PLAINTIFF'S EXHIBIT

MET-1015

METROPOLITAN LIFE
INSURANCE COMPANY

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

RAYBESTOS-MANHATTAN, INC.

the certificate issued to _____ is hereby amended effective _____, by substituting for the schedule of amounts of insurance appearing in said certificate, the following:

"SCHEDULE OF INSURANCE

Class	Life Insurance*	Insurance for Death or Dismemberment by Accidental Means*	Additional Life Insurance and Insurance for Death or Dismemberment by Accidental Means* (See Note below)
Exempt salaried employees	The Amount of Life Insurance shall be an amount equal to the Employee's basic annual earnings, as determined by the Employer, subject to a maximum amount of Life Insurance of $200,000. If such amount of Life Insurance is not a multiple of $1,000, it shall be adjusted to the next higher multiple of $1,000.	The amount of Insurance for Death or Dismemberment by Accidental Means shall be an amount equal to the Employee's basic annual earnings, as determined by the Employer, subject to a maximum amount of Insurance for Death or Dismemberment by Accidental Means of $200,000. If such amount of Insurance for Death or Dismemberment by Accidental Means is not a multiple of $1,000, it shall be adjusted to the next higher multiple of $1,000.	The amount of Additional Insurance, if any, shall be the smaller of (a) an amount equal to the amount of the Employee's Basic Insurance, and (b) the excess, if any, of $200,000 over the amount of the Employee's Basic Insurance.

Note: The additional Life Insurance and Additional Insurance for Death or Dismemberment by Accidental Means specified above, is applicable only if the Employee is eligible, has requested, is insured and is making the required contribution for such insurance.

The amounts of insurance on the effective date hereof are determined by the Employee's earnings or class on that date. Any increase in such amounts of insurance in accordance with the Schedule of Insurance in the Group Policy, as summarized above, shall be effective on the date of change in the Employee's earnings or class entitling him to a higher amount of insurance provided the Employee is actively at work on that date, and if not then actively at work on the date of his return to active work subject, in the case of any amount of Life Insurance or Insurance for Death or Dismemberment by Accidental Means greater than $95,000, to the additional provisions set forth herein under the heading "Provisions Applicable to Life Insurance and Insurance for Death or Dismemberment by Accidental Means in Amounts Greater than $95,000 (Total Amount of Basic and Additional Insurance)."

This rider is to be attached to your certificate.

PM - 17 10.
10-26-82
95

1078

Metropolitan Life Insurance Company

A Mutual Company Incorporated in New York State

(Herein called the Insurance Company)

Group Insurance Certificate

The Insurance Company certifies that, under and subject to the terms and conditions of Group Policy No(s). 8577-G. the provisions of which are summarized on this and the following pages, the Employee named herein, an Employee of

Raybestos - Manhattan, Inc.

Crawfordsville Division

(Herein called the Employer)

is insured on the effective date of this certificate, subject to the provisions of the next following paragraph, for insurance determined in accordance with the Schedule of Insurance herein. The insurance shown in such Schedule of Insurance is subject to change in accordance with the provisions of the Group Policy Number(s) given above.

If on the date the Employee becomes insured under the Group Policy for Medical Expense Insurance—Extended Coverage on account of his Dependents, any Dependent of the Employee is confined in a hospital or other institution for care or treatment, or is confined at home under the care of a physician or surgeon because of a disabling physical or mental sickness or injury, the Medical Expense Insurance—Extended Coverage on account of that Dependent shall not become effective until that Dependent is no longer confined in a hospital or other institution or confined at home under the care of a physician or surgeon.

Benefits paid or payable under the Group Policy for expenses incurred prior to the effective date hereof shall be taken into consideration in determining Medical Expense Insurance—Extended Coverage Benefits payable for expenses incurred on or after such effective date except to the extent benefits may be disregarded in accordance with the Medical Expense Insurance—Extended Coverage provisions of the Group Policy.

The insurance specified herein on account of Dependents is applicable only if the Employee is eligible for, has requested, and is insured for such insurance.

Serial Number	Name of Employee	Effective Date

Beneficiary

No agent has authority to accept or waive the required notice or proof of a claim, nor to extend the time within which such notice or proof must be given.

This certificate is non-assignable and the insurance and benefits are non-assignable prior to a loss. The insurance does not at any time provide paid-up insurance, or loan or cash values.

Metropolitan Life Insurance Company,

Richard R. Shinn

Richard R. Shinn
President and Chief Executive Officer

Life Insurance
Insurance for Death or Dismemberment by Accidental Means
Accident and Health Insurance—Hospital Expense Insurance
Supplementary Hospital Benefits for Physicians' Attendance
Surgical Operation Insurance
Insurance for Diagnostic X-Ray Examinations
Medical Expense Insurance—Extended Coverage

Form G.2300-1,2,3,5E,7,8E,15D,24D
Aug. 1949
Printed in U.S.A.

(8577)

If any prior certificate relating to the insurance referred to herein has been delivered to the employee referred to herein such certificate is void

NOTICES TO EMPLOYEE

This certificate is valuable to you and should be kept in a safe place.

If you should cease active work for any reason, you should find out immediately from your Employer what arrangements, if any, can made to continue your Insurance Benefits in force, so that you will be able to exercise any rights you may then have under the Group icy, as outlined in this certificate.

The Home Office of the Insurance Company is located at 1 Madison Avenue, New York, New York 10010.

5

ENDORSEMENT

The Insurance Company certifies that in accordance with the provisions of the Group Policy, this certificate is hereby amended to provide that the benefits, other than Accident and Health Insurance, as described in the certificate are primarily the liability of Raytheon-Manhattan, Inc., and the Insurance Company is liable for such benefits only to the extent that they are not the liability of Raytheon-Manhattan, Inc. The Group Policy as amended, specifies the time when and the circumstances under which the Insurance Company is liable for such benefits.

The Insurance Company continues to have liability for all Accident and Health Insurance benefits, and continues to determine all benefit payment in accordance with the terms and conditions of the Group Policy.

METROPOLITAN LIFE INSURANCE COMPANY,

Richard R. Shinn

Richard R. Shinn
President and Chief Executive Officer.

Form G.9382

SUMMARY OF PROVISIONS OF THE GROUP POLICY PRINCIPALLY AFFECTING THE EMPLOYEE

LIFE INSURANCE

Section A.

LIFE INSURANCE BENEFIT

If the Employee dies while in the employ of the Employer and while insured for Life Insurance under the Group Policy, the amount of Life Insurance in force on account of the Employee at the date of his death shall be paid to the Beneficiary of record.

Section B.

DEATH BENEFIT IN THE EVENT OF TOTAL DISABILITY

If the Employee, while insured under the Group Policy and prior to his sixtieth birthday, becomes totally disabled as a result of bodily injury or disease so as to be wholly prevented thereby from engaging in any and every business or occupation and from performing any work for compensation or profit, and continues to be so totally disabled uninterruptedly beyond the termination of his employment and until the date of his death, then upon receipt of satisfactory proof of such death (and provided no Death Benefit is payable under the provisions of subsection 2 of Section C hereof), the Insurance Company shall pay to the Beneficiary of Record the amount of the Employee's Death Benefit at the date of his death, in accordance with the Schedule of Insurance hereof, provided

(A) that initial satisfactory proof that such total disability exists and has continued uninterruptedly for at least nine months is submitted either before the termination of the Employee's employment (as defined in subsection 1 of Section F hereof) or within one year thereafter, and

(B) that acknowledgment of the receipt of such initial satisfactory proof is endorsed on the Employee's certificate by the Insurance Company, and

(C) that each year, within the three months preceding the anniversary of such endorsement, during the entire remainder of the Employee's lifetime, further satisfactory proof is submitted that such total disability continues, and

(D) that upon the death of the Employee, satisfactory proof is submitted that such total disability continued to the date of his death.

If, however, the Employee's death occurs within one year after the termination of his employment and before any such proofs have been submitted, then satisfactory proof that the Employee was totally disabled uninterruptedly from the date of the termination of his employment to the date of his death must be submitted within one year after the date of his death.

2. All such proofs of total disability and of death must be submitted in writing to the Insurance Company at its Home Office or at one of its Head Offices on the initiative of the disabled Employee or by someone on his behalf, without any obligation on the part of the Insurance Company to request any such proof.

3. Whenever proof of the Employee's total disability is submitted, the Insurance Company shall have the right and opportunity to have him examined by physicians designated by it.

4. If the Employee ceases to be so totally disabled or fails to submit any required proof within the time prescribed therefor, his rights under this Section shall automatically and immediately cease.

