My Company Plan

Appendix to the BESTflex Plan Summary Plan Description and Program Summary

My Plan

Plan Name: Beloit College c/o Board of Trustees Flexible Compensation Plan - B114
Type of Plan: The BESTflexSM Plan

My Plan Dates

Plan Effective Date: January 1
Plan Year: January 1 - December 31

Eligibility

Coverage Type  Eligibility

Dependent Care FSA  Employees hired during the first 15 days of the month will be eligible to participate effective the 16th of the month. Employees hired on the 16th of the month or later will begin participation effective the 1st of following month. Employees must work at least 1000 hours per year.

Health Care FSA  Employees hired during the first 15 days of the month will be eligible to participate effective the 16th of the month. Employees hired on the 16th of the month or later will begin participation effective the 1st of following month. Employees must work at least 1000 hours per year.

My BESTflex Plan Benefits

Group Insurance Premiums

Group Insurance Premiums are automatically withheld from your paycheck for each pay period before taxes for:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Renewal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Insurance</td>
<td>June 1</td>
</tr>
<tr>
<td>Medical Insurance</td>
<td>June 1</td>
</tr>
<tr>
<td>Vision Care</td>
<td>January 1</td>
</tr>
</tbody>
</table>

My BESTflex Plan Accounts

Dependent Care FSA

You use the Dependent Care FSA for daycare expenses that are incurred for the care of your child(ren) or other eligible dependents.

Minimum Plan Year Contribution: None for this plan year
Maximum Plan Year Contribution: $5,000.00

The Dependent Care FSA limits spending to a $5,000 maximum for married and head-of-household filers or $2500 for those who are married and filing separately. If you are married and your spouse is either a full-time student or is physically or mentally incapable of caring for him or herself, the reimbursement limit is $250 in any one month if you have only one dependent or $500 in any one month if you have more than one dependent.

Health Care FSA

You use the Health Care FSA for out-of-pocket, unreimbursed medical, vision, and dental expenses incurred by you, your spouse, or your eligible dependent(s).

Minimum Plan Year Contribution: None for this plan year
Maximum Plan Year Contribution: $2,550.00

The Health Care FSA limits employee salary reduction contributions to the amount listed in the Maximum Plan Year Contribution section above. The limit applies on a per participant basis. Employer contributions to the Health Care FSA are not included in the limit. See the Employer Contributions section below.

My BESTflex Plan Options

Employee Benefits Corporation

Web Address: www.obcflex.com
U.S. Mail: Employee Benefits Corporation
PO Box 44347
Madison, WI 53744-4347

Phone: Monday-Friday, 7:00-5:00 CST
608 831 8445
800 346 2126

Fax: 608 831 4790
Administration Fees
Administrative fees are paid by your employer.

Cash in Lieu of Health Coverage

Health Coverage:
The Employer will pay cash to Employees who waive the "Underlying Medical Plan," that is a major medical plan, if He or She is an "early retiree" under the definition of "Early Retiree" set forth in the Underlying Medical Plan; and He or She is eligible for coverage under the Underlying Medical Plan.

Employer Contributions
Employer makes no contribution for this plan year.

Additional Important Information About Your BESTflex Plan

Claim Reimbursement Process
To receive reimbursement for eligible expenses, you need to submit a claim to Employee Benefits Corporation. You can get account information by calling Participant Services at 800 346 2126.

You may submit claims for eligible expenses incurred during the plan year until March 31, 2017.

Grace Period
Grace Period is not available for this plan year.

Health Care FSA Rollover
The BESTflex Plan Health Care FSA allows up to $500 to be rolled over from the unused balances from the previous plan year. The $500 rollover amount is not included towards your annual election for the future plan year. Reimbursements will be paid out using new dollars first and then rollover dollars.

My Company Information

Contact Person: Human Resources Representative
Employer Name: Beloit College c/o Board of Trustees
Address: 700 College Street
           Beloit, WI 53511
Telephone: (608)363-2630
Federal ID Number: 39-0808497
ERISA Status: The Plan is governed by ERISA.
Legal Plan Name: Beloit College Flexible Compensation Plan
Plan Number: 505
Agent of Process: Lori Rhead
Collectively Bargained: No

Legal Information
Your company, Beloit College c/o Board of Trustees, has adopted the BESTflex Plan (the Plan) and has engaged Employee Benefits Corporation, P.O. Box 44347, Madison, WI, 53744 (telephone: 608 831 8445; toll free: 800 346 2126), to provide services related to the Plan. For purposes of federal law, the Employer is the Plan Sponsor and the Plan Administrator.