



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

CERTIFICATE RIDER

Group policy no.: 105068-1-G
Employer: Trinity Health Corporation
Effective Date: January 1, 2007

The certificates for all:

Active full-time and part-time employees of:

Saint Mary's Healthcare in Grand Rapids, Michigan;
Battle Creek Health System;
Mercy Medical Center in Sioux City and Mercy Medical Services;
Saint Joseph Mercy Health System in Ann Arbor, Michigan and Trinity Continuing Care Services in Huron Woods;
Saint Joseph Regional Medical Center, Inc.;
Mercy Hospital, Grayling;
Mercy Hospital, Cadillac;
Saint Joseph Mercy Oakland;
Mercy Hospital in Port Huron;
Mercy Medical Center in Clinton;
Mercy Medical Center in New Hampton;
Great Lakes Family Care;
Religious Sisters of Mercy and McAuley Manor;
St. Joseph's Healthcare, Macomb; and

Active full-time and part-time Class 1 and Class 2 employees of:

Mercy General Health Partners, Muskegon; and

Active full-time exempt and non-exempt employees of:

Mount Carmel Health System;
Holy Cross Health, Silver Spring;
Saint Agnes Medical Center; and

Active full-time employees of:

June Nylén Cancer Center;
Saint Alphonsus Regional Medical Center, Saint Alphonsus Physician Services, Saint Alphonsus Physicians-PA
and Boise Gyn/Oncology Services LLC;
Mercy Medical Center, Dubuque; and

Active full-time and part-time exempt or non-exempt employees of:

Holy Cross Ministries; and

Active full-time exempt or non-exempt employees of:

Sisters of the Holy Cross, Inc.; and

Active full-time employees and full-time and part-time Physicians of:

Advantage Health; and

Active full-time Management and Hourly employees of:

Medstar Ambulance

are changed as follows:

1. Replace the section entitled **PROVISIONS APPLICABLE TO BASIC LIFE BENEFITS GREATER THAN \$500,000** in the **SCHEDULE OF BENEFITS** with the following:

**“PROVISIONS APPLICABLE TO
BASIC LIFE BENEFITS GREATER THAN \$1,000,000**

In order to be covered for an amount of Basic Life Benefits greater than \$1,000,000, evidence of your good health must be given to us. The evidence of good health is to be given at your expense*.

If the evidence of good health is accepted by us as satisfactory, such amount of Basic Life Benefits will be effective on the later of:

- a. the date your Basic Life Benefits would otherwise be effective; or
- b. the date the evidence of good health is accepted by us;

provided you are Actively at Work on that date. If you are not Actively at Work on that date, such amount of Basic Life Benefits will become effective on the date of your return to Active Work.

If the evidence of good health is not accepted by us as satisfactory, the amount of your Basic Life Benefits will be limited to \$1,000,000.

*If during an annual enrollment period, we ask you to provide us with evidence of your good health, you will not be responsible for the cost of providing such evidence of good health.”

2. Replace the section entitled **PROVISIONS APPLICABLE TO OPTIONAL LIFE BENEFITS IN AN AMOUNT GREATER THAN \$500,000** in the **SCHEDULE OF BENEFITS** with the following:

**“PROVISIONS APPLICABLE TO OPTIONAL LIFE BENEFITS
IN AN AMOUNT GREATER THAN \$1,000,000**

1. You must, at your expense*, give us evidence of your good health in order to:

- a. become covered under This Plan for an amount of Optional Life Benefits greater than \$1,000,000; or
- b. receive, due to an increase in your earnings, an increase in the amount of Optional Life Benefits of \$100,000 or more if you are already covered for an amount of Optional Life Benefits greater than \$1,000,000.

2. If we accept the evidence of your good health as satisfactory, such amount of Optional Life Benefits or such increase in the amount of Optional Life Benefits will become effective on the later of:

- a. the date we accept the evidence of your good health; or
- b. the effective date of your Personal Benefits;

provided you have satisfied the Work Requirements. If you have not satisfied the Work Requirements, such amount of Optional Life Benefits or such increase in the amount of Optional Life Benefits will become effective on the first day after you satisfy the Work Requirements.

3. If you do not give us evidence of your good health, or if such evidence of good health is not accepted by us as satisfactory, the amount of your Optional Life Benefits will not be more than:

- a. the amount of Optional Life Benefits for which you were covered immediately prior to the date on which any such increase would have become effective; or

b. \$1,000,000

as defined by the administrative practices of your Ministry Organization.

*If, during an annual enrollment period, we ask you to provide us with evidence of your good health, you will not be responsible for the cost of providing such evidence of good health.

3. In **EFFECTIVE DATES OF PERSONAL BENEFITS**, replace the second paragraph under item 6. of Section A. **Making a Request for Benefits** with the following:

“However, if the increased amount of Optional Life Benefits brings the total amount of your Optional Life Benefits to an amount greater than \$1,000,000, then you must give us evidence of your good health, in accordance with the provisions of the form entitled SCHEDULE OF BENEFITS.”

4. Replace the Maximum Benefit for BASIC LIFE in the SCHEDULE OF BENEFITS with the following:

“Maximum Benefit.....\$1,500,000”

5. Add the following Optional Life Maximum Benefit in the SCHEDULE OF BENEFITS:

“Maximum Benefit.....\$1,500,000”

6. Replace the Maximum Basic and Optional Life Benefit Combined in the SCHEDULE OF BENEFITS with the following:

“Maximum Benefit.....\$3,000,000”

This rider is to be attached to and made a part of the Certificate.