

WILKES UNIVERSITY FLEXIBLE BENEFITS PLAN

SUMMARY PLAN DESCRIPTION

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SUMMARY PLAN DESCRIPTION

CONTENTS

<u>Question Number</u>	<u>Question</u>	<u>Page Number</u>
----------------------------	-----------------	------------------------

INTRODUCTION AND GENERAL INFORMATION

1.	What is the purpose of the Plan?.....	1
2.	Who is eligible to participate in the Plan?.....	1
3.	What benefits are offered through the Plan?.....	2
4.	How much do I have available for benefits under the Plan?.....	2
5.	What are my "Benefit Accounts"?.....	3
6.	Can I change my election during the Plan Year?.....	4
7.	Can the University change my election during the Plan Year?.....	5
8.	How do I claim my benefits under the Plan?.....	5
9.	What happens if my claim for benefits is denied?.....	5
10.	Will unused year-end Account balances be carried over to the next Plan Year?.....	5
11.	What if my employment terminates during the Plan Year?.....	6
12.	What is "Continuation Coverage" and how does it work?.....	6

BENEFITS PLAN

13.	What benefits does the University offer through the Plan?.....	7
-----	--	---

MEDICAL CARE SPENDING ACCOUNT PLAN

14.	What is the purpose of the Medical Care Spending Account Plan?.....	7
15.	How do I become a Participant in the Plan?.....	7
16.	What annual benefits are available under the Medical Care Spending Account Plan and how much will they cost?.....	8
17.	How are health care expenses reimbursed under this Plan?.....	8
18.	What if the expenses I incur during the Plan Year are less than the annual benefit I have elected?.....	8

WILKES UNIVERSITY FLEXIBLE BENEFITS PLAN

SUMMARY PLAN DESCRIPTION

CONTENTS

<u>Question Number</u>	<u>Question</u>	<u>Page Number</u>
----------------------------	-----------------	------------------------

DEPENDENT CARE SPENDING ACCOUNT PLAN

19.	What is the purpose of the Dependent Care Spending Account Plan?.....	9
20.	How do I become a Participant in the Plan?.....	9
21.	What are the maximum benefits under the Plan?.....	9
22.	How are dependent care expenses reimbursed under this Plan?.....	10
23.	If I participate in the Plan, will I still be able to claim the household and dependent care credit on my federal income tax return?.....	11
24.	What if the expenses I incur during the Plan Year are less than the annual benefit I have elected?.....	11

CASH BENEFITS

25.	What are "Cash Benefits"?.....	11
-----	--------------------------------	----

ERISA RIGHTS

26.	Are these Plans subject to ERISA?.....	11
27.	What are my rights under ERISA?.....	12

ADMINISTRATIVE INFORMATION

Administrative Information.....	14
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Introduction and General Information

Wilkes University (the "University") is pleased to sponsor the Wilkes University Flexible Benefits Plan (the "Plan") for our employees. The Plan provides you with the opportunity to use before-tax dollars to pay for the employee portion of the cost for certain group health and welfare benefits as well as to establish reimbursement accounts for certain of your uninsured medical and dependent care expenses. The dollars come from amounts you elect to contribute from the regular salary that otherwise would be paid to you as well as contributions the University makes.

This approach provides a tax savings for you by reducing your taxable income. The amount you make available from your salary is not subject to Social Security tax and federal income tax. However, because your contributions may reduce your employer and employee contributions to Social Security, they may cause a reduction in your Social Security benefits at retirement.

Although the University expects to maintain this program indefinitely, the University or the Committee designated by it to supervise the Plan has the right to modify or terminate the program at any time to reflect changes in the University's benefits program or applicable law.

This booklet describes the basic features of the Plan and two of its related plans, the Medical Care Spending Account Plan and Dependent Care Spending Account Plan, as currently in effect. It explains how the program operates and how you can use it to your best advantage. The booklet is only a summary of the key parts of the program and a brief description of your rights as a participant. It is not a part of the official plan document. If there is a conflict between the document and this booklet, the plan document will govern.

1. What is the purpose of the Plan?

The purpose of the Plan is to allow eligible employees to choose among and pay for one or more of the benefits offered by other benefit programs the University sponsors on a before-tax basis.

