PM-18 10.
10.26.82

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PLAINTIFF'S EXHIBIT

MET-1016

Metropolitan Life Insurance Company

A Mutual Company Incorporated in New York State

CERTIFIES THAT, subject to the terms and conditions of Group Policy No. 8577-G-04 insuring Employees of

RAYBESTOS-MANHATTAN, INC.
SPECIAL PRODUCTS GROUP
NORTH CHARLESTON, SOUTH CAROLINA

the certificate relating to Group Insurance issued to each Retired Employee who retired prior to March 1, 1982 insured under said Group Policy is hereby amended effective on the date specified below, as follows:

I. By adding the attached Certificate Form G.3300-2 to said certificate.

II. By substituting for the caption "Retired Employees" and the paragraphs relating to said caption appearing in the Schedule of Insurance of said certificate, the following:

"Retired Employees

The amounts of Life Insurance and Insurance for Death or Dismemberment by Accidental Means in accordance with the foregoing apply prior to the Employee's Effective Reduction Date, as defined in the following paragraph.

The Employee's Effective Reduction Date means the date of the Employee's Retirement, as determined by the Employer.

If the Employee has attained his Effective Reduction Date, the amount of his Life Insurance and Insurance for Death or Dismemberment by Accidental Means under the Group Policy shall each be $2,000.

(Continued on reverse side)

This rider is to be attached to your certificate

Form G. 3300
(382)

Except as specified above with respect to Life Insurance and Insurance for Death or Dismemberment by Accidental Means, no insurance is provided under the Group Policy on and after the date of the Employee's retirement."

The foregoing change shall become effective on March 1, 1982.

METROPOLITAN LIFE INSURANCE COMPANY,

John J. Creedon

John J. Creedon
President

PM-19 Rev.
12/26/63

RECORD RETENTION

ADMINISTRATION AND CLAIMS UNITS*

Description of Forms	Period of Retention
Certificate and New Employee Announcements	One specimen of each certificate and current employee announcement should be retained while policy is in force.
Statement of Health, Report of Medical Examiner (G.11421, G.860), etc.	
1) Issuance of insurance approved	Retain during period policy is in force.
2) Issuance of insurance declined	Retain for ten years.
Correspondence	
1) General	Three months.
2) Important	Six months.
Conversions - Life	
1) Too Late	One year.
2) Effected	Three months.

*Administration and Claims Units who maintain records indicated in Charts 1 and 2 should be guided by the period of retention indicated therein.

Prepared by: Group Operational Procedures

CHART #3

INSURANCE FOR DEATH OR DISMEMBERMENT BY ACCIDENTAL MEANS

Section A.

BENEFIT PROVISIONS

If, while insured under the Group Policy for Insurance for Death or Dismemberment by Accidental Means, the Employee sustains bodily injuries solely through violent, external and accidental means, and within ninety days thereafter suffers any of the losses specified in Section C hereof as a direct result of such bodily injuries independently of all other causes, the Insurance Company shall pay the amount of insurance specified for such loss in Section C hereof, **provided, however, that in no case shall any payment be made for death or any other loss which is:**

(A) caused wholly or partly, directly or indirectly, by disease or bodily or mental infirmity, or by medical or surgical treatment or diagnosis thereof, or

(B) caused wholly or partly, directly or indirectly, by ptomaine or by bacterial infection, except only septic infection of and through a visible wound sustained solely through violent, external and accidental means, or

(C) caused wholly or partly, directly or indirectly, by hernia, no matter how or when sustained, or

(D) caused directly or indirectly by insurrection, war or any act of war, or

(E) caused by or resulting from intentional self-destruction or intentionally self-inflicted injury, while sane or insane.

Section B.

BENEFICIARIES

All benefits provided under the Group Policy will be paid immediately after receipt of due proof. Benefits for loss of life are payable to the Beneficiary of record, if surviving the Employee, and otherwise to the estate of the Employee. All other benefits provided under the Group Policy are payable to the Employee.

The Employee may change his Beneficiary at any time upon written request accompanied by this certificate for endorsement. Consent of the Beneficiary shall not be requisite to any change of beneficiary.

Section C.

SCHEDULE OF LOSSES

1. The full amount of Insurance for Death or Dismemberment by Accidental Means in force under the Group Policy on account of the Employee at the date of the accident is payable for any of the following losses: loss of life, total and irrecoverable loss of sight of both eyes, loss of both hands by severance at or above wrist-joints, loss of both feet by severance at or above ankle-joints, loss of one hand and of one foot by severance at or above wrist- and ankle-joints respectively, or such loss of one hand or of one foot together with total and irrecoverable loss of sight of one eye.

   One-half the amount of Insurance for Death or Dismemberment by Accidental Means in force under the Group Policy on account of the Employee at the date of the accident is payable for any of the following losses: loss of one hand by severance at or above wrist-joint, loss of one foot by severance at or above ankle-joint, or total and irrecoverable loss of sight of one eye.

2. **If the Employee suffers more than one of the losses set forth above as a result of any one accident, no more than the full amount of Insurance for Death or Dismemberment by Accidental Means in force under the Group Policy on his account at the date of the accident is payable.**

3. **If the Employee has suffered prior to the effective date hereof, or does thereafter suffer, the loss of one hand by severance at or above the wrist-joint, or of one foot by severance at or above the ankle-joint, or the total and irrecoverable loss of sight of one eye, the amount of his Insurance for Death or Dismemberment by Accidental Means shall be the full amount in accordance with the provisions of the Group Policy, provided, however, that the amount of such insurance payable for the subsequent loss of one hand or of one foot or of the sight of one eye, as specified, shall be one-half of such full amount.**

Section D.

NOTICE AND PROOF OF LOSS

1. Written notice of loss on which claim may be based must be given to the Insurance Company within twenty days after the date of the accident causing such loss. Proof of such loss must be furnished to the Insurance Company not later than ninety days after the date of such loss.

   The Insurance Company, upon receipt of the notice required by the Group Policy, will furnish such forms as are usually furnished by it for filing proofs of claim. If such forms are not received by the claimant within fifteen days after the Insurance Company receives such notice, the claimant shall be deemed to have complied with the requirements of the Group Policy as to proof of claim upon submitting, within the time fixed in the Policy for filing proofs of claim, written proof covering the occurrence, character and extent of the loss for which claim is made.

   Failure to furnish notice or proof within the time provided in the Group Policy shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as was reasonably possible.

2. The Insurance Company shall have the right and opportunity to have a physician designated by it examine the person of the Employee when and so often as it may reasonably require during the pendency of claim under the Group Policy, and also