

# **Summary Plan Description**

Northern Light Health Retirement Partnership  
403(b) Plan

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## I. SUMMARY PLAN DESCRIPTION OVERVIEW

The Northern Light Health Retirement Partnership 403(b) Plan (the “Plan”) of Eastern Maine Healthcare Systems d/b/a Northern Light Health as of 01/22/2021 (the “Effective Date”). This Plan is intended to meet the requirements of section 403(b) of the Internal Revenue Code.

The purpose of the plan is to enable eligible Employees to save for retirement. As well as retirement benefits, the plan provides certain benefits in the event of death or other termination of employment.

This booklet is called a Summary Plan Description (“SPD”) and it contains a summary in understandable language of your rights and benefits under the plan. If you have difficulty understanding any part of this SPD, you should contact the Plan Administrator identified in the Basic Plan Information section of this document during normal business hours for assistance.

Este folleto se llama el Sumario Del Plan (Summary Plan Description) y contiene, en ingles, el sumario de sus derechos y beneficios del plan. Si usted tiene dificultades en entender cualquiera parte de este sumario, se puede poner en contacto con el Administrador del Plan, identificado en la segunda pagina de este folleto, durante horas de oficina.

This SPD is a brief description of the principal features of the plan document and is not meant to interpret, extend or change these provisions in any way. A copy of the plan document is on file with the Plan Administrator and may be read by any employee at any reasonable time. The plan document shall govern if there is a discrepancy between this SPD and the actual provisions of the plan. The terms “plan” and “plan document” include the terms of the investment arrangements under the plan or other documents incorporated by reference.

This SPD is based on the federal tax implications of your participation in the Plan, transactions made within your Account, and distributions you may receive from the plan. The state tax implications of your participation and these transactions should be determined based on an examination of appropriate state law. Please consult with your tax advisor if you have any questions regarding state tax law.

## II. BASIC PLAN INFORMATION

The information in this section contains general Plan information and definitions for some of the terms that may be used in this SPD.

### A. Beneficiary

This is the person or persons (including a trust) you designate, or who are identified by the plan document if you fail to designate or improperly designate, who will receive your benefits in the event of your death based on the provisions of the investment arrangements and distribution options under the Plan. If you are married and wish to designate a beneficiary other than your spouse, then your spouse must authorize that designation through proper channels.

### B. Employer and Plan Sponsor

Eastern Maine Healthcare Systems d/b/a Northern Light Health  
 43 Whiting Hill Rd.  
 Brewer, ME 04412  
 207-973-4000

The Employer's federal tax identification number is: 01-0527066

The following Employer(s) also participate in the Plan. However, each Employer might have Plan provisions that differ from those explained in this SPD. The provisions explained in this SPD reflect the Plan provisions that apply to Eastern Maine Healthcare Systems d/b/a Northern Light Health. The Plan Administrator will inform you of any differences that apply to the other Employers who have adopted this Plan.

Federal Tax Identification Number	Participating Employer Name
84-3689003	MRH Corp
27-2175482	M Drug, LLC (d/b/a Northern Light Pharmacy)
83-0911574	Northern Light Medical Transport
22-3183888	Acadia Healthcare, Inc. d/b/a Northern Light Acadia Healthcare
01-0372148	The Aroostook Medical Center d/b/a Northern Light A.R. Gould Hospital
01-0246804	VNA Home Health & Hospice d/b/a Northern Light Home Care & Hospice
01-0263628	Sebasticook Valley Health d/b/a Northern Light Sebasticook Valley Hospital
01-0391038	Rosscare
01-0211534	Mercy Hospital d/b/a Northern Light Mercy Hospital
01-0198331	Maine Coast Regional Health Facilities d/b/a Northern Light Maine Coast Hospital
01-0421234	Lakewood d/b/a Northern Light Continuing Care Lakewood
01-0217211	Inland Hospital d/b/a Northern Light Inland Hospital
01-0211501	Eastern Maine Medical Center d/b/a Northern Light Eastern Maine Medical Center
04-3341666	Charles A. Dean Memorial Hospital d/b/a Northern Light C.A. Dean Hospita
01-0227195	Blue Hill Memorial Hospital d/b/a Northern Light Blue Hill Hospital
01-0459837	Acadia Hospital, Corp. d/b/a Northern Light Acadia Hospital

### **C. ERISA**

The Employee Retirement Income Security Act of 1974 (ERISA) identifies the rights of Participants and Beneficiaries covered by a qualified retirement plan.

### **D. Fidelity Investments Contact Information**

Fidelity Workplace Services LLC is the recordkeeper of your Plan. To the extent agreed upon in separate custodial agreements, Fidelity Management Trust Company is the Plan's Custodian. To view the portion of your account invested through Fidelity, make changes to investments, or perform transactions, please use the contact information below:

Phone number: 1-800-343-0860

Website: [www.netbenefits.com/northernlighthealth](http://www.netbenefits.com/northernlighthealth)

### **E. Highly Compensated Employee**

An Employee is considered a Highly Compensated Employee if (i) at any time during the current or prior year you own, or are considered to own, at least five percent of your Employer, or (ii) received compensation from your Employer during the prior year in excess of \$130,000, as adjusted.

### **F. Participant**

A Participant is an eligible Employee who has satisfied the eligibility and entry date requirements and is eligible to participate in the Plan or a formerly eligible Employee who has an Account balance remaining in the Plan.

### **G. Plan Type and Plan Year**

The Northern Light Health Retirement Partnership 403(b) Plan has been adopted to provide you with the opportunity to save for retirement on a tax advantaged basis. This Plan is a type of retirement plan known as a 403(b) plan. More information about the contributions made to the plan can be found in Section III, Contributions. The Plan Year is the twelve-month period ending on December 31.

### **H. Plan Administrator**

The Plan Administrator is responsible for the administration and operation of the Plan and its duties are identified in the plan document. In general, the Plan Administrator is responsible for providing you and your Beneficiaries with information about your rights and benefits under the Plan. The Plan Administrator maintains the Plan records, including your account information, provides you with the forms you need to complete for Plan participation, and directs the payment of your account at the appropriate time. The Plan Administrator will also allow you to review the formal Plan document and certain other materials related to the Plan. If you have any questions about the Plan or your participation, you should contact the Plan Administrator. The Plan Administrator may designate other parties to perform some duties of the Plan Administrator, and some duties are the responsibility of the investment provider(s) to the Plan. The Plan Administrator has the complete power, in its sole discretion, to determine all questions arising in connection with the administration, interpretation, and application of the Plan (and any related documents and underlying policies). Any such determination by the Plan Administrator is conclusive and binding upon all persons. The name and address of the Plan Administrator is:

### **I. Plan Number**

The three digit IRS number for the Plan is 002.

### **J. Service of Process**

Service of legal process may be made upon the Employer or Plan Administrator at the Employer's address above.

### III. PARTICIPATION

#### A. Eligible Employees

You are eligible to participate in the Plan if you are an Employee

However, some Employees are excluded from certain contribution types as shown below:

- Employees who are eligible to participate in the AHS Retirement Partnership 401(k) Plan

You are not eligible to participate if you are a leased employee or an individual who is a signatory to a contract, letter of agreement, or other document that acknowledges your status as an independent contractor not entitled to benefits under the Plan and you are not otherwise classified by the Employer as a common law employee or the Employer does not withhold income taxes, file Form W-2 (or any replacement form), or remit Social Security payments to the Federal government for you, even if you are later adjudicated to be a common law employee.

