

AMENDMENT TO BENEFIT SERVICES MANAGEMENT AGREEMENT

FOR

CITY OF BROKEN ARROW

The Benefit Services Management Agreement (“Agreement”) between **GILSBAR, L.L.C. now known as HealthComp Holding Company, LLC and its subsidiaries HealthComp Integrated Solutions, LLC and Gilsbar, L.L.C.** (the “Benefit Services Manager” or “BSM”) and **CITY OF BROKEN ARROW** (the “Employer”) relating to the Employee Welfare Benefit Plan established by Employer to provide certain welfare benefits to eligible participants (the “Plan”) effective JANUARY 1, 2022, is hereby amended effective JULY 1, 2023.

The Employer will be referred to as “Plan Sponsor” and “Plan Administrator” throughout this Agreement, depending on the Employer’s role. The BSM and the Plan Sponsor are not fiduciaries of the Plan. The Plan Administrator is the Plan fiduciary. All references written in male gender shall also include female gender, as applicable.

Beginning with the effective date of this amendment, the Agreement is amended as follows:

- 1) By deleting in its entirety, paragraph 8.18. found in the original Agreement dated January 1, 2022, under the section entitled “FEE SCHEDULE” and replacing it with the following:

8.18. In addition, the Plan Sponsor's Broker, Alliant Insurance Services, Inc., is compensated \$17.50 per employee per month for medical plan participants and is paid stop loss commissions as follows:

N/A	of Gross Aggregate Stoploss premiums
N/A	of Gross Specific Stoploss premiums
N/A	of Gross Life Insurance premiums
N/A	of Gross AD&D Insurance premiums
N/A	of Gross Dependent Life Insurance premiums
N/A	of Gross Dental Insurance premiums
N/A	of Gross LTD Insurance premiums
N/A	of Gross Monthly Aggregate Accommodation premiums

- 2) No Intent to Modify Further. All provisions of the Agreement and prior amendments to the Agreement that are not expressly modified by this amendment shall remain unchanged.

IN WITNESS WHEREOF, this Agreement is executed by authorized representatives of the parties. The parties agree that execution of this signature page covers the base Agreement and any applicable Addenda or Fee Schedule.

HEALTHCOMP HOLDING COMPANY, LLC
Benefit Services Manager

CITY OF BROKEN ARROW
Employer, Plan Administrator and Plan Fiduciary

SIGNATURE:		SIGNATURE:	
PRINT NAME:		PRINT NAME:	
TITLE:		TITLE:	
DATE:		DATE:	

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FIDUCIARY ACKNOWLEDGEMENT

The undersigned representative of the Employer hereby acknowledges that in his/her capacity as an independent fiduciary with authority to act on behalf of the Plan, prior to the execution of benefit service agreement and prior to the execution of any policy application or other documents evidencing a sales transaction with respect to the Plan, he/she has received this Amendment to Benefit Services Management Agreement and on behalf of the Plan he/she approves the transaction described above. He/She is not an insurance agent or broker, pension consultant or insurance company involved in this transaction. Further, he/she will not receive any compensation or other consideration, directly or indirectly, for his/her own personal account from any party dealing with the Plan in connection with the transaction.

CITY OF BROKEN ARROW

Plan Fiduciary

SIGNATURE:	
PRINT NAME:	
TITLE:	
DATE:	

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