



FLEXIBLE BENEFIT PLAN
with Beniversal® MasterCard®
PLAN HIGHLIGHTS*

(page 1 of 2)

A. General Plan Information

1. Employer name: USHG, LLC (dba Union Square Hospitality Group).
Related Employers: Food 2 Lex LLC DBA Maialino; Blue Smoke 102 North End Ave LLC; GT Operating Company LLC DBA Gramercy Tavern; Art Food LLC; Food and Beverage Operations DBA Marta; Porchlight West Chelsea LLC; Union Square Café II LLC; USE LX, LLC; 28 Liberty F&B Management, LLC; Daily Provisions Enterprises, LLC; F&B Management LLC; 215 Tingey Street SE FB Management LLC; 435 West 31st Street B, LLC; 331 PAS F&B Management, LLC; NYMM Retail Management, LLC; USE 1V F&B Management, LLC; NYMM SBX Operations LLC; Domino Park F&B Management, LLC dba Tacocina.
2. Plan name: Union Square Hospitality Group Flexible Benefit Plan.
3. Plan type: The Plan is a welfare plan designed to provide benefits permitted under Section 125 of the Internal Revenue Code (IRC). The Plan name and Plan number should be used in any formal correspondence relating to the Plan.
4. Eligibility requirements: Must be a full-time (as defined by USHG policy) employee of USHG, LLC (dba Union Square Hospitality Group) or related Employer who has completed at least one year of service.
 - *If you or your spouse is reporting contributions to a Health Savings Account (HSA), you are not eligible for a Medical FSA.*
5. The effective date on which you can begin participating in the Plan: On the first of the month once following date of hire.
6. Kinds of group insurance for which you can pay your share of premiums through the Plan: Medical and Dental Insurances.
7. The Plan Year begins on January 1 and ends on December 31.
8. Plan effective date: January 1, 2013.
9. Plan number: 501.
10. Employer ID number: 13-3981536.
11. Name, address and telephone number of the Plan Administrator:
USHG, LLC (dba Union Square Hospitality Group)
853 Broadway, 17th Floor 545
New York, NY 10003
(646) 747-6671
12. Agent for service of process: USHG, LLC (dba Union Square Hospitality Group).

B. Flexible Spending Accounts (FSAs)

1. Types of FSAs

Medical FSA

- (a) Maximum amount you can set aside per Plan Year for reimbursement of eligible medical expenses as defined by IRC Section 213(d) except for insurance premiums: \$3,400.
- (b) For active participants:
 - Eligible services must be provided:
 - after your effective date in the Plan and
 - during the Plan Year.
- (c) If you become ineligible (including termination of employment) during the Plan Year:
 - Eligible services must be provided:
 - after your effective date in the Plan,
 - during the Plan Year and
 - prior to the date on which you become ineligible.
 - The Beniversal Card may no longer be used to access Medical FSA funds. You may submit a claim for reimbursement of eligible expenses.

Dependent Care FSA

- (a) Maximum amount you can set aside per calendar year for reimbursement of eligible dependent care services, as defined by IRC Section 21(b), is limited to the smallest of the following amounts:
 - \$5,000 if single or if married and filing jointly; \$2,500 if married and filing separately.
 - The earned income of the participant.
 - The earned income of the participant's spouse.
- (b) For active participants:
 - Eligible services must be provided:
 - after your effective date in the Plan and
 - during the Plan Year.



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(page 2 of 2)

- (c) If you become ineligible (including termination of employment) during the Plan Year:
 - Eligible services must be provided:
 - after your effective date in the Plan and
 - during the Plan Year in which you become ineligible.

Claims for FSAs

Claim submission time frames

- (a) Claims must be received by Benefit Resource, LLC before the end of the 90 day run-out after the Plan Year ends.
- (b) Claims denied during the run-out may be resubmitted, but must be received by Benefit Resource within 21 days after the run-out ends.
- (c) Eligible participants are allowed to rollover up to \$680 of unused Medical FSA funds on the 15th of the month following the end of the Plan Year. The minimum amount that can rollover must be greater than \$10.
- (d) Any funds remaining in your Medical or Dependent Care FSA after this will be forfeited.

Claim reimbursements

- (a) Complete your claim following all instructions.
- (b) Claims received with proper documentation will be processed within 5 business days.
- (c) Claim reimbursements are processed daily.
- (d) There is a minimum reimbursement amount of \$15 (except during the run-out after the end of the Plan Year).
- (e) A claim should never be submitted for an expense that has been paid for with a Beniversal Card or reimbursed from any other source.

2. Beniversal Card for Medical FSA

- (a) The Beniversal Card allows you to access Medical FSA funds to pay for eligible medical services at qualified merchants.
- (b) The card may only be used to pay for eligible medical services after they have been provided. The IRS allows one exception: eligibility of orthodontia expenses can be based on either date of payment, date of service or payment due date on coupons/statements.
- (c) Payment of a current Plan Year medical service with the card must be completed before the Plan Year ends.
- (d) Once a new Plan Year begins, only Medical FSA funds associated with the new Plan Year will be available on the card.
- (e) You are advised to save all documentation related to medical expenses paid with your card, as IRS regulations require all transactions to be verified for eligibility.
- (f) If a card transaction cannot be automatically verified, you will be contacted to submit documentation for that transaction.
- (g) Medical expenses paid with the card should never be submitted for claim reimbursement.