Franklin County Fiscal Court

321 W. Main St, Frankfort, KY, 40601
Vicki Webb, Plan Administrator, (502) 875-8754

Effective Date: November 11, 2026

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that we notify you about important provisions in the plan. You have the right to enroll in the plan under its "special enrollment provision" provided that you meet participation requirements, if you marry, acquire a new dependent, or if you decline coverage under the plan for an eligible dependent while other coverage is in effect and later the dependent loses that other coverage for certain qualifying reasons. Special enrollment must take place within 30 days of the qualifying event. If you are declined enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this program if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance. To request special enrollment or obtain more information, contact the plan administrator indicated in this notice.

Notice of Privacy Practices – Business Associates

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT A PARTICIPANT MAY BE USED AND DISCLOSED AND HOW A PARTICIPANT CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This Notice describes the legal obligations of Franklin County Fiscal Court (the “Business Associate”) and its legal responsibilities regarding protected health information held by the Business Associate of participants of health plans (“Covered Entities) under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended by the Health

Information Technology for Economic and Clinical Health Act ("HITECH"). This Notice has been drafted in accordance with the HIPAA Privacy Rule, contained in the Code of Federal Regulations at 45 CFR Parts 160 and 164. Terms not defined in this Notice have the same meaning as they have in the HIPAA Privacy Rule.

When we refer to participants in this Notice, we are referring to the participants of these Covered Entities.

Among other things, this Notice describes how this protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law on behalf of participants of these Covered Entities.

We are required to provide this Notice of Privacy Practices (the "Notice") to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from participants or created or received by a health care provider, a health care clearinghouse, a health plan, or the employer on behalf of its group health plan that relates to the participant's:

- Past, present or future physical or mental health or condition;
- Provision of health care; or
- Past, present or future payment for the provision of health care.

Contact Person

If you have any questions about this Notice or about our privacy practices, please contact Vicki Webb, Payroll & Benefits Director, (502) 875-8754.

Effective Date

This Notice is effective November 11, 2026.

Our Responsibilities

We are required by law to:

- Maintain the privacy of participant protected health information;
- Inform participants if a breach occurs that may have compromised the privacy or security of the participant's information;
- Provide participants with certain rights with respect to their protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to a participant's protected health information;
- Follow the terms of the Notice that is currently in effect; and

- Not use or share a participant's information other than as described here unless the participant tells us in writing that we can. If a participant tells us we can share information, the participant may change his/her mind at any time and advise us in writing of such change.

We reserve the right to change the terms of this Notice and to make new provisions regarding a participant's protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide a participant with a copy of our revised Notice of Privacy Practices by electronic distribution.

How We May Use and Disclose Participants' Protected Health Information

Under the law, we may use or disclose participant protected health information under certain circumstances without the participant's permission. The following categories describe the different ways that we may use and disclose a participant's protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We may use or disclose a participant's protected health information to facilitate medical treatment or services by providers. We may disclose medical information about a participant to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of a participant. For example, we might disclose information about a participant's prior prescriptions to a pharmacist to determine if prior prescriptions contra indicate a pending prescription.

For Payment

We may use or disclose a participant's protected health information to determine a participant's eligibility for benefits, to facilitate payment for the treatment and services a participant receives from health care providers, to determine benefit responsibility under the covered entity, or to coordinate covered entity's coverage. For example, we may tell a participant's health care provider about a participant's medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share a participant's protected health information with a utilization review or pre-certification service provider. Likewise, we may share a participant's protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations

We may use and disclose a participant's protected health information for other covered entity operations. These uses and disclosures are necessary to run the covered entity. For example, we may use medical information in connection with conducting quality assessment and

improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general administrative activities. If use or disclosure of protected health information is made for underwriting purposes, any such protected health information that is genetic information of an individual is prohibited from being used or disclosed.

