

**ADDENDUM TO EXHIBIT A  
AGREEMENT FOR PLAN SUPERVISOR**

**CITY OF BROKEN ARROW**

**The Effective Date of this Addendum is January 1, 2016.**

1. The following information is being provided to the undersigned pursuant to Prohibited Transaction Class Exemption 84-24 issued by the U.S. Department of Labor in order to exempt the proposed transactions between the Plan, Plan Sponsor and Plan Supervisor from any applicable prohibited transaction or provisions of ERISA. The following information is being provided to permit Plan Sponsor, as Plan Administrator to determine the compensation received by Plan Supervisor in the form of commissions, service fees and other similar payments is reasonable, that the services provided are necessary for the operation of the Plan and the provision of services by Plan Supervisor is in the best interest of the Plan.
2. The commission, installation, service fees, compensation arrangements and other similar payments to be provided under the Agreement are as set forth below. It is understood, however, that PPO Access Fees and other vendor fees, if applicable, are subject to the terms and conditions of the underlying agreement and may be subject to change at times other than the renewal date of this Agreement.
3. Plan Sponsor has agreed that the following additional services are to be performed by Plan Supervisor pursuant to the terms and conditions set forth in this Addendum:

|   |                            |                                |
|---|----------------------------|--------------------------------|
| <input checked="" type="checkbox"/> <b>Wellness Program</b><br><u>Description of Fee - per employee per month</u><br>• Personalized Prevention (wellness vendor)<br>o For Billing Purposes Only | <b>Total Fee</b><br>\$2.50 | <b>Fee to Vendor</b><br>\$2.50 |
| <input checked="" type="checkbox"/> <b>Maternity Program</b><br><u>Description of Fee - per employee per month</u><br>• Alere Maternity Program Fee   | <b>Total Fee</b><br>\$0.75 | <b>Fee to Vendor</b><br>\$0.14 |

**ACKNOWLEDGMENT AND APPROVAL**

The undersigned Plan Sponsor hereby certifies that he/she (1) is authorized to sign on behalf of the Plan Administrator and the Plan, (2) acknowledges receipt of the foregoing explanation of services and fees and has read and understands it, and (3) approves the purchase of such insurance (if applicable) and the payment to Plan Supervisor of such sales commissions, service fees and other compensation arrangements as listed. This addendum is hereby incorporated into the Agreement.

**PLAN SPONSOR & PLAN ADMINISTRATOR**

**CORESOURCE, INC.**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Benjamin Frisch

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Title: \_\_\_\_\_

Title: Regional President

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Approved as to Form:  
 City of Broken Arrow 