THIS SUMMARY PLAN DESCRIPTION IS EXPRESSLY MADE PART OF THE MICHIGAN MANUFACTURERS ASSOCIATION WELFARE BENEFIT PLAN OF ABC Manufacturing and Stamping [Employer Name] PROVIDING [Lines of Insurance] [BENEFITS] AND IS LEGALLY ENFORCEABLE AS PART OF THE PLAN WITH RESPECT TO ITS TERMS AND CONDITIONS. IN THE EVENT THERE IS NO OTHER PLAN DOCUMENT, THIS DOCUMENT SHALL SERVE AS A SUMMARY PLAN DESCRIPTION AND SHALL ALSO CONSTITUTE THE PLAN.

ERISA INFORMATION

NAME OF THE PLAN

Michigan Manufacturers Association Welfare Benefit Plan of ABC Manufacturing and Stamping [Employer Name]

NAME AND ADDRESS OF POLICYHOLDER

Michigan Manufacturers Association
620 S. Capitol Avenue
Lansing, MI 48933

POLICYHOLDER IDENTIFICATION NUMBER

38-2290948

EMPLOYER PLAN NUMBER

501

NAME AND ADDRESS OF “PLAN SPONSOR”

ABC Manufacturing and Stamping
1234 Sunshine Street
Happy Place, MI 45678

PLAN SPONSOR EIN

12 - 34567890

NAME AND ADDRESS OF “PLAN ADMINISTRATOR”

ABC Manufacturing and Stamping
1234 Sunshine Street
Happy Place, MI 45678

Please refer to the Michigan Grievance Procedures section which follows for a description of the Michigan specific claim appeals procedures.
NAME AND ADDRESS OF PLAN “THIRD PARTY ADMINISTRATOR”

Michigan Manufacturers Association
620 S. Capitol Avenue
Lansing, MI 48933

TYPE OF PLAN

Employee Welfare Plan including:

Dental, Life, Long Term Disability Benefits

TYPE OF ADMINISTRATION

The above listed benefits are insured by Metropolitan Life Insurance Company, (“MetLife”).

AGENT FOR SERVICE OF LEGAL PROCESS

For disputes arising under the Plan, service of legal process may be made upon the Plan Administrator at the above address. For disputes arising under those portions of the Plan insured by MetLife, service of legal process may be made upon MetLife at one of its local offices, or upon the supervisory official of the Insurance Department in the state in which you reside.

ELIGIBILITY FOR INSURANCE; DESCRIPTION OR SUMMARY OF BENEFITS

Your MetLife certificate describes the eligibility requirements for insurance provided by MetLife under the Plan. It also includes a detailed description of insurance provided by MetLife under the Plan.

PLAN TERMINATION OR CHANGES

The group policy sets forth those situations in which the Policyholder and/or MetLife have the right to end the policy.

The Policyholder reserves the right to prospectively change and the Policyholder and ABC Manufacturing and Stamping [Employer Name] reserve the right to terminate the Plan at any time. Therefore, there is no guarantee that you will be eligible for the benefits described herein for the duration of your employment.

Your consent or the consent of your beneficiary is not required to terminate, modify, amend, or change the Plan.

In the event your coverage ends in accord with the “Termination of Coverage” provision of your certificate, you may still be eligible to receive benefits. The circumstances under which benefits are available are described in your MetLife certificate.

CONTRIBUTIONS

No participant contributions are required for Dental and Life benefits.

Participant contributions are required for Long Term Disability benefits.

Indicate which lines are contributory and which lines are not contributory
The total premium rate for insurance provided under the Plan by MetLife is set by MetLife.

PLAN YEAR

The Plan’s fiscal records are kept on a Plan year basis beginning each ______________ and ending on the following ______________.

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FUTURE OF THE PLAN

It is hoped that the Plan will be continued indefinitely, but the Employer and Michigan Manufacturers Association reserve the right to terminate the Plan in the future and Michigan Manufacturers Association reserves the right to prospectively amend the Plan.