To Other Parties

We may contract with other individuals or entities to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, these individuals will receive, create, maintain, use and/or disclose a participant's protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding a participant's protected health information. For example, we may disclose a participant's protected health information to a third party to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the third party enters into an agreement with us.

As Required by Law

We will disclose a participant's protected health information when required to do so by federal, state or local law, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. For example, we may disclose a participant's protected health information when required by national security laws or public health disclosure laws.

To Prevent a Serious Threat to Health and Safety.

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors

For the purpose of administering a Covered Entity, we may disclose protected health information to certain employees of an employer. However, those employees will use or disclose that information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless the participant whose PHI is in question has authorized further disclosures. A participant's protected health information cannot be used for employment purposes without a participant's specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose a participant's protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation

If a participant is an organ donor, we may release a participant's protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If a participant is a member of the armed forces, we may release a participant's protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release a participant's protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose a participant's protected health information for public health actions. These actions generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- To notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if a participant agrees, or when required or authorized by law.

Health Oversight Activities

We may disclose a participant's protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If a participant is involved in a lawsuit or a dispute, we may disclose a participant's protected health information in response to a court or administrative order. We may also disclose a participant's protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell a participant about the request or to obtain an order protecting the information requested.

Law Enforcement

We may disclose a participant's protected health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- About a death that we believe may be the result of criminal conduct;
- About criminal conduct; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release a participant's protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates

If a participant is an inmate of a correctional institution or is under the custody of a law enforcement official, we may disclose a participant's protected health information to the correctional institution or law enforcement official, if necessary (1), for the institution to

provide a participant with health care; (2), to protect a participant's health and safety or the health and safety of others; or (3), for the safety and security of the correctional institution.

Research

We may disclose a participant's protected health information to researchers when:

- The individual identifiers have been removed; or
- When an institutional review board or privacy board (1) has reviewed the research proposal; and (2) established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of a participant's protected health information we are required to make.

Government Audits

We are required to disclose a participant's protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to a Participant

When a participant requests, we are required to disclose to a participant the portion of that participant's protected health information that contains medical records, billing records, and any other records used to make decisions regarding a participant's health care benefits. We are also required, when requested, to provide a participant with an accounting of most disclosures of a participant's protected health information where the disclosure was for reasons other than for payment, treatment or health care operations, and where the protected health information not disclosed pursuant to a participant's individual authorization. Such requests must be made through the Covered Entity.

Participant Choices

For certain health information, participants can tell us their choices about what we share. If a participant has a clear preference for how we share his/her information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, participants have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for a participant's care

- Share information in a disaster relief situation

If a participant is not able to tell us his/her preference, for example if he/she is unconscious, we may go ahead and share the participant's information if we believe it is in his/her best interest. We may also share a participant's information when needed to lessen a serious and imminent threat to health or safety.

Personal Representatives

We will disclose a participant's protected health information to individuals authorized by a participant, or to an individual designated as a participant's personal representative, attorney-in-fact, etc., so long as a participant provides us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- A participant has been, or may be, subjected to domestic violence, abuse or neglect by such person;
- Treating such person as a participant's personal representative could endanger a participant; or
- In the exercise of professional judgment, it is not in a participant's best interest to treat the person as a participant's personal representative.

Fundraising and Marketing

Prior to disclosing a participant's protected health information in the case of fundraising efforts, the participant will be notified prior to receiving such fundraising communications. Such communication will provide the participant with the option of opting-out of receiving such communications. Additionally, uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI will require authorization.

Authorizations

Other uses or disclosures of a participant's protected health information not described above will only be made with a participant's written authorization. Where appropriate, most uses and disclosures of psychotherapy notes will require a participant's authorization.

A participant may revoke written authorization at any time, so long as the revocation is in writing. Once we receive a participant's written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving a participant's written revocation.