5. If an individual policy of Life Insurance has been issued in accordance with the provisions of the following Section, payment may be made under the provisions of this Section only if such individual policy is surrendered to the Insurance Company without claim thereunder. In such case, any premiums paid on such individual policy shall be refunded by the Insurance Company to the Beneficiary of record of the Employee.

Section C.

PRIVILEGE OF OBTAINING AN INDIVIDUAL POLICY OF LIFE INSURANCE

1. Upon written application made to the Insurance Company within thirty-one days after either

(i) the date of the termination of the Employee's employment, or

(ii) the date of the discontinuance of the Group Policy, provided such date is five years or more after the effective date of the Employee's insurance under such Policy, or

(iii) the date of the cessation pursuant to subsection 4 of the preceding Section, of the Employee's rights under that Section,

the Employee shall be entitled to have issued to him by the Insurance Company, without evidence of insurability, an individual policy of Life Insurance only, without Disability or Accidental Means Death Benefits, subject to the following conditions and provisions:

(A) such individual policy shall be upon one of the forms then customarily issued by the Insurance Company, except Term Insurance, and

(B) the premium for such individual policy shall be the premium applicable to the class of risk to which the Employee belongs and to the form and amount of the individual policy at the Employee's attained age (nearest birthday) at the date of issue of such individual policy, and

(C) the amount of such individual policy shall be equal to (or at the option of the Employee less than) the amount of the Employee's Life Insurance or Death Benefit under the Group Policy, as the case may be, on whichever of the dates specified in paragraphs (i), (ii) and (iii) above is applicable, except that if the Employee's Life Insurance under the Group Policy ceases because of the discontinu-

ance of the Group Policy five years or more after the effective date of his insurance thereunder, the amount of such individual policy shall not exceed the lesser of

(a) the amount of the Employee's Life Insurance thereunder at the date of the cessation of such insurance, reduced by any amount of Life Insurance for which he may be or may become eligible under any Group Policy issued or reinstated by the Insurance Company or by any other insurer within thirty-one days after such cessation, and

(b) $2,000.

2 Any individual policy of Life Insurance so issued shall become effective not earlier than the expiration of the thirty-one-day period during which application for such individual policy may be made. If, however, the Employee dies during such thirty-one-day period, the Insurance Company shall pay to his Beneficiary of record whether or not the Employee shall have made application for such individual policy, the maximum amount of Life Insurance for which an individual policy could have been issued under this Section if the Employee shall have been entitled to make such application pursuant to paragraph (ii) of subsection 1 of this Section and shall die within one year after the termination of his employment but before his certificate shall have been endorsed in accordance with the provisions of Section B hereof, then satisfactory proof of the Employee's death within such thirty-one-day period and that he was totally disabled uninterruptedly from the date of the termination of his employment to within thirty-one days of the date of his death must be submitted to the Insurance Company within one year after the date of his death.

Section D.

BENEFICIARIES

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.

If, at the death of the Employee, there shall be more than one designated Beneficiary, then, unless the Employee shall have specified the respective interests of such Beneficiaries, the interests of such Beneficiaries shall be several and equal.

If any designated Beneficiary shall die before the Employee, the rights and interest of such Beneficiary shall thereupon automatically terminate. If, at the death of the Employee, there be no designated Beneficiary as to all or any part of the insurance, then the amount of insurance payable for which there is no designated Beneficiary shall be payable to the estate of the Employee, provided, however, that the Insurance Company may, in such case, at its option, pay such amount to any one of the following surviving relatives: wife, husband, mother, father, child or children, and payment to any one or more of such surviving relatives shall completely discharge the Insurance Company's liability with respect to the amount of insurance so paid.

The designation by the Employee of a Beneficiary under an individual policy of Life Insurance issued in accordance with the provisions of Section C hereof, other than the Beneficiary of record of the Employee under the Group Policy, shall effect a change of Beneficiary under the Group Policy to the Beneficiary of record under such individual policy, regardless of whether or not such change is endorsed on this certificate.

Section E.

OPTIONAL MODES OF SETTLEMENT

Arrangements may be made with the Insurance Company, subject to the provisions of the Group Policy, whereby the amount of Life Insurance payable at the death of the Employee will be retained by the Insurance Company and paid to the Beneficiary in instalments instead of in one sum. Information concerning such Optional Modes of Settlement may be obtained from the Employer upon request.

Section F.

CESSATION OF INSURANCE

1. The Life Insurance shall automatically cease on the date of termination of the Employee's employment. For the purposes of the Life Insurance, termination of employment means cessation of active work as an Employee as defined in the Group Policy, except that in circumstances specified in the Group Policy the Employer may deem the Employee's employment to continue after such cessation, subject to the terms of the Group Policy.
2. The Life Insurance shall automatically cease upon the discontinuance of the Group Policy.
3. If the Employee fails to make any contribution required by the Employer to the cost of his insurance under the Group Policy, such insurance shall automatically cease on the date of the expiration of the last period for which such contribution was made by the Employee.

Notice to the Employee—If you leave work because of total disability commencing before age 60, you should be sure to submit written proof to the Home Office or one of the Head Offices of the Insurance Company, as required, as soon as possible after you have been totally disabled for nine months, and in no event more than one year after the termination of your employment.

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 as often as it may reasonably require during the pendency of claim under the Group Policy, and also

the right and opportunity to have an autopsy made in case of death, where it is not forbidden by law.

1. No action at law or in equity shall be brought to recover on the Group Policy prior to the expiration of sixty days after proof of claim has been filed in accordance with the requirements of the Group Policy nor shall such action be brought at all unless brought within three years from the expiration of the time within which proof of claim is required by the Group Policy.

Section E.

CESSATION OF INSURANCE

1. The Insurance for Death or Dismemberment by Accidental Means shall automatically cease on the date of termination of the Employee's employment. For the purposes of such insurance, termination of employment means cessation of active work as an Employee as defined in the Group Policy, except that in circumstances specified in the Group Policy the Employer may deem the Employee's employment to continue after such cessation, subject to the terms of the Group Policy.

2. If the Employee fails to make any contribution required by the Employer to the cost of his insurance under the Group Policy, such insurance shall automatically cease on the date of the expiration of the last period for which such contribution was made by the Employee.

3. The Insurance for Death or Dismemberment by Accidental Means shall automatically cease upon the discontinuance of the Group Policy or of the provisions thereunder for Insurance for Death or Dismemberment by Accidental Means.

4. The cessation of the Employee's Insurance for Death or Dismemberment by Accidental Means shall not affect any claim incurred before such cessation.

ACCIDENT AND HEALTH INSURANCE

Section A.

BENEFIT PROVISIONS

If the Employee becomes, while in the employ of the Employer and while insured for Accident and Health Insurance under the Group Policy, wholly and continuously disabled so, as to be prevented from performing any and every duty of his occupation, by either

(A) any injury not arising out of or in the course of any employment for wage or profit, or

(B) any sickness not entitling him to benefits under any workmen's compensation or occupational disease law,

and during the period of such disability is under treatment therefor by a physician legally licensed to practice medicine, the amount of Weekly Benefits then in force on account of the Employee shall be paid to the Employee each week during the period the Employee is so disabled and under such treatment, provided, however, that

(i) in no case shall such Weekly Benefits be payable for the first seven days of disability due to sickness, except as provided below, and

(ii) in no case shall such Weekly Benefits be payable for more than twenty-six weeks for any one continuous period of disability whether from one or more causes, or for successive periods of disability due to the same or related cause or causes.

If the Employee becomes confined as a registered bed patient in a legally constituted hospital pursuant to the orders of a duly licensed physician, the provision in item (i) of the preceding paragraph shall be waived with respect to days of disability occurring on or after the day the Employee becomes so confined, but any benefits payable because of such waiver shall be subject to all other provisions of the Group Policy.

For disability caused by any one pregnancy or resulting childbirth or complications, the amount payable shall not exceed the Accident and Health Insurance Maternity Benefit shown in the Schedule of Insurance hereof.

No payment shall be made for disability caused by pregnancy or resulting childbirth or complications, if the pregnancy existed on the effective date of this certificate or on the effective date of the Employee's insurance.

Section B.

NOTICE AND PROOF OF CLAIM

1. Written notice of injury or sickness on which claim may be based must be given to the Insurance Company within twenty days after the date of the accident causing such injury or the commencement of disability resulting from such sickness. Proof of such injury or sickness must be furnished to the Insurance Company not later than ninety days after the termination of the period for which Weekly Benefits are payable under the Group Policy.

   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 disability 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 while Weekly Benefits are being claimed under the Group Policy.

