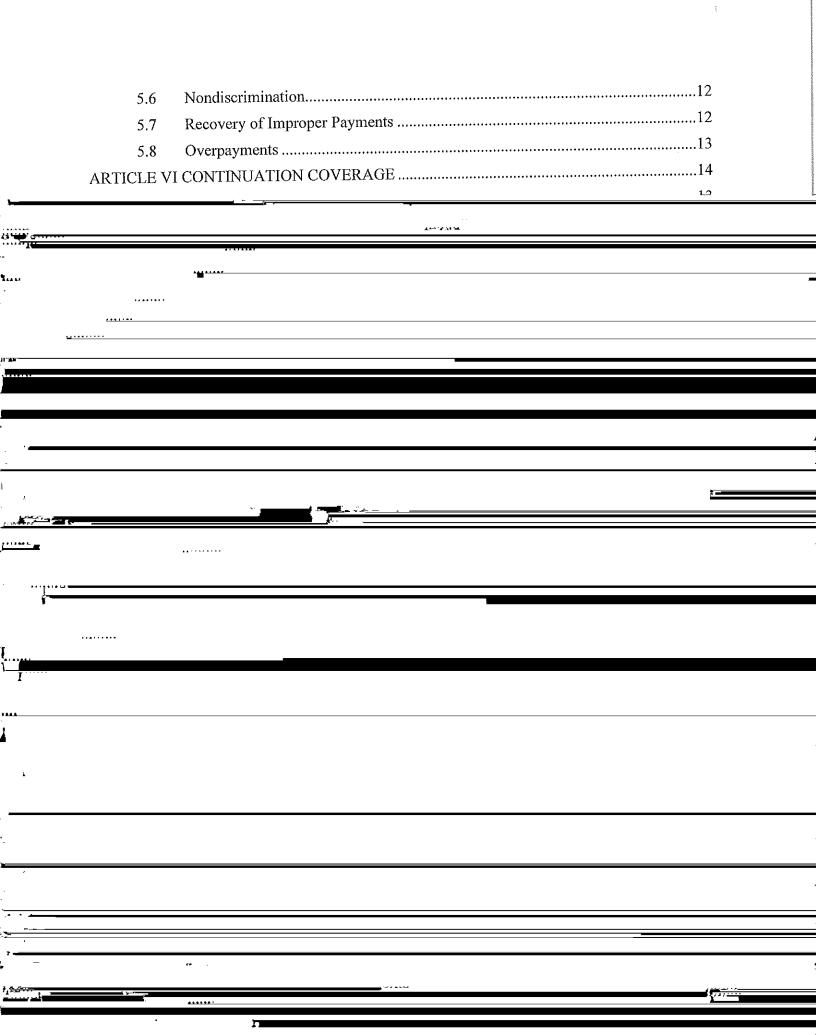
BOWDOIN COLLEGE

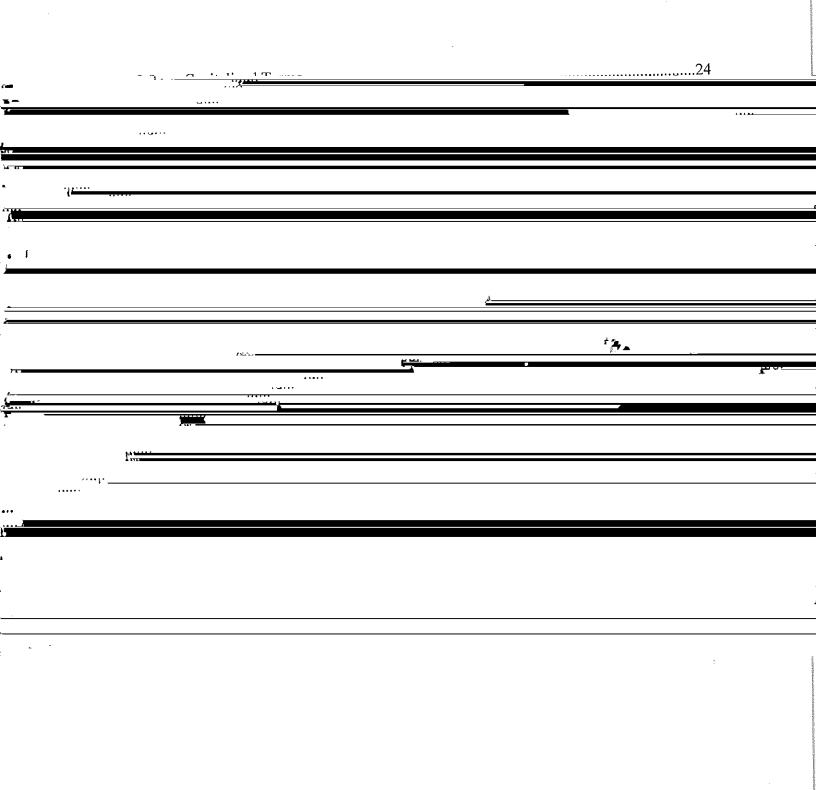
RETIREE HEALTH REIMBURSEMENT ACCOUNTS PLAN

