

**PLAN DOCUMENT AMENDMENT NO. VIII
ST. MARTIN PARISH SCHOOL BOARD
GROUP# SMP0705
EFFECTIVE DATE OF GROUP 07/01/2005
EFFECTOVE DATE OF AMENDMENT 04/01/2009**

This Amendment is prepared at the request of St. Martin Parish School Board by Benefit Management Services to be effective 04/01/2009.

The Plan is amended as set forth herein. All of the provisions, definitions, procedures, conditions, limitations, and exclusions of the Plan are applicable to this Amendment, unless they conflict with this Amendment. If they conflict with the Plan, or if any other Amendment or Endorsement to this Plan issued heretofore conflict with this Amendment, this Amendment shall prevail.

ELIGIBILITY, FUNDING, EFFECTIVE DATE AND TERMINATION PROVISIONS

SPECIAL ENROLLMENT RIGHTS is hereby amended by adding the following:

If an Employee has declined enrollment in the Plan for him or herself or his or her dependents (including spouse) because of coverage under Medicaid or the Children's Health Insurance Program, there may be a right to enroll in this Plan if there is a loss of eligibility for the government-provided coverage. However, a request for enrollment must be made within sixty (60) days after the government-provided coverage ends.

In addition, if an Employee has declined enrollment in the Plan for him or herself or his or her dependents (including spouse), and later becomes eligible for state assistance through a Medicaid or Children's Health Insurance Program which provides help with paying for Plan coverage, then there may be a right to enroll in this Plan. However, a request for enrollment must be made within sixty (60) days after the determination of eligibility for the state assistance.

SCHEDULE OF BENEFITS is hereby amended by restating the following:

The Plan is a plan which contains Network Provider Organization(s). Please refer to your Identification Card for the Network Provider Organization(s) available to you in your area. Additional information regarding Network Provider Organization(s) can be obtained by contacting Benefit Management Services' customer service department at 800/603-2299 available Monday through Friday, 8:00 am until 5:00 pm (CST), or by logging onto their website at www.bmshealth.com.



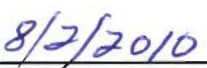
Approved By



Witness



Title



Date

03/27/2009 CG
04/17/2009 CG **Revised**