

SOCIAL SECURITY BENEFIT PLAN FOR WORKERS OF INSTITUTO EDUCATIVO DEL NOROESTE, A.C.

OBJECTIVE OF THE PLAN:

Contribute to the well-being of the personnel at *Instituto Educativo del Noroeste, A.C.* and their relatives who economically depend on them, by providing food coupons in all varieties and/or articles considered as essential, redeemable in the most accepted different local stores and supermarkets, as well as refund of expenses the worker makes in terms of:

- ❖ **Tuitions:** An amount destined to cover expenses originated by resgistration and tuition fees (tuition, registration fees, placement exams, summer-winter courses) of the worker or spouse and children who economically depend on him, as well as child day care fees.
- ❖ **Books and School Supplies:** Books, notebooks, pencils, pens, or other items used in school tasks.
- ❖ **Medical Expenses:** This concept is about the medical fees from workers, their spouse and children who economically depend on them; the professional services fee receipt must have the name of the worker, and the patient's name must be specified.
- ❖ **Medicines:** Medication used by the personnel, spouse, or children who economically depend on him.
- ❖ **Sports fees and memberships:** This concept is about the payment of sports clubs fees, either annually or per semester.
- ❖ **Sports gear:** It is the equipment used to practice any sport, it can be clothes or equipment.
- ❖ **Cultural activities:** All those activities that enrich the culture of workers and their families. The following cultural activities are considered:
 - ❖
 - Plays
 - Visits to museums
 - Concerts
 - Dancing events

Comment: The ticket must include the price.

- Professional services fee receipts, course fees or art courses
- Purchase and development of camera film, as long as it is used for exhibitions, and presenting an attached report.

The worker can choose the proportion of Social Security, which should not be more than 25% of the salary, being the highest a general monthly wage which workers are entitled

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to in purchases of food coupons in all varieties and/or items considered as essential. In no case can liquor, wine, beer and cigarettes can be purchased with coupons.)

The establishments where coupons can be redeemed will be published for the workers' knowledge; those that are more accepted locally will be sought.

Coupons cannot be redemable in the establishments, nor can Money be refunded; they must be used for the total amount.

The Institution is not responsible for loss of coupons, they will not be returned.

It is the worker's responsibility any misuse of the coupons.

APPLICABLE SECTOR

This PLAN will be aplicable to all personnel that work for *Instituto Educativo del Noroeste, A.C.*, derived from the working relation.

BENEFICIARIES

The worker, spouse or concubine, descendants who economically depend on him and live in the same address f the participating worker (parents and children).

TERMINATION OF PARTICIPATION

The worker's participation will terminate when the working relation ends, whatever being the cause for termination.

CONTRIBUTION TO THE PLAN

The institution will cover the equivalent to 90% of the destined expenditures in assistance for tuition, books, school supplies, medical expenses, medicines, cultural activities, sports gear, memberships, and sports fees up to 25% of the worker's salary.

Those workers whose payroll and social security income are seven times more than minimal wage will receive the equivalent to a month's minimum wage as social security.

In order to refund the paid amount, the worker must present receipts of the purchases and/or expenditures made in the current month, always checking that the fiscal requirements are met:

- a) Name, designation or corporate name, address and name of the business' Federal Taxpayers' Registry.
- b) Name, address and the worker's Federal Taxpayers' Registry code
- c) Place and date of issue
- d) Unit price, amount, and the total value in number and letter

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- e) The folio must be printed
- f) Tax amount according to fiscal dispositions
- g) Federal Taxpayers' Registry id from the person issuing the invoice
- h) The date the invoice was printed and the date it expires

INTERRUPTION OF PARTICIPATION

Permission without salary

The worker will be considered an inactive participant and the rights in this plan will be canceled.

MODIFICATION OF THE PLAN

The institution can cancel the validity of this plan or make the changes it considers appropriate in case legal or fiscal dispositions are modified, added, or derogated, when, according to them, any laws, decree, or administrative disposition affects in any way the current plan, or the rights and obligations that currently correspond to the Institution.

ENROLLMENT OR MODIFICATION APPLICATION

By this means, I request my enrollment to the "Social Security Benefit Plan" consisting in the Institution refunding 90% of the total amount in purchases of books, payment of tuition, medical expenses, medicines, cultural and sports activities, as well as assigning a percentage, part of 25% which I am entitled to, in coupons redeemable for all varieties of foods and/or items considered as essential.

Monthly Salary \$ _____ % _____

Distribution of 25% which I am entitled to,
in coupons redeemable for foods \$ _____ % _____

Expenditures within the Social Security
in receipts that meet the fiscal
requirements and that are included
in this plan \$ _____ % _____

Minimum amount to be presented
monthly in receipts that meet fiscal
requirements. \$ _____

The people who economically depend on me and that will be able to benefit from this Plan are:

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Name:

Relation:

Date of Birth:

_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read the plan and I agree with it.

Name: _____ Employee Number: _____

Date: _____ Signtaure: _____