(effective July 1, 2019)

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ARTICLE	I ADOPTION AGREEMENT	
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1.2	Plan Sponsor	
1.3	Plan Administrator (if not the Plan Sponsor)	1
1.4	Plan Number	
1 5	Effective Date	2
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BOWDOIN COLLEGE RETIREE HEALTH REIMBURSEMENT ACCOUNTS PLAN

INTRODUCTION

The Plan Sponsor hereby adopts this Bowdoin College Retiree Health Reimbursement Accounts Plan (the "Plan") for the purpose of allowing certain retired employees of the Plan Sponsor to obtain reimbursement of eligible medical expenses incurred by such eligible retired employees. The Plan Sponsor intends the Plan to qualify as a "health reimbursement arrangement" as that



	1.5	Effect	ive <u>Date</u> :							
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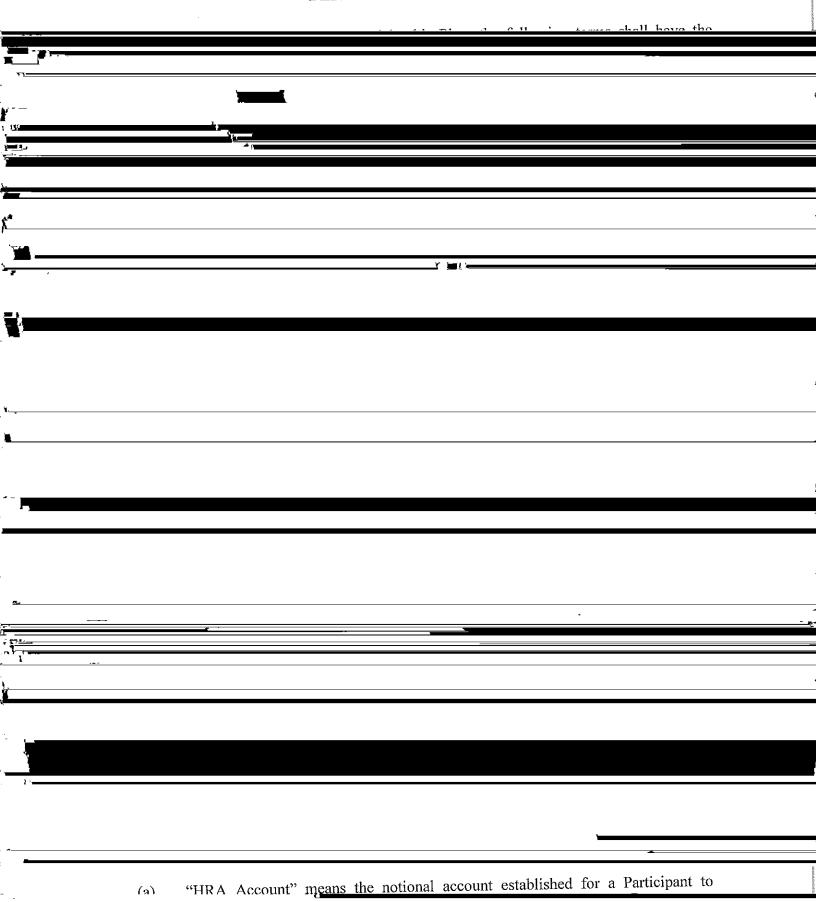
(3)		(2)	Specify):
 (a)		(3)	☐ Not Applicable – No Exclusions.
Eligible Retiree until (1) the date of, (2) the end of the month in which occurs, or (3) the end of the calendar year in which occurs, the child's	1.7	Deper	<u>ndent</u> :
 (b) ☐ In addition to Section 1.7(a) above, a Dependent includes any individual who is, at the date of the Eligible Retirce's retirement from the Employer, a dependent of the Eligible Retirce within the meaning of Code Section 152, determined without regard to subsections (b)(1), (b)(2) and (d)(1)(B) thereof. (c) ☑ Not Applicable – Health Care Expenses of Spouses, Dependent children, and other individuals who are not Eligible Retirees are not eligible to be reimbursed by the Plan. 1.8 Eligible Dependent: A Dependent and a Spouse is an Eligible Dependent: (a) ☐ only if and when the Eligible Retiree becomes a Participant, or (b) ☐ regardless of whether the Eligible Retiree is a Participant, but the Dependent must not participate in another group health plan sponsored by the Employer. (c) ☑ Not Applicable – Dependents and Spouses are not eligible to participate in the Plan. 1.9 Health Care Expense Exclusion: Health Care Expenses include any expense that 	(a)		Fligible Retires until (1) the date of, (2) the end of the month in
who is, at the date of the Eligible Retiree's retirement from the Employer, a dependent of the Eligible Retiree within the meaning of Code Section 152, determined without regard to subsections (b)(1), (b)(2) and (d)(1)(B) thereof. (c) Not Applicable – Health Care Expenses of Spouses, Dependent children, and other individuals who are not Eligible Retirees are not eligible to be reimbursed by the Plan. 1.8 Eligible Dependent: A Dependent and a Spouse is an Eligible Dependent: (a) only if and when the Eligible Retiree becomes a Participant, or (b) regardless of whether the Eligible Retiree is a Participant, but the Dependent must not participate in another group health plan sponsored by the Employer. (c) Not Applicable – Dependents and Spouses are not eligible to participate in the Plan. 1.9 Health Care Expense Exclusion: Health Care Expenses include any expense that			the child'sth birthday.
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1.9 Health Care Expense Exclusion: Health Care Expenses include any expense that 1.5 Code Code Code Code Code Code Code Code	(c)		
		<u>Heal</u>	th Care Expense Exclusion: Health Care Expenses include any expense that
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For an Eligible Retiree who retired on or before June 30, 2006, a fixed dollar amount of \$\frac{2700}{2700}\$ per Plan Year, or such other amount as may be established on a uniform and nondiscriminatory basis by the Plan Administrator and communicated to Participants through annual enrollment materials or another document. For an Eligible Retiree who retired after June 30, 2006, a fixed dollar amount of \$\frac{1200}{2000}\$ per Plan Year, or such other amount as may be established on a uniform and nondiscriminatory basis by the Plan Administrator and communicated to Participants through annual enrollment materials or another document. The Benefit Credit shall be prorated for the number of full months during the Plan Year in which the Eligible Retiree is a Participant in the Plan

