

City of Crete
Health Reimbursement Arrangement Plan Document and Summary Plan Description
Amendment #2
Effective: July 1, 2024

The following changes, clarifications, revisions and/or updates will become part of the City of Crete Employee Health Reimbursement Arrangement Plan Document and Summary Plan Description.

GENERAL PLAN INFORMATION

PLAN NAME:	CITY OF CRETE Health Reimbursement Arrangement
PLAN NUMBER:	501
GROUP NUMBER:	43070000
TAX ID NUMBER:	47-6006154
PLAN YEAR:	July 1 through June 30
EMPLOYER INFORMATION:	CITY OF CRETE P.O. Box 86 Crete, NE 68333 402-826-4312
PLAN ADMINISTRATOR:	CITY OF CRETE P.O. Box 86 Crete, NE 68333 402-826-4312
NAMED FIDUCIARY:	CITY OF CRETE P.O. Box 86 Crete, NE 68333 402-826-4312
AGENT FOR SERVICE OF LEGAL PROCESS:	CITY OF CRETE P.O. Box 86 Crete, NE 68333 402-826-4312
CLAIMS ADMINISTRATOR:	Mid-American Benefits, LLC 5310 N. 99th Street #1 Omaha, Nebraska 68134 402-571-6224 or 800-364-9505

The Health Reimbursement Arrangement Document will be amended to reflect this change. All other terms and conditions of the Plan which are not affected by this Amendment are unchanged.

Accepted: City of Crete

Signature: _____

Printed Name: _____

Title: _____

Date: _____