



P.O. Box 1650 • Little Rock, AR 72203-1650

AMENDMENT NO. 3

This amendment forms a part of group policy No.: **50001843**

Issued to the Policyholder: **CITY OF LINCOLNTON**

The Group Insurance Policy is hereby amended as follows:

Anniversary Date: January 1, 2017 and Each Succeeding January 1

Renewal Date: January 1, 2018 and Each Succeeding January 1

Annual Enrollment Date: January 1 of each year

This amendment changes your policy. The amendment is valid only if notice is given of the amendment and you accept it. Retention of the amendment and payment of the next premium due will constitute acceptance of the amendment by you.

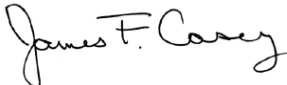
The effective date of this amendment is: August 1, 2016

The policy's terms and provisions will apply other than as stated in this amendment.

Dated at _____ this _____ day of _____,
(City, State)

CITY OF LINCOLNTON
(Policyholder)

(Signature)

US Able Life

President



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NOTICE OF CHANGE

Group Number: **50001843**
Policyholder: **CITY OF LINCOLNTON**
Effective Date of Change: **August 1, 2016**

Your Voluntary Short Term Disability Certificate is hereby amended as follows:

Annual Enrollment Date: January 1 of each year

This Notice of Change is part of the certificate to which it is attached.

Signed for US Able Life at Little Rock, Arkansas, as of the Effective Date of Change.

US Able Life

A handwritten signature in cursive script that reads "James F. Casey".

President