

SUMMARY PLAN DESCRIPTION

Urethane Roller Specialist Inc Section 125 Plan

Urethane Roller Specialist Inc

Section 125 Plan

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Urethane Roller Specialist Inc

Section 125 Plan

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Introduction

Urethane Roller Specialist Inc has established the Urethane Roller Specialist Inc Section 125 Plan (the "Plan") to provide their Employees with choices among certain employee benefits and cash compensation.

The purpose of the Plan is to provide the following Benefit Options to Eligible Employees:

- **Premium Only Plan.** This Arrangement permits you to pay for the cost of your coverage for you, your Spouse, or your Dependents on a pre-tax salary reduction basis under:
 - the Medical Plan

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. You may request a copy of the SPD by contacting the Plan Administrator. If you have difficulty understanding any part of this SPD, you should contact the Plan Administrator for assistance. The Plan Administrator may refer you to the Recordkeeper.

This SPD is a brief description of the terms of the Plan. It is not meant to interpret, extend, or change the Plan in any way. A copy of the Plan is on file with the Plan Administrator and you may review the Basic Plan Document at any reasonable time. The Plan governs in the event of any discrepancy between the Plan's provisions and this SPD.

Section 1 Eligibility and Participation in the Plan

Eligibility Requirements

You are eligible to participate in the Plan

PREMIUM ONLY PLAN

- on your date of hire if you are classified as an Eligible Employee

You are considered an Eligible Employee

PREMIUM ONLY PLAN

- incorporated by reference

Enrollment

You may enroll in the Plan after meeting the Eligibility Requirements. In order to enroll, you must complete an Election Form/Compensation Reduction Agreement provided by the Plan Administrator, through the Flexible Spending Account Information Line, or participant website as described in Section 2, and file it with the Plan Administrator. Your Election Form and Compensation Reduction Agreement will remain in effect unless the Form/Agreement are changed by you or they are revoked.

Termination of Participation

Your coverage under the Plan will end if:

- you revoke your Election Form/Compensation Reduction Agreement;
- you no longer meet the Plan's eligibility criteria;
- your employment with the Employer terminates; or
- the Plan is terminated.

Reinstatement During Plan Year

If you terminate employment and resume employment within thirty (30) days, your elections under the Plan may be automatically reinstated. However, if you resume employment thirty (30) days after the date you were terminated, you may not reinstate your previous elections on a prospective basis, in accordance with the Enrollment procedures discussed above. You may generally not make new elections for the remainder of the Plan Year.

Section 2

Election Form/Compensation Reduction Agreement Under the Plan

Plan Elections

In order to enroll in the Plan, you must complete an Election Form/Compensation Reduction Agreement ("Agreement"), which you will receive from the Plan Administrator, and file the Agreement with the Plan Administrator. Alternatively, for the Flexible Spending Account, you may complete the Agreement through the Flexible Spending Account Information Line or through the participant website at <https://benefits.paychex.com>. The Agreement will be effective for the entire Plan Year, and will remain in effect from one Plan Year to the next unless changed or revoked. The Agreement can only be changed annually during open enrollment or as described in Section 2.

Limits on Salary Reduction Amounts Elected

The limits on salary reduction amounts are as follows:

- **Premium Only Plan.** The maximum amount that you may elect to salary reduce under the Premium Only Plan for the Plan Year, is equal to the amount of the premium that is solely your responsibility under:
 - the Medical Plan

Change in Election Due to Change in Status

You may change your election during the Plan Year if conditions (a), (b), and (c) are satisfied:

- (a) One or more of the following "change in status" events occurs:
- marriage,
 - divorce,
 - legal separation,
 - annulment,
 - death of Spouse or Dependent,
 - birth or adoption of child,
 - change in your employment status or that of your Spouse or Dependent,
 - a Dependent satisfying or ceasing to satisfy eligibility requirements, or
 - change in your place of residence or that of your Spouse or Dependent; and
- (b) The proposed change in election is on account of and corresponds with that change in status (for example, the proposed change bears a logical relationship to the event that has occurred); and
- (c) The change in status affects eligibility under the Plan (for example, you, your Spouse or your Dependent either gains or loses coverage in response to an event).

Change in Election Due to Change in Cost or Coverage

If your cost or coverage under the Medical Plan or Dental Plan, or coverage under your Dependent Care FSA changes, the Plan Administrator is authorized to allow you to change your election during the Plan Year with respect to the Premium Only Plan and Dependent Care FSA (but not the Medical FSA)

under the following circumstances.

