy and Security Compliance sections of the Benefit Plan(s), which sections are incorporated herein by reference.

7.2 Relationship of Parties and Scope of Undertaking. Nothing contained in this Agreement shall be deemed or construed to place HealthTrust in any relationship with Employer other than as an independent contractor as it relates to the subject matter of this Agreement. Although HealthTrust (and its subcontractor) shall provide services to persons covered under the Benefit Plan(s), this Agreement shall not confer legal standing upon any such persons.

Notwithstanding the preceding paragraph, Employer is a Member of HealthTrust or a subunit of a Member of HealthTrust. Employer acknowledges and agrees that as such it is bound by the provisions of the HealthTrust Membership Agreement, bylaws, coverage documents, rules, and any other agreements, policies or procedures pursuant or incident thereto, all as amended and in effect from time to time.

7.3 Compliance; Non-Waiver. Failure by HealthTrust or Employer to insist upon strict performance of any provision of this Agreement will not modify such provision, render it unenforceable, or waive any subsequent breach.

7.4 Amendment. Except as otherwise provided for in this Agreement, this Agreement and any of its Schedules may be amended only in a writing signed by a duly authorized representative of each party.

7.5 Notices. All notices required under this Agreement shall be in writing and deemed delivered when received.

7.6 Section Headings. Section headings are inserted for convenience only and shall not be used in any way to construe the terms of this Agreement.

7.7 Enforceability. Invalidity or unenforceability of any of the terms or provisions of this Agreement will not affect the validity or enforceability of any other term or provision. The waiver of any breach or violation of any term or provision of this Agreement will not constitute a waiver of any subsequent breach or violation of the same or any other term or provision by either party.

7.8 Survival. The provisions of Sections 3.1, 6, 7.1 and any other provisions which by their terms survive termination or expiration will survive the termination or expiration of this Agreement.

7.9 Prior Agreements. This Agreement supersedes any prior service agreement between the parties with respect to the Benefit Plan(s).

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this Agreement on the date indicated below.

TOWN OF ALLENSTOWN

HEALTHTRUST, INC.

By: _____

By: _____

Name: _____

Name: Wendy Lee Parker

Title: _____

Title: Executive Director

Date: _____

Date: _____

SCHEDULE A-1

FSA SERVICES

Employer has established a Flexible Benefits Plan for the benefit of its Eligible Employees.

The Employer's Flexible Benefits Plan offers Eligible Employees a choice between cash and one or more of the following Benefits: (i) a Premium Conversion Account ("Premium Conversion"), (ii) a General Purpose Health Flexible Spending Account, (iii) a Limited Purpose HSA-Compatible Health Flexible Spending Account, (iv) a Dependent Care Account, (v) Health Savings Account Contributions, (vi) Non-Elective Employer Contributions or Flex Credits, and (vii) Cash Opt-Out. The Flexible Benefits Plan and the component Benefits are designed to comply with Sections 79, 105, 106, 125, and 129 of the Internal Revenue Code of 1986, as amended, and applicable regulations issued thereunder (collectively, the "Code").

In addition to the Parties' other obligations and responsibilities set forth in the Agreement, the Parties agree to the provisions set forth in this Schedule:

1. FSA Services

HealthTrust shall provide the following services and/or resources to Employer with respect to the Employer's Flexible Benefits Plan:

A. Document Preparation:

Model Plan Document and Adoption Agreement*

Model Plan Amendments*

**Employer should have these documents reviewed by legal counsel prior to adoption and execution*

B. Group Employee Benefit Education Sessions

C. Related Forms and Brochures

D. Issuance and Administration of Benefit Advantage Debit Card

E. Processing of Claims for Reimbursement and Settlement of Accounts in accordance with the Flexible Benefits Plan Document

F. Standard Reporting to Employer

G. Standard Reporting and Notices to Employees

2. Additional HealthTrust Obligations:

HealthTrust agrees to the following additional obligations with respect to the Employer's Flexible Benefits Plan:

- 2.1 Enrollment Data. HealthTrust agrees to input into its system Participant enrollment information, changes, and updates received from Employer within five (5) business days of receipt for purposes of the performance of HealthTrust's claims administration and other FSA Service responsibilities under the Flexible Benefits Plan and this Agreement.

- 2.2 Claims Appeals. HealthTrust (or its subcontractor) shall refer to Employer for final determination, any claim for reimbursement under the Flexible Benefits Plan that is appealed after initial denial of the claim by HealthTrust (or its subcontractor), or any other class of claims that Employer may specify, including (i) any question of eligibility or entitlement of the claimant to Benefits under the Flexible Benefits Plan, (ii) any question with respect to a reimbursement amount due, or (iii) any other appeal.

