

ADDENDUM

This Addendum, effective the 1st day of July, 2019, by and between **Tulsa FOP #93 Health and Welfare Trust**, party of the first part, and **Delta Dental Plan of Oklahoma**, party of the second part, forms a part of the Administrative Services Agreement effective the 1st day of July, 2019, except as hereinafter amended or set forth.

It is hereby understood and agreed by the parties hereto that in consideration of the Plan's change of eligibility provisions effective July 1, 2019, Appendix A is hereby amended in part at Section 1.A., which shall hereafter read as follows:

A. ELIGIBLE PERSON

1. Eligible Person is defined as follows:
 - a. A full-time Employee sworn of the Tulsa Police Department or a full-time civilian employee. "Full-time Employee" means an employee who regularly works at least the minimum number of hours in the normal work week set by the Employer.
 - b. The Tulsa Chief of Police.
 - c. A qualified retiree. "Qualified retiree" includes individuals receiving a retirement benefit, and those individuals who defer retirement, including disabilities, after five (5) years of vesting service.
 - d. A surviving Dependent. "Surviving Dependent" means a person covered under the Plan as a Dependent of an enrolled Employee at the time of the Employee's death. The Dependent may continue coverage at his or her own expense if the surviving dependent is the former spouse of the deceased employee or until the maximum age limit for eligibility is attained if the surviving Dependent is a child.
2. The date the Employee becomes eligible for benefits is the first of the month following thirty (30) days of continuous, full-time employment. Employees entering the police academy who are eligible for and have been covered on the City of Tulsa benefit plans will not be required to meet the eligibility waiting period, but rather will become effective on the Trust plan the first of the month following the date the employee enters the police academy.
3. A person may not be simultaneously covered under the Plan as both an Employee and a Dependent, nor may a person be simultaneously covered as a Dependent of more than one Employee.

It is further understood and agreed by the parties hereto that all other terms and provisions of the Administrative Services Agreement remain unchanged and in full force and effect:

IN WITNESS HEREOF, Tulsa FOP #93 Health and Welfare Trust and Delta Dental Plan of Oklahoma have caused this Addendum to be executed, as evidenced by the affixing of their authorized signatures to this Addendum.

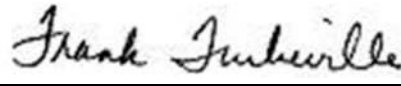
AUTHORIZED SIGNATURES:

DELTA DENTAL PLAN OF OKLAHOMA:

By: 

Lan Miller
Vice President of Sales

August 20, 2019
Date of Signing

Attest: 

Frank Turbeville
Chief Financial Officer

August 20, 2019
Date of Signing

TULSA FOP #93 HEALTH AND WELFARE TRUST:

By: _____

Attest: _____

Date of Signing

Date of Signing