#### B. Eligibility Requirements and Entry Dates

Elective deferrals have no requirements and you may begin participating immediately once employed.

You will become eligible to participate in the Plan according to the following condition(s).

	Age Requirement	Service Requirement	Entry Date
Employee Deferral Contributions and Qualified Non-Elective Contributions.	None	None	Immediate upon meeting all eligibility requirements
Matching (other than Safe Harbor Matching, if applicable)	21	One year of service	Semiannual (first day of first month and first day of seventh month of Plan Year)
Nonelective (other than Safe Harbor Nonelective, if applicable)	21	One year of service	Semiannual (first day of first month and first day of seventh month of Plan Year)

Special entry date provision(s): Participants employed by Mercy Hospital and VNA Home Health & Hospice enter the plan on October 7, 2013. Participants employed by Maine Coast Memorial Hospital who have met the eligibility criteria as of October 1, 2016 will enter the plan on October 1, 2016. Participants transferring from a Related Employer who is not a Participating Employer who have otherwise met the eligibility criteria will enter the plan on their hire date with the Participating Employer. Participants employed by the Aroostook Medical Center who have met the eligibility criteria as of 01/01/2018, will enter the plan on 01/01/2018. Participants employed by MRH Corp who have met the eligibility criteria as of 01/01/2021, will enter the plan on 01/01/2021.

#### C. Eligibility Service Calculation

In determining whether you satisfy the minimum service requirements to participate under the Plan, all service you perform for the Employer will generally be counted.

**Year of Service.** You will be credited with a Year of Service at the end of the twelve month period beginning on your date of hire if you have been credited with at least 1,000 Hours of Service for such period. If you have not been credited with the required Hours of Service by the end of such period, you will have completed a Year of Service at the end of any following Plan Year during which you were credited with the required Hours of Service.

**Hour of Service for Eligibility.** If you are an employee for whom hourly records are kept, you will be credited with your actual Hours of Service for:

- each hour for which you are compensated by the Employer for the performance of duties during the Plan Year;
- each hour for which you are compensated by the Employer for reasons other than the performance of duties (such as vacation, holidays, sickness, disability, lay-off, military duty, jury duty or leave of absence during the Plan Year) but credit will not exceed 501 hours of service for any single continuous period during which you perform no duties; and

(c) each hour for back pay awarded or agreed to by the Employer.

#### **D. Special Eligibility Conditions**

##### **Reclassified Employees**

Regardless of the above, if it is determined that your Employer erroneously classified you as a non-Employee and you should have been treated as an Employee, you are not entitled to participate in the Plan.

##### **Rehired Employees**

If you are no longer a Participant because of a termination of employment, and you are rehired, then you will be able to participate in the Plan on the date on which you are rehired if you are otherwise eligible to participate in the Plan.

**Break in Service.** For eligibility purposes, you will have a Break in Service if you have not completed more than one-half the Hours of Service needed for a Year of Service during the computation period used to determine whether you have a Year of Service. However, if you are absent from work for certain leaves of absence such as a maternity or paternity leave, you may be credited with enough Hours of Service to prevent a Break in Service.

**Military Service.** If you are a veteran and are reemployed under the Uniformed Services Employment and Reemployment Rights Act of 1994, your qualified military service might be considered service with the Employer. If you might be affected by this law, ask the Plan Administrator for further details.

#### **E. Predecessor Employer Service**

**Service with Predecessor Employer- Eligibility.** Service with the following predecessor employers, if applicable, shall be counted for eligibility purposes:

- Mercy Hospital, VNA Home Health & Hospice, Mercy Health System of Maine, and, effective 2/25/2014, Catholic Health East (but only for those employees of EMHS as of the Closing Date, as that term is defined under the Affiliation Agreement by and among Catholic Health East, Mercy Health System of Maine, Mercy Hospital, VNA Home Health & Hospice, and EMHS, who were employed by Catholic Health East during the month immediately preceding the Closing Date). Effective 01/01/2015, Seabrook Valley Health, Effective 10/01/2016, Maine Coast Memorial Hospital. Effective 01/01/2018, The Aroostook Medical Center. Effective 01/01/2021, MRH Corp.

**Service with Predecessor Employer- Contribution Allocations.** Service with the following predecessor employers, if applicable, shall be counted for contribution allocation purposes:

- Mercy Hospital, VNA Home Health & Hospice, Mercy Health System of Maine, and, effective 2/25/2014, Catholic Health East (but only for those employees of EMHS as of the Closing Date, as that term is defined under the Affiliation Agreement by and among Catholic Health East, Mercy Health System of Maine, Mercy Hospital, VNA Home Health & Hospice, and EMHS, who were employed by Catholic Health East during the month immediately preceding the Closing Date). Effective 01/01/2015, Seabrook Valley Health, Effective 10/01/2016, Maine Coast Memorial Hospital. Effective 01/01/2018, The Aroostook Medical Center. Effective 01/01/2021, MRH Corp.

**Service with Predecessor Employer- Vesting.** Service with the following predecessor employers, if applicable, shall be counted for vesting purposes:

- Mercy Hospital, VNA Home Health & Hospice, Mercy Health System of Maine, and, effective 2/25/2014, Catholic Health East (but only for those employees of EMHS as of the Closing Date, as that term is defined under the Affiliation Agreement by and among Catholic Health East, Mercy Health System of Maine, Mercy Hospital, VNA Home Health & Hospice, and EMHS, who were employed by Catholic Health East during the month immediately preceding the Closing Date). Effective 01/01/2015, Seabrook Valley Health, Effective 10/01/2016, Maine Coast Memorial Hospital. Effective 01/01/2018, The Aroostook Medical Center. Effective 01/01/2021, MRH Corp.

## IV. COMPENSATION AND CONTRIBUTIONS

### A. Compensation

Compensation must be defined to compute contributions under the Plan. Tax laws limit the amount of compensation that may be taken into account each Plan Year; the maximum amount for the 2021 year is \$290,000.

Generally, eligible compensation for computing contribution allocations under the Plan is the taxable compensation for a Plan Year reportable by your Employer on your IRS Form W-2 including amounts you contribute to a retirement plan or certain other plans sponsored by your Employer.

The definition of compensation for your plan for purposes of computing contributions excludes certain amounts as indicated below.

Contribution Type	Exclusion(s)
All contribution types	fringe benefits

In addition, the following compensation adjustments apply: Severance pay, deceased earnings, health education trust living assistance, any premium reimbursements, imputed income for group life, tuition reimbursement, uniform allowance, workers compensation, total health credit, Virgin Health Miles, and all other similar compensation for non-worked hours, with the exception of paid time off which is not excluded compensation.

#### 1. Compensation for First Year of Participation

Compensation for your first year of eligible Plan participation will be measured for certain contribution source types as indicated below.

Contribution Type	Compensation for First Year of Eligible Plan Participation
Elective Deferrals	For the entire Plan Year
Employer Match	For the entire Plan Year
Employer Nonelective	For the entire Plan Year
After-tax and/or Mandatory Contributions, if applicable	For the entire Plan Year

#### 2. Post-severance Compensation

Includable compensation received after you have left employment includes post-severance regular pay and leave cash-outs. Post-severance compensation does not include severance pay, disability pay, or deferred compensation.

