

ENDORSEMENTS &
AMENDMENTS

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Endorsement and Amendment form.

Policy Number: 5478024

Policyholder: Saucon Valley School District

Insurance Provided: Group Term Life Insurance and Accidental Death and Dismemberment Insurance – Contributory
Group Term Life Insurance and Accidental Death and Dismemberment for Dependents - Contributory

Effective Date: January 1, 2016



Secretary



President and Chief Executive Officer

If this Amendment is unacceptable, please sign below and return this form to Union Security Insurance Company, 2323 Grand Blvd., Kansas City, MO 64108, within **90 days of January 11, 2016.**

IF THIS AMENDMENT IS ACCEPTABLE, NO ACTION IS REQUIRED BY YOU. YOUR LACK OF RESPONSE CONSTITUTES ACCEPTANCE.

By our signature below, we **decline** this Amendment:

Policyholder _____

By _____
Title

Date _____

Union Security Insurance Company 2323 Grand Boulevard Kansas City Missouri 64108-2670

Endorsements & Amendments (continued)

Effective January 1, 2016, the *policy* is amended as follows:

1. The "**Policy Anniversary**" provision, on the face page of the *policy*, is changed so that policy anniversaries will occur on each October 1, beginning October 1, 2016.
2. The 4th paragraph of the "**Amount of Life Insurance**" provision in the **SCHEDULE** will read:
A *covered person* may choose to change the amount of insurance with our approval, from September 1 through September 30 of each year, the annual enrollment period agreed upon by the *policyholder* and us.* A *covered person* must submit *proof of good health* for any such increase in excess of either the Maximum Amount Without Proof of Good Health, or in excess of \$20,000 annually. Once *proof of good health* has been submitted and approved, the *covered person* may elect to increase the amount, during any future annual enrollment period, by \$20,000 annually, without submitting additional *proof of good health*.