- **Cost Changes.** If the cost of your coverage increases or decreases during the Plan Year, the Employer may prospectively increase or decrease your salary reduction contributions for the Plan Year. If such change is significant, the Employer may allow you to make a corresponding change in election. This only applies in the case of a Dependent Care FSA if the cost change is imposed by a dependent care provider who is not your relative.
- **Coverage Changes.** If your coverage is significantly reduced during the Plan Year (for example, there is a significant increase in the deductible, the co-pay, or the out-of-pocket cost sharing limit under the Health Program), the Employer may allow you to change your election with respect to that coverage and elect similar coverage available under the Plan. If you experience a complete loss of coverage as defined in IRS regulations, the Employer may allow you to drop coverage if no similar coverage is available.
- **Addition or Improvement.** If the Employer adds a coverage option, or if coverage under an existing option is significantly improved during the Plan Year, you may make an election on a prospective basis for the improved option.
- **Change in Coverage Under Another Employer Plan.** You may make a prospective election change that is on account of and corresponds with a change made under another employer's plan, including a plan of your Spouse or Dependent.

Change in Election Due to Certain Other Events

You may change your election during the Plan Year under the Premium Only Plan or Medical FSA if any of the following events occur:

- a special enrollment right under HIPAA;
- a judgment, decree or order requiring that your child receive accident or medical coverage (including a Qualified Medical Child Support Order); or
- your eligibility for Medicare or Medicaid.

Change in Election Due to FMLA Leave

If you take leave under the Family and Medical Leave Act of 1993 ("FMLA"), you may change or revoke your election under the Premium Only Plan (for group health coverage only) or the Medical FSA, subject to the following limitations:

- **Revoking Coverage.** If you are absent on FMLA Leave, you may elect to cease participation in the Premium Only Plan or the Medical FSA at the time your leave begins.
- **Resuming Coverage.** When you return to employment from FMLA Leave, if you have revoked coverage under the Premium Only Plan, you may elect to reinstate your coverage on a prospective basis, but only at the level of coverage elected before your FMLA Leave began. With respect to the Medical FSA, the preceding sentence applies, except that you may either:
 - catch-up the contributions that were due during the period of FMLA Leave, in which you will resume coverage at the same amount elected before FMLA Leave began, or
 - not catch-up such contributions, with the annual amount of your coverage reduced accordingly

- **Continuing Coverage.** If you wish to continue participation in the Plan during FMLA Leave, you may either pay the premiums on a pre-tax basis before taking FMLA Leave (for example, pre-pay), on an after-tax basis during FMLA Leave (for example, pay as you go), or on a catch-up basis when you return from FMLA Leave (for example, catch-up). You must elect one of these payment methods prior to taking FMLA Leave and make all required payments on a timely basis in order to continue coverage during the leave period. If you continue coverage, expenses that you incur during the leave period will be reimbursed. Failure to make payments under the method that you elect will result in the discontinuance of coverage under the Plan during the leave period. If coverage is discontinued, no expenses that you incur during the leave period will be reimbursed.

Section 3 Benefit Options Under the Plan

Premium Only Plan

Cost of Coverage. The Premium Only Plan permits you to pay for the cost of your coverage under

- the Medical Plan

on a pre-tax salary reduction basis. If you cover any individuals who do not satisfy the definition of an Employee, Spouse or Dependents, including your domestic partner, you will be required to pay for such coverage on an after-tax basis. In addition, unless specified otherwise above, Short-Term Disability and Long-Term Disability coverage will be paid on an after-tax basis, so that the benefit will be tax-free.

Section 4
Claims Procedures for Medical FSA and/or Dependent Care FSA

This feature is not currently available under the Urethane Roller Specialist Inc Section 125 Plan.

Section 5 Miscellaneous Information

Non-Transferability of Plan Benefits

Benefits under the Plan may not be transferred, assigned, or used as collateral for a loan outside of the Plan, except to the extent required by law.

Plan Amendment

The Employer, at its sole discretion, may amend the Plan at any time. The Employer's right to amend or modify the Plan may be exercised by the Plan Administrator, provided the Employer does not object within 30 days following the Plan Administrator's issuance of written notice to the Employer of the amendment or modification. In no event will any amendment decrease a benefit you have a right to receive under the Plan.

Plan Termination

The Employer has no legal or contractual obligation to continue the Plan. While the Employer currently intends to continue the Plan indefinitely, it reserves the right to change or terminate the Plan at any time as circumstances may dictate. Any amendment or termination of the Plan will be in accordance with applicable law.

Interpretation of the Plan

The Plan Administrator has the power and discretionary authority to construe the terms of the Plan and to determine all questions that arise under the Plan. This power and authority include, for example, the administrative discretion necessary to resolve issues with respect to your eligibility for benefits, years of service, disability, and retirement, or to interpret any other term contained in the Plan documents. The Plan Administrator's interpretations and determinations are binding on all Participants, Employees, former Employees, and their beneficiaries and are intended to be afforded the maximum deference under the law. Benefits under the Plan will be paid only if the Plan Administrator, or its designee, decides at its discretion that the claimant is entitled to them.

No Guaranty of Employment

Participation in the Plan does not guarantee your right to employment with the Employer.

Continuation of Coverage

If you cease to be an Eligible Employee under the Plan and you have elected to participate in the Medical FSA or the Limited Purpose FSA, you may choose statutory continuation coverage under the Plan if you are eligible to do so under COBRA. If you elect COBRA continuation coverage, you may turn in claims for Qualifying Medical Expenses incurred during the Plan Year provided that COBRA participation is in effect. Information about COBRA will be provided to you when you or your Dependent becomes eligible for such coverage.

