

AMENDMENT NO. 18

The CITY OF FORT WAYNE EMPLOYEE BENEFIT PLAN (Plan) is hereby amended as follows:

This Amendment is applicable to Dependents of all Covered Employees (including prior Employees with COBRA coverage) except covered retirees.

The **DEPENDENT ELIGIBILITY** section (page 21 of the Plan Document and Summary Plan Description) is deleted in its entirety and replaced as follows:

DEPENDENT ELIGIBILITY

A Dependent shall be considered eligible for coverage on the date the Employee becomes eligible for Dependent Coverage, subject to all limitations and requirements of the Plan, and in accordance with the following:

- A. Newborn children of a Covered Employee will be covered from the moment of birth for Illness or Injury, including the necessary care or treatment of medically diagnosed Congenital Birth Defects, birth abnormalities or prematurity, provided the child is Enrolled as a Dependent of the Covered Employee within thirty (30) days of the child's date of birth. This provision shall not apply nor in any way affect the normal maternity provisions applicable to the mother.
- B. A spouse will be considered a Dependent from the date of marriage.
- C. If a child is acquired, other than at the time of birth, due to a court order or marriage, the child will be considered a Dependent from the date of such court order or marriage.

A working spouse who satisfies all requirements for medical expense insurance under a plan sponsored by the spouse's employer, except that the spouse has not enrolled under that employer's plan, is not eligible to enroll for coverage under this Plan, or continue coverage under this Plan. If the working spouse is covered under this Plan on the effective date of this Amendment, Dependent Coverage for the spouse will be terminated as of such date. If the working spouse then enrolls under the other plan, the spouse shall be considered eligible for coverage under this Plan as of the effective date of enrollment under the other plan.

The effective date of this Amendment is January 1, 2014.

In all other respects, the terms and conditions of the Plan remain unchanged.

City of Fort Wayne _____
Plan Administrator

Taura Younsend _____
Signature

Benefits Manager _____
Title