

**AMENDMENT #5
TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
FOR
BROWNING PUBLIC SCHOOL DISTRICT #9
EMPLOYEE HEALTH BENEFIT PLAN**

Effective Date: October 1, 2023

- 1. AMEND the “COBRA Administrator” under the ADDITIONAL INFORMATION subsection of the COBRA CONTINUATION COVERAGE section as follows:**

COBRA Administrator

UnifyHR
P.O. Box 56016
Boston, Massachusetts 02205
(800) 519-8366
COBRA@unifyhr.com

I, _____, certify that I am the _____
Name Title

of the **Plan Administrator** for the above named Plan, and further certify that I am authorized to sign this Amendment. I have read and agree with the above changes to the Plan and am hereby authorizing its implementation as of the effective date stated above.

Signature: _____

Print Name: _____

Date: _____