For more information regarding COBRA, contact the Plan Administrator.

Military Service

If you are on a military leave of absence, you may be eligible to continue coverage under the Plan for both yourself and your eligible Dependents. You also have certain rights to re-enroll in the Plan upon reemployment. Please contact the Plan Administrator for more information.

HIPAA Privacy

The Plan or Insurance Company may disclose certain health information to the Employer for plan administration functions. The Employer will keep this information confidential and will not use this information for any employment-related purpose.

Section 6
Statement of ERISA Rights

This feature is not currently available under the Urethane Roller Specialist Inc Section 125 Plan.

Section 7 Plan Information

Plan Name

Paychex Section 125 Plan

Plan Sponsor

Urethane Roller Specialist Inc
100 S Central Box 566
Eureka, MO 63025
(636) 938-5351

The Employer's Identification Number is:

43-0917114

Plan Administrator

The Plan Administrator is responsible for the administration of the Plan. The Plan Administrator's duties are specifically identified in the Plan document. The name, address, and business telephone number of the Plan Administrator is:

Urethane Roller Specialist Inc
100 S Central Box 566
Eureka, MO 63025
(636) 938-5351

The Employer has delegated some of its duties as Plan Administrator to Paychex, Inc. The address and business telephone number of Paychex, Inc. is:

PAYCHEX, Inc.
1175 John Street
West Henrietta, NY 14586 - 9199
1-800-472-0072

Plan Number

The Plan number is 501

Plan Year

01/01/2015 - 12/31/2015*

* Plan will renew each January 1 following the initial Plan Year or until that time when the Plan has been terminated by the Employer Organization.

Type of Plan

The Premium Only Plan is intended to qualify as a cafeteria plan under Code section 125, the Medical FSA as an ERISA welfare plan under ERISA section 3(1) and a medical reimbursement plan under Code section 105, and the Dependent Care FSA as a dependent care assistance program under Code section 129.

Funding

The Plan is funded through the Employer's general assets.

Service of Process

The Plan's agent for service of legal process is:

Urethane Roller Specialist Inc
100 S Central Box 566
Eureka, MO 63025
(636) 938-5351

Service of process may also be made on the Plan Administrator.

Section 8 Definitions

The following are some key definitions that are used in the Summary Plan Description to describe benefits under the Plan.

Code

The Internal Revenue Code

Dependent

For purposes of the Premium Only Plan and Medical FSA, Dependent means:

- any individual who qualifies as a Dependent under Section 152 of the Code (as modified by Section 105(b) of the Code).
- a child of divorced parents is treated as a dependent of both parents if section 152(e) of the Code applies (regarding a child of divorced or separated parents who receives over half of his or her support from the parents and lives in the custody of one or both parents for more than one-half of the calendar year).

For purposes of the Dependent Care FSA, Dependent means:

- a Dependent of the Participant who is under the age of 13 and who lives with the Participant for more than half the calendar year; or
- a Dependent of the Participant who is physically or mentally incapable of caring for herself or himself, lives with the Participant for more than half the calendar year, regularly spends at least 8 hours a day in the Participant's household, and has gross income of less than the exemption amount under Code section 151(d), if required by law; or
- a Spouse of the Participant who is physically or mentally incapable of caring for herself or himself, lives with the Participant for more than half the calendar year, and regularly spends at least 8 hours per day in the Participant's household.

Employee

Any person who is a common law Employee of the Employer. You are not considered an Eligible Employee under the Plan if the Employer classifies you as a leased employee, independent contractor, or temporary employee.

Employer

Urethane Roller Specialist Inc

ERISA

The Employee Retirement Income Security Act of 1974, as amended.

FMLA Leave

Leave under the Family and Medical Leave Act of 1993.

Participant

An individual who has satisfied the Plan's eligibility requirements and has elected to participate in the Plan.

Plan

Urethane Roller Specialist Inc

Section 125 Plan

Plan Administrator

The Employer or person or entity that the Employer designates to perform specific administrative duties under the Plan.

Plan Document

The written document detailing the provisions of the Plan.

Plan Year

The twelve-month period selected by the Employer to be the Plan Year.

Recordkeeper

The person or entity to which the Employer delegates purely administrative functions otherwise exercisable by the Employer as Plan Sponsor.

Spouse

An individual who is legally married to a Participant as determined under applicable state law, and who is treated as a Spouse under the Code. However, for purposes of the Dependent Care FSA, the term "Spouse" does not include:

- an individual legally separated from the Participant under a divorce or separate maintenance decree; or
- an individual who, although married to the Participant, files a separate federal income tax return, maintains a principal residence separate from the Participant during the last six months of the taxable year, and does not furnish more than half the cost of maintaining the principal place of abode of the Participant.

Summary Plan Description

This is the summary of the Basic Plan Document.