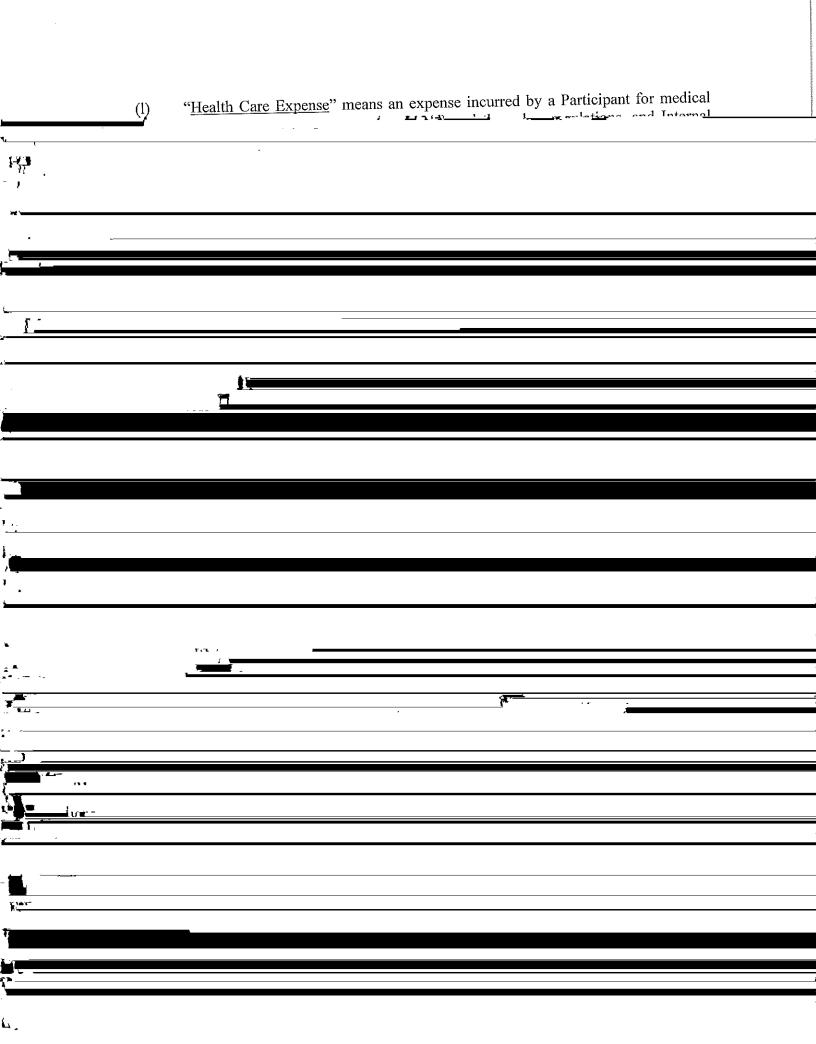
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	(b)	Has health coverage under a policy or plan provided by his or her Spouse's employer
	(c)	Resides outside the United States
	(d) V	Not Applicable – Eligible Retirees must obtain an individual insurance policy through Via Benefits in order to receive Benefit Credits under the Plan.
	1.12 <u>Acc</u>	ount Structure:
	(a)	Combined Account. Only one HRA Account will be established for all
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ARTICLE II **DEFINITION OF TERMS**