### B. Contributions

#### 1. Elective Deferrals

You may elect to reduce your compensation by a specific percentage or dollar amount and have that amount contributed to the Plan as an elective deferral. The amount you defer is treated as compensation for purposes of Social Security taxes.

You may elect to defer a portion of your compensation payable on or after your Employment Date. Such election will become effective as soon as administratively feasible after it is received by the Plan Administrator. Your election will remain in effect until you modify or terminate it. You may revoke or make modifications to your salary deferral election in accordance with procedures that the Employer provides. Contact the Plan Administrator for further information. Your elective deferrals cannot be forfeited for any reason, however, there are special Internal Revenue Code rules that must be satisfied and may require that some of your contributions be returned to you.

Your total elective deferrals in any taxable year cannot exceed a dollar limit which is set by law. The limit is \$19,500 (in 2021; thereafter as adjusted by the Secretary of the Treasury). This is an aggregate limit that applies to all deferrals you may make under this Plan and any other cash or deferred arrangements (including 401(k) plans, simplified employee pensions or other 403(b) plans, but excluding 457 plans) in which you are participating. Generally, if your total deferrals under all cash or deferred arrangements for a calendar year exceed the annual dollar limit, then the excess must be returned to you in order to avoid adverse tax consequences. If you participate in more than one plan, you must decide from which plan or arrangement you would like to return the excess. If you decide that the excess should be distributed from this Plan, you must communicate

this in writing to the Plan Administrator no later than the March 1st following the close of the calendar year in which such excess deferrals were made.

- a. Pre-Tax Deferrals:** If you elect to make Pre-Tax Deferrals, then your taxable income is reduced by the deferral contributions so you pay less in federal income taxes. Later, when the Plan distributes the deferrals and earnings, you will pay the taxes on those deferrals and the earnings. Therefore, with a Pre-Tax Deferral, federal income taxes on the elective deferral contributions and on the earnings are only postponed. Eventually, you will have to pay taxes on these amounts.
- b. Roth Deferrals:** If you elect to make Roth Deferrals, the elective deferrals are subject to federal income taxes in the year of elective deferral. However, the elective deferrals and, in certain cases, the earnings on the elective deferrals are not subject to federal income taxes when distributed to you. In order for the earnings to be tax free, you must meet certain conditions. For purposes of this SPD, "elective deferrals" generally means both Pre-Tax Deferrals and Roth Deferrals.
- c. Age 50 Catch-up Deferrals:** If you are at least age 50 or older by the end of the calendar year, you may elect to defer additional amounts up to \$6,500 (in 2021; thereafter as adjusted by the Secretary of the Treasury) as an Age 50 Catch-up Deferral. You can defer the additional amounts regardless of any other limitations on the amount you can defer to the Plan. Age 50 Catch-Up Deferrals will not be taken into account in determining Employer matching contributions, if any, made to the Plan.
- d. Automatic Deferral.** The Plan includes an automatic deferral feature. Accordingly, the Employer will automatically withhold a portion of your compensation from your pay each payroll period and contribute that amount to the Plan as a Pre Tax Deferral unless you are suspended from making deferral contributions. You may elect at any time to select an alternative salary deferral amount or to elect not to defer under the Plan in accordance with the deferral procedures of the Plan. The following is a high-level summary, contact the Plan Administrator if you have any questions concerning the application of the automatic deferral provisions.
  - **Application to new Participants.** The automatic deferral provisions apply to Employees whose entry date is on or following the automatic deferral effective date.
  - **Participants affected.** All active MRH Corp Participants who begin participation in the Plan on 1/1/2021 who (i) do not have an effective Salary Reduction Agreement, or (ii) have in effect a Salary Reduction Agreement greater than zero and less than the Automatic Deferral Percentage.
  - **Automatic Deferral Percentage.** The amount to be automatically withheld from your pay each payroll period will be equal to 3.00%.
  - **Additional automatic deferral provisions.** Participants are automatically enrolled following their 60 day opt out period which begins when the initial enrollment kit is mailed to the participant by Fidelity.

## 2. Rollover contributions

Subject to the provisions of your investment arrangements and the Plan's terms and policies, if you are an eligible employee you are generally permitted to roll into the Plan distributions you have received from other plans and certain IRAs. You may ask the Plan Administrator of the other plan or the trustee or custodian of the IRA to directly transfer (a "direct rollover") to this Plan all or a portion of any amount that you are entitled to receive as a distribution from such plan. Alternatively, you may elect to deposit any amount eligible to be rolled over within 60 days of your receipt of the distribution. Your rollover contribution will be accounted for in a "rollover account" and will always be 100% vested. Rollover contributions will be affected by any investment gains or losses. Any Roth deferrals that are accepted as rollovers in this Plan will be accounted for separately.

## 3. Matching Contributions

Matching contributions are calculated based on your eligible contributions, and consist of:

- a. Discretionary Matching Contribution.** The Employer will determine the formula for the discretionary matching contribution, if any.

## 4. Nonelective Employer Contributions

- a. Discretionary Nonelective contribution.** Each year, the Employer might make a discretionary nonelective contribution to the Plan. Your share of any contribution is determined below.
- b. Nonelective contribution- Custom fixed formula.** Effective 10/7/2013: participants employed by Mercy Hospital and/or Home Care & Hospice: 2% of plan year compensation with an additional 1% for participants

who, on the last day of the plan year, earn \$13.50 per hour or less. Effective 01/01/2018: participants employed by AR Gould Hospital: 2% of plan year compensation for participants employed less than 5 years; 2.5% if employed at least 5 years but less than 10 years, 3.5% for at least 10 years.

- c. Allocation conditions.** In order to share in the nonelective contribution, you must satisfy the following conditions:
- **Additional allocation provisions.** For participants employed by Mercy Hospital and/or Home Care & Hospice as to nonelective contributions, Last Day of the Plan Year and 1,000 Hours of Service in the Plan Year. For participants employed by AR Gould Hospital as to matching and/or nonelective contributions, Last Day of the Plan Year and 1,000 Hours of Service in the Plan Year, for Plan Years 2018 and 2019 only.
- d. Allocation calculation.** The nonelective contribution will be "allocated" or divided among Participants eligible to share in the contribution for the Plan Year. Your share of the nonelective contribution will be allocated to you in the same proportion that your compensation bears to the total compensation of all Participants. For example: If the nonelective contribution for the Plan Year is \$20,000 and Employee A's compensation for the Plan Year is \$25,000. The total compensation of all Participants eligible to share, including Employee A, is \$250,000. Employee A's share will be \$2,000.
- e. Additional nonelective contribution provisions.** Under the following allocation method(s): Effective 10/1/2016, Any contributions made for Maine Coast Hospital participants will be divided among eligible participants based on designated groups of Maine Coast Memorial Hospital participants: Group 1 - Non-Union employees; Group 2 - Collectively bargained employees pursuant to the terms of the collective bargaining agreement.

## 5. Service determination for allocation purposes.

**Hours of Service.** You will be credited with your actual Hours of Service for the hours described below, however, you will not be credited for the same Hours of Service both under (i) or (ii), as the case may be, and under (iii):

- (i) each hour for which you are directly or indirectly compensated by your Employer for the performance of duties during the Plan Year;
- (ii) each hour for which you are directly or indirectly compensated by your Employer for reasons other than the performance of duties (such as vacation, holidays, sickness, disability, lay-off, military duty, jury duty or leave of absence during the Plan Year) but credit will not exceed 501 hours of service for any single continuous period during which you perform no duties; and
- (iii) each hour for back pay awarded or agreed to by your Employer.