3. Additional Employer Obligations

In addition to Employer's other obligations and responsibilities set forth in the Agreement:

- 3.1 Administration of Non-FSA Account Benefits. Employer shall be solely responsible for administration of any Premium Conversion Account, Cash Opt-Out, and HSA Contribution Benefits offered under the Flexible Benefits Plan, including enrollment of Eligible Employees, administration of Salary Reduction Agreement elections, administration of enrollment changes, and all other Plan Sponsor and Plan Administrator obligations with respect to such Benefits. The parties agree that HealthTrust's only responsibilities with respect to these Benefits is the provision of model Plan documents that includes sample language for establishing these Benefits.
- 3.2 Enrollment Information. Employer shall transmit enrollment information, changes and updates to HealthTrust electronically via an Excel spreadsheet in the format required and provided to Employer by HealthTrust or in such other manner as acceptable to HealthTrust. The Excel spreadsheet shall include all pertinent enrollment information with respect to Eligible Employees who have elected Health FSA Benefits and/or Dependent Care Account Benefits. Alternatively, Employer may provide HealthTrust with a copy of the enrollment forms for all Eligible Employees who have elected Health FSA Benefits and/or Dependent Care Account Benefits. Employer shall provide such enrollment information to HealthTrust at least twenty (20) business days prior to the first day of the applicable Period of Coverage to which the information pertains.
- 3.3 Salary Reduction Processing. Employer shall be solely responsible for withholding salary reduction amounts each payroll period from the pay of Eligible Employees who have elected Health FSA and/or Dependent Care Account Benefits. Within five (5) business days of processing payroll for each pay period, Employer shall provide to HealthTrust the salary reduction funds withheld from Eligible Employees' pay together with a detailed list of the amounts to be deposited and/or credited to the Health FSA and/or Dependent Care Account of each Eligible Employee who has elected to participate in those Benefits. Such funds shall be transmitted to HealthTrust by wire transfer, check or such other method acceptable to HealthTrust and agreed upon by the parties. The detailed list of salary reduction amounts shall be provided by Employer in such format as is required by HealthTrust.
- 3.4 Claims Appeals. Employer shall be responsible for final determination of any claim for Benefits under the Flexible Benefits Plan that is appealed after initial denial of the claim by HealthTrust (or its subcontractor), or any other class of appeals including (i) any question of eligibility or entitlement of the claimant to Benefits under the Flexible Benefits Plan, (ii) any question with respect to a reimbursement amount due or (iii) any other appeal.

4. Flexible Benefits Plan Accounts, Claims Funding and Payment

The parties agree to the following terms with respect to the administration and funding of Health FSAs and Dependent Care Accounts for Eligible Employees participating in the Flexible Benefits Plan.

- 4.1 Health FSAs. HealthTrust (or its subcontractor) will administer Health FSAs for Participants who have elected Health FSA Benefits in accordance with the terms of the Flexible Benefits Plan. HealthTrust (or its subcontractor) will pay claims for reimbursement of eligible expenses up to the

total amount elected by the Participant for the relevant Period of Coverage (and any applicable carryover amount) less previously paid claims, in accordance with the terms of the Flexible Benefits Plan.

