

**Foothills Regional High School**  
**SUMMARY OF MATERIAL MODIFICATIONS AMENDMENT NUMBER # 4**

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The Foothills Education Charter High School (Plan) is hereby amended effective July 1, 2023 as follows:

**Item 1: VIII General Information About Our Plan: 1. General Plan Information** *(the following sentence of this section has been amended as follows)*

Foothills Regional High School is the name of the Plan.

Your Employer has assigned Plan Number 501 to your Plan.

The provisions of your amended Plan become effective on July 1, 2023 Your Plan was originally effective on August 1, 2008.

Your Plan's records are maintained on a twelve-month period of time. This is known as the Plan Year. The Plan Year begins on January 1 and ends on December 31<sup>r</sup>

**Item 2: VIII General Information About Our Plan: 2. Employer Information** *(the following information has been amended as follows)*

Your Employer's name, address, and identification number are:

Foothills Regional High School  
2415 Jefferson Road, Suite B  
Athens, Georgia 30607  
93-1432213

**Item 3: VIII General Information About Our Plan: 3. Plan Administrator Information** *(the following information has been amended as follows)*

The name of your Plan's Administrator are:

The name, address and business telephone number of your Plan's Administrator are:

Foothills Regional High School  
2415 Jefferson Road, Suite B  
Athens, Georgia 30607  
706-395-9775

**Item 4: VIII General Information About Our Plan: 4. Service of Legal Process** *(the following information has been amended as follows)*

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The name of the Plan's agent for service of legal process are:

The name and address of the Plan's agent for service of legal process are:

Foothills Regional High School  
2415 Jefferson Road, Suite B  
Athens, Georgia 30607

**Item 5: X CONTINUATION COVERAGE RIGHTS UNDER COBRA: 7. Is a covered Employee or Qualified Beneficiary responsible for informing the Plan Administrator of the occurrence of a Qualifying Event?** *(the following information has been amended as follows)*

The Plan will offer COBRA continuation coverage to Qualified Beneficiaries only after the Plan Administrator or its designee has been timely notified that a Qualifying Event has occurred. The Employer (if the Employer is not the Plan Administrator) will notify the Plan Administrator or its designee of the Qualifying Event within 30 days following the date coverage ends when the Qualifying Event is:

- (a) the end of employment or reduction of hours of employment,
- (b) death of the employee,
- (c) commencement of a proceeding in bankruptcy with respect to the Employer, or
- (d) entitlement of the employee to any part of Medicare.

**IMPORTANT:**

**For the other Qualifying Events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you or someone on your behalf must notify the Plan Administrator or its designee in writing within 60 days after the Qualifying Event occurs, using the procedures specified below. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator or its designee during the 60-day notice period, any spouse or dependent child who loses coverage will not be offered the option to elect continuation coverage. You must send this notice to the Plan Administrator or its designee.**

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***NOTICE PROCEDURES:***

Any notice that you provide must be ***in writing***. Oral notice, including notice by telephone, is not acceptable. You must mail, fax or hand-deliver your notice to the person, department or firm listed below, at the following address:

FOOTHILLS REGIONAL HIGH SCHOOL  
2415 JEFFERSON ROAD, SUITE B  
ATHENS, GEORGIA 30607

If mailed, your notice must be postmarked no later than the last day of the required notice period. Any notice you provide must state:

- the **name of the plan or plans** under which you lost or are losing coverage,
- the **name and address of the employee** covered under the plan,
- the **name(s) and address(es) of the Qualified Beneficiary(ies)**, and
- the **Qualifying Event** and the **date** it happened.

If the Qualifying Event is a **divorce or legal separation**, your notice must include **a copy of the divorce decree or the legal separation agreement**.

Be aware that there are other notice requirements in other contexts, for example, in order to qualify for a disability extension.

Once the Plan Administrator or its designee receives ***timely notice*** that a Qualifying Event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each Qualified Beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage for their spouses, and parents may elect COBRA continuation coverage on behalf of their children. For each Qualified Beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that plan coverage would otherwise have been lost. If you or your spouse or dependent children do not elect continuation coverage within the 60-day election period described above, the right to elect continuation coverage will be lost.

**Except as stated above, all Plan provisions remain the same.**

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This Amendment has been approved and adopted by the Plan. It supersedes and/ or changes any previous Amendment(s) in regards to the Plan provisions specified in the Plan Document that governs this Plan. After you review this Amendment, please place a copy of it with your Summary Plan Description for future reference. This signed Amendment shall be attached to and form a part of the Plan Document on the above stated Effective Date.