## 6. Allocation of forfeitures.

If a Participant terminates employment before being fully vested, then the non-vested portion of the terminated Participant's account balance remains in the Plan and is called a forfeiture.

Forfeitures will be used by the Plan as follows:

- Reduce any nonelective contribution
- Reduce any matching contribution
- Pay Plan Expenses

## 7. In-Plan Roth Rollover Conversions.

Subject to the provisions of your investment arrangements, the vendor(s) of those arrangements, and the provisions of the Plan described below, you may elect to change the tax treatment of certain accounts from pre-tax accounts to after-tax Roth accounts. These are referred to as In-Plan Roth Rollover Conversions because you are electing to change the tax character of an account so that it becomes a Roth account.

You do not pay taxes on the contributions or earnings in your pre-tax accounts until a distribution is made. Roth accounts, however, are the opposite. With a Roth account you pay current taxes on the amounts contributed. When a distribution is made to you from the Roth account, you do not pay taxes on the amounts you had contributed. In addition, if you take a "qualified distribution" (explained below), you do not pay taxes on the earnings that are attributable to the contributions. Thus, with a pre-tax account you pay no taxes on amounts contributed to the Plan but you pay taxes on all amounts, including earnings, when they are withdrawn. With a Roth account, you pay taxes on the amounts contributed to the Plan and generally pay no taxes on these amounts (and earnings if it is a "qualified distribution") when they are withdrawn.

If you make such an election, then the amount that is converted will be included in your income for the year of the election. Once you make an election, it cannot be changed. It's important that you understand the tax effects of

making the election and ensure you have adequate resources outside of the Plan to pay the additional taxes. The In-Plan Roth Rollover Conversion does not affect the timing of when a distribution may be made to you under the Plan; the conversion only changes the tax character of your account. You should consult with a tax advisor prior to electing a conversion.

A "qualified distribution" is one that is made after you have attained age 59 1/2 or is made on account of your death or disability. In addition, in order to be a "qualified distribution," the distribution cannot be made prior to the expiration of a 5-year participation period. The 5-year participation period is the 5-year period beginning on the calendar year in which you first make the In-Plan Roth Rollover Conversion and ending on the last day of the calendar year that is 5 years later.

**Amounts that may be converted.** You may elect an In-Plan Roth Rollover Conversion for amounts that can currently be distributed to you. You may elect an In-Plan Roth Rollover Conversion for amounts that cannot currently be distributed to you.

**Additional Roth In-Plan Roth Rollover Conversion rules:**

- A conversion can be elected only for fully vested accounts.

## V. INVESTMENTS, STATEMENTS, AND EXPENSES

### A. Investment arrangements

The investment products you select (known as investment arrangements) may also affect the provisions of the Plan. In some cases the investment arrangements may limit your options under the Plan. This SPD does not address the provisions of the various investment arrangements. The Plan assets may be invested in mutual funds and Annuity Contracts. You should contact the Plan Administrator or the investment provider if you have questions about the provisions of your specific investment arrangements.

You will be able to direct the investment of your Plan account. The Plan Administrator will provide you with information on the investment choices available to you, the frequency with which you can change your investment choices and other information. When you direct investments, your account is segregated for purposes of determining the earnings or losses on these investments. Your account does not share in the investment performance for other Participants who have directed their own investments. You should remember that the amount of your benefits under the Plan will depend in part upon your choice of investments. Gains as well as losses can occur and your Employer and the Plan Administrator will not provide investment advice or guarantee the performance of any investment you choose. If you do not direct the investment of your Plan account, then your account will be invested in accordance with the default investment alternatives your Employer establishes under the Plan.

The Plan is intended to comply with Section 404(c) of ERISA. To the extent the Plan complies with this Section, then the fiduciaries of the Plan, including your Employer and the Plan Administrator, will be relieved of any legal liability for any losses which are the direct and necessary result of the investment directions that you give. You must follow procedures in giving investment directions. If you fail to do so, then your investment directions need not be followed.

### B. Investment Provider(s)

- Fidelity Investments Custodial Accounts
- Lincoln Stable Value Account

### C. Statements

Periodically, you will receive a benefit statement that provides information on your account balance and your investment returns. It is your responsibility to notify the Plan Administrator of any errors you see on any statements within 30 days after the statement is provided or made available to you.

### D. Plan expenses

Subject to the terms of the investment arrangements funding the plan, the Plan might pay some or all Plan related expenses except for a limited category of expenses which the law requires your Employer to pay. Generally, settlor expenses relate to the design, establishment or termination of the Plan. The expenses charged to the Plan might be charged pro rata to each Participant in relation to the size of each Participant's account balance or might be charged equally to each Participant. In addition, some types of expenses might be charged only to some Participants based upon their use of a Plan feature or receipt of a Plan distribution. Finally, the Plan might charge expenses in a different manner as to Participants who have terminated employment with your Employer versus those Participants who remain employed with your Employer. Your Employer might, from time to time, change the manner in which expenses are allocated. This is only a general statement about the possible treatment of Plan expenses.

- **Terminated employees.** After you terminate employment, subject to the terms of the investment arrangements funding the Plan, your Employer reserves the right to charge your account for your pro rata share of the Plan's administration expenses, regardless of whether your Employer pays some of these expenses on behalf of current employees.
- **Expenses allocated to individual accounts.** There are certain other expenses that might be paid just from your account subject to the terms of the investment arrangements funding the Plan. These are expenses that are specifically incurred by, or attributable to, you. For example, if you are married and get divorced, the Plan might incur additional expenses if a court mandates that a portion of your account be paid to your ex-spouse. These additional expenses might be paid directly from your account (and not the accounts of other Participants) because they are directly attributable to you under the Plan. The Plan Administrator will inform you when there will be a charge (or charges) directly to your account.

## VI. VESTING

### A. Vesting

The term “vesting” refers to your nonforfeitable right to the money in your accounts. You receive vesting credit for the number of years that you have worked for your Employer. If you terminate your employment with your Employer, you may be able to receive a portion or all of your accounts based on your vested percentage.

#### 1. 100% vested contributions.

You are always 100% vested (which means that you are entitled to all of the amounts) in your accounts attributable to the following contributions:

- elective deferrals including Roth 401(k) deferrals and catch-up contributions
- rollover contributions

#### 2. Vesting schedules.

Your vested percentage for certain Employer contributions is based on vesting Years of Service. This means at the time you stop working, your account balance attributable to contributions subject to a vesting schedule is multiplied by your vested percentage. The result, when added to the amounts that are always 100% vested, is your vested interest in the Plan, which is what you will actually receive from the Plan. However, you will always be 100% vested in all of your contributions if you are employed on or after your Normal Retirement Age, or if you terminate employment on account of your death or as a result of becoming disabled. Vesting in accounts attributable to specific contribution types is described below.

