

**AMENDMENT NO. 14
TO THE
MEDICAL EXPENSE REIMBURSEMENT PLAN
OF THE
CENTRAL VALLEY RETIREE MEDICAL TRUST**

The Board of Trustees of the Central Valley Retiree Medical Trust (the "Trust") does hereby amend the "Medical Expense Reimbursement Plan, restated effective January 1, 2021 (Dr. 11/17/20)," and as amended thereafter (the "Plan"), as follows:

1. **Monthly Verification of Recurring Claims Required.** Subsection 3.6(a) in "Benefit Claim Procedure," is revised by deleting the sentence "Documentation must be submitted for each claim, except that documentation of a recurring Covered Expense, under subsection 1.10(a) or (c), must be submitted upon request, but no less frequently than annually," and substituting in its place the following sentence, effective January 1, 2022:

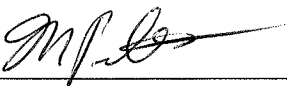
"The Trust Office must receive documentation that satisfies the requirements of both this Subsection 3.6(a) and Subsection 3.6(b) prior to paying each claim, except for documentation of Medicare premiums, which shall be received by the Trust Office at least annually or within 30 days of a change in premium."


2. **Claim Deadline.** Subsection 3.6(e) is deleted and revised to read as follows, effective for claims incurred during January 1 to December 31, 2021 Plan year:

"(e) There is no claims deadline for claims from an Individual Account as a Limited Beneficiary under Section 2.1(b) or (c) hereof. Claims for monthly Plan benefits as a Regular Beneficiary under Section 2.1(a) hereof must be submitted no later than three (3) months after the end of the calendar year in which the Beneficiary made the payment of Covered Expense, i.e., by March 31st following the year of payment. However, the Trust Office may waive the deadline for good cause shown."


Adopted at a Board of Trustees meeting on March 3, 2021, and effective as stated above.

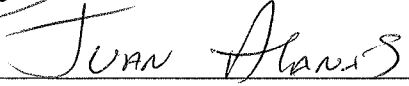
**For the BOARD OF TRUSTEES
CENTRAL VALLEY RETIREE MEDICAL TRUST**



Trustee


Print Name



Trustee


Print Name