2. Who is eligible to participate in the Plan?

Participation in the Plan generally is open to each employee of the University who is (i) a member of the teaching faculty who is regularly scheduled to teach 12 credit-hours per semester, (ii) each non-teaching employee who is regularly scheduled to work at least 35 hours per week on an annual basis, and (iii) each employee who is classified as Full-Time, Reduced Work Hours

Participation begins on the first day of the calendar month coincident with or next following the date the eligible employee begins to render services to the University in an eligible status.

Employees covered by a collective bargaining agreement are not eligible unless the bargaining agreement provides for eligibility.

Also, persons the University does not treat as "employees" for payroll tax purposes and persons who do not satisfy the service requirements are not eligible.

Those employees who join the Plan are called "Participants".

To actually become eligible for benefits:

- you must enroll by use of standard forms or a telephone or electronic enrollment method made available;
- you must elect one or more of the benefits available under the Plan; and
- you must agree to salary conversion sufficient to pay for the benefits elected.

You will be advised of the enrollment procedures and provided with any necessary materials when you first become eligible to participate. You must follow these procedures within the time period specified.

You will be given the opportunity to make new choices for each year the Plan is in effect. You must follow the enrollment procedure specified if you wish to select benefits or decline enrollment.

If you have specific questions, please contact the Human Resources Department at (570) 408-4644.

3. What benefits are offered through the Plan?

The Plan offers four types of benefits: (a) participation in the University's group benefit plans providing medical, dental, and vision benefits (the "Group Plans"), (b) reimbursement of medical care expenses through the University's Medical Care Spending Account Plan, (c) reimbursement of work-related dependent care expenses through the University's Dependent Care Spending Account Plan and (d) cash benefits.

Separate programs that the University sponsors and that incorporate this Plan by reference provide the actual benefits. This Plan simply provides you with a way to pay your share of the benefit cost using before-tax dollars.

You may only elect to pay for benefits for which you can satisfy the appropriate eligibility conditions specified in the individual plans providing these benefits. The eligibility provisions of the Medical Care Spending Account and Dependent Care Spending Account Plans are as explained at Q & A 1.

4. How much do I have available for benefits under the Plan?

Each year, you elect the amount that you want withheld from your regular salary to purchase benefits.

In addition the University will credit each Participant with \$112.50 per pay period.

You elect how you want to spend the amount you have available for benefits during the Plan's annual election period. If you do not elect to spend the full amount the University sets aside for you, the University will pay you the remaining amount as additions to your regular pay.

5. What are my "Benefit Accounts"?

If you elect benefits under the Plan, one or more Benefit Accounts ("Accounts") will be set up in your name to maintain a record of the benefits you choose. These Accounts are bookkeeping records. The University does not have a trust fund or any separate or segregated assets for this Plan. For example, if you have chosen to participate in the Medical Care Spending Account Plan and the Dependent Care Spending Account Plan, two bookkeeping Accounts will be maintained in your name.

When you follow the enrollment procedures, you specify which benefits you wish. Thereafter, your Accounts will be credited with the portion of your elective contributions that you specify. These amounts will be credited as of each pay period.

The amount that is available in any one of your Accounts at any particular time will depend on the benefits you have elected.

If you elect medical care benefits, your corresponding Account will be credited to reflect the amount you elected to contribute for the year.

If you elect dependent care benefits, your corresponding Account will be credited to reflect the amounts you have contributed to date.

The balance in your Accounts will be reduced as you submit a documented claim for reimbursement of eligible expenses. The amount of your reimbursement for dependent care can never exceed the balance in your Account for the Dependent Care Spending Account Plan.

If you elect participation in one or more of the University's Group Plans, the portion of your Account set aside for that purpose will be used to pay your share of the cost for coverage.

6. Can I change my election during the Plan Year?

If you elect benefits when you first become eligible, ordinarily your election will remain effective for the first year. Thereafter, if you do not make an election for a future Plan Year, you will be treated as electing to participate in the Group Plans in which you participated in the previous year and electing not to participate in the Medical Care Spending Account Plan or Dependent Care Spending Account Plan (even if you had been participating in either or both of those Plans).

Generally, you cannot change your election during the Plan Year (June 1 – May 31). However, during the annual enrollment period, you may change your elections for the coming Plan Year. If you do not make a new election during an annual enrollment period, the Plan provides that you will be treated as renewing your coverage elections, if any, under the Group Plans and electing no coverage under the Medical Care Spending Account and Dependent Care Spending Account Plans.