3. No action at law or in equity shall be brought to recover on the Group Policy prior to the expiration of sixty days after proof of claim has been filed in accordance with the requirements of the Group Policy, nor shall such action be brought at all unless brought within three years from the expiration of the time within which proof of claim is required by the Group Policy.

Section C.

PAYMENT OF CLAIM

Subject to due proof of claim, the Weekly Benefits will be paid to the Employee each week during any period of disability for which such Benefits are payable and any balance remaining unpaid at the termination of such period will be paid immediately upon receipt of proof.

Section D.

CESSATION OF INSURANCE

1. The Accident and Health Insurance shall automatically cease on the date of termination of the Employee's employment. For the purposes of the Accident and Health Insurance, termination of employment means cessation of active work as an Employee as defined in the Group Policy, except that in circumstances specified in the Group Policy the Employer may deem the Employee's employment to continue after such cessation, subject to the terms of the Group Policy.

2. The Accident and Health Insurance shall automatically cease on the date of expiration of the maximum number of weeks for which Weekly Benefits are payable under the Group Policy on account of the Employee's disability. It may be reinstated only if and when the Employee returns to active work for the Employer on full time.

3. If the Employee fails to make any contribution required by the Employer to the cost of his insurance under the Group Policy, such insurance shall automatically cease on the date of the expiration of the last period for which such contribution was made by the Employee.

4. The Accident and Health Insurance shall automatically cease upon the discontinuance of the Group Policy, or of the provisions thereunder for Accident and Health Insurance.

5. The cessation of the Employee's Accident and Health Insurance shall not affect any claim incurred before such cessation.

HOSPITAL EXPENSE INSURANCE

NOTE: Any reference herein to Hospital Expense Insurance on account of a Dependent of the Employee is void and of no effect unless the Employee is insured for such insurance on account of the Dependent.

Section A.

BENEFIT PROVISIONS

If the Employee, while insured for Hospital Expense Insurance under the Group Policy, or a Dependent of the Employee, (as defined in Section B hereof), while the Employee is insured under the Group Policy for Dependent Hospital Expense Insurance, becomes confined as a patient in a legally constituted hospital upon the recommendation and approval of a physician or surgeon legally licensed to practice medicine, as a result of:

(A) any injury not arising out of or in the course of any employment for wage or profit, or

(B) any sickness not entitling him to benefits under any workmen's compensation or occupational disease law,

and provided, in either case, such confinement continues for a period of at least eighteen consecutive hours, except as stated below, the Insurance Company shall pay to the Employee, subject to the terms and limitations of the Group Policy:

(1) the Daily Benefit in force at the date of commencement of such confinement on account of the person becoming so confined, for each day of such confinement, but in no case for more than ninety days, and

(2) Ambulance service to or from the hospital in connection with such confinement — The Ambulance Service Benefit shown in the Schedule of Insurance hereof

(3) for the expenses charged for the following Special Hospital Services received during such confinement prior to the expiration of the maximum period for which Daily Benefits may be paid, provided that the total payment for all such expenses shall not exceed the maximum payment specified

Special Hospital Services	Maximum Payment
(a) Anesthesia, radiation therapy, and X-Ray laboratory and pathological examinations, whether such services are billed by the hospital or a physician who utilizes hospital equipment or services, (b) all other special hospital services charged for by the hospital except services of physicians or special nurses and services and supplies not related to the medical care and treatment of the person confined and (c) any expenses charged for Intensive Care which are in excess of the Daily Benefit.	The amount shown in the Schedule of Insurance hereof

If the Employee or Dependent undergoes a surgical operation in the hospital or receives emergency care in the hospital on account of, and not later than the day following, an injury, the requirement that the period of hospital confinement be at least eighteen consecutive hours shall be waived.

The maximum period for payment of Daily Benefits and the maximum payments for Special Hospital Services specified above shall be the maximums for any one continuous period of hospital confinement whether due to one or more causes or for successive periods of hospital confinement due to the same or related cause or causes.

For all hospital confinement caused by any one pregnancy or resulting childbirth or complications, the total amount payable for all Hospital Expense Insurance benefits provided under the Group Policy, shall not exceed the Hospital Expense Insurance Maternity Benefit shown in the Schedule of Insurance hereof.

No payment of any kind shall be made for any hospital confinement caused by pregnancy or resulting childbirth or complications, if the pregnancy existed on the effective date of this certificate or on the effective date of the insurance on account of the person so confined.

Benefits under the Group Policy are not payable for any services which, in accordance with laws or regulations of any government, are or may be obtained without cost or at a reduced cost to a person covered thereunder, except as provided by the following sentence. If a charge is made to any such person which he is legally required to pay, any benefits under the Group Policy will be computed in accordance with the provisions of the Group Policy, taking into account only such charge. "Any government" includes the Federal, State, Provincial or local government or any political subdivision thereof, of the United States or Canada.

HOSPITAL EXPENSE INSURANCE—Continued

Section B.

DEFINITION OF THE TERM "DEPENDENT"

The term "Dependent" means (1) an Employee's spouse, (2) any unmarried child of a male Employee, of a widowed female Employee, or of a female Employee whose husband is not eligible for insurance as an Employee, as defined in the Group Policy, excluding in any case:

Any child under 15 days of age and any child 23 years of age or older, except that a child under 15 days of age shall be a dependent from the earlier of (a) the day the child's mother leaves the hospital, and (b) the date medical expenses for any surgery, other than circumcision, are incurred on account of the child.

Any person eligible for insurance as an Employee.

Any person residing outside the United States and Canada.

Any person in the military or similar forces of any country or subdivision thereof

After retirement of the Employee, any person on whose account the Employee was not insured under the Group Policy on the day immediately preceding the date of his retirement.

Any child 19 years of age or older who is not a full-time student at an approved school, as determined by the Employer.

Any child 19 years of age or older who is in full-time employment.

Any child 19 years of age or older who is not principally dependent upon the Employee for support.

The term "child" includes any legally adopted child, any stepchild who resides in the Employee's household, and any child supported solely by the Employee and permanently residing in the household of which the Employee is the head

If an Employee is insured under the Group Policy on account of a child on the day immediately preceding the date such child attains the limiting age set forth above and if such child is then incapable of self-sustaining employment by reason of mental retardation or physical handicap and is chiefly dependent upon such Employee for support and maintenance, the requirement that the child be under such limiting age to qualify as a Dependent will not apply to such child while he remains so incapacitated and dependent upon the Employee, provided that, upon request from the Insurance Company, due proof of such incapacity and dependency and that such incapacity and dependency have been continuous since the child's attainment of such limiting age is submitted by the Employee to the Insurance Company.

The Insurance Company may require the Employee to furnish proof at any time that any such Dependent remains so incapacitated and dependent.

Section C.

PAYMENT OF CLAIM

All Hospital Expense Insurance Benefits provided in the Group Policy shall be paid to the Employee as they accrue upon receipt of written proof covering the occurrence, character, and extent of the event for which claim is made.

Section D.

CESSATION OF INSURANCE

1. The Hospital Expense Insurance shall automatically cease on the date of termination of the Employee's employment. For the purposes of the Hospital Expense Insurance, termination of employment means cessation of active work as an Employee as defined in the Group Policy, except that in circumstances specified in the Group Policy the Employer may deem the Employee's employment to continue after such cessation, subject to the terms of the Group Policy.

2. The Employee's Hospital Expense Insurance on account of any Dependent shall automatically cease on the day immediately preceding the date such person ceases to be a Dependent of such Employee (as defined in Section B hereof).

3. All Hospital Expense Insurance shall automatically cease immediately upon the discontinuance of the Group Policy, or of the provisions thereunder for Hospital Expense Insurance.

4. The cessation of the Employee's Hospital Expense Insurance shall not affect any claim incurred before such cessation

5. If the Employee or a Dependent of the Employee, at the date of the cessation of the Hospital Expense Insurance on his account, is totally disabled as a result of injury or sickness and, while still so totally disabled and within thirty-one days after such cessation, becomes confined as a patient in a legally constituted hospital, the Employee will be entitled to whatever benefits would have been payable in consequence of such hospital confinement had such Hospital Expense Insurance been in force on the date of commencement of such hospital confinement.

6. If a female Employee or Dependent is pregnant at the date of the cessation of the Hospital Expense Insurance on her account, and, as a result of such pregnancy, becomes confined as a patient in a legally constituted hospital, the Employee shall be entitled to whatever benefits would have been payable in consequence of such hospital confinement had such Hospital Expense Insurance been in force on the date of commencement of such hospital confinement. (See Section A.)

