

AMENDMENT VI
TO THE
CAFETERIA PLAN

PREMIUM REDUCTION OPTION PLUS
FLEXIBLE SPENDING ACCOUNTS

As adopted by
Fort Bend County

Flexible Spending Account Election, Health FSA is hereby amended as follows:

- (a) The maximum annual reimbursement amount an Employee may elect for any Plan Year is \$2,700.00.

Such modifications are effective January 1, 2020

In witness whereof, we have executed the Plan Amendment by its duly authorized office,
this _____ day of _____, 2019.

FORT BEND COUNTY

BY: _____
KP George, County Judge

ATTEST: _____