

INTRODUCTION

Saint Louis University established the Saint Louis University Dependent Care Plan to be effective July 1, 1991. This booklet is a brief description of the major provisions of the plan.

The Dependent Care Plan lets you pay for eligible child or dependent care expenses with contributions taken from your pay before taxes are withheld. Since these contributions are not subject to Federal Income Tax, Social Security Tax (FICA) or State Income tax, you can, in most cases, receive more value for your money.

Following is a basic outline to serve as an introduction. Please read the rest of this summary plan description (SPD) for details.

What happens if the benefit I elect is not used?

It is important to make sure your expenses for dependent care for the plan year will equal or exceed the amount of benefit you elect. Tax regulations require that any unused benefit at the end of the processing time for the plan year be forfeited (see Withdrawals).

How do I submit claims?

Claims are filed electronically at www.connectyourcare.com through an individual online account, protected by a participant created username and password. A user specific claim submission form is generated, printed and then faxed to the claims administrator accompanied by itemized receipts. Receipts must include payment amount and service provided.

The Saint Louis University Dependent Care Plan is intended to be a continuing part of your employee benefit program. However, the right is reserved to amend the plan from time to time or to terminate it entirely if conditions warrant.

PARTICIPATION

You are eligible to enroll in the plan if you are a full-time regular member of the faculty or staff other than a member of a collective bargaining unit (unless the collective bargaining agreement provides for coverage under the Plan).

You may enroll during the open enrollment period provided prior to the beginning of each plan year January 1 through December 31, within 31 days of employment, or within 31 days of dependent birth/adoption. **Enrollment outside these periods is not permitted.**

2. Your spouse who
 - (a) is physically or mentally incapable of caring for himself or herself;
 - (b) spends at least eight hours a day in your home; and
 - (c) requires full-time attention.

3. Your relative who
 - (a) is physically or mentally incapable of caring for himself or herself;
 - (b) has an annual income of less than the federal tax exemption amount (\$3,650 in 2010);
 - (c) spends at least eight hours a day in your home; and
 - (d) requires full-time attention.

A relative includes a child, grandchild, sibling, niece, nephew, parent, grandparent, aunt or uncle, and in-law.

4. Any individual who

WITHDRAWALS

Money contributed to the Dependent Care Plan may be withdrawn as eligible expenses by submitting a

If you change the amount of your contribution because of a change in employment or family status, the new amount authorized should be the total amount you want to have deducted over the remainder of the year. Your new contribution for each pay period will be established by dividing the amount specified by the remaining pay periods. However, your total contributions cannot exceed the annual contribution limits established under the plan (\$5,000).

If you decide to have amounts deposited into the Dependent Care Plan and you terminate employment before December 31, you will not be penalized. You will have up until the end of the plan year to submit claims for expenses incurred during the plan year and prior to the last day of the month in which you were terminated. You will have until March 31 to actually submit reimbursement requests to claim any amounts remaining in your account when you terminated. **After you terminate, no more amounts can be deposited into your account.**

If you do not have a qualified employment or family status change, you cannot change your contribution during the plan year. You will be required to maintain your contribution even if expenses are no longer being incurred.

An annual enrollment period will be provided during which you may change the amount of your contribution for the next plan year. You **MUST** reenroll during open enrollment to utilize the benefit in the following calendar year. Elections do not carry over from one calendar year to the next. If you are eligible, but not currently participating, you may enroll at that time.

ADDITIONAL INFORMATION

Plan Name: Saint Louis University Dependent Care Plan

Plan Sponsor: Saint Louis University
3545 Lindell Boulevard
St. Louis, Missouri 63103

Type of Plan: Welfare benefit plan to permit pre-tax contributions to reimburse dependent care expenses.

Date of End of Plan Year: December 31.

Agent for Service of Legal Process: The Plan Administrator is the agent for service of legal process with respect to all matters relating to the Saint Louis University Dependent Care Plan. Process may be served at the address shown below.

Plan Administrator: Saint Louis University
(Vice President of Human Resources)
3545 Lindell Boulevard
St. Louis, Missouri 63103
Telephone: (314) 977-5847

Plan Amendment and Termination. The University reserves the right to terminate, withdraw, amend, or modify the plan, in whole or in part, at any time, subject to the applicable provisions of the Plan Instrument.

Impact on Your Social Security Benefits. One of the purposes of this plan is to have elected contributions taken out of your pay on a pre-tax basis. That is, you do not pay federal and state income tax or FICA (social security tax) on the contributions. Since the monthly retirement benefit you receive from Social Security at age 65 is based on taxable earnings throughout your career (up to the annual retirement benefit wage base; \$106,800 in 2010) your social security benefit at retirement may be slightly affected. To determine the extent of any benefit decrease, you should contact your local Social Security office for an estimate.

CLAIMS AND APPEAL OF DENIED CLAIMS

A claim for benefits will be reviewed according to the procedure described below. In the event a claim for benefits is denied, the employee or person making the claim is subject to the appeal procedure described below.

ConnectYourCare will process requests for reimbursement of health care or dependent care expenses. If a request for reimbursement or other claim is denied, you will be told in writing, generally within 90 days after the claim is received. That reply will include:

- the specific reasons for the denial;
- references to the pertinent provisions of the plan;
- a description of any additional information which is necessary and why; and
- information about the steps to take to appeal the claim.

If a reply cannot be made within 90 days, ConnectYourCare will provide you a written notice explaining the reasons. Any extension of time will be for not more than another 90 days.

After receiving a reply, you have a right to request a review of any denied claim by writing to the Plan Administrator within 60 days after you receive the denial notice. In your request you should list the issues and comments you would like to have considered. You may, at a reasonable time and place, inspect relevant documents, which may affect your claim.

Within 60 days after your request for review is received, you will receive a final written reply. In the case of a continued denial, you will be given the specific reasons and the provisions on which the denial is based. If the review cannot be made within 60 days, you will be notified in writing with the reasons for the delay.

PLAN PARTICIPANTS' RIGHTS UNDER ERISA

Under the Employee Retirement Income Security Act of 1974 (ERISA) you have certain rights and protections. Included are the rights to receive certain plan information and to file suit if you feel your rights have been violated.

Specifically, ERISA provides that all plan participants are entitled to:

- Examine, without charge, at the Plan Administrator's office and at other locations, all plan documents and copies of all documents filed by the plan with the U.S. Department of Labor such as detailed annual reports and plan descriptions.

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- Obtain copies of all plan documents and other plan information upon written request to the Plan Administrator.

- Receive a summary of the plan's annual financial report. The nctnce (1i((dpo)-5(b)-6(y)201