7. If the Employee fails to make any contribution required by the Employer to the cost of his insurance under the Group Policy, such insurance shall automatically cease on the date of the expiration of the last period for which such contribution was made by the Employee.

Note: The amounts of Daily Benefit and maximum amounts for Special Hospital Services payable under the Group Policy are not intended to represent what the hospital's charges will or should be, but are merely the maximum amounts payable to the Employee under the terms of the Group Policy.

ENDORSEMENT

PRIVILEGE OF OBTAINING AN INDIVIDUAL POLICY OF INSURANCE

In the event of

(a) the cessation of the Employee's Hospital Expense Insurance under the Group Policy because of termination of his employment, or

(b) the cessation of such insurance on account of the Employee's spouse because of the death of the Employee, or

(c) the cessation of such insurance on account of any Dependent child because of the child's attainment of the maximum age of Dependent children specified in the Group Policy,

an individual policy of Hospital Expense Insurance or Hospital Expense and Surgical Operation Insurance, without evidence of insurability, may be obtained from the Insurance Company upon written application and payment of the appropriate premium to the Insurance Company within thirty-one days after such cessation of insurance, subject to the provisions of the Group Policy. Information concerning such individual policies will be furnished by the Employer upon request.

Richard R. Shinn

Richard R Shinn
President and Chief Executive Officer

wm G.8587-2
uly 1954

See Endorsement Form G. 9089-1

See Endorsement Form G.9301—1

SUPPLEMENTARY HOSPITAL BENEFITS FOR PHYSICIANS' ATTENDANCE

NOTE: Any reference herein to Supplementary Hospital Benefits for Physicians' Attendance on account of a Dependent of the Employee is void and of no effect unless the Employee is insured for such insurance on account of the Dependent

Section A.

BENEFIT PROVISIONS

If Hospital Expense Insurance Daily Benefits are paid to the Employee under the Group Policy on account of the hospital confinement of the Employee or of a Dependent of the Employee, (as defined in Section B hereof), the Insurance Company shall pay to the Employee, subject to the provisions set forth below, an amount equal to the fees charged by any physician legally licensed to practice medicine for professional visits to the Employee or Dependent during the period of hospital confinement for which such Hospital Expense Insurance Daily Benefits are paid, provided, however,

1. The amount of such supplementary benefits shall not exceed the greater of

   (A) the Basic Benefit, specified in the Schedule of Insurance hereof, applicable to the person who has received such visits, times the number of days for which Hospital Expense Insurance Daily Benefits are paid for such hospital confinement, excluding any days on or after the day on which any surgical operation is performed for which surgical benefits are payable under the Group Policy and which are due to the bodily injury or disease which resulted in the operation, up to the Maximum Benefit, specified in the Schedule of Insurance hereof, for Supplementary Hospital Benefits for Physicians' Attendance, or

   (B) the Basic Benefit applicable to the person who has received such visits times the number of days for which Hospital Expense Insurance Daily Benefits are paid for such hospital confinement, up to the Maximum Benefit, specified in the Schedule of Insurance hereof, for Supplementary Hospital Benefits for Physicians' Attendance, less the amount of any surgical benefits payable under the Group Policy on account of a surgical operation performed during such period of hospital confinement.

2. The benefits specified above shall be the maximum benefits for any one continuous period of hospital confinement whether due to one or more causes or for successive periods of hospital confinement due to the same or related cause or causes.

3. Such supplementary benefits shall not be payable if the hospital confinement is due to pregnancy or resulting childbirth or complications.

4. Benefits under the Group Policy are not payable for any visits which are or may be obtained without cost to a person covered thereunder, in accordance with laws or regulations of any government. If a charge is made to any such person which he is legally required to pay, any benefits under the Group Policy will be computed in accordance with the provisions of the Group Policy, taking into account only such charge. "Any government" includes the Federal, State, Provincial or local government or any political subdivision thereof, of the United States or Canada.

The conditions under which the Group Hospital Expense Insurance Daily Benefits and Group Surgical Operation Insurance Benefits are payable are outlined in this certificate.

Section B.

DEFINITION OF THE TERM "DEPENDENT"

See Section B, Definition of the Term "Dependent" of the page hereof entitled Hospital Expense Insurance.

Section C.

PAYMENT OF CLAIM

Any benefits referred to herein shall be paid to the Employee as they accrue upon receipt of written proof covering the occurrence, character, and extent of the event for which claim is made.

Section D.

CESSATION OF INSURANCE

The insurance referred to herein shall automatically cease on whichever of the following dates first occurs:

1. The date of cessation of the Employee's Hospital Expense Insurance under the Group Policy.
2. With respect to the insurance on account of a Dependent, the date of cessation of the Hospital Expense Insurance on account of such Dependent.
3. The date of discontinuance of the Group Policy or of the discontinuance of the provisions thereunder for the insurance referred to herein.
4. The date of expiration of the last period for which contributions to the cost of his insurance under the Group Policy were made by the Employee, in case the Employee fails to make a contribution required by the Employer.

Note- The amounts payable under the Group Policy on account of the benefits referred to herein are not intended to represent what a physician's fees will or should be, but are merely the maximum amounts payable to the Employee under the terms of the Group Policy.

See Endorsement Form G.9076-3

Form G 1288-7 B
9577 G (3/73)

(12)

SUPPLEMENTARY HOSPITAL BENEFITS FOR PHYSICIANS' ATTENDANCE—Continued

ENDORSEMENT

The Insurance Company certifies that, subject to the terms and conditions of the Group Policy, and in accordance with an amendment thereto, this certificate is hereby endorsed by adding to Section A of the page of this certificate entitled "Supplementary Hospital Benefits for Physicians' Attendance", the following:

"Expenses for actual visits for healing purposes made by a Christian Science practitioner who is listed as such in the Christian Science Journal current at the time of such visits shall be considered for benefits subject to the same terms and limitations as if such expenses were charged by a physician."

METROPOLITAN LIFE INSURANCE COMPANY,

Richard R. Shinn

Richard R. Shinn
President and Chief Executive Officer.

Form G.9076-3

See Endorsement Form G. 9089-1

See Endorsement Form G.9301—1

SURGICAL OPERATION INSURANCE

NOTE: Any reference herein to Surgical Operation Insurance on account of a Dependent of the Employee is void and of no effect unless the Employee is insured for such insurance on account of the Dependent.

Section A.

BENEFIT PROVISIONS

If the Employee, or a Dependent of the Employee, (as defined in Section B hereof), undergoes any surgical operation specified in the Schedule of Surgical Operations hereof, while the Surgical Operation Insurance under the Group Policy on account of such Employee or Dependent is in force, and as a result of:

(A) any injury not arising out of or in the course of any employment for wage or profit, or

(B) any sickness not entitling him to benefits under any workmen's compensation or occupational disease law,

the Insurance Company shall pay the Employee, subject to the terms and limitations of the Group Policy, for the actual surgical fee charged for such surgical operation, provided (1) that such surgical operation was recommended and performed by a physician or surgeon legally licensed to practice medicine, and (2) that the amount of such payment shall in no event exceed the amount specified for such surgical operation in the Schedule of Surgical Operations hereof applicable to the Employee or Dependent who has undergone such operation.

If two or more surgical operations specified in the Schedule of Surgical Operations hereof are performed upon the Employee or one of his Dependents during any one continuous period of disability, whether from one or more causes, or are performed during successive periods of disability due to the same or related cause or causes, the total payment under the Group Policy for all such operations shall not exceed the Maximum Surgical Operation Benefit in force on account of the Employee or Dependent who has undergone such operations, subject, however, to any limitations set forth in the Schedule of Surgical Operations hereof.

Emergency Benefits.—If the Employee or Dependent sustains injuries not arising out of or in the course of any employment for wage or profit and receives emergency treatment by a physician legally licensed to practice medicine not later than 24 hours following the injuries and while insurance is in force on his account under the Group Policy, the Insurance Company shall pay benefits to the Employee on account of the physician's fees for such treatment to the extent such fees are reasonable and customary up to a maximum of $50, provided the Employee is not entitled to payment therefor in accordance with other provisions of the Group Policy.

If the Employee or Dependent becomes suddenly seriously ill, the symptoms of which indicate a possible required period of hospitalization and receives treatment in the out-patient department of a legally constituted hospital not later than 24 hours following the onset of such illness, the Insurance Company shall pay to the Employee, provided such Employee or Dependent is not entitled to benefits under any workmen's compensation or occupational disease law with respect to such illness, benefits for the fees charged by the physician and hospital in an amount equal to the excess of the aggregate of such fees over $25 to the extent that such fees are reasonable and customary up to a maximum benefit of $75.