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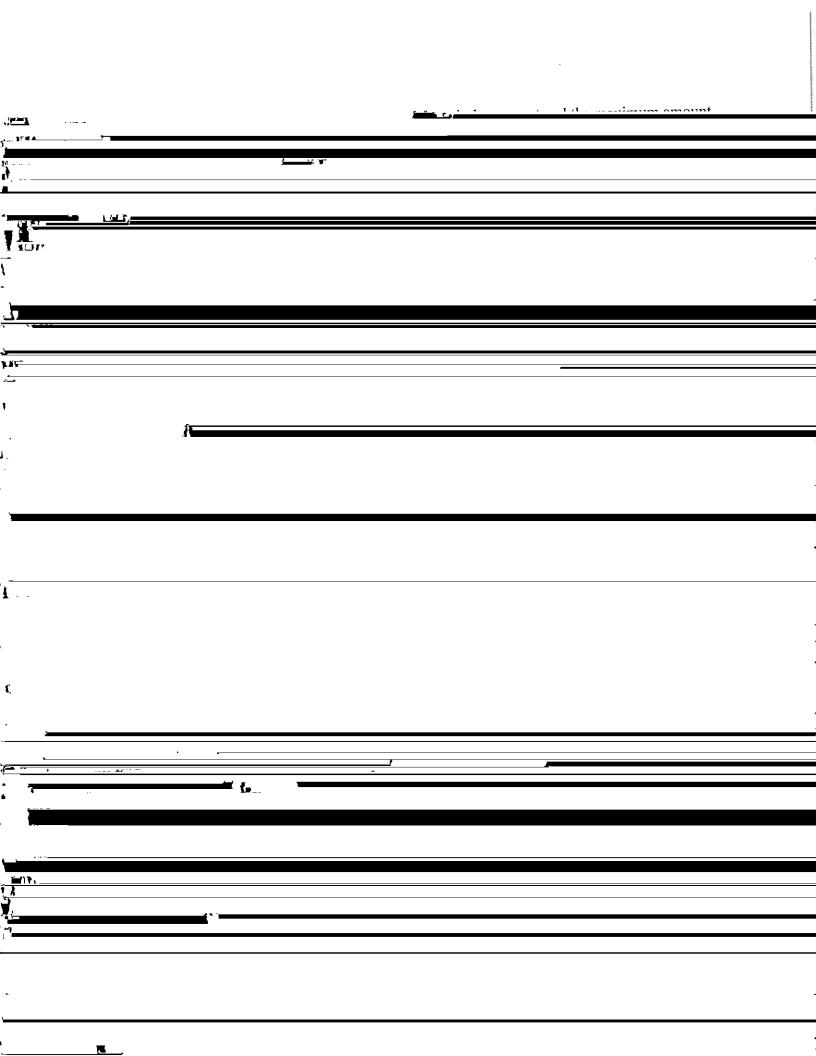
ARTICLE III PARTICIPATION

3.1 <u>Agreement to Participate</u>. An Eligible Retiree shall become a Participant in this Plan on the date he or she has:

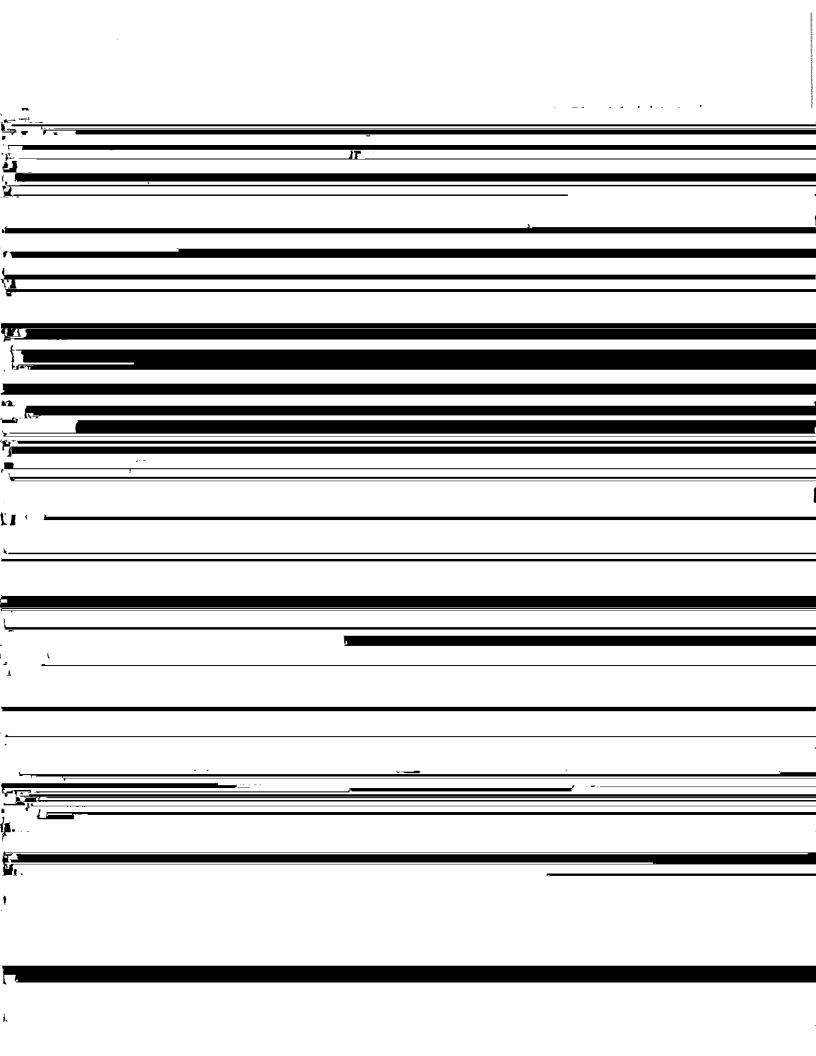
procedures as specified by the Plan Administrator or its delegate from time to time.		Diaihla Datirea
affiliate or, if elected by the Plan Sponsor under Section 1.11, provided satisfactory evidence to the Plan Administrator or Claims Administrator that he or she satisfies an exception to this requirement; and (c) completed any enrollment form (which may be electronic) or any enrollment procedures as specified by the Plan Administrator or its delegate from time to time. 3.2 Cessation of Participation. A Participant shall cease to be a Participant on the earliest of:		
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earliest of:	(b)	affiliate or, if elected by the Plan Sponsor under Section 1.11, provided satisfactory evidence to the Plan Administrator or Claims Administrator that he or
the data has or she ceases to be an Eligible Retiree for any reason, including death;		affiliate or, if elected by the Plan Sponsor under Section 1.11, provided satisfactory evidence to the Plan Administrator or Claims Administrator that he or she satisfies an exception to this requirement; and completed any enrollment form (which may be electronic) or any enrollment procedures as specified by the Plan Administrator or its delegate from time to time.
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terms of the Plan or that are protected from the reach of the Employer's creditors. In no event may any benefits under the Plan be funded with Participant contributions. 1 11 14 LID A Accounte of Participants with

Claims Substantiation: The Plan Administrator may require the Participant to (b) furnish a bill, receipt, cancelled check, or other written evidence or certification of payment or of obligation to pay Health Care Expenses. The Claims Administrator will reimburse the Participant from the general assets of the Employer for expenses that it determines are Health Care Expenses up to the balance in the Participant's HRA Account at such intervals as the Plan Administrator may deem appropriate (but not less frequently than quarterly). The Plan Administrator Health Care Expenses ij



auto reimbursements shall not be considered to be claims for benefits. In establishing and operating such auto reimbursement process, the Claims Administrator may establish a process to remove and prevent duplicate



also include any legal costs, attorneys' fees, and court costs incurred as a result of or relating to the Overpayment.