##### a. Nonelective Contributions

Years of Service	Vesting Percentage
Less than 3	0%
3 or more	100%

##### b. Matching Contributions (other than Additional Matching Contributions)

Years of Service	Vesting Percentage
Less than 3	0%
3 or more	100%

##### c. Additional vesting schedule(s). Employees who are members of certain classes or groups receive a different vesting schedule for the below-specified contribution(s):

<b>Employee class or group:</b> Participants employed by MRH Corp and hired prior to 1/1/2021	
<b>Contribution Type:</b> Matching Contributions; Nonelective Contributions	
Years of Service	Vesting Percentage
<u>0</u>	<u>100.00%</u>
<u>1</u>	<u>100.00%</u>

### B. Service for Vesting.

**Year of Service.** To earn a Year of Service, you must be credited with at least 1,000 Hours of Service during a Plan Year during a 12-month period beginning on your first day of employment and any anniversary of your date of hire. The Plan Administrator will track your service and credit you with Hours of Service in accordance with the terms of the Plan. If you have any questions regarding your vesting service, you should contact the Plan Administrator.

**Hour of Service for Vesting.** If you are an employee for whom hourly records are kept, you will be credited with your actual Hours of Service for:

- each hour for which you are compensated by the Employer for the performance of duties during the Plan Year;
- each hour for which you are compensated by the Employer for reasons other than the performance of duties (such as vacation, holidays, sickness, disability, lay-off, military duty, jury duty or leave of absence during the Plan Year) but credit will not exceed 501 hours of service for any single continuous period during which you perform no duties; and
- each hour for back pay awarded or agreed to by the Employer.

**Excluded vesting service.** Years of Service attributable to the following conditions will be excluded for purposes of vesting:

- prior to the time you reached age 18

#### **1. Rehired Employees.**

If you have no vested interest in the Plan when you leave, your account balance will be forfeited. However, if you are rehired before incurring five consecutive Breaks in Service, your account balance as of the date of your termination of employment will be restored, unadjusted for any gains or losses. If you are partially vested in your account balance when you leave, the non-vested portion of your account balance will be forfeited on the earlier of the date of the distribution of your vested account balance, or when you incur five consecutive Breaks in Service.

If you received a distribution of your vested account balance and are rehired, you may have the right to repay this distribution. If you repay the entire amount of the distribution, your Employer will restore your account balance with your forfeited amount. You must repay this distribution within five years from your date of rehire, or, if earlier, before you incur five consecutive Breaks in Service. If you were 100% vested when you left, you do not have the opportunity to repay your distribution.

**Break in Service.** For vesting purposes, you will have a Break in Service if you have not completed more than one-half the Hours of Service needed for a Year of Service during the computation period used to determine whether you have a Year of Service. However, if you are absent from work for certain leaves of absence such as a maternity or paternity leave, you may be credited with enough Hours of Service to prevent a Break in Service.

## VII. IN-SERVICE DISTRIBUTIONS

An in-service withdrawal, if allowed by the plan and available to you, is not in addition to your other benefits and will therefore reduce the value of the benefits you will receive at retirement. This distribution is made at your election subject to possible administrative limitations on the frequency and actual timing of such distributions. The terms of the investment arrangements that you selected for your Plan contributions might contain additional limits on when you can take a distribution, the form of distribution that is available, as well as your right to transfer among approved investment options. Please review both this SPD and the terms of your investment arrangements before requesting a distribution.

### A. In general.

#### 1. Withdrawal of rollover contributions.

You may withdraw amounts in your rollover account:

- at any time

### B. Conditional Distributions.

Generally you may receive a distribution from certain specified accounts prior to termination of employment provided you satisfy the applicable conditions described below.

#### 1. Attainment of age 59.5.

- elective deferrals
- matching contributions
- nonelective contributions
- custodial account
- qualified nonelective contributions
- safe harbor contributions

#### 2. Qualified reservist distributions.

If you: (i) are a reservist or National Guardsman; (ii) were/are called to active duty after September 11, 2001; and (iii) were/are called to duty for at least 180 days or for an indefinite period, you may take a distribution of your elective deferrals under the Plan while you are on active duty, regardless of your age. The 10% premature federal distribution penalty tax, normally applicable to Plan distributions made before you reach age 59 1/2, will not apply to the distribution. You also may repay the distribution to an IRA, without limiting amounts you otherwise could contribute to the IRA, provided you make the repayment within 2 years following your completion of active duty.

#### 3. Additional in-service provisions.

The following in-service distribution provisions apply: The Qualified Reservist Distribution is only available to Participants that transferred to the Plan from the Mayo Regional Hospital Retirement Plan on 1/22/2021..

#### 4. Additional in-service conditions.

The following additional conditions apply to in-service distributions from certain accounts:

- In-service distributions can only be made from accounts which are 100% vested, unless the distribution is based on hardship. Although you may receive an in-service distribution based on hardship from accounts which are not 100% vested, the amount of the distribution may not exceed the vested amount in the distributing account.

#### 5. Hardship distributions.

You may withdraw money on account of financial hardship if you satisfy certain conditions. Under the Plan, hardship withdrawals may be made from your elective deferrals account. In addition, each of the investment arrangements you hold in your plan account must allow for hardship distributions for the condition(s). A hardship distribution may be made to satisfy certain immediate and heavy financial needs that you have. Generally, hardship distribution may only be made for payment of the following:

- Expenses for medical care (described in Section 213(d) of the Internal Revenue Code) for you, your spouse, your dependents or your primary beneficiary under the plan;
- Costs directly related to the purchase of your principal residence (excluding mortgage payments).
- Tuition, related educational fees, and room and board expenses for the next twelve (12) months of post-secondary education for you, your spouse, your children, your dependents (as defined in Section 152 of the Internal Revenue Code) or your primary beneficiary under the plan;
- Amounts necessary to prevent your eviction from your principal residence or foreclosure on the mortgage of your principal residence.
- Payments for burial or funeral expenses for your deceased parent, spouse, children, your dependents (as defined in Section 152 of the Internal Revenue Code) or a deceased primary beneficiary under the plan;
- Expenses for the repair of damage to your principal residence that would qualify for the casualty loss deduction under Internal Revenue Code Section 165 (determined without regard to whether your residence is located in a Federal Emergency Management Agency (FEMA) declared disaster area as described in section 165(h)(5) and whether the loss exceeds 10% of adjusted gross income);
- Expenses and losses (including loss of income) you incurred on account of a disaster declared by FEMA, provided that your principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

For purposes of the hardship distribution reasons mentioned above, a “primary beneficiary under the plan” is an individual who is named as a beneficiary under the plan and has an unconditional right, upon the death of the employee, to all or a portion of the employee’s account balance under the plan.

If you have any of the above expenses, a hardship distribution can only be made if you certify and agree that all of the following conditions are satisfied:

- The distribution is not in excess of the amount required to satisfy your immediate and heavy financial need. The amount of your immediate and heavy financial need may include any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution;
- You have obtained all distributions, other than hardship distributions, and all nontaxable loans currently available under all plans that your Employer maintains (including distributions of ESOP dividends under Internal Revenue Code section 404(k), but not hardship distributions) and loans (if required by the Plan) under this Plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by the employer;
- You have insufficient cash or other liquid assets reasonably available to satisfy the financial need;
- If the request is for expenses and losses (including loss of income) that you incurred on account of a FEMA declared disaster, that your principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster;
- All information you have provided, including all documentation, is authentic and correct to the best of your knowledge; and
- You have not previously requested and received a hardship withdrawal for the expense(s) submitted as part of this request.

Keep in mind that different investment arrangements may have different conditions and restrictions than those noted above.