No payment shall be made for any surgical operation caused by pregnancy or resulting childbirth or complications, if the pregnancy existed on the effective date of this certificate or on the effective date of the insurance on account of the person who has undergone such operation, except as may be specified in the Group Policy.

Benefits under the Group Policy are not payable for any services which, in accordance with laws or regulations of any government, are or may be obtained without cost or at a reduced cost to a person covered thereunder, except as provided by the following sentence. If a charge is made to any such person which he is legally required to pay, any benefits under the Group Policy will be computed in accordance with the provisions of the Group Policy, taking into account only such charge. "Any government" includes the Federal, State, Provincial or local government or any political subdivision thereof, of the United States or Canada.

Section B.

DEFINITION OF THE TERM "DEPENDENT"

See Section B. Definition of the Term "Dependent" of the page hereof entitled Hospital Expense Insurance.

Section C.

PAYMENT OF CLAIM

All Surgical Operation Insurance Benefits provided in the Group Policy shall be paid to the Employee as they accrue upon receipt of written proof covering the occurrence, character, and extent of the event for which claim is made.

SURGICAL OPERATION INSURANCE—Continued

Section D.

CESSATION OF INSURANCE

1. The Surgical Operation Insurance shall automatically cease on the date of termination of the Employee's employment. For the purposes of the Surgical Operation Insurance, termination of employment means cessation of active work as an Employee as defined in the Group Policy, except that in circumstances specified in the Group Policy the Employer may deem the Employee's employment to continue after such cessation, subject to the terms of the Group Policy.

2. The Employee's Surgical Operation Insurance on account of any Dependent shall automatically cease on the day immediately preceding the date such person ceases to be a Dependent of such Employee (as defined in Section B hereof).

3. All Surgical Operation Insurance shall automatically cease immediately upon the discontinuance of the Group Policy or of the provisions thereunder for Surgical Operation Insurance.

4. The cessation of the Employee's Surgical Operation Insurance shall not affect any claim incurred before such cessation.

   If the Employee, or a Dependent of the Employee, at the date of the cessation of the Surgical Operation Insurance on his account, is totally disabled as a result of injury or sickness and, while still so totally disabled and within thirty-one days after such cessation, undergoes any surgical operation specified in the Schedule of Surgical Operations hereof, the Employee shall be entitled to whatever benefits would have been payable under the Group Policy for such surgical operation had such Surgical Operation Insurance been in force on the date of such surgical operation.

6. If a female Employee or Dependent is pregnant at the date of the cessation of the Surgical Operation Insurance on her account, and, as a result of such pregnancy, undergoes any surgical operation specified in the Schedule of Surgical Operations hereof, the Employee shall be entitled to whatever benefits would have been payable under the Group Policy for such surgical operation had such Surgical Operation Insurance been in force on the date of such surgical operation. (See Section A.)

7. If the Employee fails to make any contribution required by the Employer to the cost of his insurance under the Group Policy, such insurance shall automatically cease on the date of the expiration of the last period for which such contribution was made by the Employee.

See Endorsement Form G. 9089-1

See Endorsement Form G.9301—1

SCHEDULE OF SURGICAL OPERATIONS

The amount of payment for any surgical operation shall not exceed the amount specified for such surgical operation in the Schedule herein applicable to the Employee or Dependent who undergoes such operation.

The amounts specified in the Schedule are not intended to represent what the charge will or should be, but merely state the maximum amount payable to the Employee in cash under the terms of the Group Policy.

SCHEDULE OF SURGICAL OPERATIONS
(Other Than Radiation Therapy)

The maximum payment for any surgical operation not included in the following schedule but which is listed in the complete schedule in the Group Policy will be determined in accordance with the schedule appearing in the Group Policy. The maximum payment for any surgical operation not specified in the complete schedule in the Group Policy or for any multi-stage operation, shall be determined by the Insurance Company on the basis of the severity of the type of operation, in an amount consistent with the maximum payments for operations listed in the Group Policy.

If more than one operation is performed at the same operative session in the same operative field by the same surgical team, the total payment for all such operations shall not exceed the maximum payment for that one of such operations for which the largest amount is payable.

If more than one operation is performed at the same operative session in separate operative fields, by the same surgical team, and through separate incisions, the total payment for all such operations shall not exceed the maximum payment for that one of such operations for which the largest amount is payable, plus 50% of the maximum payment for each of the other operations, unless otherwise specified in the schedule.

If bilateral similar operations are performed at the same operative session in separate operative fields, the total payment for both operations shall not exceed 150% of the maximum payment for the single operation, unless otherwise specified in the schedule.

In no event, however, shall the maximum payment determined in accordance with any of the paragraphs immediately preceding exceed the Maximum Surgical Operation Benefit in force under the Group Policy on account of the Employee or Dependent who has undergone such operations.

Surgical Operation	Maximum Payment Eff. 5-1-77	Eff. 5-1-78	Eff. on and after 5-1-79
CARDIOVASCULAR SYSTEM			
Commissurotomy or valvulotomy,			
mitral	$807.50	$ 850.00	$ 935.00
Aortic, pulmonic, or tricuspid	950.00	1,000.00	1,100.00
Veins			
Ligation and division of long saphenous vein at saphenofemoral junction, with or without retrograde injection, or distal interruptions—			
Unilateral	142.50	150.00	165.00
Bilateral	237.50	250.00	275.00
Ligation and division of short saphenous vein at saphenopopliteal junction (independent procedure)	95.00	100.00	110.00
Ligation and division and complete stripping			
Long or short saphenous veins—			
Unilateral	190.00	200.00	220.00
Bilateral	332.50	350.00	385.00
Injection of sclerosing solution, each treatment (not more than five)	19.00	20.00	22.00
DIGESTIVE SYSTEM			
Appendectomy (independent procedure)	285.00	300.00	330.00
Cholecystectomy	380.00	400.00	440.00
With open exploration of common duct	475.00	500.00	550.00
Colectomy			
Partial, with anastomosis, with or without colostomy	522.50	550.00	605.00
For malignant tumor with regional lymph node dissection	950.00	1,000.00	1,100.00
Gastrectomy			
Total, for malignancy with regional lymph node dissection	950.00	1,000.00	1,100.00
Subtotal, with or without vagotomy	522.50	550.00	605.00
Tonsillectomy, with or without adenoidectomy			
Age 14 or over	142.50	150.00	165.00
Under age 14	95.00	100.00	110.00
Hemorrhoidectomy (with or without hemorrhoidectomy, with or without sphincterotomy)			
External, single	76.00	80.00	88.00
Multiple, complete	133.00	140.00	154.00
Internal, or internal and external	190.00	200.00	220.00
Radical (Buie or Whitehead)	285.00	300.00	330.00
Enucleation or excision of external thrombosed hemorrhoid	19.00	20.00	22.00
Fistulotomy or fistulectomy			
Submuscular	285.00	300.00	330.00
Subcutaneous	66.50	71.00	78.00
INTEGUMENTARY SYSTEM (Skin, Subcutaneous, Areolar Tissues, Breast)			
Skin and subcutaneous tissue			
Incision and drainage, cysts (up to 5), carbuncle or abscess	19.00	20.00	22.00
Excision of pilonidal cyst or sinus	190.00	200.00	220.00
Breast			
Mastectomy, complete (simple)	190.00	200.00	220.00
Partial, unilateral	114.00	120.00	132.00
Bilateral	171.00	180.00	198.00
Radical for malignancy, including pectoral muscles and axillary lymph nodes	570.00	600.00	660.00
MUSCULOSKELETAL SYSTEM			
Dislocations			
Closed reduction, simple			
Shoulder	114.00	120.00	132.00
Elbow	76.00	80.00	88.00
Hip	237.50	250.00	275.00
Open reduction, simple or compound			
Shoulder or elbow (fresh)	332.50	350.00	385.00
Hip	475.00	500.00	550.00
Fractures			
Closed reduction			
Other than chip or avulsion fractures			
Humerus			
Surgical neck, requiring manipulation	209.00	220.00	242.00
Shaft, simple, age 14 or over	256.50	270.00	297.00
Under age 14	171.00	180.00	198.00
Radius, shaft, with or without manipulation			
Age 14 or over	114.00	120.00	132.00
Under age 14	76.00	80.00	88.00

