Idaho School Benefit Trust

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104 E Fairview #259 Meridian, ID 83642

IDAHO SCHOOL BENEFIT TRUST
ADDENDUM TO
EMPLOYER PARTICIPATION AGREEMENT

Plan Year: September 1, 2025 – August 31, 2026

Extension of Contribution Payment Period

This is a 12-Month Binding Contract

The participating school district named below ("Employer") elected to participate in self-funded medical, dental, or vision plans provided by the Idaho School Benefit Trust ("Trust") for purposes of providing health benefits to Employer's employees from September 1, 2025 to August 31, 2026.

1. Participating School District

School District Name: Lakeland School District S272

Mailing Address:_____ City:_____ Zip:_____

District Superintendent:_____

Email:_____ Phone:_____ Fax:_____

2. Supplemental Contribution Assessment. Employer understands and agrees that as a participant in the Trust's self-funded plans, Employer is obligated to pay contributions established by the trustees of the Trust to cover the costs of the benefits provided to Employer's employees. The trustees set contribution rates in advance of the commencement of the plan year on September 1 and retain the legal right to adjust rates as required to pay all claims for benefits and related expenses of the Trust. Employer acknowledges that Employer received notice from the Trust of a supplemental contribution assessment on August 20, 2026 to provide the Trust with sufficient funds to pay claims for benefits received by participants in the Trust's plans, including Employer's employees, during the 2025 – 2026 plan year. Employer further acknowledges that Employer is obliged to pay the supplemental contribution assessment as an ordinary and necessary expense related to Employer's provision of certain benefits to Employer's employees.

3. Election to Extend Payments. By signing and returning this Addendum to the Employer's Participation Agreement with the Trust, Employer is electing to accept the Trust's offer of a payment timing accommodation that would allow Employer to pay Employer's supplemental

contribution assessment in installments over the 12-month period on the following schedule: (a) on the last day of each month, beginning with September 30, 2026, Employer shall remit 1/36th of the total amount of Employer's supplemental contribution assessment; and (b) the unpaid balance remaining shall be due on or before August 31, 2027 unless Employer elects to enter into another 12 month extension addendum covering the next 12-month period. The Trust will make the payment extension option available to Employer for a total of 36 months, at which point Employer will have paid the full amount due.

3.1 Total Amount: Your school district's total contribution amount is **$705,941.28**.

3.2 Monthly Payment: Your school district's monthly payment amount is **$19,609.48**.

3.3 Early Payment: Your school district may pay its total contribution early. If you choose to do so, the Trust will provide you with the amount due at that point. If the Trust achieves savings in the interim, the savings will be factored into the final amount due for early payment.

4. Missed Payments. If Employer is more than 5 business days late with any payment due under this Addendum to the Employer's Participation Agreement with the Trust, then the full unpaid balance of Employer's supplemental contribution assessment will become immediately due and payable.

5. Payment Instructions. All payments made by Employer under this Addendum to the Employer's Participation Agreement with the Trust shall be made directly to the Trust's billing and collection agent, Blue Cross of Idaho.

6. Additional Terms and Conditions. This Addendum is incorporated into and made part of Employer's Participation Agreement with the Trust, and except as expressly modified by this Addendum, Employer's Participation Agreement with the Trust remains in full force and effect.

7. Acknowledgement. I have reviewed this Agreement, including the Trust Benefit Selection Agreement(s) and the Additional Terms & Conditions, which are incorporated herein and made part of this Agreement. On behalf of my Employer, I agree to the terms herein for September 1, 2026, through August 31, 2027.

Signature of Employer Representative (as authorized by the Superintendent):

Signed:_____ Date:_____