

**AMENDMENT NO. 1  
FOR  
MERCER-AUGLAIZE EMPLOYEE BENEFIT TRUST  
BASIC/MAJOR MEDICAL  
EMPLOYEE BENEFIT PLAN**

I. Effective July 1, 2006, the section "SCHEDULE OF BENEFITS" shall be amended as follows:

In the subsection "Major Medical Expense Benefit," under the heading "Major Medical Expense Benefits Maximums Per Covered Person Per Calendar Year For:" the item "Well Child Care – age 1 to age 9" shall be deleted in its entirety and the following substituted therefore:

Well Child Care – age 1 to age 9	\$500
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II. Effective January 1, 2006, the section "SCHEDULE OF BENEFITS" shall be amended as follows:

In the subsection "Major Medical Expense Benefit," under the heading "Major Medical Expense Benefits Maximums Per Covered Person Per Calendar Year For:" the following item shall be added:

Chiropractic Care	24 Visits
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III. Effective July 1, 2006, the section "SCHEDULE OF BENEFITS" shall be amended as follows:

In the subsection "Major Medical Expense Benefit," under the heading "Benefit Description," the item "Well Child Care & Immunizations" shall be deleted in its entirety and the following substituted therefore:

<b>BENEFIT DESCRIPTION</b>	<i>(% of customary and reasonable amount)</i>
<b>Well Child Care &amp; Immunizations</b> Limitation: birth to age 1 - \$500 <i>maximum benefit</i> age 1 to age 9 - \$500 <i>maximum benefit</i> per calendar year	80%

IV. Effective January 1, 2006, the section "**SCHEDULE OF BENEFITS**" shall be amended as follows:

In the subsection "**Major Medical Expense Benefit**," under the heading "**Benefit Description**," the item "**Chiropractic Care**" shall be deleted in its entirety and the following substituted therefore:

<b>BENEFIT DESCRIPTION</b>	(% of <i>customary and reasonable amount</i> )
<b>Chiropractic Care</b> Limitation: 24 visits per calendar year	80%

V. Effective January 1, 2006, the section "**MEDICAL EXPENSE BENEFIT**" shall be amended as follows:

The subsection "**Major Medical Benefits**," "**Chiropractic Care**" shall be deleted in its entirety and the following substituted therefore:

***CHIROPRACTIC CARE***

***Covered expenses*** include initial consultation, x-rays and treatment, subject to the ***maximum benefit*** shown on the *Schedule of Benefits*.

**Received and accepted for: Mercer-Auglaize Employee Benefit Trust**