

2025 Wrap Plan Document - Amendment Notice

**S.C. SWIDERSKI LLC
FORMAL RECORD OF ACTION**

The following is a formal record of action taken by the governing body of S.C. Swiderski LLC (the "Company").

With respect to the amendment of the SCS Wrap Plan (the "Plan"), the following resolutions are hereby adopted:

RESOLVED: That the Plan be amended in the form attached hereto, which amendment is hereby adopted and approved;

RESOLVED FURTHER: That the appropriate officers of the Company be, and they hereby are, authorized and directed to execute said amendment on behalf of the Company;

RESOLVED FURTHER: That the officers of the Company be, and they hereby are, authorized and directed to take any and all actions and execute and deliver such documents as they may deem necessary, appropriate or convenient to effect the foregoing resolutions including, without limitation, causing to be prepared and filed such reports documents or other information as may be required under applicable law.

Dated this 9th day of December, 2024.

Signature: _____



Print Name: ___Nicole Blum_____

Title/Position: ___Chief Operation Officer_____

SCS WRAP PLAN

SUMMARY OF MATERIAL MODIFICATIONS

The purpose of this Summary of Material Modifications is to inform you of a change that has been made to the SCS Wrap Plan. This change has affected the information previously provided to you in the Plan's Summary Plan Description. In addition, from time to time the Plan Sponsor may make changes to general wording and formatting that do not materially affect the Plan, but which may appear in more recent versions of the Summary Plan Description without such notice. The Summary Plan Description is modified effective **01/01/2025** as described below.

The following section(s) or subsection(s) replace(s) the current language in your Summary Plan Description:

INCLUDED BENEFITS APPENDIX

Your Standard Eligibility Requirements apply to all Included Benefits unless otherwise indicated in the chart below, and are as follows: S.C. Swiderski, LLC currently provides individual health, dental, and vision insurance benefits for regular full-time and exempt employees who are regularly scheduled to work a minimum of thirty (30) hours per week. Coverage options begin on the 1st of the month follow an employee's hire date. Full-time employees are eligible to participate in the voluntary Short-Term Disability and Life Insurance/AD&D

Eligibility information relating to medical coverage offered under this Plan is further specified in the section of this SPD titled, "Eligibility."

| Provider | Type of Benefit | Employer Contributions | Eligibility |
|----------------------------------|------------------------|---|---|
| Anthem Blue Cross Blue Shield | Major Medical | See Human Resources for Cost Information | See 'Standard Eligibility Requirements' set forth above |
| Delta Dental | Dental | See Human Resources for Cost Information | See 'Standard Eligibility Requirements' set forth above |
| Delta Dental | Vision | See Human Resources for Cost Information | See 'Standard Eligibility Requirements' set forth above |

| | | | |
|-----------|---------------------------------------|--------------------------|---|
| Equitable | Short-Term Disability | None, Employee pays 100% | See 'Standard Eligibility Requirements' set forth above |
| Equitable | Life/AD&D | None, Employee pays 100% | See 'Standard Eligibility Requirements' set forth above |
| Equitable | Long-Term Disability | None, Employee pays 100% | See 'Standard Eligibility Requirements' set forth above |
| Equitable | Life/AD&D (1x Salary, up to \$50,000) | Employer pays 100% | See 'Standard Eligibility Requirements' set forth above |