

BOOKLET-CERTIFICATE RIDER

Policyholder: MONTEFIORE MEDICAL CENTER
Group Policy No. GLT H52238

This rider applies only to the following class(es) of eligible persons: All Members

Effective as of January 1, 2013, the booklet-certificate to which this rider is attached will be revised as described below.

By striking the following from DESCRIPTION OF BENEFITS, Benefit Qualification shown in section on GH 807 MONT-1 in the booklet to which this rider is attached:

A Benefit Payment Period will be established on the latest of:

- a. the date you complete an Elimination Period; or
- b. the date six months before The Principal receives Written proof of your Disability.

NOTE: No premiums are required during a Long Term Disability Benefit Payment Period.

and replacing with the following:

A Benefit Payment Period will be established on the latest of:

- a. the date you complete an Elimination Period; or
- b. the date six months before The Principal receives Written proof of your Disability.
- c. the day after the date your Short Term Disability Benefit Payment Period ends.

NOTE: No premiums are required during a Long Term Disability Benefit Payment Period.

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