

**AMENDMENT II
TO ADOPTION AGREEMENT FOR
VFIS LENGTH OF SERVICE AWARDS PROGRAM
BEACON HOSE COMPANY #1**

The Town of Beacon Falls hereby amends the Adoption Agreement effective July 1, 1996 and dated June 17, 1996 as follows:

Effective July 1, 2012, Section 5 Members Eligible to Enter the Plan - of the "Agreement" is hereby deleted and the following new Section 5, Member Eligible to Enter the Plan, is substituted in lieu thereof:

SECTION 5

MEMBERS ELIGIBLE TO ENTER THE PLAN SHALL:

- A. Be active Members of the Sponsor or designated company,
- B. Be of Minimum Age 16,
- C. For insurance purposes only, MEMBERS 66 and over must meet the underwriting requirements of the insurance company.

Effective July 1, 2012, Section 6 Entitlement Age - of the "Agreement" is hereby deleted and the following new Section 6 Entitlement Age is substituted in lieu thereof:

SECTION 6

ENTITLEMENT AGE (Retirement Age) shall be (i) a minimum of Age 65 with 1 Year(s) of Plan Participation; or (ii) if a Participant is over Age 65 with at least one Year of Plan Participation elects to accrue Years of service after Age 65 then the Age the Participant attains during the last year of Service completed and credited to the Participant, whichever is greater.

Participants who reach Entitlement Age will begin receiving benefits on the first day of the month following attainment of Entitlement Age.

Effective July 1, 2012, Section 9 Pre-Entitlement Death Benefit - of the "Agreement" is hereby deleted and the following new Pre-Entitlement Death Benefit is substituted in lieu thereof:

SECTION 9

PRE-ENTITLEMENT DEATH BENEFIT:

INSURED (Life Insurance):

The greater of \$10,000 face amount or the present value of the Member's Accrued Benefit.

NON-INSURED:

The pre-entitlement death benefit for members not receiving life insurance coverage is their accrued monthly benefit paid for 10 years to their designated beneficiary.

Town of Beacon Falls has executed this amendment this ____ day of _____, _____.

Signature of Witness

Signature of Plan Administrator

Name Printed

Name Printed

Address: _____

Title: _____

* The individual executing this Amendment must be authorized to act on behalf of the Plan Sponsor