## AMENDMENT #2 TO NATIONAL INSURANCE SERVICES TRUST JOINDER AGREEMENT FOR GROUP TERM LIFE INSURANCE

Employer Plan No: 4192	Carrier: MNL	(For NIS Use Only) Group No. 020386
Employer: Lincoln Count	1	Policy No. 8260 Class No. 01
Employee Class: 01-All E	ligible Employees Not Participating in NACO Blue caska	
between the Administrator certain provisions of the A	of the National Insurance Services Trust Joinder A of the National Insurance Services Trust and <b>Linco</b> l greement effective August 1, 2011 as specified below and conditions, limitations and exclusions of the ent	In County, (the "Employer"), amends w. Provisions under this Amendment
Benefit Change(s):		
	d Benefit Information', under 'A. Administrative', ntirety and replaced with the following:	, item '14. Leaves / Layoffs:' is
'14. Leaves / Layoffs		
Class 01:	Coverage with premium payment while on FMLA I premium payment for up to 12 months while on an a or Temporary Layoff.'	
Rates: The premium r	ates will remain unchanged.	•
	nteed until the next plan renewal date. This rate guar endments requested by the Employer.	arantee will not pertain to adjustments
	a part of the entire contract. It shall continue in force All other terms, provisions and conditions of the en	
Accepted this day	of, <u>2011</u> , for the above-named	l Employer.
Ву:	By:	
Signature	By:Signature	
Print Name and Title	Print Name and Title	3
	Accepted for NATIONAL INSUI by Administrator, N Services of Wiscons	

This signed and executed Amendment must be returned within 20 working days of the date of the Administrator's signature in order to insure acceptance of the Amendment as outlined.

## AMENDMENT #3 TO NATIONAL INSURANCE SERVICES TRUST JOINDER AGREEMENT FOR GROUP TERM LIFE INSURANCE

Employer Plan No: 4208	Carrier: MNL	(For NIS Use Only) Group No. 020386 Policy No. 8299
Employer: Lincoln County		Class No. All
Employee Class: All Insured Classificat	ions	
This Amendment, made part of the Nation between the Administrator of the Nation certain provisions of the Agreement effe Amendment are subject to all the terms a otherwise stated herein.	al Insurance Services Trust and <b>Lincoln</b> ctive February 1, 2011 as specified below	County, (the "Employer"), amends w. Provisions under this
Benefit Change(s):		
• Under 'Insurance and Benefit Info Layoffs:' is hereby deleted in its ent	ormation' under 'A. <u>Administrative</u> ' th cirety and replaced with the following:	e item entitled '14. Leaves /
'14. Leaves / Layoffs: Classes 01 – 05:	Coverage with premi	ium payment while on FMLA leave; ium payment for up to 12 months d Leave of Absence or Temporary
Rates: All premium rates will remain	n unchanged.	
The above rates are guaranteed until the in premium rate due to amendments requ	e next plan renewal date. This rate guar uested by the Employer.	rantee will not pertain to adjustments
This Amendment becomes a part of the govern the entire contract. All other terrexcept as stated above.	entire contract. It shall continue in force ms, provisions and conditions of the enti	under the same provisions that ire contract remain unchanged
Accepted this day of	, <u>2011</u> , for the above-named I	Employer.
Ву:	Rv <sup>.</sup>	
By:Signature	By:Signature	
Print Name and Title	Print Name and Title	
	Accepted for NATIONAL INSUR, by Administrator, Na Services of Wisconsi	
	Druce V	Mille

This signed and executed Amendment must be returned within 20 working days of the date of the Administrator's signature in order to insure acceptance of the Amendment as outlined.

Date: July 20, 2011