

IN WITNESS WHEREOF, the Employer has executed this Plan as of the date set forth below.

Resolution # 178-10-11

EMPLOYER'S ACKNOWLEDGMENT

As evidenced by the formal execution of this document, the undersigned Employer adopted and established this Plan on the Effective Date as the Flexible Benefits Plan of the undersigned Employer. In doing so, the undersigned Employer acknowledges that the Summary Plan Description ("SPD") and this Plan document are important legal instruments with significant legal and tax implications.

The Employer also acknowledges that it has read this SPD and the Plan document in their entirety, has consulted independent legal and tax counsel other than representatives of American Family Life Assurance Company of Columbus (Aflac), to the extent considered necessary, and accepts full responsibility for participation of Employees hereunder and the operation of the Plan. The Employer acknowledges that as sponsor, and Plan Administrator, it shall have sole responsibility to comply with all filing, reporting, and disclosure requirements imposed by the DOL, IRS, or any other government agency, specifically including, but not limited to creating and filing, Form 5500s, and preparing and distributing SPDs. Furthermore, the Employer further acknowledges that it shall bear sole responsibility for amending the Plan as necessary to ensure compliance with applicable tax, labor, and other laws and regulations. The Employer acknowledges receipt of the checklist of Plan Sponsor Responsibilities included provided in with the applicable plan document request form and has agreed to the obligations set forth therein.

It is also understood and agreed that American Family Life Assurance Company of Columbus (Aflac), and its Subsidiaries, agents, and representatives, are not providing legal or tax advice to the undersigned Employer in connection with this Plan and that no representations are made by it with respect to the operation of the Flexible Benefits Plan pursuant to the documents provided by American Family Life Assurance Company of Columbus (Aflac) to the Employer.

This Plan shall be construed and enforced according to the Internal Revenue Code of 1986, as amended from time to time, the applicable regulations thereto and the laws of the state of the principal place of business of the Employer.

IN WITNESS WHEREOF, the Employer has caused this Plan and Summary Plan Description to be executed on the day of 18th April 2011 to ratify the adoption of the Plan adopted and effective as of the Effective Date.

WITNESS:

Employer: TEXAS COUNTY
By: [Signature]
Title: Chairman of Board of Commissioners
Date: 4-18-2011

Corporate Office,

ATTACHMENT I - SUMMARY PLAN DESCRIPTION



Other: **OTHER**, provided the Employee completes an SRA selecting such benefits.

BENEFITS PROVIDED UNDER THE PLAN

The following Benefit Plans and Policies subject to the terms and conditions of the Plan are available for election by eligible Employees. The maximum a Participant can contribute via the SRA is the maximum aggregate cost of the Benefit Plans or Policies elected minus any Nonelective Contribution made by the Employer. It is intended that such Pre-tax Contribution amounts shall, for tax purposes, constitute an Employer contribution, but may constitute Employee contributions for state insurance law purposes. Copies of the Benefit Plans or Policies (or a list of eligible Policy numbers) shall be attached as an appendix to this Plan.

- Medical Coverage
- Vision Care Coverage
- Disability Income - Short Term (A&S)
- Cancer Insurance
- Group Dental Coverage
- Group Term Life Insurance
- Disability Income - Long Term (LTD)
- Intensive Care Insurance
- Accident Insurance
- Hospital Indemnity Insurance (HIP)
- Specified Health Event
- Personal Sickness Indemnity (PSI)
- Medical Care Expense Reimbursement described in Appendix I to this SPD, not to exceed \$ 0 per Plan Year pursuant to the **TEXAS COUNTY** Medical Care Expense Reimbursement Plan.

Name and Address of Medical Care Expense Reimbursement Plan
COBRA Administrator (if applicable): _____

- Dependent Care Expense Reimbursement described in Appendix I to this SPD, not to exceed \$5,000 per Plan Year or \$2,500 for married filing separate returns pursuant to the **TEXAS COUNTY** Dependent Care Expense Reimbursement Plan.
- Health Savings Account (as defined in Code Section 223) established with the following
Custodian/Trustee: _____
- Opt-out Option: See Employer enrollment material.

THE FUNDING AGENT

The Employer selects the following Funding Agent for the Plan (check one):
 The Employer, which will comply with the requirements of Article VII of the Plan.
 The Flexible Benefits Trust created concurrently with the execution of the Plan, which shall receive contributions under the Plan in accordance with Article VII of the Plan.

ADMINISTRATIVE EXPENSES

Administrative Expenses incurred in operating the Plan shall be paid by (check one):
 The Employer, except as otherwise noted in the Plan.
 The Participants, except as otherwise noted in the Plan.

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April 7, 2011

**MARCIA HOLLINGSHEAD
TEXAS COUNTY
P. O. BOX 197
GUYMON, OK 73942**

Dear **MARCIA HOLLINGSHEAD**:

Thank you for choosing Aflac's Flex One® flexible benefits plan to meet your cafeteria plan needs. Enclosed is a packet with the forms necessary to amend your Flex One cafeteria plan documents, including the following:

- **Employer's Acknowledgement.** Please have the enclosed Employer's Acknowledgement completed, signed, dated, and filed as an amendment to your existing plan documents.
- **Plan Information Summary.** Copy the enclosed Plan Information Summary of the Summary Plan Description (SPD) and distribute it to each eligible employee (regardless of whether he or she actually chooses to participate), and file the original as an amendment to your existing plan documents.

Please disregard any enclosed pages that do not pertain to your requested change.

We value you as a customer of Aflac Benefit Services/Flex One. If you need our help or if you have any questions, please visit aflac.com or call us toll-free at 1-800-32-FLEX1 (1-800-323-5391). Our customer service representatives are here to assist you Monday through Friday from 8 a.m. to 7 p.m. Eastern time. Please note that we also provide 24-hour access to your plan information through our toll-free IVR system at 1-877-FLEX-IVR (1-877-353-9487).

Sincerely,

Aflac Benefit Services Department

Enc.

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AMENDLTR