- 4.2 Dependent Care Accounts. HealthTrust (or its subcontractor) will administer Dependent Care Accounts for Participants who have elected Dependent Care Account Benefits in accordance with the terms of the Flexible Benefits Plan. HealthTrust will pay claims up to the amount currently credited to the Participant's Dependent Care Account for the relevant Period of Coverage in accordance with the terms of the Flexible Benefits Plan.
- 4.3 Claims Funding and Payment Responsibilities. Employer shall be ultimately responsible for funding all claims reimbursements paid by HealthTrust (or its subcontractor) to Participants from Health FSAs and/or Dependent Care Accounts in accordance with the terms of the Flexible Benefits Plan. Notwithstanding the preceding sentence, HealthTrust agrees to temporarily advance funds for the payment of Health FSA claims of Participants that exceed the amount received from the Employer and credited to the accounts of those Participants as of the time of the claim for reimbursement. HealthTrust will be reimbursed for those advances by Employer from salary reduction deposits (and if applicable, other Employer contributions) received with respect to the Participants subsequent to payment of such claims. If subsequent deposits with respect to the Participants for the relevant Period of Coverage do not cover the reimbursement amounts advanced by HealthTrust (due to the Participant's termination of employment or for any other reason), Employer will pay HealthTrust any remaining amounts owed upon final settlement of accounts by HealthTrust for the relevant Plan Year in accordance with Section 4.4 below.
- 4.4 Settlement of Accounts. HealthTrust will close Health FSAs and Dependent Care Accounts under the Flexible Benefits Plan to claims for reimbursement at the end of the Run-Out Period for each Plan Year. HealthTrust will conduct an audit of such accounts for the Plan Year and will report to Employer (on a final settlement statement) information relative to the funds received and paid out with respect to the Health FSAs and Dependent Care Accounts for that Plan Year. The final settlement statement for a Plan Year shall be provided to Employer no later than the last day of the following Plan Year.
- (i) If the funds received by HealthTrust for the Plan Year exceed the reimbursement claims paid for such accounts, HealthTrust will return the excess funds to Employer by the last day of the following Plan Year.
 - (ii) If the claims paid by HealthTrust for the Plan Year exceed the funds received from Employer, HealthTrust will invoice Employer for the amount owed with respect to such Plan Year. Employer will pay such invoices in full within thirty (30) days of the invoice date.

5. FSA COBRA Administration

The parties agree that they shall share responsibility for administration of COBRA continuation rights and benefits as set forth in this Section 5. HealthTrust shall provide notice to Participants whose coverage under the Health FSA terminates due to a qualifying event (as defined under COBRA) of their right to elect continuation of benefits under the Health FSA, subject to the requirements and limitations of the Flexible Benefits Plan and applicable law. HealthTrust further agrees to administer a Health FSA for any COBRA beneficiary for whom HealthTrust receives enrollment information from Employer in the same manner and on the same pricing terms as for other Participants. Employer shall be responsible for the re-enrollment of any COBRA Beneficiary electing Health FSA Benefits, and for billing, collecting, and transmitting to HealthTrust any amounts due from the COBRA beneficiary in accordance with the Flexible Benefits Plan and applicable law.

6. Mistaken Payments

HealthTrust shall use reasonable care and due diligence in the exercise of its FSA Service obligations under this Agreement. If HealthTrust (or its subcontractor) makes any payment under the Flexible Benefits Plan or this Agreement to an ineligible person, or if more than the correct amount of Benefits is paid to a Participant (collectively, "mistaken payments"), HealthTrust shall make a diligent effort to recover any such mistaken payments in accordance with the applicable provisions and procedures of the Flexible Benefits Plan. Employer acknowledges and agrees that in the event a mistaken payment is not recovered from the Participant or other person receiving the mistaken payment, Employer will be informed and will be responsible for collecting such amount from the Participant and, if unsuccessful, including such amounts in the Participant's income.

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this Schedule, effective January 1, 2018.

TOWN OF ALLENSTOWN

HEALTHTRUST, INC.

By: _____

By: _____

Name: _____

Name: Wendy Lee Parker

Title: _____

Title: Executive Director

Date: _____

Date: _____

SCHEDULE A-2

SCHEDULE OF FSA SERVICE FEES

For the Plan Year January 1, 2018 through December 31, 2018, the following per Participant per month (PPPM) administration fee will be billed to the Employer monthly for each Participant maintaining a Health FSA and/or Dependent Care Reimbursement Account.

Participants (with or without debit card) \$2.75 PPPM*

The applicable fee will be charged during any Grace Period and Run-Out Period during which a Participant has an active Account. The applicable fee will also be charged for Participants with active Accounts solely due to Carryover amounts from a prior Plan Year.

*Note that the PPPM Fee will be waived for the Plan Year (and during any applicable Grace Period and Run-Out Period associated with that Plan Year) for a Participant enrolled in one of the following HealthTrust Medical Plans during the Plan Year:

AB15/40IPDED
ABSOS20/40/1KDED
ABSOS25/50/3KDED
Lumenos \$2500

Participants may elect to receive an initial set of two Benefit Advantage debit cards at no charge. A Participant will be charged a fee of \$5 to replace a lost or stolen debit card or order an additional set of two cards.

These pricing terms will remain in effect for subsequent one-year terms subject to adjustment in accordance with Section 5.1 of the Agreement.

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this Schedule, effective as of the first day of the Plan Year listed above.

TOWN OF ALLENSTOWN

HEALTHTRUST, INC.

By: _____

By: _____

Name: _____

Name: Wendy Lee Parker

Title: _____

Title: Executive Director

Date: _____

Date: _____