Amendment #001-23
Burke County Schools Dental Benefit Plan

This amendment, which also serves as the summary of material modification in connection with the Plan change(s) described herein and amends the current Plan Document and Summary Plan Description. Except as amended by this amendment effective August 1, 2023, the Plan Document and Summary Plan Description remains in full force and effect.

Under the Plan Document and Summary Plan Description, ELIGIBILITY, FUNDING, EFFECTIVE DATE AND TERMINATION PROVISIONS, ENROLLMENT, EFFECTIVE DATE, When Employee Coverage Terminates #2 will be revised and restated as follows:

(2) The last day of the month the covered Employee ceases to be in one of the Eligible Classes. This includes death or termination of Active Employment of the covered Employee. (See the section entitled Continuation Coverage Rights under COBRA.) It also includes an Employee on disability, leave of absence or other leave of absence, unless the Plan specifically provides for continuation during these periods

Under the Plan Document and Summary Plan Description, ELIGIBILITY, FUNDING, EFFECTIVE DATE AND TERMINATION PROVISIONS, ENROLLMENT, EFFECTIVE DATE, When Dependent Coverage Terminates #3 and #4 will be revised and restated as follows

(3) The last day of the month a covered Spouse loses coverage due to loss of eligibility status. (See the section entitled Continuation Coverage Rights under COBRA.)
(4) The last day of the month a covered Child ceases to meet the applicable eligibility requirements. (See the section entitled Continuation Coverage Rights under COBRA.)

All other sections of the Plan remain unchanged.

IN WITNESS WHEREOF, the undersigned has caused this amendment to be duly adopted on the 5 day of Sept, 2023.

Keith Locke
(Authorized Signature)

(Witness)