## **6. Participant Loans**

Loans from your vested account balance shall be made available to all qualifying Participants on a reasonably equivalent basis. Loans are not considered distributions and are not subject to Federal or state income taxes, provided they are repaid as required. While you do have to pay interest on your loan, both the principal and interest are deposited in your Account. You can obtain more information about loans in the Plan's Loan Policy supplied by your Plan Administrator (which may be attached at the end of this SPD).

## VIII. DISTRIBUTIONS

The terms of the investment arrangements that you selected for your Plan contributions might contain additional limits on when you can take a distribution, the form of distribution that is available, as well as your right to transfer among approved investment options. Please review both this SPD and the terms of your investment arrangements before requesting a distribution.

### A. Distributions upon Termination of Employment.

If you terminate employment and your vested benefit exceeds the threshold amount described in the Automatic Distributions section below, you will be entitled to a distribution within a reasonable time.

#### 1. Automatic Distributions.

If you terminate employment, and the value of your vested benefit does not exceed \$5,000 (or such higher amount as in effect in years after 2017) or another amount as provided in your investment arrangements, (the Threshold), then a distribution will automatically be paid to you even if you do not consent. Such distribution will be paid to you within a reasonable period of time after your termination of employment. In determining if the value of your vested account balance exceeds the dollar threshold described above used to determine whether you must consent to a distribution, your rollover account, if applicable, will be considered as part of your benefit.

#### 2. Military Service.

If you are a veteran and are reemployed under the Uniformed Services Employment and Reemployment Rights Act of 1994, your qualified military service may be considered service with your Employer. There might also be benefits for employees who die or become disabled while on active duty. Employees who receive wage continuation payments while in the military may benefit from various changes in the law. If you think you may be affected by these rules, ask the Plan Administrator for further details.

#### 3. Normal Retirement Age.

Your Normal Retirement Age is the date you reach age 65.0. You will become 100% vested in all of your accounts under the Plan (assuming you are not already fully vested) if you are employed on or after your Normal Retirement Age. However, the actual payment of benefits will not begin until you have terminated employment. In such event, a distribution will be made, at your election, as soon as administratively feasible. If you remain employed past your Normal Retirement Age, you may generally defer the receipt of benefits until you actually terminate employment. In such event, benefit payments will begin as soon as feasible at your request, but generally not later than age 72.

#### 4. Definition of disability.

Under the Plan, disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months. The permanence and degree of such impairment must be supported by medical evidence. The Plan Administrator may require that your disability be determined by a licensed physician.

If you become disabled while an employee, you will become 100% vested in all of your accounts under the Plan.

### B. Payment of Benefits

The following provisions apply to the extent permitted under the investment arrangements in which the plan assets are invested.

#### 1. Distribution methods.

If you terminate employment and your vested account balance might be distributed to you under the following methods provided they are permitted under your investment arrangements, or under another method specifically permitted by your investment arrangements:

- a single lump-sum payment
- installments over a period of not more than your assumed life expectancy (or the assumed life expectancies of you and your beneficiary)
- Partial distributions of vested balances are allowed

## 2. Required beginning date.

There are rules that require that Required Minimum Distributions (RMD) be made from the Plan. Distributions are required to begin no later than the April 1st following the end of the year in which you reach the RMD age or terminate employment, whichever is later. Contact the Plan Administrator if you think you might be affected by these rules. The RMD age is 72 unless you turned 70½ before January 1, 2020, in which case the RMD age is 70½. Thus, the increase in the RMD age from 70½ to 72 only applies to individuals who turn 70½ on or after January 1, 2020.

## C. Distributions upon Death

If you die while still employed by the Employer, then your vested account balance will be used to provide your beneficiary with a death benefit.

### 1. Beneficiary of Death Benefit

- **Married Participant.** If you have been married at least one year at the time of your death, your spouse will be the beneficiary of the entire death benefit unless you designate in writing a different beneficiary. If you wish to designate a beneficiary other than your spouse, your spouse (if you are married for at least one year) must irrevocably consent to waive any right to the death benefit. Your spouse's consent must be in writing, be witnessed by a notary or a plan representative and acknowledge the specific non-spouse beneficiary. If you are married for at least one year and you change your designation, then your spouse must again consent to the change. In addition, you may elect a beneficiary other than your spouse without your spouse's consent if your spouse cannot be located.
- **Unmarried Participant.** If you are not married or have not been married at least one year, you may designate a beneficiary of your choosing.
- **Divorce.** If you have designated your spouse as your beneficiary for all or a part of your death benefit, then upon your divorce, the designation is no longer valid. This means that if you do not select a new beneficiary after your divorce, then you are treated as not having a beneficiary for that portion of the death benefit (unless you have remarried, in which case the prior provisions of this section apply to your new spouse).
- **No beneficiary designation.** Subject to the terms of the investment arrangements, at the time of your death, if you have not designated a beneficiary or your beneficiary is not alive, the death benefit will be paid (in the following order of priority) to your surviving spouse, then to your estate.

### 2. Distribution methods upon Death.

If the death benefit payable to your beneficiary does not exceed \$5,000, then the benefit may only be paid as a lump sum. If the death benefit payable to your beneficiary exceeds \$5,000, the beneficiary may choose among the then available distribution methods unless you elected the death benefit distribution method prior to your death or your accounts are subject to minimum distributions as described below.

### 3. Required Minimum Distributions

If your designated beneficiary is a person (other than your estate or most trusts) then minimum distributions of your death benefit must generally begin within one year of your death and must be paid over a period not extending beyond your beneficiary's life expectancy. If your spouse is the beneficiary, the start of payments may be delayed until the year in which you would have attained age 72. Generally, if you die before you are required to begin minimum distributions (which for most people is shortly after the later of age 72 or retirement) and your beneficiary is not a person, then your entire death benefit must be paid within five years after your death. Some investment products may allow a person to use this five-year rule. Since a spouse has certain rights in the death benefit, you should immediately report any change in your marital status to the Plan Administrator.

### 4. Death Occurs After Beginning Required Minimum Distributions.

Your beneficiary will be entitled to your remaining vested interest in the Plan at the time of your death. Payments must generally come out at least as rapidly as the required minimum distributions. Contact the Plan Administrator for more information regarding the timing and method of payments that apply to your beneficiary. The provision in the Plan providing for full vesting of your benefit upon death does not apply if you die after terminating employment.

## D. Tax Treatment of Distributions

Generally, you must include any Plan distribution in your taxable income in the year in which you receive the distribution. The tax treatment may also depend on your age when you receive the distribution. Certain distributions made to you when you are under age 59 1/2 could be subject to an additional federal 10% penalty tax.

If a contribution type allowed by the Plan, your after-tax contributions to the Plan will not be taxed when they are distributed from the Plan. You will, however, be taxed on income attributable to those contributions.

If a contribution type allowed by the Plan, you will not be taxed on distributions of your Roth deferrals. In addition, a distribution of the earnings on the Roth deferrals will not be subject to tax if the distribution is a "qualified distribution." A "qualified distribution" is one that is made after you have attained age 59 1/2 or is made on account of your death or disability. In addition, in order to be a "qualified distribution," the distribution cannot be made prior to the expiration of a 5-year participation period. The 5-year participation period is the 5-year period beginning the calendar year in which you first make a Roth deferral to our Plan (or to another 401(k) plan or 403(b) plan if such amount was rolled over into this Plan) and ending on the last day of the calendar year that is 5 years later.

