SUMMARY OF MATERIAL MODIFICATIONS
FOR THE
ST. FRANCIS HEALTH SERVICES OF MORRIS
EMPLOYEES’ RETIREMENT PLAN

AUGUST 2015

This Summary of Material Modifications (“SMM”) to your Summary Plan Description (“SPD”) describes certain changes that have been made to the Plan. You should keep this SMM with the Plan’s SPD for future reference. Please read this SMM carefully and contact the Plan Administrator with any questions. If there is any discrepancy between the terms of the Plan, as modified, and this SMM, the provisions of the Plan will control.

Employer, Plan Sponsor and Plan Administrator

St. Francis Health Services of Morris
801 Nevada Avenue, Suite 100
Morris, MN  56267-1865

Phone:  (320) 589-2004

Employer Identification Number       Plan Number
41-1484416                             003

Participating Related Employers

In addition to the participating employers listed below, effective January 1, 2015, the following Employer has elected to participate in this Plan:

Zumbrota Health Services       51-0487275
dba Zumbrota Care Center
433 Mill Street
Zumbrota, MN  55992
(507) 732-8400

<table>
<thead>
<tr>
<th>Participating Employer</th>
<th>Business Address</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Aitkin Health Services</td>
<td>301 Minnesota Avenue South</td>
<td>(218) 927-8200</td>
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<tr>
<td>20-3367397</td>
<td>Aitkin, MN  56431</td>
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<tr>
<td>Browns Valley Health Center</td>
<td>114 Jefferson Street South</td>
<td>(320) 695-2165</td>
</tr>
<tr>
<td>41-1668347</td>
<td>Browns Valley, MN  56219</td>
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<tr>
<td>Chisholm Health Center</td>
<td>321 NE 6th Street</td>
<td>(218) 274-7726</td>
</tr>
<tr>
<td>41-1879639</td>
<td>Chisholm, MN  55719</td>
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A list of employers sponsoring this Plan may be obtained by Participants and beneficiaries upon written request to the Plan Administrator, and is available for examination by Participants and beneficiaries as required by law.

**Hour of Service**

An Hour of Service is each hour for which you are paid, or entitled to be paid, including a period of time when you perform no duties due to vacation, holidays, illness, incapacity (including disability), lay-off, jury duty, military duty, or leave of absence.

**Effective January 1, 2015,** Hours of Service performed for Zumbrota Health Services dba Zumbrota Health Center will be counted as Hours of Service for all purposes under this Plan.

Please see the Hour of Service section of the Summary Plan Description for a complete list of all prior service credited under the Plan.
**Benefit at Termination of Employment**

If you terminate employment with your Employer for any reason, you will be vested in a percentage of your individual account determined by the vesting schedule set forth in the Vesting section of your Summary Plan Description. At termination of employment the vested and nonvested portions of your individual account will be treated as follows:

**(A)** If the vested portion of your individual account under this Plan is not greater than $5,000, the vested portion will be distributed to you in a single lump sum payment, not earlier than the first day of the month coinciding with or immediately following your termination of employment, and any nonvested portion of your individual account will be immediately forfeited.

You may elect whether to receive the distribution or to roll over the distribution to another retirement plan such as an individual retirement account (“IRA”). At the time of your termination of employment, the Plan Administrator will provide you with further information regarding your distribution rights. If the amount of the distribution is more than $1,000 and you do not elect either to receive the distribution or to roll over the distribution, then your distribution will be rolled over to an IRA. The IRA provider will invest the rollover funds in a type of investment designed to preserve principal and provide a reasonable rate of return and liquidity (e.g., an interest-bearing account, a certificate of deposit or a money market fund). The IRA provider will charge your account for any expenses associated with the establishment and maintenance of the IRA and with the IRA investments. You may transfer the IRA funds, at any time and without cost, to any other IRA you choose.

**(B)** Effective August 1, 2015, if the vested portion of your individual account under this Plan is greater than $5,000, that amount will be distributable to you pursuant to your choice of benefit as outlined in the Alternate Forms of Benefit section of the Summary Plan Description, provided you and your spouse have made a qualified election to waive a qualified joint and survivor annuity. If you so elect, then any nonvested portion of your individual account will be immediately forfeited. If you do not so elect, then any nonvested portion of your individual account will be held in your individual account until you incur 5 consecutive One Year Breaks in Service, at which time this nonvested portion will be immediately forfeited.

The unvested portion of your individual account is a forfeiture and remains in the Plan to reduce future Employer contributions to the Plan.

If you terminate employment and are partially vested, receive a distribution, and resume employment covered under the Plan, that portion of your individual account which was forfeited will be restored if you repay to the Plan the full amount of the distribution attributable to Employer contributions. The repayment must be made before the earlier of the date you incur 5 consecutive One Year Breaks in Service following the date of distribution, or 5 years from the date of your reemployment with your Employer.
If you are 0% vested in your individual account and terminate employment, you are deemed to have received a distribution pursuant to the above paragraph and your entire individual account will be immediately forfeited. If you resume employment before the date you incur 5 consecutive One Year Breaks in Service, then, upon your reemployment, that portion of your individual account derived from Employer contributions which was forfeited will be restored in an amount equal to the amount forfeited.

**Additional Optional Forms of Benefit**

*Effective August 1, 2015*, in addition to the forms of benefit outlined in the Optional Forms of Benefit section of your Summary Plan Description, if you and your spouse elect not to take a joint and survivor annuity, or if you are not married when your benefits are scheduled to begin, you may elect to take partial withdrawals from the Plan or have your benefit paid in installment payments. Installments payments will be made over a period certain in monthly, quarterly, semiannual or annual cash installments.