

Diocese of Central Florida, Incorporated Cafeteria Plan

The undersigned Participating Employer hereby agrees to adopt the Diocese of Central Florida, Incorporated Cafeteria Plan. Any reference to the "Employer" in the Plan is also a reference to the Participating Employer, unless otherwise noted.

PARTICIPATING EMPLOYER INFORMATION:

Name: _____

Address: _____

City, State, Zip Code: _____

EMPLOYER IDENTIFICATION NUMBER (EIN): _____

FORM OF BUSINESS: _____

EFFECTIVE DATE:

___ New plan. The Participating Employer is adopting this Plan as a new Plan effective

___ Restated plan. The Participating Employer is adopting this Plan as a restatement of

(a) This restatement is effective _____

(b) The original effective date of the plan(s) being restated is: _____

SIGNATURE. By signing this Participating Employer Adoption Page, the Participating Employer agrees to adopt (or to continue its participation in) the Diocese of Central Florida, Incorporated Cafeteria Plan ("Plan"). The Participating Employer agrees to be bound by all provisions of the Plan as completed by the signatory Employer, unless specifically provided otherwise on this Participating Employer Adoption Page. The Participating Employer also agrees to be bound by any future amendments (including any amendments to terminate the Plan) as adopted by the signatory Employer.

(Name of Participating Employer)

(Name of authorized representative)

(Title)

(Signature)

(Date)