



Stokes County Schools  
Kayla Duggins  
100 Courthouse Cir  
Danbury, NC 27016

October 27, 2015

Group Number: TM 05988526-G

Dear Kayla Duggins:

Thank you for your continued business. At MetLife, we take pride in keeping up-to-date customer records. This helps to ensure that we have an accurate benefit plan on file in order to provide you and your employees with extraordinary service.

Enclosed are two copies of the Policy Amendment for your group insurance. These pages need to be signed by the Executive Correspondent. Once signed, please retain one copy of the Policy Amendment page for your records and return the remaining signed copy of the Policy Amendment page to MetLife within seven (7) days to the address that appears in the bottom left hand corner of this letter. Please do not return to the New York address on the attached Amendment.

You will be receiving a supply of riders to distribute to your employees.

Thank you for your prompt attention to this request. If you have any questions regarding this information, please contact our Customer Service Center at 1-800-275-4638 or e-mail us at [ASK4MET@metlifeservice.com](mailto:ASK4MET@metlifeservice.com).

Sincerely,

Small Market Customer Service Center



# MetLife®

Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166-0188

## POLICY AMENDMENT

**Group Policy No.:** TM 05988526-G

**Policyholder:** Stokes County Schools

**Effective Date:** February 01, 2016

Metropolitan Life Insurance Company ("MetLife"), a stock company, issues this amendment to change the following:

Add to Exhibit 2 of the policy the attached certificate form as:

<b>Certificate Form</b>	<b>Applies To</b>	<b>Effective Date</b>
CR2000	All Active Full-Time Employees	February 01, 2016

This amendment is to be attached to and made a part of the policy. This amendment is subject to the terms and provisions of the policy.

### To be completed by the Policyholder:

Signed at: \_\_\_\_\_  
(City) (State)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Policyholder's Authorized Representative)

\_\_\_\_\_  
(Print Name and Title of Authorized Representative)


\_\_\_\_\_  
(Signature of Witness)

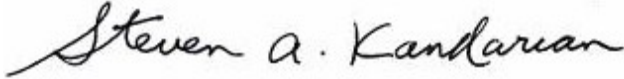
\_\_\_\_\_  
(Print Name of Witness)

### To be completed by Metropolitan Life Insurance Company:

Signed at: Kansas City, \_\_\_\_\_ Missouri  
(City) (State)

Date: 10/27/2015

  
\_\_\_\_\_  
(Signature of Authorized MetLife Representative)

  
Steven A. Kandarian  
Chairman, President and Chief Executive Officer