



# **National Guardian Life Insurance Company**

Two East Gilman Street, PO Box 1191, Madison, WI 53701

## **ENDORSEMENT**

The policy and certificate to which this endorsement is attached are amended as follows:

1. The provision entitled Time of Payment of Claims is hereby deleted and the following definition is added:

**Time of Payment Of Claims:** After receiving written proof of loss, We will pay all benefits then due for dental claims. We will either pay a claim, deny the claim, or request additional information within 15 business days.

If a claim or a portion of a claim is contested by Us, the Insured or their assignee will be notified in writing within 15 business days after receipt of the claim by Us. The notice that a claim is contested shall identify the contested portion of the claim and the reasons for contesting the claim. Upon receipt of the additional information requested from the Insured or their assignee, We will pay or deny the contested claim or portion of the contested claim within 15 business days.

We will, upon request, provide to the Insured an estimate of the amount We will pay for a particular dental service.

2. The definition of Eligible Dependent is hereby deleted and the following definition is added:

**Eligible Dependent** - Means a person listed below:

1. Your spouse;
2. Your unmarried dependent child under age 22, who is your natural or adopted child, grandchild, step-child, foster child, or child for whom you are a legal guardian and who is primarily dependent on You for support and maintenance.
3. Any unmarried child under the age of 22 born to a dependent child who is primarily dependent on You for support and maintenance.
4. Any unmarried and dependent child age 22 or older but less than age 26 who is:
  - a. Not regularly employed on a full-time basis;
  - b. Primarily dependent upon You for support and maintenance; and
  - c. Enrolled as a full-time student in an accredited educational institution or licensed trade school.
5. Any unmarried and dependent child who has reached age 22 (or age 26 if a full-time student) and who is:
  - a. primarily dependent upon You for support and maintenance; and
  - b. incapable of self-sustaining employment by reason of mental or physical handicap.
  - c. Proof of the child's incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age limitation, or when You enroll a new disabled child under the plan.

3. If this coverage was sold and a voluntary and/or contributory basis, the following provision is added:

**10-Day Right to Return Certificate and Receive Refund.** If for any reason You are unsatisfied with the insurance coverage described in the certificate, You may return it to us at any time during the 10-day period following Your receive of it. Mail the certificate with Your written request for cancellation to Us during this 10-day period and We will cancel your coverage as of the certificate effective date and promptly refund the premium paid.

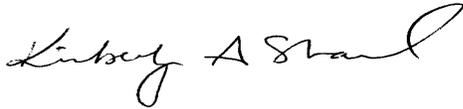
4. The provision entitled Right to Change Premiums is hereby deleted and the following is added:

Right to Change Premiums: We have the right to change the premium rates on any premium due date on or after the Initial Term. After the Initial Term, We will not increase the premium rates more than once in a 12 month period. We will give the Policyholder written notice at least 45 days in advance of any change. All changes in rates are subject to terms outlined in the Policy.

This Endorsement is effective on the later of the policy effective date or the certificate effective date to which it is attached.

There are no other changes to the policy or certificate.

In witness whereof We have caused this Endorsement to be signed by Our President and Secretary.



**Kimberly A. Shaul, Secretary**



**Mark Solverud, President**