COSE MEWA

Specific Employer SPD

This document supplements the Summary Plan Description for the Plan listed below.

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| **Plan Name** |  |
| **Effective Date of Plan** |  |
| **Name, Address and Telephone Number of the Company, which is also the Employer, Plan Sponsor, Plan Administrator, Named Fiduciary and Agent for Service of Legal Process** |  |
| **Employer ID Number** |  |
| **Plan Number** | 501 (or other permitted number) |
| **Additional Plan Eligibility Provisions** |  |
| **Leave of Absence Provisions** |  |