

AMENDMENT

POLICYHOLDER: Tyrrell County Government

POLICY NUMBER: 00618969

EFFECTIVE DATE OF THIS AMENDMENT: July 01, 2019

ISSUE DATE: May 28, 2019

As of the Effective Date of this Amendment, the Policy specified above is amended by the provisions shown below:

The following page attached to this Amendment is added to the policy:

POL136(2)

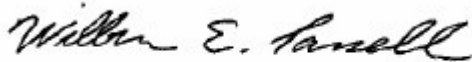
Certificate 00618969 Open Access Plus effective July 01, 2018 is NULL and VOID and is replaced by Certificate 00618969 Open Access Plus effective July 01, 2019.

Certificate 00618969 DPPO Plan effective July 01, 2018 is NULL and VOID and is replaced by Certificate 00618969 DPPO Plan effective July 01, 2019.

CIGNA HEALTH AND LIFE INSURANCE COMPANY



Anna Krishtul, Corporate Secretary



Wilbur E. Parsell, Registrar

ACCEPTED BY:

Policyholder Representative	Title
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	Date
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THE INSURANCE SCHEDULE

The terms set forth herein and in the Certificate(s) listed below describe the insurance underwritten by the Insurance Company. These Certificates are included in and made a part of the policy(ies). Each Certificate is identified by a Certificate Indicator.

Any reference in the certificate to “you” or “yours” refers to the Employee.

An Employee in any of the classes shown below may be insured but only for the policy(ies) listed for his Employee Class. The Effective Date shown below is the date on which a policy becomes effective for an Employee Class.

An Employee will become eligible and insured in accordance with the terms of the “Eligibility” and “Effective Date” sections of the Certificate.

<u>GROUP POLICY(IES)</u>		<u>EMPLOYEE CLASS</u>	
<u>Certificate Indicator</u>	<u>Policy(ies)</u>	<u>Eligible Employees</u>	<u>Effective Date</u>
00618969	Open Access Plus	Each employee as reported to the insurance company by your Employer.	07/01/2019
00618969	DPPO Plan	Each employee as reported to the insurance company by your Employer.	07/01/2019