There is an important exception to the general rule: you may change your previous election at any time during the Plan Year provided the change is on account of and consistent with a significant change in your family status (called a "Change in Status Event" or "Life Event" or "Event") that occurs during the Plan Year. The following are examples of these Events:

- events that change your marital status, such as marriage, death of a spouse, divorce, legal separation or annulment;
- events that change your number of dependents, such as birth, adoption, or death;
- events that change your employment status (or that of your spouse or dependent), such as beginning or ending employment, change from full-time to part-time (or vice versa), increase or decrease in hours, beginning or ending an unpaid leave;
- events that cause your dependent to no longer qualify for coverage, such as loss of student status or age;
- change in your residence or place of work (or that of your spouse or dependent);
- your enrollment in Medicare or Medicaid (or your spouse's or dependent's enrollment), if you had elected health care coverage;
- changes in benefit elections your spouse or dependent makes under their employer's plan that operates on a different year than this Plan.

If an Event occurs, you must inform the Human Resources Department of your new election within 31 days of the occurrence. Otherwise, your election changes will only apply at the Plan's next open enrollment. Please note that even if an Event occurs, you

may not reduce your contribution to the Medical Care Spending Account Plan below the level of reimbursement that you have already received.

7. Can the University change my election during the Plan Year?

The Plan Administrator may reduce or cancel your elections(s) at any time if necessary to comply with the Internal Revenue Code.

8. How do I claim my benefits under the Plan?

You claim benefits under a Group Plan as explained in its separate summary plan description.

If you have elected to participate in either the Medical Care Spending Account Plan or the Dependent Care Spending Account Plan and incur an expense that is eligible for reimbursement, you must submit your claim to the plan administrator, as explained in your enrollment materials. See Question 17 for a description of the reimbursement procedures that apply to medical care expenses and Question 22 for an explanation of the requirements for reimbursement of dependent care expenses.

Medical and dependent care expense claims will be reimbursed at least on a monthly basis. You have until 90 days after the end of the Plan Year to submit a claim for reimbursement for eligible expenses that you incurred during the previous Plan Year. Remember that the Plan Year ends May 31st. An expense is "incurred" on the date you receive the services even if you pay for the services on an earlier or later date.

9. What happens if my claim for benefits is denied?

You will be notified in writing if your claim is denied. The notification will set out the reasons your claim was denied and what steps, if any, you might take to validate the claim. It will further advise you of your right to request an administrative review of the denial of the claim and the time limitations for submitting an appeal. You or your authorized representative will have the opportunity to review any important documents held by the Plan Administrator and to submit comments and other supporting information. In most cases, a decision will be reached within 60 days of the date of your request for a review.

10. Will unused year-end Account balances be carried over to the next Plan Year?

No. You will forfeit any unused amounts credited to one of your Accounts at the end of the Plan Year if you have not submitted a claim for eligible expenses incurred during that Plan Year or if your claims for eligible expenses are less than the amount credited to one of your Accounts. The Internal Revenue Code requires this forfeiture. The University is

not permitted to reimburse you for this forfeiture.

You may not transfer credits from one Account to another.

11. What if my employment terminates during the Plan Year?

If your employment with the University terminates during the Plan Year or you become ineligible to participate, your active participation in the Plan will cease. The University will stop making contributions for you and you will not be able to make any more before-tax contributions.

You may be permitted to make after-tax contributions under the Continuation Coverage provisions that apply to the health program and the Medical Care Spending Account Plan.

If you do not make after-tax contributions to the Medical Care Spending Account Plan, you will not be able to submit claims for expenses that you incur after your termination even if you have a credit in your Account.

You may continue to submit claims for expenses recognized under the Dependent Care Spending Account Plan (assuming you provide verification) for the balance of the Plan Year or until your Account is exhausted.

If you are rehired, you will be treated as a new employee for purposes of the Plan's eligibility requirements.

12. What is "Continuation Coverage" and how does it work?

"Continuation Coverage" means your right, or your spouse's or dependent's right, to be covered under the group health programs and Medical Care Spending Account Plan if you, your spouse or dependents would otherwise lose coverage due to the occurrence of a "Qualifying Event." A Qualifying Event is any of the following:

- termination of your employment (other than by reason of gross misconduct) or reduction of your work hours so that you lose eligible status;
- your death;
- your becoming entitled to receive Medicare benefits; or
- when your dependent ceases to be a dependent as defined by an applicable plan, such as by reason of divorce or reaching a certain age.