A Participant's Rights

A Participant has the following rights with respect to his or her protected health information:

Right to Access

A participant has the right to inspect and copy certain protected health information that may be used to make decisions about a participant's health care benefits. To inspect and copy a participant's protected health information, a participant must submit a participant's request in writing to the Covered Entity. If a participant requests a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with a participant's request.

Additionally, a participant has the right to request electronic copies of certain protected health information in a designated record set. We will provide such information in the electronic form and format requested by the participant, provided it is readily producible. If the requested form and format are not readily producible, we will provide the information in a readable electronic form and format that is mutually agreed upon with the requesting participant. If a participant requests a copy of the electronic information, we may charge a reasonable fee for the labor costs and supplies involved in creating the information.

We may deny a participant's request to inspect and copy in certain very limited circumstances. If a participant is denied access to his or her medical information, a participant may request that the denial be reviewed by submitting a written request to the Covered Entity.

Right to Amend

If a participant feels that the protected health information, we have about that participant is incorrect or incomplete, a participant may ask the Covered Entity to amend the information. A participant has the right to request an amendment for as long as the information is kept by or for the Covered Entity.

To request an amendment, a participant's request must be made in writing and submitted to the Covered Entity. In addition, a participant must provide a reason that supports a participant's request.

We may deny a participant's request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny a participant's request if a participant asks us to amend information that:

- Is not part of the medical information kept by or for the Plan;
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information that a participant would be permitted to inspect and copy; or
- Is already accurate and complete.

If we deny a participant's request, we will notify the participant in writing within 60 days with an explanation as to why the request was denied. The participant then has the right to file a statement of disagreement with us and any future disclosures of the disputed information will include the participant's statement.

Right to an Accounting of Disclosures

A participant has the right to request an "accounting" of certain disclosures of his or her protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to a participant; (3) disclosures made pursuant to a participant's authorization; (4) disclosures made to friends or family in a participant's presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, a participant must submit the participant's request in writing to the Covered Entity. A participant's request must state a time period of not longer than six years prior to the date the participant asks for the accounting.

A participant's request should indicate in what form the participant wants the list (for example, paper or electronic). The first list a participant requests within a 12-month period will be provided free of charge. For additional lists, we may charge a participant for the costs of providing the list. We will notify a participant of the cost involved and a participant may choose to withdraw or modify a participant's request at that time before any costs are incurred.

Right to Request Restrictions

A participant has the right to request a restriction or limitation on a participant's protected health information that we use or disclose for treatment, payment or health care operations. A participant also has the right to request a limit on a participant's protected health information that we disclose to someone who is involved in a participant's care or the payment for a participant's care, like a family member or friend. For example, a participant could ask that we not use or disclose information about a surgery that a participant had.

If a participant requests a restriction, it is the participant's responsibility to notify any other entity that may be impacted by the requested restriction.

We are not required to agree to a participant's request. However, if we do agree to the request, we will honor the restriction until a participant revokes it or we notify the participant.

To request restrictions, a participant must make a participant's request in writing to the Covered Entity. In a participant's request, the participant must tell us (1) what information a participant wants to limit; (2) whether a participant wants to limit our use, disclosure, or both; and (3) to whom a participant wants the limits to apply—for example, disclosures to a participant's spouse.

Right to Request Confidential Communications

A participant has the right to request that we communicate with a participant about medical matters in a certain way or at a certain location. For example, a participant can ask that we only contact the participant at work or by mail.

To request confidential communications, a participant must make the participant's request in writing to the Covered Entity. We will not ask a participant the reason for the participant's request. A participant's request must specify how or where the participant's wishes to be contacted. We will accommodate all reasonable requests if the participant clearly provides information that the disclosure of all or part of a participant's protected information could endanger a participant.

Right to Receive Notification of a Breach

A participant has the right to receive notification of any breach of your protected health information. Such notice will be provided to participants within sixty (60) days of the breach being identified.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if the participant has agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact Vicki Webb, Payroll & Benefits Director, vicki.webb@franklincounty.ky.gov, (502) 875-8754.