ARTICLE VI CONTINUATION COVERAGE

- 6.1 <u>Definitions.</u> For purposes of this Article, the following terms shall have the meanings set forth below:
 - (a) "COBRA Continuation Coverage" means the continuation of the Plan benefits being provided to a Qualified Beneficiary immediately prior to a Qualifying Event.
- 4) "Digotion Dariod" means a period of at least sixty (60) days' duration that begins

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 Comparison Dariod" means a period of at least sixty (60) days' duration that begins

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 Comparison Dariod" means a period of at least sixty (60) days' duration that begins

	to a Similar continue for	Period of Coverage. A Qualified Beneficiary who elects COBRA Continuation der the Plan shall be provided coverage identical to that being provided at that time ly Situated Beneficiary. COBRA Continuation Coverage under this Plan shall up to thirty-six (36) months, but shall be terminated earlier upon the occurrence of llowing events:
, –	(2)	The date the Qualified Beneficiary's HRA Account is exhausted;
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	(b)	The date the Qualified Beneficiary notifies the Plan Administrator that he or she wishes to discontinue coverage;
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coverage, such premium to be one hundred and two percent (102%) of the cost to the Plan of coverage for Similarly Situated Beneficiaries. The first required payment must be paid within coverage is elected under Section 6.5.	
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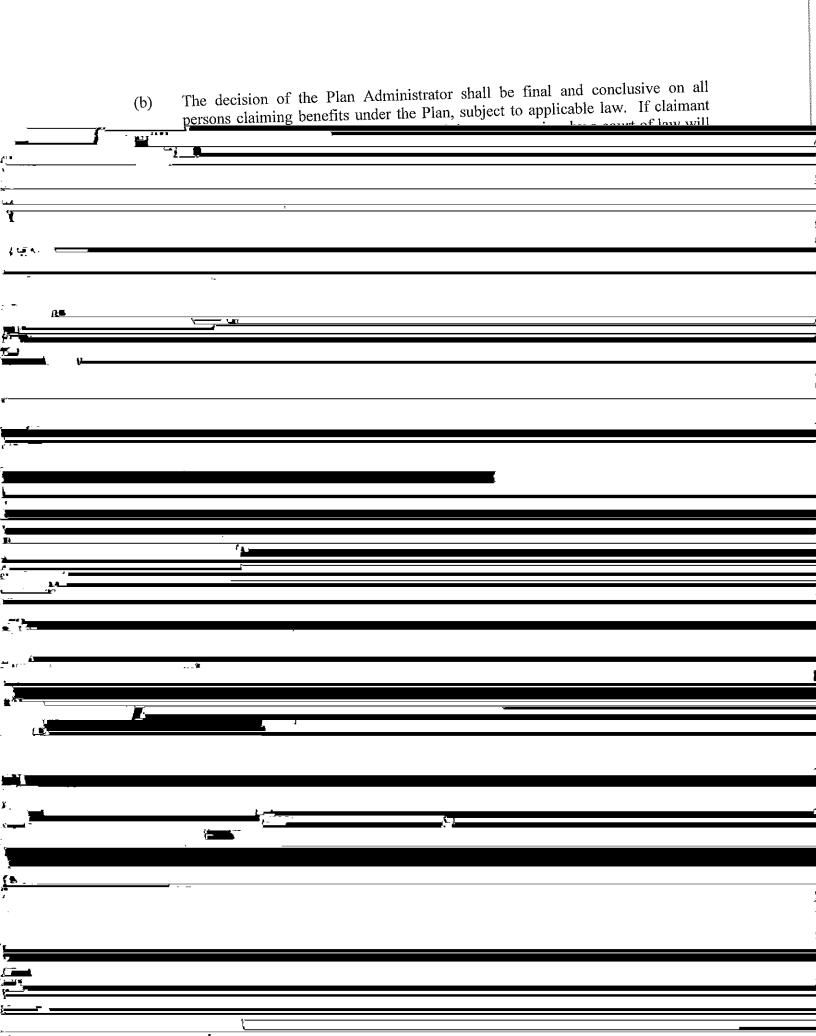
- (5) To appoint individuals or committees to assist in the administration of the Plan and to engage any other agents as it deems advisable;
- (6) To accept, modify, or reject Participant elections under the Plan;
- (7) To promulgate election forms and claims forms to be used by Participants, which may be electronic in nature;
- (8) To determine and enforce any limits on benefit elections hereunder; and
- (9) To correct errors and make equitable adjustments for mistakes made in the administration of the Plan, specifically, and without limitation, to recover erroneous overpayments made by the Plan to a Participant, in whatever manner the Plan Administrator deems appropriate, including suspensions or recoupment of, or offsets against, future payments due that Participant.