### **1. Rollover or Direct Transfer.**

You may reduce, or defer entirely, the tax due on your distribution through use of one of the following methods:

- **60-day rollover.** You may roll over all or a portion of the distribution to an Individual Retirement Account or Annuity (IRA) or another employer retirement plan willing to accept the rollover. This will result in no tax being due until you begin withdrawing funds from the IRA or other qualified employer plan. The rollover of the distribution, however, **MUST** be made within strict time frames (normally, within 60 days after you receive your distribution).

Under certain circumstances, all or a portion of a distribution (such as a hardship distribution, if offered under the Plan) may not qualify for this rollover treatment. In addition, most distributions will be subject to mandatory federal income tax withholding at a rate of 20%. This will reduce the amount you actually receive. For this reason, if you wish to roll over all or a portion of your distribution amount, then the direct rollover option described in paragraph (b) below would be the better choice.

- **Direct rollover.** For most distributions, you may request that a direct transfer (sometimes referred to as a direct rollover) of all or a portion of a distribution be made to either an Individual Retirement Account or Annuity or another employer retirement plan willing to accept the transfer. A direct transfer will result in no tax being due until you withdraw funds from the IRA or other employer plan. Like the 60-day rollover, under certain circumstances all or a portion of the amount to be distributed may not qualify for this direct transfer. If you elect to actually receive the distribution rather than request a direct transfer, then in most cases 20% of the distribution amount will be withheld for federal income tax purposes.

### **2. Qualified reservist distributions.**

If you: (i) are a reservist or National Guardsman; (ii) were/are called to active duty after September 11, 2001; and (iii) were/are called to duty for at least 180 days or for an indefinite period, you may take a distribution of your elective deferrals under the Plan while you are on active duty, regardless of your age. The 10% premature distribution federal penalty tax, normally applicable to Plan distributions made before you reach age 59 1/2, will not apply to the distribution. You also may repay the distribution to an IRA, without limiting amounts you otherwise could contribute to the IRA, provided you make the repayment within 2 years following your completion of active duty.

### **3. Tax Notice.**

Whenever you receive a distribution that is an eligible rollover distribution, the plan administrator will deliver to you a more detailed explanation of these options. However, the rules which determine whether you qualify for favorable tax treatment are very complex. You should consult with qualified tax counsel before making a choice.

## **IX. PARTICIPANT RIGHTS AND CLAIMS**

### **Are my benefits protected?**

As a general rule, your interest in your account, including your "vested interest," may not be alienated. This means that your interest may not be sold, used as collateral for a loan (other than for a Plan loan, if allowed under the Plan), given away or otherwise transferred (except at death to your beneficiary). In addition, your creditors (other than the IRS) may not attach, garnish or otherwise interfere with your benefits under the Plan.

There are three exceptions to this general rule. The Plan Administrator must honor a qualified domestic relations order (QDRO). A QDRO is defined as a decree or order issued by a court that obligates you to pay child support or alimony, or otherwise allocates a portion of your assets in the Plan to your spouse, former spouse, children or other dependents. If a QDRO is received by the Plan Administrator, all or a portion of your benefits may be used to satisfy that obligation. The Plan Administrator will determine the validity of any domestic relations order received. You and your beneficiaries can obtain from the Plan Administrator, without charge, a copy of the procedure used by the Plan Administrator to determine whether a qualified domestic relations order is valid.

The second exception applies if you are involved with the Plan's operation. If you are found liable for any action that adversely affects the Plan, the Plan Administrator can offset your benefits by the amount that you are ordered or required by a court to pay the Plan. All or a portion of your benefits may be used to satisfy any such obligation to the Plan.

The last exception applies to federal tax levies and judgments. The federal government is able to use your interest in the Plan to enforce a federal tax levy and to collect a judgment resulting from an unpaid tax assessment.

### **Plan amendment**

Your Employer has the right to amend the Plan at any time. In no event, however, will any amendment authorize or permit any part of the Plan assets to be used for purposes other than the exclusive benefit of Participants or their beneficiaries. Additionally, no amendment will cause any reduction in the amount credited to your account.

### **Plan discontinuance or termination**

Although your Employer intends to maintain the Plan indefinitely, your Employer reserves the right to terminate the Plan at any time. Upon termination, no further contributions will be made to the Plan and all amounts credited to your accounts will become 100% vested in all of your accounts under the Plan (assuming you are not already fully vested). Your Employer will direct the distribution of your accounts in a manner permitted by the Plan, your investment arrangements and applicable law as soon as practicable. You will be notified if the Plan is terminated.

### **Submitting a claim for Plan benefits**

Benefits will generally be paid to you and your beneficiaries without the necessity for formal claims. Contact the Plan Administrator or investment provider if you are entitled to benefits or if you think an error has been made in determining your benefits. Any such request should be in writing.

If the Plan Administrator determines the claim is valid, then you will receive a statement describing the amount of benefit, the method or methods of payment, the timing of distributions and other information relevant to the payment of the benefit.

### **Denial of benefits**

Your request for Plan benefits will be considered a claim for Plan benefits, and it will be subject to a full and fair review. If your claim is wholly or partially denied, the Plan Administrator will provide you with a written or electronic notification of the Plan's adverse determination. This written or electronic notification must be provided to you within a reasonable period of time, but not later than 90 days after the receipt of your claim by the Plan Administrator, unless the Plan Administrator determines that special circumstances require an extension of time for processing your claim. If the Plan Administrator determines that an extension of time for processing is required, written notice of the extension will be furnished to you prior to the termination of the initial 90 day period. In no event will such extension exceed a period of 90 days from the end of such initial period. The extension notice will indicate the special circumstances requiring an extension of time and the date by which the Plan expects to render the benefit determination.

In the case of a claim for disability benefits, if disability is determined by a physician (rather than relying upon a determination of disability for Social Security purposes), then instead of the above, the Plan Administrator will provide you with written or electronic notification of the Plan's adverse benefit determination within a reasonable period of time, but not later than 45 days after receipt of the claim by the Plan. This period may be extended by the Plan for up to 30 days, provided that the Plan Administrator both determines that such an extension is necessary due to matters beyond the control of the Plan

and notifies you, prior to the expiration of the initial 45day period, of the circumstances requiring the extension of time and the date by which the Plan expects to render a decision. If, prior to the end of the first 30day extension period, the Plan Administrator determines that, due to matters beyond the control of the Plan, a decision cannot be rendered within that extension period, the period for making the determination may be extended for up to an additional 30 days, provided that the Plan Administrator notifies you, prior to the expiration of the first 30day extension period, of the circumstances requiring the extension and the date as of which the Plan expects to render a decision. In the case of any such extension, the notice of extension will specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim, and the additional information needed to resolve those issues, and you will be afforded at least 45 days within which to provide the specified information.

The Plan Administrator's written or electronic notification of any adverse benefit determination must contain the following information:

- (a) The specific reason or reasons for the adverse determination.
- (b) Reference to the specific Plan provisions on which the determination is based.
- (c) A description of any additional material or information necessary for you to perfect the claim and an explanation of why such material or information is necessary.
- (d) Appropriate information as to the steps to be taken if you or your beneficiary wants to submit your claim for review.
- (e) In the case of disability benefits where disability is determined by a physician:
  - (i) If an internal rule, guideline, protocol, or other similar criterion (collectively "rule") was relied upon in making the adverse determination, either the specific rule or a statement that such rule was relied upon in making the adverse determination and that a copy of that rule will be provided to you free of charge upon request.
  - (ii) If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that such explanation will be provided to you free of charge upon request.