SCHEDULE OF SURGICAL OPERATIONS—Continued

Surgical Operation	Maximum Payment BH. 5-1-77	BH. 5-1-78	BH. on and after 5-1-79
MUSCULOSKELETAL SYSTEM—Continued			
Fractures—Continued			
Femur, simple, neck or shaft, including supracondylar, age 14 or over	$380.00	$400.00	$440.00
Under age 14	228.00	240.00	264.00
Tibia, shaft, simple, immobilization only,			
age 14 or over	228.00	240.00	264.00
Under age 14	114.00	120.00	132.00
Fibula, shaft, simple	76.00	80.00	88.00
For debridement of any compound fracture add 1/3 of the amount for closed reduction			
Chip or avulsion fractures	28.50	31.00	34.00
RESPIRATORY SYSTEM			
Nose and Throat			
Removal of nasal polyp, one or more, unilateral or bilateral	47.50	51.00	56.00
Frontal sinusotomy, external, simple (trephine operation)	133.00	140.00	154.00
Radical, obliterative, unilateral or bilateral	380.00	400.00	440.00
Nasal Septum, submucous resection	190.00	200.00	220.00
With grafts	285.00	300.00	330.00
UROGENITAL SYSTEM			
Female Genital			
Hysterectomy (with or without removal of tubes, with or without removal of ovaries)			
Total, vaginal or abdominal	380.00	400.00	440.00
Supracervical or subtotal	332.50	350.00	385.00
Radical for malignant tumor with lymph node dissection	665.00	700.00	770.00
With removal of bladder and ureteral transplant	$760.00	$800.00	$880.00
With rectal resection, with or without removal of bladder and ureteral transplant	950.00	1,000.00	1,100.00
Amputation of cervix (independent procedure)	133.00	140.00	154.00
Dilation and curettage (non-puerperal) (independent procedure)	95.00	100.00	110.00
With local excision of lesion of cervix, or cauterization	114.00	120.00	132.00
Delivery of child or children	156.00	156.00	156.00
Caesarean Section, including delivery, or abdominal operation for extrauterine pregnancy	312.00	312.00	312.00
Miscarriage	78.00	78.00	78.00
Male Genital			
Circumcision			
Clamp or dorsal slit	19.00	20.00	22.00
Other than clamp or dorsal slit			
Age 14 or older	66.50	71.00	78.00
Under age 14	47.50	51.00	56.00
Prostatectomy, with or without vasectomy	522.50	550.00	605.00
Urinary			
Cystoscopy, diagnostic			
Initial (independent procedure)	47.50	51.00	56.00
Subsequent, within 30 days	28.50	31.00	34.00
With ureteral catheterization, unilateral or bilateral, add	19.00	20.00	22.00
With biopsy of bladder, add	9.50	11.00	12.00
OPERATIONS NOT ASSOCIATED WITH A SINGLE SYSTEM			
Exploratory laparotomy or celiotomy	266.00	280.00	308.00
Herniotomy, inguinal, unilateral	237.50	250.00	275.00
Bilateral	332.50	350.00	385.00

SCHEDULE OF RADIATION THERAPY

Surgical operations and any benefits therefor shall be subject to the terms and limitations applicable to benefits for surgical operations, but no benefits shall be payable under the Group Policy for any charges made by a hospital or other institution for services in connection with such therapy.

The maximum payment for any X-ray, radium, cobalt, or radioactive isotope therapy not specified in the following schedule shall be determined by the Insurance Company in an amount consistent with the maximum payments for therapies listed. The amounts specified are the maximum payments for the treatments shown, including dosage calculations and use of facilities.

X-RAY AND RADIUM THERAPY			
All treatment (except concomitant surgical procedures) and retreatment within a period of 12 consecutive months for the following conditions (subject to the maximum per treatment below)			
Histologically verified malignancies			
Skin, 1 centimeter diameter or less	$ 95.00	$100.00	$110.00
Over 1 centimeter diameter	190.00	200.00	220.00
Over soft tissue and bone			
Breast (except postmastectomy)	380.00	400.00	440.00
Postmastectomy	266.00	280.00	308.00
Intra-abdominal and intrathoracic	380.00	400.00	440.00
Head and neck	522.50	550.00	605.00
Central nervous system	475.00	500.00	550.00
Benign tumors	66.50	71.00	78.00

X-RAY AND RADIUM THERAPY—Continued			
Per Treatment			
X-ray (500 KVP or less),			
Histologically verified malignancies	$ 19.00	$ 20.00	$ 22.00
Benign tumors	13.30	14.00	15.00
Surface application of radium or other sealed radioactive source	19.00	20.00	22.00
X-ray (over 500 KVP), cobalt, radium	28.50	31.00	34.00
RADIOACTIVE ISOTOPE THERAPY			
All treatment (except concomitant surgical procedures) and retreatment within a period of 12 consecutive months for:			
Hyperthyroidism	332.50	350.00	385.00

SCHEDULE OF SURGICAL OPERATIONS—*Continued*

Surgical Operation	Maximum Payment 5-1-77	5-1-78	5-1-79 and after
RADIOACTIVE ISOTOPE THERAPY—*Continued*			
Thyroid suppression (cardiac)	$332.50	$350.00	$385.00
Interstitial or intracavitary therapy with radioactive colloids			
Radioactive gold	190.00	200.00	220.00
Radioactive phosphorus	133.00	140.00	154.00
If treatment (except concomitant surgical procedures) and retreatment within a period of 3 consecutive months for:			
Polycythemia Vera	$66.50	$71.00	$78.00
Chronic leukemia	66.50	71.00	78.00

If Surgical Operation Insurance Benefits are paid under the Group Policy for a surgical operation performed outside of a legally constituted hospital while Hospital Expense Insurance under the Group Policy is in force on account of the person who underwent such operation, the Insurance Company shall pay, in addition to the payments otherwise provided, the amount of the actual expense, if any, charged for a general anesthesia and the administration thereof in connection with such operation to a maximum of $10.

ADDENDUM

MOUTH, TEETH & GUMS

Surgical Operation	Maximum Payment
CISTOMA, Removal	
Ludwig's angina	SC($75-$150)*
Drainage of bone (Osteomyelitis, Abscess) by incision of periosteum, superficial (subperiosteal or cortex abscess)	50.00
Deep (Medullary abscess)	50.00
Drainage of bone (Osteomyelitis, abscess) by drilling or "windowing" of cortex superficial or deep	50.00
Sequestrectomy, removal of sequestrum for osteomyelitis or bone abscess	SC($25-$100)*
Incision for removal of Bone Fastenings (metal bands, plate, screw or nail)	SC($25-$100)*
Osteotomy: cutting, division or transection of bone with or without internal fixation	SC($150-$250)*
INCISION, Removal	
Incision and drainage of alveolar abscess	5.00
Drainage of sublingual abscess (Cellulitis)	25.00
EXCISION	
Local lesion of buccal mucosa	25.00
Torus Palatinus or torus mandibularis	50.00
Adamantinoma	75.00
Gingivectomy. Excision of portion of gum or gum lesion	25.00
Ranula	35.00
Biopsy	10.00
Bone cyst or osteochondroma	50.00
REPAIR	
Stomato-plasty, plastic or reconstruction operation on the mouth	SC($25-$200)*
Frenotomy (Tongue-tie)	5.00
Excision of hyperplastic tissue of buccal mucosa in edentulous mouths	35.00

Surgical Operation	Maximum Payment
FRACTURE OF JAWS	
Fracture, closed reduction, unless otherwise indicated, including initial application of cast, splint or traction. If bone infection occurs, increase allowance by 50%. For open reduction, increase by 50% the allowance stated for care by closed reduction except as listed herewith.	
Facial Bones	
Malar, non-depressed, closed	$25.00
Depressed, open	75.00
Maxilla, alveolar process excepted, unilateral	50.00
Maxilla, alveolar process excepted, bilateral	75.00
Interdental wiring, if necessary	75.00
Mandible, closed	50.00
Interdental wiring, if necessary	75.00
Zygoma, fracture dislocation, closed	50.00
Zygoma, fracture dislocation, open	100.00
DISLOCATION	
Manipulation of Temporomandibular	15.00
SURGICAL REMOVAL OF IMPACTED TOOTH	
Soft tissue impaction	10.00
Partially covered by bone	35.00
Completely covered by bone	75.00
Not to exceed $150.00 during any period of disability. After first removal, above listed amounts reduced by 50%.	
Dental Root Resection	35.00
Excision of cyst attached to or containing a tooth	150.00

Notes: A consistent payment will be made for any operation falling within the intent and scope of this sub-schedule, performed by an Oral Surgeon (D.D.S., provided such procedure would usually be performed by a doctor licensed to practice medicine (M.D.) or osteopathy (D.O.). In no event, however, shall any payment be made for an alveolectomy nor for extraction of a tooth other than the surgical removal of an impacted tooth as specified in the foregoing schedule.