7.3 Allocation and Delegation of Duties.

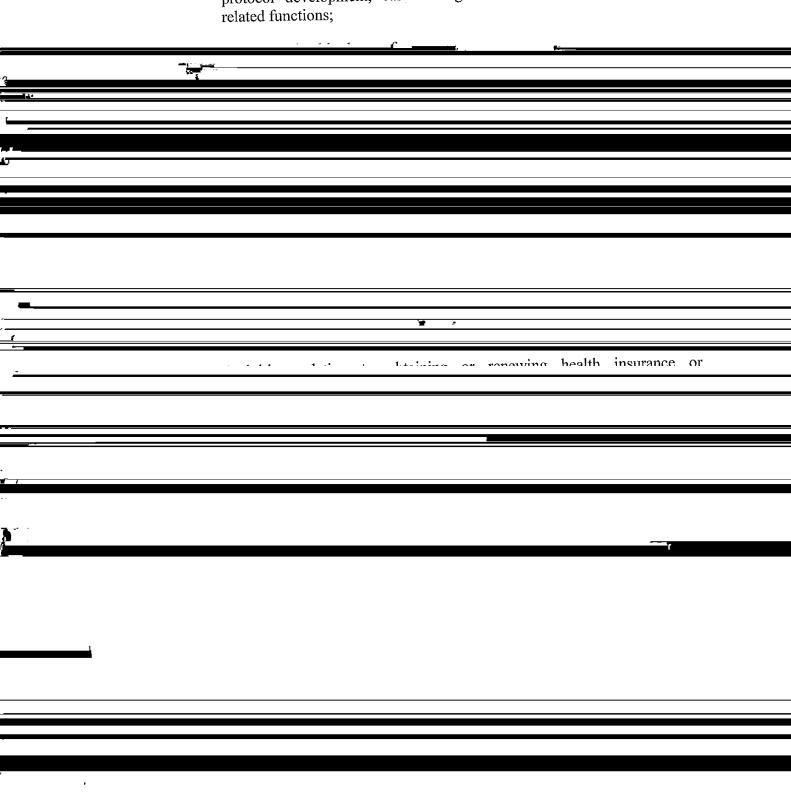
The Plan Administrator shall have the authority to allocate, from time to time, by instrument in writing filed in its records, all or any part of its responsibilities under the Plan to one or more of its employees, officers, or members as may be deemed advisable, and in the same manner to revoke such allocation of responsibilities. In the exercise of such allocated responsibilities, any action of the employee, officer, or member to whom responsibilities are allocated shall have the same force and effect for all purposes hereunder as if such action had been taken by the Plan Administrator. The Plan Administrator shall not be liable for any acts or omissions of such employee, officer, or member. The employee, officer, or member to whom responsibilities have been allocated shall periodically