It is your obligation to inform the Human Resource Department of the occurrence of any Qualifying Event, other than a change in your employment status, within 60 days of the occurrence. The Plan, in turn, has a legal obligation to furnish you, or your spouse, as the case may be, with separate, written options to continue the group health care coverage.

The notification you will receive will explain the terms and conditions of the Continuation Coverage.

Benefit Plans

13. What benefits does the University offer through the Plan?

Employees who elect to participate in a Group Plan are required to pay for a portion of the cost that the University incurs. You pay your share of the cost out of the University's contributions and your elective contributions under this Plan. In that way, you receive the tax advantages of this Plan to assist you with your coverage cost. For details about the Group Plans, such as options offered, eligibility provisions, benefit amounts, claim provisions and premium schedules please refer to the appropriate summary plan description and enrollment materials.

The descriptions for the Medical and Dependent Care Spending Account Plans follow.

Medical Care Spending Account Plan

14. What is the purpose of the Medical Care Spending Account Plan?

The Medical Care Spending Account Plan gives you the opportunity to elect to receive tax-free reimbursement for some or all of your medical expenses that are not paid by a Group Plan or by any other plan or insurance arrangement. Under the Plan, you purchase a specific level of expense reimbursement benefit. You pay for the coverage on a before-tax basis by allocating a portion of your elective or University contributions to this benefit. This arrangement provides a tax savings for you by reducing your taxable income. The amount of your salary conversion or University contribution applied to this benefit is not subject to Social Security or federal income taxes.

15. How do I become a Participant in the Plan?

Each employee eligible to participate in the Flexible Benefits Plan is eligible to participate in the University's Medical Care Spending Account Plan.

You become a Participant by electing spending account benefits in accordance with the specified enrollment procedures during the initial or annual enrollment period. Your election applies for one year (see Question 6). You must actively elect coverage during the benefits election period for any Plan Year that you want to participate.

If you elect this benefit, a Medical Care Spending Account ("Account") will be set up in your name to keep a record of all your contributions and reimbursements during the Plan Year. This Account is a bookkeeping account. The University does not set up any separate trust fund or segregated asset pool for this program.

16. What annual benefits are available under the Medical Care Spending Account Plan and how much will they cost?

You may choose any amount of annual benefit up to a maximum of \$3,000 per Plan Year (June 1 – May 31). You will be required to pay the portion of the annual benefit that comes from your elective contributions in installments out of your regular pay.

17. How are health care expenses reimbursed under this Plan?

When you incur an expense that is eligible for reimbursement, you submit a claim to the plan administrator in the manner explained in your enrollment materials. Remember that you are not reimbursed for any expense above the annual benefit level you have elected. In addition, you are not reimbursed for any expense you incur before you became a Participant or for any expense you incur after the close of the Plan Year.

An "eligible expense" means any item (other than insurance premiums) for which you can claim a deduction on an itemized federal income tax return and certain over-the-counter drugs and medicines that treat a specific illness or condition, provided that it is an expense for which you have not been and will not be otherwise reimbursed from insurance or some other source. It is not necessary for you to have actually paid an amount due prior to your submitting a claim for reimbursement. However, you must have incurred the expense and had the procedure or service performed. You incur an expense on the date the service is rendered or the product is purchased (regardless of the date you are billed or make payment).

Please review the list of eligible expenses included with your enrollment materials for Spending Account in determining what an "eligible expense" is. If you have any doubts, you are also encouraged to consult your personal tax advisor for further guidance as to what is or is not an eligible expense.

18. What if the expenses I incur during the Plan Year are less than the annual benefit I have elected?

You will not be entitled to receive any direct or indirect payment of any amount that represents the difference between the actual expenses you have incurred and the annual benefit you have elected and paid for. For example, if you elected \$1,000 in benefits and incurred \$750 in expenses, \$250 will be forfeited. The Internal Revenue Code requires this forfeiture. The University is not permitted to reimburse you for this forfeiture.

Dependent Care Spending Account Plan

19. What is the purpose of the Dependent Care Spending Account Plan?

The Dependent Care Spending Account Plan gives you the opportunity to elect to receive tax-free reimbursement for some or all of your work-related dependent care expenses. Under the Plan, you provide yourself with a specific level of expense reimbursement benefit. You pay for the coverage on a before-tax basis by allocating a portion of your elective or University contributions to this benefit. This arrangement provides a tax savings for you by reducing your taxable income. The amount of your salary conversion or University contribution applied to this benefit is not subject to Social Security or federal income taxes.

