MZQ Consulting, LLC Prototype Health & Welfare Wrap Plan and Summary Plan Description Adoption Agreement

This Adoption Agreement, together with (1) the MZQ Consulting, LLC Prototype Health & Welfare Wrap Plan and Summary Plan Description (the "Prototype Document"), and (2) the related summaries, certificates, contracts, agreements and insurance policies, constitute the official Plan Document and Summary Plan Description governing the Plan. These documents are available for review during normal work hours. You may also request copies of these documents. If a summary differs from the underlying contract, agreement, or insurance policy, the underlying document will control. In addition, the Plan Administrator or other personnel cannot modify the terms of the Plan through written or oral statements.

This Adoption Agreement/Prototype Document describes the plan as in effect on the effective date listed below. Prior versions of the Plan may have been in effect prior to the effective date.

Effective Date for Current Plan Document: January 1, 2025

I—GENERAL PLAN INFORMATION

A. Official Plan Name:	Young Life US Health & Welfare Church Plan
B. Name of Plan Sponsor:	Young Life
C. Address of Plan Sponsor:	420 N. Cascade Avenue Colorado Springs, CO 80903
D. Phone Number of Plan Sponsor:	719-381-1950
E. Plan Sponsor's EIN:	84-0385934
F. Plan Number:	505
G. Type of Plan:	Welfare Benefit Plan
H. Plan Year:	January 1 - December 31
I. Plan Administrator:	Young Life 420 N. Cascade Avenue Colorado Springs, CO 80903
J. Agent for Service of Legal Process:	Young Life 420 N. Cascade Avenue Colorado Springs, CO 80903
K. The following related employers also participate in the Plan:	Not Applicable
L. COBRA Administrator:	UMR P.O. Box 8022 Wausau, WI 54402-1206

II—BENEFITS

The chart below identifies (1) the component benefits available under the Plan, (2) the insurer or third-party administrator responsible for the administration of the benefit, (3) any applicable policy or group number, and (4) the address for the administrator of the benefit.

The benefits listed with a "*" next to them may be paid for on a pre-tax basis through the Plan Sponsor's Cafeteria Plan.

Benefit Type	Insurer/Administrator	Policy/Group Number	Address
Medical*	UMR	PPO/Non-PPO 90/70 Medical Insurance Plan (self-insured) (Group Number: 7670-00-410569) PPO/Non-PPO 80/50 HDHP Medical Insurance Plan (self-insured) (Group Number: 7670-00-410569)	P.O. Box 30546 Salt Lake, UT 84130-0546
Dental*	Delta Dental of Colorado	Dental Insurance Plan (self-insured) (Group Number: 5735)	PO Box 173803 Denver, CO 80217
Vision*	VSP Vision Care, Inc.	Vision Insurance Plan (self-insured) (Group Number: 12011603)	3333 Quality Drive Rancho Cordova, CA 95670
Life	Sun Life Assurance Company of Canada	Life Insurance Plan for Full-Time Employees (Group Number: 956028-001) Life Insurance Plan for Part-Time Employees (Group Number: 956028-001) Life Insurance Plan for Employees age 70 or Older (Group Number: 956028-001)	One Sun Life Executive Park Wellesley Hills, MA 02481
AD&D	Sun Life Assurance Company of Canada	Accidental Death and Dismemberment Insurance Plan for Full-Time Employees (Group Number: 956028-001) Accidental Death and Dismemberment Insurance Plan for Part-Time Employees (Group Number: 956028-001) Accidental Death and Dismemberment Insurance Plan for Employees age 70 or Older (Group Number: 956028-001)	One Sun Life Executive Park Wellesley Hills, MA 02481

Disability	Continental American Insurance Company (Aflac)	Disability Insurance Plan (Group Number: 25887)	P.O. Box 84075 Columbus, GA 31993-9103
Long-Term Disability	Sun Life Assurance Company of Canada	Long-Term Disability Insurance Plan (Group Number: 956028-001)	One Sun Life Executive Park Wellesley Hills, MA 02481
Health/Dependent Care FSA*	UMR	Health/Dependent Care FSA Plan	P.O. Box 8022 Wausau, WI 54402-1206
Accident	UnitedHealthCare Insurance Company	Accident Insurance Plan (Group Number: 372477)	185 Asylum Street Hartford, CT 06103-3408
Critical Illness	UnitedHealthCare Insurance Company	Critical Illness Insurance Plan (Group Number: 372447)	185 Asylum Street Hartford, CT 06103-3408
Hospital Indemnity	UnitedHealthCare Insurance Company	Hospital Indemnity Insurance Plan (Group Number: 372447)	185 Asylum Street Hartford, CT 06103-3408
Legal	LegalShield	Legal Insurance Plan (Group Number: 0016369)	One Pre-Paid Way Ada, OK 74820

Each of the insurer(s)/administrator(s) listed above produces booklets/certificates describing the benefits available under the Plan. These supplementary materials are part of this Plan document. These materials describe the benefits available under the Plan in detail. If you have not received these materials, please contact the Plan Sponsor for a copy.

III—ELIGIBILITY

The chart below identifies the general eligibility criteria and any waiting periods applicable to benefits offered under the Plan.

Benefit Type	Eligibility Criteria	Waiting Period
Medical, Dental, Vision, Long-Term Disability, Health/Dependent Care FSA	Full-time employees working 30 or more hours per week	First of the month coinciding with or following your date of hire
Life for Full-Time Employees, AD&D for Full-Time Employees	All Full-Time United States Employees working in the United States scheduled to work at least 40 hours per week, excluding Employees who were age 70 or older prior to January 1, 2023.	
Life for Part-Time Employees, AD&D for Part-Time Employees	All Part-Time United States Employees working in the United States scheduled to work at least 10 hours per week, excluding Employees who were age 70 or older prior to January 1, 2023.	
Life for Employees Aged 70 Years or Older, AD&D for Employees Aged 70 Years or Older	All United States Employees who were age 70 or older prior to January 1, 2023 working in the United States scheduled to work at least 20 hours per week.	
Disability	Employees working 20 hours or more per week excluding seasonal and temporary employees	
Accident	Employees working 20 hours or more per week excluding seasonal and temporary employees	First of the month following your completion of 30 days of employment
Critical Illness, Hospital Indemnity	Employees working 20 hours or more per week excluding seasonal and temporary employees	First of the month following your date of hire
Legal	All Employees	First of the month coinciding with or following your date of hire

V—CAFETERIA PLAN

This plan is exempt from ERISA. Any reference in the Plan to ERISA should not be construed as an election by the Employer to subject the plan to ERISA.

The terms of the Cafeteria Plan in the Prototype Document **DO** apply to this Plan.

The Health Care Flexible Spending Account document for this Plan is a component benefit provided through **UMR**.

The Dependent Care Flexible Spending Account document for this Plan is a component benefit provided through **UMR**.

The terms of the Health Care Flexible Spending Account in the Prototype Document **DO** apply to this Plan.

Section G **DOES** apply to this Plan.
Section H **DOES NOT** apply to this Plan.

The terms of the Dependent Care Flexible Spending Account in the Prototype Document **DO** apply to this Plan.

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The Plan Sponsor hereby adopts the MZQ Consulting, LLC Prototype Health and Welfare Plan Document and Summary Plan Description and this Adoption Agreement effective as of the effective date above.

YOUNG LIFE

By: _____

Title: _____

Date: _____