*Special Consideration

INSURANCE FOR DIAGNOSTIC X-RAY AND LABORATORY EXAMINATIONS—LIMITED

NOTE: Any reference herein to Insurance for Diagnostic X-Ray and Laboratory Examinations on account of a Dependent of the Employee is void and of no effect unless the Employee is insured for such insurance on account of the Dependent.

Section A.

BENEFIT PROVISIONS

If, while the Employee is insured under the Group Policy for Insurance for Diagnostic X-Ray and Laboratory Examinations with respect to himself and his Dependents (as defined in Section B hereof), the Employee or a Dependent of the Employee undergoes any diagnostic X-ray or laboratory examination, upon the recommendation of a physician legally licensed to practice medicine, for the diagnosis of:

(A) any injury not arising out of or in the course of any employment for wage or profit, or

(B) any sickness not entitling him to benefits under any workmen's compensation or occupational disease law,

the Insurance Company shall pay to the Employee, subject to the provisions set forth below, an amount equal to the fees charged for such examination, provided, however, that

(1) The amount of such payment shall not exceed $75.00.

(2) If two or more examinations are performed for the diagnosis of injuries resulting from any one accident, the total payment for all such examinations shall not exceed the aggregate of the payment for each but in no event more than $75.00.

(3) For all examinations performed during any twelve consecutive months for the diagnosis of one or more sicknesses, the total payments shall not exceed $75.00.

(4) No payment shall be made for any examination performed while the Employee or Dependent is confined in the hospital and for which a charge is made by the hospital.

(5) No payment shall be made for any examination performed in connection with pregnancy or resulting childbirth or complications or in connection with dental work or treatment.

(6) No payment shall be made for examination of urine or X-ray therapy treatment nor for any examination for which payment is otherwise made under the Group Policy for the fee charged for such examination.

(7) Benefits under the Group Policy are not payable for any services which, in accordance with laws or regulations of any government, are or may be obtained without cost or at a reduced cost to a person covered thereunder, except as provided by the following sentence. If a charge is made to any such person which he is legally required to pay, any benefits under the Group Policy will be computed in accordance with the provisions of the Group Policy, taking into account only such charge. "Any government" includes the Federal, State, Provincial or local government or any political subdivision thereof, of the United States or Canada.

The insurance evidenced herein is provided under and is subject to the provisions of the Group Policy, which may be amended or discontinued by the Insurance Company or the Employer in accordance with its terms.

Section B.

DEFINITION OF THE TERM "DEPENDENT"

See Section B, Definition of the Term "Dependent" of the page hereof entitled Hospital Expense Insurance.

Section C.

NOTICE AND PROOF OF CLAIM

All benefits under the Insurance for Diagnostic X-Ray and Laboratory Examinations provided in the Group Policy shall be paid to the Employee as they accrue upon receipt of written proof covering the occurrence, character, and extent of the event for which claim is made.

Section D.

CESSATION OF INSURANCE

The Insurance for Diagnostic X-Ray and Laboratory Examinations shall automatically cease on whichever of the following dates first occurs:

1. The date of termination of the Employee's employment. Termination of employment, for the purposes of Insurance for Diagnostic X-Ray and Laboratory Examinations, means cessation of active work as an Employee as defined in the Group Policy, except that, in circumstances specified in the Group Policy, the Employer may deem the Employee's employment to continue after such cessation subject to the terms of the Group Policy.
2. The date of discontinuance of the Group Policy or of the discontinuance of the provisions thereunder for the insurance referred to herein.
3. As to the insurance on account of any Dependent, on the day immediately preceding the date such person ceases to be a Dependent of the Employee.
4. The date of expiration of the last period for which contributions to the cost of the insurance under the Group Policy were made by the Employee, in case the Employee fails to make a contribution required by the Employer.

If the Employee, or a Dependent of the Employee, at the date of the cessation of the insurance for Diagnostic X-Ray and Laboratory Examinations on his account, is totally disabled as a result of injury or sickness the Insurance Company shall pay, subject to the terms and limitations of the Group Policy described herein, for examinations performed while still so totally disabled and within the thirty-one-day period after such cessation to the same extent as if such insurance had continued in force during such period.

See Endorsement Form G. 9889-1

See Endorsement Form G.9901—1

Form G. 8900—19B
G 879-G. (877)

MEDICAL EXPENSE INSURANCE—EXTENDED COVERAGE

NOTE: Any reference herein to Medical Expense Insurance—Extended Coverage on account of a Dependent of the Employee is void and of no effect unless the Employee is insured for such insurance on account of the Dependent.

Section A.

BENEFIT PROVISIONS

If the Employee or a Dependent suffers an injury or contracts a sickness and as a result thereof the Employee incurs an account of himself while insured under the Group Policy for Medical Expense Insurance—Extended Coverage, or an account of a Dependent while the Employee is insured under the Group Policy for Medical Expense Insurance—Extended Coverage on account of such Dependent,

(a) Covered Medical Expenses during any one Medical Expense Period which are in excess of

(b) the Deductible Amount with respect to such Medical Expense Period,

the Insurance Company shall pay benefits subject to the terms and limitations of the Group Policy in an amount equal to the Insured Proportion, as specified in the Schedule in Section F hereof, of such excess of (a) over (b), provided that

(i) the aggregate benefits on account of all Covered Medical Expenses incurred during any one Medical Expense Period shall not exceed the Maximum Benefit For One Medical Expense Period applicable to the Employee or Dependent as specified in said Schedule, and provided further that

(ii) the aggregate benefits on account of all Covered Medical Expenses incurred during all Medical Expense Periods of the Employee or Dependent shall not exceed the Maximum Aggregate Benefit applicable to the Employee or Dependent as specified in said Schedule. If, at any time, benefits in the aggregate of $1,000 or more have been paid on account of Covered Medical Expenses incurred during all Medical Expense Periods of an Employee or a Dependent, and the Employee subsequently submits at his own expense evidence of insurability of the person on whose account such amount of benefit was paid, such amount of benefit shall not be included in determining the Maximum Aggregate Benefit payable on account of Covered Medical Expenses incurred on account of such person on and after the date the Insurance Company accepts as satisfactory such evidence of insurability.

The terms "Covered Medical Expenses," "Medical Expense Period," "Deductible Amount," "Physician or Surgeon," and "Dependent" are defined in Section B hereof.

Section B.

DEFINITIONS

(1) "Covered Medical Expenses" means reasonable charges incurred for the following types of medical services rendered to the Employee or Dependent, as the case may be, which are performed or prescribed by a physician or surgeon, subject to the exceptions set forth below:

Services of physicians and surgeons, including specialists,
Hospital room and board, excluding, in the case of private room accommodations, any charges over the hospital's most common semi-private room rate,
Other hospital services required for medical or surgical care or treatment,
Anesthetics and the administration thereof,
X-rays and other diagnostic laboratory procedures,
X-ray or radium treatment,
Oxygen and its administration,
Blood transfusions, including cost of blood,
Services of registered graduate nurses, other than a nurse who ordinarily resides in the Employee's home or who is a member of the Employee's immediate family,
Drugs and medicines which must be dispensed by a licensed pharmacist,
Local professional ambulance service,
Rental of iron lung or other durable equipment required for therapeutic use,
Artificial limbs or other prosthetic appliances, except their replacement.

Exceptions.—Expenses incurred for any of the following shall in no event be considered Covered Medical Expenses:

(a) Any services rendered for pregnancy, resulting childbirth or complications if the pregnancy existed on the effective date of this certificate or on the effective date of the insurance on account of the person who has received such services.

(b) Dental services of any kind, except that expenses for such services required for correction of damage caused by accidental injury sustained by the Employee or Dependent while insurance is in force on his account and expenses for hospital room and board and other special hospital services while the Employee or Dependent is a registered bed patient shall not be excluded provided such expenses otherwise qualify as Covered Medical Expenses.

(c) Eye glasses and hearing aids or examinations for the prescription or fitting thereof,

(d) Routine health check-ups,

(e) Cosmetic surgery or treatment except that expenses for cosmetic surgery or treatment required for correction of damage caused by accidental injury sustained by the Employee or Dependent while insurance is in force on his account shall not be excluded if they otherwise qualify as Covered Medical Expenses,

(f) Any services received by the Employee or Dependent because of any injury arising out of or in the course of any employment for wage or profit or any sickness entitling him to benefits under any workmen's compensation or occupational disease law,

See Endorsement Form G.9075-3

(g) Any services received by the Employee or Dependent which are or may be obtained without cost to such person, in accordance with laws or regulations of any government. If a charge is made to any such person which he is legally required to pay, any benefits under the Group Policy will be computed in accordance with the provisions of the Group Policy, taking into account only such charge. "Any government" includes the Federal, State, Provincial or local government or any political subdivision thereof, of the United States or Canada.

