

**July 1, 2012**  
**Summary of Material Modifications**  
**Toys“R”Us, Inc. Benefit Program**

This document serves as a Summary of Material Modifications (“SMM”) and supplements or modifies the information contained in the Toys“R”Us Benefit Program Summary Plan Descriptions dated 2009: Flexible Spending Accounts Plan. This SMM is adopted to incorporate plan provision changes for the 2012-2013 Plan Year and shall be effective as of July 1, 2012 (the “Effective Date”). All other provisions of the SPD will remain unchanged. If there are any discrepancies between the information contained in this SMM and the official written Plan documents, the Plan documents will govern.

1. The following information modifies information in the Toys“R”Us, Inc. Benefit Program Summary Plan Description dated 2009: Flexible Spending Accounts Plan

***Flexible Spending Account Administrator Change***

As of July 1, 2012, PayFlex is the new Health Care and Dependent Care Flexible Spending Account administrator for the Toys“R”Us, Inc. Health Benefit Plan.

PayFlex FSA Services  
P.O. Box 3039, Omaha, NE 68103-3039  
1-800-752-9908  
1-402-231-4310 fax  
<https://toysrus.healthhub.com>

***Claims***

Eligible claims incurred on or after July 1, 2012 should be submitted to PayFlex for reimbursement. Claims incurred before June 30, 2012 must be submitted to the previous FSA administrator, Ceridian Benefits, for reimbursement.

***Claims after you leave the Company, no longer participate, or become ineligible for the Flexible Spending Account (FSA).***

If you leave Toys“R”Us, Inc., no longer participate in the FSA or become ineligible for the FSA, all eligible expenses incurred through the date your employment ends, the date you no longer participate or the date you are no longer eligible, must be submitted by September 30th following the end of the current plan year. For the Health Care FSA, you can be reimbursed only up to the total amount you elected to contribute, minus amounts already paid to you. For the Dependent Care FSA, you can be reimbursed only up to the total amount you actually contributed, minus amounts already paid to you. Any unused balance remaining in your Health Care and/or Dependent Care FSA account(s) after all claims have been submitted will be forfeited.

***Flexible Spending Account Contribution Amounts***

You may contribute up to \$2,500 per plan year to the Health Care Flexible Spending Account.