Right to Choose Someone to Act for the Participant.

Participants have the right to appoint a personal representative to act on their behalf with respect to their protected health information, such as if a participant has given someone medical power of attorney or if someone is a participant's legal guardian.

To appoint a personal representative to act on a participant's behalf, the participant must make a request in writing to Vicki Webb, Payroll & Benefits Director, vicki.webb@franklincounty.ky.gov, (502) 875-8754. The request must specify who the individual is that the participant is appointing as personal representative, that individual's contact information, and in which matters the personal representative may act on the participant's behalf.

Complaints

If a participant believes that his or her privacy rights have been violated, he or she may file a complaint with covered entity or with the Office for Civil Rights. To file a complaint with the covered entity, contact: Vicki Webb, Payroll & Benefits Director, vicki.webb@franklincounty.ky.gov, (502) 875-8754.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with the covered entity

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage) provided that you meet participation requirements. However, you must request enrollment within 30 days or any longer period that applies under the plan, after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days or any longer period that applies under the plan, after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the plan administrator mentioned above.

USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA), protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

Right to Be Free From Discrimination and Retaliation

If you are a past or present member of the uniformed service; have applied for membership in the uniformed service; or are obligated to serve in the uniformed service; then an employer may not deny you: initial employment; reemployment; retention in employment; promotion; or any benefit of employment because of this status. In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

Health Insurance Protection

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

Enforcement

The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its **website at http://www.dol.gov/vets**. An interactive online USERRA Advisor can be viewed at **https://webapps.dol.gov/elaws/vets/userra/**. If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation. You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

GINA

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to any requests for medical information, if applicable. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Michelle's Law

Michelle's Law is a federal law that requires certain group health plans to continue eligibility for adult dependent children who are students attending a post-secondary school, where the children would otherwise cease to be considered eligible students due to a medically necessary leave of absence from school. In such a case, the Plan must continue to treat the child as eligible up to the earlier of:

- The date that is one year following the date the medically necessary leave of absence began; or the date coverage would otherwise terminate under the Plan.

For the protections of Michelle's Law to apply, the child must:

- Be a dependent child, under the terms of the Plan, of a participant or beneficiary; and
- Have been enrolled in the Plan, and as a student at a post-secondary educational institution, immediately preceding the first day of the medically necessary leave of absence.

"Medically necessary leave of absence" means any change in enrollment at the post-secondary school that begins while the child is suffering from a serious illness or injury, is medically necessary, and causes the child to lose student status for purposes of coverage under the Plan.

If you believe your child is eligible for this continued eligibility, you must provide to the Plan a written certification by his or her treating physician that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.
If you have any questions regarding the information contained in this notice or your child's right to Michelle's Law's continued coverage, you should contact the Plan Administrator.

Discrimination is Against the Law

The Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Company:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:

  ○ Qualified sign language interpreters
  ○ Written information in other formats (large print, audio, accessible electronic formats, other formats)

• Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the plan administrator.

If your Company has fifteen (15) or more employees and you believe that The Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, refer to the Plan Administrator for Grievance Procedures or if you need help filing a grievance can be filed in person, by mail, fax, or email.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

QMCSO (Qualified Medical Child Support Order)
QMCSO is a medical child support order issued under state law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant is an alternate recipient. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

FMLA
The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specific family and medical reasons if the

employee has been with the company for one year, has worked at least 1250 hours during the prior 12 months and works in an area where there are at least 50 employees within 75 miles. Public agencies as well as public and private secondary schools are covered employers without regard to the number of employees employed. For additional details, visit the Department of Labor FMLA page.

Notify the Company when you have a qualifying leave such as birth or adoption of a child, a serious health condition, to care for a spouse, child or parent with a serious medical condition or for reservist or National Guard provisions related to you or an immediate family member leaving for military duty or being injured in active duty.

If you are on a qualified leave and any of the circumstances pertaining to your leave change, you must notify the company of the change.