

## BOOKLET-CERTIFICATE RIDER

**Policyholder: MONTEFIORE MEDICAL CENTER**  
**Group Policy No. GLT H52238**

**This rider applies only to the following class(es) of eligible persons: Grandfathered Senior Management Members, Physicians, or Appointed Scientists**

Effective as of October 1, 2019, the booklet-certificate to which this rider is attached will be revised as described below.

1. By striking the **Effective Date for Contributory Insurance** from **Effective Dates** shown in section GH 805 MONT, and replacing it with the following:

### **Effective Date for Contributory Insurance**

If you are to contribute a part of premium, insurance must be requested in a form provided by Us. The requested insurance will be in force on:

- a. the date you are eligible, if the request is made on or before that date; or
  - b. the date of your request, if the request is made after the date you are eligible; or
  - c. if you are moving from a Core Option to a Buy-up Option, or from a Buy-up Option to a Core Option at any time, the Open Enrollment Period next following the date of your request.
2. By striking the **Termination of Insurance** from **Termination, Continuation, and Reinstatement** shown in section GH 806 MONT in the booklet to which this rider is attached, and replacing it with the following:

### **Termination of Insurance**

Your insurance will terminate on the earliest of:

- a. the date the Group Policy is terminated; or
- b. the date the last premium is paid for your insurance; or
- c. \*for contributory insurance, any date desired, if requested by you before that date; or
- d. the date you cease to be a Member as defined; or
- e. the date you cease to be in a class for which Member Insurance is provided; or
- f. the date you cease Active Work except as provided below.

\*Note: If you are not terminating coverage entirely but moving from a Core Option to a Buy-up Option or from a Buy-up Option to a Core Option, the Open Enrollment Period next following the date of your request.

Termination of insurance for any reason described above will not affect your rights to benefits, if any, for a Disability that begins while your insurance is in force under the Group Policy. You are considered to be continuously Disabled if you are Disabled from one condition and, while still Disabled from that condition, incur another condition that causes Disability.

Your other benefits and provisions will be as outlined in your employee benefit booklet. Please keep this rider with your employee benefit booklet.

The provisions of this rider will remain in effect until the earliest of:

- the date terminated by written agreement between the Group Policyholder and Principal Life Insurance Company; or
- the date you are no longer employed with the Policyholder; or
- the date the Group Policy terminates.

NOTHING CONTAINED IN THIS RIDER SHALL VARY, ALTER, OR EXTEND ANY PROVISIONS OR CONDITION OF THE GROUP POLICY OTHER THAN AS STATED IN THIS RIDER.

**PRINCIPAL LIFE INSURANCE COMPANY  
DES MOINES, IOWA 50392-0002**