

**BENEFIT PLAN AMENDMENT**

**ARTICLE I  
PREAMBLE**

- 1.1 **Adoption and effective date of Amendment.** The Employer adopts this Amendment to the 8X8 Incorporated (42884) - HCFSA2020 (enter name of Plan) ("Plan") to reflect the 2020 Coronavirus Aid, Relief, and Economic Security Act (CARES Act) concerning claims and reimbursements from the Plan.
- 1.2 The Employer and plan sponsor intend this Amendment as good faith compliance with the Plan provisions. This Amendment shall be effective on or after December 31, 2019.
- 1.3 **Supersession of inconsistent provisions.** This Amendment shall supersede the provisions of the Plan to the extent those provisions are inconsistent with the provisions of this Amendment.

**ARTICLE II  
CLAIMS SUBMISSION AND REIMBURSEMENT**

- 2.1 **Effective Date.** This Amendment is effective as of December 31, 2019.
- 2.2 **Change of Claims and Reimbursements items.** Notwithstanding any provision contained in this Benefit Plan to the contrary, the change in claims terms are amended as follows:

**Debit and Credit Cards**

Purchase of drugs prescribed by a health care provider, including, if permitted by the Administrator, over-the-counter medications and menstrual care products as allowed under IRS regulations are reimbursable by the Plan.

This Amendment has been executed this 17 day of April, 2020.

Name of Employer:

8x8, Inc.

By: 8x8, Inc.

EMPLOYER

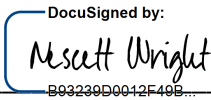
**CERTIFICATE OF ADOPTING RESOLUTION**

The undersigned authorized representative of 8x8, Inc.  
(the Employer) hereby certifies that the following resolutions were duly adopted by Employer on  
April 17th, 2020 (date), and that such resolutions have not been modified or  
rescinded as of the date hereof;

RESOLVED, that the Amendment to the 8X8 Incorporated (42884) - HCFSA2020  
(name of the Plan) (the Amendment) is hereby approved and adopted, and that an authorized  
representative of the Employer is hereby authorized and directed to execute and deliver to the  
Administrator of the Plan one or more counterparts of the Amendment.

The undersigned further certifies that attached hereto is a copy of the Amendment approved  
and adopted in the foregoing resolution.

Date: April 20, 2020

Signed:   
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Nescett Wright/Director, Global Benefits

(print name/title)

**SUMMARY OF MATERIAL MODIFICATIONS (SMM)**

**For the**

8X8 Incorporated (42884) - HCFA2020

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(Name of Plan)

(1) **General.** This is a Summary of Material Modifications regarding the above referenced Plan ("Plan"). This Summary of Material Modifications supplements and amends the Summary Plan Description (SPD) previously provided to you. You should retain this document with your copy of the SPD.

(2) **Identification of Employer.** The legal name, address and Federal Employer Identification number of the Employer are:

8x8, Inc.

EIN: 77-0142404

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Employer name

675 Creekside Way

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Employer street address

Campbell, CA 95008

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Employer city, state and zip code

**BENEFIT PLAN:**

(3) **Description of Modifications.** The Employer has amended your Plan effective as of December 31, 2019.

If you have any questions regarding the application of this provision to you, contact your Employer.

**CLAIMS SUBMISSION AND REIMBURSEMENT**

**Benefit Plan**

Drug costs, including insulin, may be reimbursed. You may be also reimbursed for over-the-counter drugs without a prescription and menstrual care products from the Plan. You may not, however, be reimbursed for the cost of other health care coverage maintained outside of the Plan, or for long-term care expenses. A list of covered expenses is available from the Administrator.