If your claim has been denied, and you want to submit your claim for review, you must follow the claims review procedure in the next question.

### **Claims review procedure**

Upon the denial of your claim for benefits, you may file your claim for review, in writing, with the Plan Administrator.

- (a) You must file the claim for review no later than 60 days after you have received written notification of the denial of your claim for benefits.

However, if your claim is for disability benefits and disability is determined by a physician, then instead of the above, you must file the claim for review no later than 180 days following receipt of notification of an adverse benefit determination.

- (b) You may submit written comments, documents, records, and other information relating to your claim for benefits.
- (c) You may review all pertinent documents relating to the denial of your claim and submit any issues and comments, in writing, to the Plan Administrator.
- (d) You will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.
- (e) Your claim for review must be given a full and fair review. This review will take into account all comments, documents, records, and other information submitted by you relating to your claim, without regard to whether such information was submitted or considered in the initial benefit determination.

In addition to the claims review procedure above, if your claim is for disability benefits and disability is determined by a physician, then:

- (a) Your claim will be reviewed without deference to the initial adverse benefit determination and the review will be conducted by an appropriate named fiduciary of the Plan who is neither the individual who made the adverse benefit determination that is the subject of the appeal, nor the subordinate of such individual.

- (b) In deciding an appeal of any adverse benefit determination that is based in whole or part on medical judgment, the appropriate named fiduciary will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment.
- (c) Any medical or vocational experts whose advice was obtained on behalf of the Plan in connection with your adverse benefit determination will be identified, without regard to whether the advice was relied upon in making the benefit determination.
- (d) The health care professional engaged for purposes of a consultation under (b) above will be an individual who is neither an individual who was consulted in connection with the adverse benefit determination that is the subject of the appeal, nor the subordinate of any such individual.

The Plan Administrator will provide you with written or electronic notification of the Plan's benefit determination on review. The Plan Administrator must provide you with notification of this denial within 60 days after the Plan Administrator's receipt of your written claim for review, unless the Plan Administrator determines that special circumstances require an extension of time for processing your claim. If the Plan Administrator determines that an extension of time for processing is required, written notice of the extension will be furnished to you prior to the termination of the initial 60 day period. In no event will such extension exceed a period of 60 days from the end of the initial period. The extension notice will indicate the special circumstances requiring an extension of time and the date by which the Plan expects to render the determination on review. However, if the claim relates to disability benefits and disability is determined by a physician, then 45 days will apply instead of 60 days in the preceding sentences. In the case of an adverse benefit determination, the notification will set forth:

- (a) The specific reason or reasons for the adverse determination.
- (b) Reference to the specific Plan provisions on which the benefit determination is based.
- (c) A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.
- (d) In the case of disability benefits where disability is determined by a physician:
  - (i) If an internal rule, guideline, protocol, or other similar criterion (collectively "rule") was relied upon in making the adverse determination, either the specific rule or a statement that such rule was relied upon in making the adverse determination and that a copy of that rule will be provided to you free of charge upon request.
  - (ii) If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that such explanation will be provided to you free of charge upon request.

### **When to Bring an Action in Court**

If you have a claim for benefits which is denied, then you may file suit in a state or federal court. However, in order to do so, you must file the suit no later than 12 months after the date of the Plan Administrator's final determination denying your claim (or, in the absence of final decision, within a reasonable period of time following the date the final decision should have been issued). If you do not follow the claims and review procedures required the Plan Administrator, your suit or legal action must be filed within 12 months of the date of the alleged facts or conduct giving rise to the your claim. If you fail to file your suit or legal action within the applicable 12 month limitations period, you will lose all rights to bring any such suit or legal action thereafter. Furthermore, if you fail bring any important facts or evidence to the attention of the Plan Administrator during the administrative review process, you cannot later include those facts or evidence in your suit or legal action

### **Rights as a Plan Participant**

As a Participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan Participants are entitled to:

- (a) Examine, without charge, at the Plan Administrator's office and at other specified locations, all documents governing the Plan, including collective bargaining agreements and insurance contracts, if any, 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.
- (b) Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including collective bargaining agreements and insurance contracts, if any, and 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.

- (c) 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 Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other 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 pension benefit or exercising your rights under ERISA.

If your claim for a pension benefit is denied 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 which is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court. You and your beneficiaries can obtain, without charge, a copy of the Plan's QDRO procedures from the Plan Administrator.

If it should happen that the Plan's 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, it finds your claim is frivolous.

#### **Questions or violation of Participant rights**

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 documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in the 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.

## **LOAN POLICY FOR Northern Light Health Retirement Partnership 403(b) Plan**

### **A. Loan Application**

Loans are available to Participants on a reasonably equivalent basis. However, if you terminate employment, you will not be entitled to obtain a loan. You may apply for a loan by contacting the Plan Administrator. You may apply for 1 loan(s) each Plan Year.

Loans will be allowed for:

- Any purpose (maximum of 1)

The approval of the Plan Administrator and consent of your spouse (if applicable) may be required before any loan transaction can be completed. The Individual Agreements governing the investment options that you selected for your Plan contributions may contain additional limits on loan availability and terms. Contact the Plan Administrator or the investment vendor with questions about loans.

#### **1. Loan Amount**

The minimum loan is \$1,000 and the maximum amount is the lesser of one-half of your vested Account balance or \$50,000 reduced by the highest outstanding loan balance in your Account during the prior twelve month period. All of your loans from plans maintained by your Employer or a Related Employer will be considered for purposes of determining the maximum amount of your loan. Up to 50% of your vested Account balance may be used as collateral for any loan. Loans may be further limited depending on the applicable terms of the investment arrangements in which your accounts in the Plan are invested.

Loans will be made from a Participant's accounts in the order the Plan Administrator determines.

#### **2. Number of Loans**

Maximum number of outstanding loans: 1 loan at any given time. If you already have a loan, you may not apply for another loan until the existing loan is paid in full. Loan refinancing is not permitted.

#### **3. Interest Rate**

All loans shall bear a reasonable rate of interest as determined by the Plan Administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. The interest rate shall remain fixed throughout the duration of the loan.

#### **4. Loan Repayments and Loan Maturity**

All loans must be repaid in level payments through after-tax payroll deductions on at least a quarterly basis over a five year period unless it is for the purchase of your principal residence in which case the loan repayment period may not extend beyond 10 years from the date of the loan. If repayment is not made by payroll deduction, a loan shall be repaid in accordance with procedures provided by your Plan Administrator. The level repayment requirement may be waived for a period of one year or less if you are on a leave of absence, however, your loan must still be repaid in full on the maturity date. If you are on a military leave of absence, the repayment schedule may be waived for the entire length of the time missed on leave. Your loan will accrue interest during this time, and upon return from a military leave of absence, your loan may be re-amortized to extend the length of the loan by the length of the leave. If a loan is not repaid within its stated period, it will be treated as a taxable distribution to you. The Plan Administrator will provide you with an explanation of the effect of a leave of absence upon your loan.

#### **5. Default or Termination of Employment**

The Plan Administrator shall consider a loan in default if any scheduled repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which a loan is initially considered past due. In the event of a default, Plan termination, the entire outstanding principal and accrued interest shall be immediately due and payable. Loan default is a taxable event and may restrict future loan availability from your account.