20. How do I become a Participant in the Plan?

Each employee eligible to participate in the Flexible Benefits Plan is eligible to participate in the University's Dependent Care Spending Account Plan.

You become a Participant by electing the Dependent Care Spending Account Benefits in accordance with the specified enrollment procedures during the initial or annual enrollment period. Your election applies for one year (see Question 6). You must actively elect coverage during the benefits election period for any Plan Year that you want to participate.

If you elect this benefit, a Dependent Care Spending Account ("Account") will be set up in your name to keep a record of all your contributions and reimbursements during the Plan Year. This Account is a bookkeeping account. The University does not set up any separate trust fund or segregated asset pool for this program.

21. What are the maximum benefits under the Plan?

You may elect up to \$5,000 per Plan Year if you:

- are married and file a joint return;
- are married and file a separate tax return but you furnish more than one-half the cost of maintaining those dependents for whom you are eligible to receive tax-free reimbursement under the Plan and your spouse maintains a separate residence for the last six months of the calendar year; or
- are single or a head of household for tax purposes.

If you are married, reside with your spouse, but file separate federal income tax returns, the maximum Plan benefit you may elect is \$2,500.

However, the dollar amount of your election can never exceed the lesser of your or your spouse's earned income as it appears on your respective Forms(s) W-2 for the calendar year. A spouse who is either incapacitated or a student is considered to have earned income in the amount of \$250 per month if there is one individual for whom you can claim work-related expenses and \$500 per month if there are two or more such individuals.

Please note that the maximum amount of benefit you may exclude from taxable income in any calendar year is \$5,000.

22. How are dependent care expenses reimbursed under this Plan?

You may be reimbursed for expenses you incur to allow you and your spouse (if you are married) to remain gainfully employed or look for work or for your spouse to be a full-time student. The expense must relate to the care of a dependent (for federal income tax purposes) who either is under age 13 or physically or mentally incapable of caring for himself. If the service is performed outside of your home, it must relate to a dependent who is under the age of 13 or who spends at least eight hours each day in your home.

When you incur an eligible dependent care expense, you must submit a claim. You incur an expense on the date the service is provided (regardless of when it is billed to you). If there are enough credits in your Account, you will be reimbursed for your eligible expenses. In addition, to qualify for tax-free treatment, you will be required to list the names and taxpayer identification numbers of any persons who provided you with dependent care services during the calendar year for which you have claimed a tax-free reimbursement.

If your claim is for an amount that is more than your current Account balance, the excess portion will be carried over into following months, to be paid out as your balance becomes adequate. Remember, however, that you can't be reimbursed for any expenses above your available, annual credits in your Account. In addition, you may not be reimbursed for any expenses that occur before your participation became effective or for any expense incurred after the close of the Plan Year.

It is not necessary for you to have actually paid an amount due prior to your submitting a claim for dependent care expenses. However, you must have incurred the expense and had the service performed.

You are also encouraged to consult your personal tax advisor or IRS Publication 503, "Child and Dependent Care Expenses", for further guidance as to what is or is not an eligible expense.

23. If I participate in the Plan, will I still be able to claim the household and dependent care tax credit on my federal income tax return?

You may not claim any other federal income tax benefit, such as the household and dependent care credit, for the tax-free amounts you receive under this Plan.

The actual determination of whether the benefits of this program or the credit are better for you depends on a number of factors such as your filing status (e.g., married, single, head of household), number of dependents and the like. You should consult your tax-adviser if you need assistance in deciding what is best for you.

If you use this program and your eligible dependent care expenses are greater than the reimbursement you receive and the amount of your reimbursement does not exceed the maximum amount of expenses eligible for the credit, you may be eligible for the credit for all or a portion of your eligible expenses that are not reimbursed.

24. What if the expenses I incur during the Plan Year are less than the annual benefit I have elected?

You will not be entitled to receive any direct or indirect payment of any amount that represents the difference between the actual expenses you have incurred and the annual benefit you have elected and paid for. For example, if you elected \$1,000 in benefits and incurred \$750 in expenses, \$250 will be forfeited. The Internal Revenue Code requires this forfeiture. The University is not permitted to reimburse you for this forfeiture.

Cash Benefits

25. What are "Cash Benefits"?

If you do not apply all of the University's contribution to purchase other benefits, the remainder of the University's contribution will be paid to you as additional compensation in installments over the year. Also, any part of your annual salary that you do not choose to apply toward the purchase of the benefits previously described will be paid to you as regular, taxable salary.

