

BLANKET AMENDMENT  
TO THE  
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION  
FOR  
MONTANA CREDIT UNION LEAGUE GROUP BENEFITS TRUST  
EMPLOYEE HEALTH BENEFIT PLAN

(Hereafter the "Plan")

**Effective: March 1, 2020**

Notwithstanding anything to the contrary within the Plan Document and Summary Plan Description, the terms contained therein are modified in order to conform to changes to 26 CFR, Part 54 and 29 CFR, Parts 2560 and 2590, as published by the Internal Revenue Service and Employee Benefits Security Administration through document 85 FR 26351 (published May 4, 2020).

In accordance with such modifications, the following time frames and deadlines are suspended until 60 days after the conclusion of the President of the United States declaration of a National Emergency concerning the Novel Coronavirus Disease (COVID-19) Outbreak, or other date as announced by the United States Department of Labor (the "Outbreak Period").

The following deadlines are expressly suspended during the Outbreak Period:

- The period to request changes during a Health Insurance Portability and Accountability Act ("HIPAA") special enrollment period;
- The 60-day election period for electing Consolidated Omnibus Budget Reconciliation Act ("COBRA") continuation;
- The date for making COBRA premium payments;
- The date for Plan Participants to notify the Plan of a COBRA qualifying event or determination of disability;
- The date in which Plan Participants may file a benefit claim;
- The date in which claimants may file an appeal of an adverse benefit determination;
- The date in which claimants may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination;
- The date in which a claimant may file information to perfect a request for external review upon a finding that the request was not complete.

This amendment will automatically terminate at the conclusion of the Outbreak Period.

I, Tracie Kenyon, certify that I am the Chairman  
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 change to the Plan and am hereby authorizing its implementation as of the effective date stated above.

Signature:

Tracie Kenyon

Print Name:

Tracie Kenyon

Date:

July 9, 2020