

Addendum F

Benefits Card Program

Duties and Responsibilities of the Employer

In accordance with Section 3g of the Polestar Benefits, Inc. Administration Agreement, the Employer shall be responsible for the performance of the functions described below:

1. Employer is responsible for all ineligible, unauthorized and unsubstantiated transactions arising under the Benefits Card Program, including but not limited to noncompliance with Revenue Ruling 2003-43 and/or Notice 2006-69 issued by the Internal Revenue Service (the "IRS Requirements"). In no event shall the Administrator be liable for any such transactions. Administrator and Employer agree that the Administrator will not request substantiation of any claims paid with the Benefits Card that are under the limit shown in Addendum C and that Employer will retain this responsibility. In order to perform substantiation, the Employer will request any required documentation from the Employee.
2. In the event that a Benefits Card is used for an ineligible expense, the Employer will use its best efforts to recover the funds from the Participant. The Employer will bear the loss of any uncollectible amounts from Participants, and understands that uncollected amounts may disqualify the Plan, in whole or in part, from receiving favorable tax treatment.
3. The Employer will notify the Administrator as soon as reasonably possible of any suspected or confirmed inappropriate, unauthorized or fraudulent use of a Benefits Card or of a lost or stolen card.

Duties and Responsibilities of the Administrator

In accordance with Section 2b.4 of the Administration Agreement, the Administrator shall be responsible for the performance of the functions described below:

1. The Administrator will provide recordkeeping services relating to account balances and deposit information, activating and reactivating Benefits Cards and responding to Participant inquiries.
2. If a Benefits Card is lost or stolen, upon notification from the Employer or a Participant, the Administrator will cancel access to the corresponding account as soon as it is commercially reasonable to do so.
3. Provide information concerning Plan benefits and reimbursements to Employer and/or participants as needed.
4. Automatically substantiate claims in accordance with the IRS Requirements and substantiate by requesting further documentation from participants any claims in excess of the amount specified on Addendum C.

Employer		Administrator	
Signature		Signature	
Print Name		Print Name	Karen Montgomery
Title		Title	Operations Manager
Date		Date	