ERISA Rights

26. Are these Plans subject to ERISA?

The Medical Care Spending Account Plan is covered by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Flexible Benefits Plan and the Dependent Care Spending Account Plan are not subject to ERISA.

27. What are my rights under ERISA?

As a Participant in the University's Medical Care Spending Account Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act ("ERISA"). ERISA provides that all plan participants shall be entitled to:

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as work-sites, all documents governing the plan, including insurance contracts and a copy of the latest annual report (Form 5500 series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of all documents governing the operation of the plan, including insurance contracts, copies of the latest annual report (Form 5500 series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of the plan participants and beneficiaries.

No one, including your employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit from the plan, or from exercising your rights under ERISA.

If your claim for a benefit is denied in whole or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits that is denied or ignored in whole or in part, you may file suit in a state or federal court provided you have followed the claim appeals procedures.

If it should happen that plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining document from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Administrative Information

1. Name of Plan and Plan Number:
 Wilkes University Comprehensive Welfare Benefits Plan (Plan #509)
 Flexible Benefits Plan Program
 Medical Care Spending Account Plan Program
 Dependent Care Spending Account Plan Program

2. Name and address of the Plan Sponsor:

 Wilkes University
 84 W. South Street
 Wilkes-Barre, PA 18701

 EIN No. 24-0795506

3. Name, address and telephone number of the Plan Administrator:

 See item 2, above.
 Attention: Director, Human Resources
 Phone: 570-408-4630

4. Name of person designated as Agent for Service of Legal Process and the address at which such Process may be served:

 Joseph Housenick
 C/O Wilkes University
 See item 2, above for address

 Service of Legal Process may also be made upon Wilkes University in its capacity as Plan Administrator.

5. Plan Year: June 1 to May 31

6. Type of Plan: The Medical Care Spending Account Plan Program is part of a welfare benefit plan subject to the Employee Retirement Income Security Act.

**AMENDMENT TO THE SUMMARY PLAN DESCRIPTION FOR HEALTH FSAs WITH REGARD
TO OVER-THE-COUNTER DRUGS AND MEDICINES**

FOR DISTRIBUTION WITH SPDs

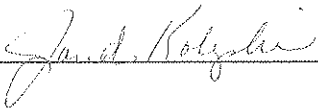
PLEASE NOTE: Federal law prohibits Health FSAs from reimbursing participants for over-the-counter drugs or medicines (with the exception of insulin) purchased without a prescription on or after January 1, 2011. As such, unless you have a prescription, your Health FSA plan will not reimburse you for these items, nor can you use your Health FSA debit card to purchase these items.

AMENDMENT TO PLAN DOCUMENTS WITH HEALTH FSAs WITH REGARD TO OVER-THE-COUNTER DRUGS AND MEDICINES

On this, the 26th day of October 2010, the Wilkes University Cafeteria Plan is hereby amended to reflect the requirements of the federal Patient Protection and Affordable Care Act of 2010:

Notwithstanding anything in this document to the contrary, no over-the-counter medicine or drug (with the exception of insulin) purchased on or after January 1, 2011 may be reimbursed by the Health FSA without a legal prescription for same.

Signed,



_____ (Title) for Employer/Plan Sponsor

**Wilkes University
Janet Kobylski
Interim V.P. Finance &
Support Operations**

**AMENDMENT TO THE SUMMARY PLAN DESCRIPTION FOR HEALTH FSAs WITH REGARD
TO COVERED DEPENDENTS**

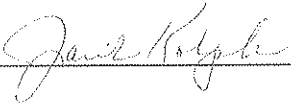
PLEASE NOTE: Anything in this SPD to the contrary notwithstanding, a "Dependent" shall also include a child of a Participant who has not attained age 27 by the end of any given taxable year.

AMENDMENT TO PLAN DOCUMENTS WITH HEALTH FSAs WITH REGARD TO COVERED
DEPENDENTS

On this, the 26th day of October 2010, the Wilkes University Cafeteria Plan is hereby amended to reflect the terms of the federal Patient Protection and Affordable Care Act of 2010:

Notwithstanding anything in this document to the contrary, a "Dependent" shall also include for purposes of any accident or health coverage provided under this plan a child of a Participant who has not attained age 27 by the end of any given taxable year.

Signed,



_____ (Title) for Employer/Plan Sponsor

Wilkes University
Janet Kobylski
Interim V.P. Finance &
Support Operations