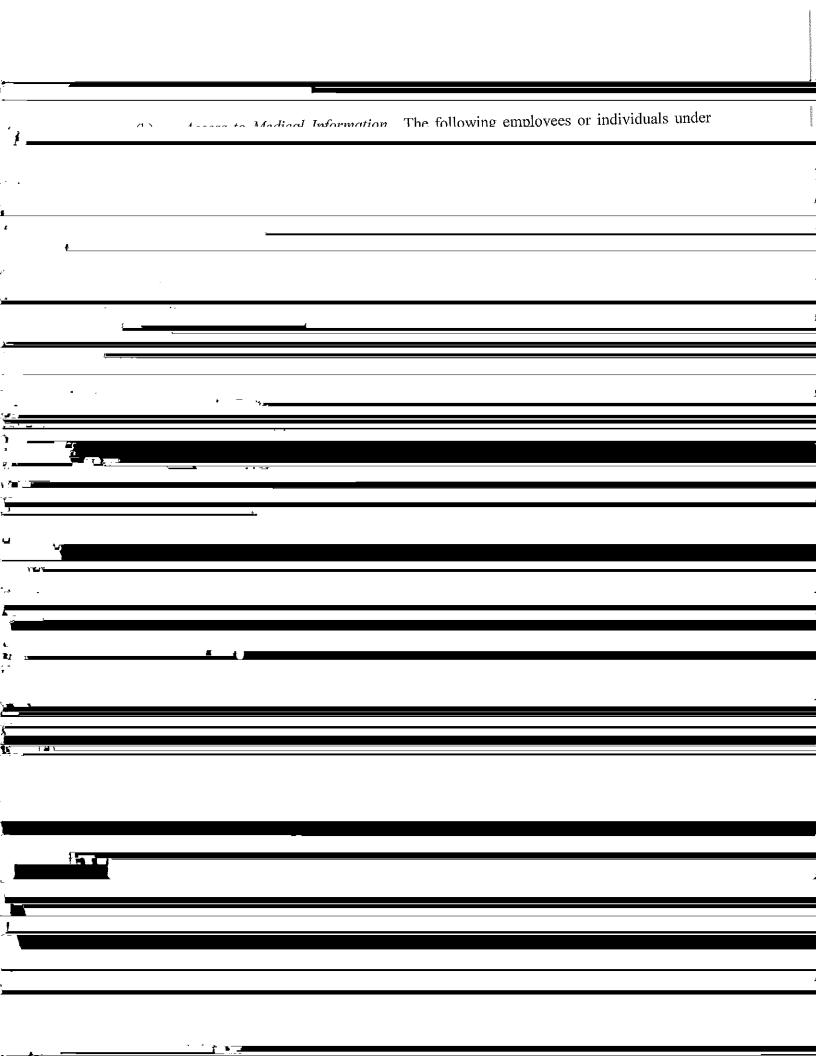
	7.4 <u>Indemnification</u> . The Employer shall indemnify and save the Plan Administrator,
	and any employees to whom the Plan Administrator has allocated or delegated its responsibilities
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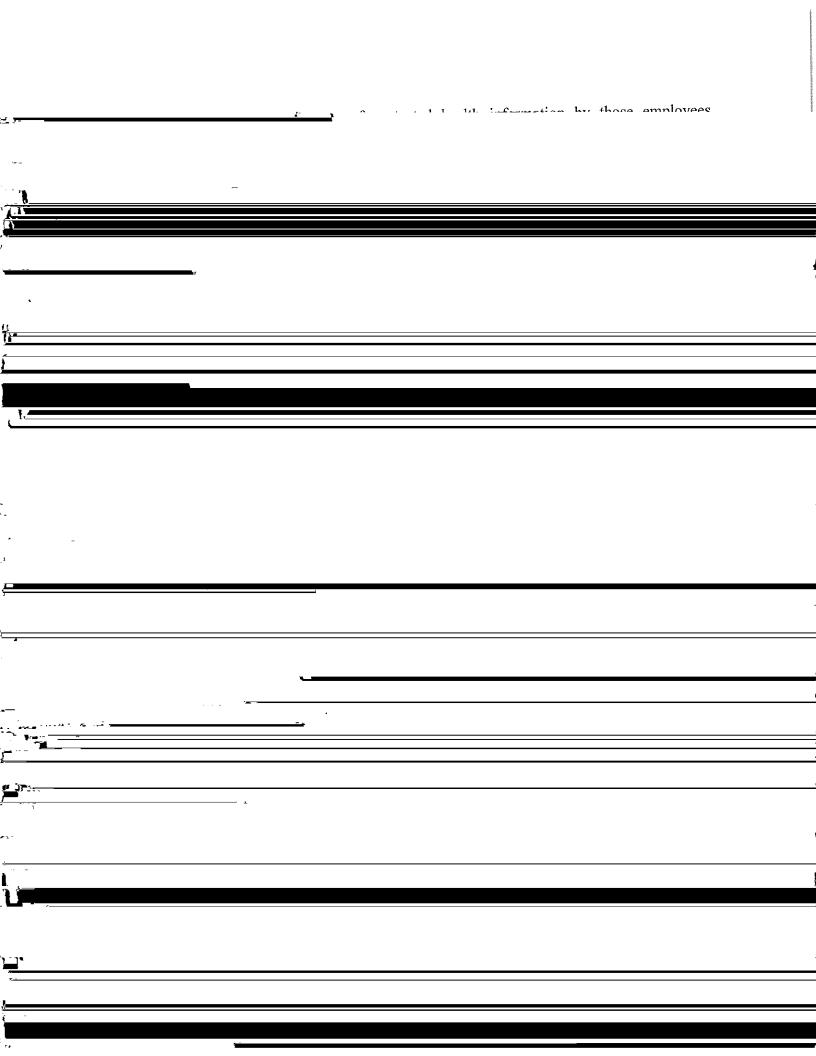
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- (1) Collection of individual premiums or contributions;
- (2) Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, and related functions;







	8.4	Other HIPAA	Rules.		
		(a) Exemp	ot Enrollment Information.	The Plan may disclose to the Plan	
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	who employs the Participant as of the date of the solely responsible for the payment of benefits to s	such Participant and his or her famil	y memoers
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9.10 <u>Severability</u>. If any provision of this Plan shall be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision, and this Plan shall be construed and enforced as if such provision had not been included.

Executed this	4 day of JUNE, 2019.	
Plan Sponsor:	Mulh	<u></u>
By:	SUP FINANCE AND ADMINISTRATION	<u>`</u>
Title:		•
	The	ASUNEN