(h) Any services received as a result of injury or sickness due to an act of war, declared or undeclared, which act shall have occurred after the effective date of the insurance evidenced herein,

(i) Any services for which there is no cost to the Employee or Dependent, or which are provided by any other medical, surgical or hospital plan which the Employer (or any company subsidiary to or affiliated with the Employer) contributes to or otherwise sponsors.

If benefits have been paid under the Group Policy on account of services received by the Employee or by a Dependent and whether it is established that the charges for such services were A paid by the Employee or the Dependent, or said Employee or Dependent was otherwise reimbursed therefor, the Insurance Company shall be entitled to a refund of the amount of the benefits paid which is in excess of the benefits that would have been payable based on the actual charges incurred and paid by the Employee or the Dependent.

For the purposes of the insurance evidenced herein, an expense shall be deemed to have been incurred on the date the service for which the charge is made shall have been received or rendered.

(2) A "Medical Expense Period" means a period beginning with any January 1st and ending with the next following December 31st.

(3) "Deductible Amount" means with respect to any Medical Expense Period the sum of (i) the applicable Basic Deductible Amount determined in accordance with the Schedule in Section F hereof and (ii) the aggregate of the benefits otherwise provided under the Group Policy and under any other medical, surgical or hospital plan which the Employer (or any company subsidiary to or affiliated with the Employer) contributes to or otherwise sponsors for services rendered to the Employee or Dependent in that Medical Expense Period.

(4) "Physician or Surgeon" means only a physician or surgeon who is legally licensed to practice medicine.

(5) "Dependent"—See Section B, Definition of the Term "Dependent", of the page hereof entitled Hospital Expense Insurance.

Section C.

BENEFIT PROVISIONS APPLICABLE IN CASE OF CESSATION OF INSURANCE OTHER THAN PURSUANT TO ITEM (2) OF SECTION E HEREOF

If, at the date of cessation of the insurance on account of the Employee or on account of a Dependent, the Employee or Dependent is then under the care of a physician or surgeon for treatment of an injury or a sickness, the Insurance Company shall pay benefits as if the insurance on the Employee or on the Dependent, as the case may be, had continued in force, provided that

(a) no benefits shall be payable on account of any Covered Medical Expenses incurred after the date three months following the date of cessation of insurance or after the date of recovery from the injury or sickness for which the Employee or Dependent was being treated at the date of cessation of insurance, whichever first occurs, unless the Employee or Dependent is totally disabled continuously from the date of such cessation during the period such expenses are incurred, and

(b) if the Employee or Dependent is totally disabled continuously from the date of cessation of insurance, benefits will continue to be provided during such disability under the same conditions as if the insurance had continued in force, but in no case shall any benefits be payable on account of any Covered Medical Expenses incurred after the end of the calendar year following the calendar year in which such cessation occurs.

Section D.

PAYMENT OF CLAIMS

Any benefits referred to herein shall be paid to the Employee as they accrue upon receipt of written proof that the medical expenses for which claim is made were actually incurred on the dates specified and that the services were recommended and approved by a physician or surgeon. Such proof must be furnished to the Insurance Company not later than ninety days after the date such medical expenses were incurred. Failure to furnish such proof within the time provided in the Group Policy shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof and that such proof was furnished as soon as was reasonably possible.

Section E.

CESSATION OF INSURANCE

The insurance referred to herein shall automatically cease on whichever of the following dates first occurs:

(1) The date of termination of the Employee's employment. Termination of employment, for the purposes of insurance, means cessation of active work as an Employee as defined in the Group Policy, except that, in circumstances specified in the Group Policy the Employer may deem the Employee's employment to continue after such cessation subject to the terms of the Group Policy.

(2) As to the insurance on account of the Employee, the date as of which Covered Medical Expenses are incurred on account of the Employee in an aggregate amount such that the Maximum Aggregate Benefit will be payable under the Group Policy. As to the insurance on account of any Dependent, the date as of which Covered Medical Expenses are incurred on account of such Dependent in an aggregate amount such that the Maximum Aggregate Benefit will be payable under the Group Policy.

Insurance on account of the Employee or Dependent may be reinstated only upon submission by the Employee at his own expense of evidence of insurability of such person satisfactory to the Insurance Company.

(3) The date of discontinuance of the Group Policy or of the discontinuance of the provisions thereunder for the insurance referred to herein.

(4) As to the insurance on account of any Dependent, the day immediately preceding the date such person ceases to be a Dependent of the Employee.

(5) The date of expiration of the last period for which contributions to the cost of his insurance under the Group Policy were made by the Employee, in case the Employee fails to make a contribution required by the Employer.

Section F.

SCHEDULE

Personal Insurance and Dependent Insurance (Each Dependent)

Class	Insured Proportion See Note 1	Basic Deductible Amount See Note 2	Maximum Benefit for One Medical Expense Period	Maximum Aggregate Benefit
All Employees	80%	$100	$20,000 *	$20,000 *

Note 1: If any services are rendered for psychiatric treatment or consultation because of a mental or nervous condition while the Employee is not totally disabled so as to be prevented from working or while the Dependent is not confined in a hospital or similar institution, instead of the insured proportion specified, an insured proportion of 50% shall be used with respect to the Covered Medical Expenses incurred therefor.

Note 2: (a) If an Employee incurs Covered Medical Expenses on his own account and on account of one or more of his Dependents, or on account of two or more of his Dependents, due to injuries sustained in the same accident, the Basic Deductible Amount shall be limited to the amount specified above with respect to all Covered Medical Expenses incurred on account of such accident for all such persons and which are incurred prior to the end of the calendar year in which the accident occurred.

(b) If any part or all of the Basic Deductible Amount is applied against Covered Medical Expenses incurred during the last three months of a Medical Expense Period, then the Basic Deductible Amount for the Employee or Dependent for the next Medical Expense Period shall be reduced by the amount so applied.

(c) If, during any one Medical Expense Period, an Employee shall have incurred Covered Medical Expenses on account of each of three persons, on whose account he is insured under the Group Policy, and the amount of Covered Medical Expenses incurred on account of each such person is an amount at least equal to the Basic Deductible Amount applicable to such person, any Covered Medical Expenses subsequently incurred during that Medical Expense Period on account of such Employee and any of his Dependents shall not be subject to any Basic Deductible Amount or any part thereof.

*Effective May 1, 1978, the Maximum Benefit for One Medical Expense Period and the Maximum Aggregate Benefit shall each be increased to $25,000 and effective May 1, 1979, the Maximum Benefit for One Medical Expense Period and the Maximum Aggregate Benefit shall each be increased to $30,000, subject to the provisions appearing in the Note in the Schedule of Insurance.

NOTE: The Dependent insurance specified above is applicable only if the Employee is insured for such insurance on account of Dependents.

MEDICAL EXPENSE INSURANCE—EXTENDED COVERAGE—Continued

ENDORSEMENT

The Insurance Company certifies that, subject to the terms and conditions of the Group Policy, and in accordance with an amendment thereto, this certificate is hereby endorsed by adding to Section A of the page of this certificate entitled "Medical Expense Insurance —Extended Coverage", the following:

"Expenses for actual visits for healing purposes made by a Christian Science practitioner who is listed as such in the Christian Science Journal current at the time of such visits shall be considered for benefits subject to the same terms and limitations as if such expenses were charged by a physician.

Expenses for professional nursing services of a Christian Science nurse shall be included on the same basis, and subject to the same terms and limitations, as expenses for other nursing services provided that such nurse is listed in the Christian Science Journal current at the time such services are provided as (i) having completed nurses training at a Christian Science Benevolent Association Sanatorium, or (ii) being a graduate of another nurses training course, or (iii) having had three consecutive years of Christian Science nursing, including two years of training."

METROPOLITAN LIFE INSURANCE COMPANY,

Richard R. Shinn

Richard R. Shinn
President and Chief Executive Officer.

Form G.9075-3

See Endorsement Form G. 9089-1

See Endorsement Form G.9201—1

METROPOLITAN LIFE INSURANCE COMPANY

This Certificate is hereby endorsed to add to the provisions thereof relating to Group Insurance, other than the provisions relating to Life Insurance, Insurance for Death or Dismemberment by Accidental Means and Accident and Health Insurance, the following:

"COORDINATION OF BENEFITS UNDER THE GROUP POLICY WITH OTHER BENEFITS.

(1) 'Plan' means any plan providing benefits or services for or by reason of medical care or treatment, which benefits or services are provided by (i) any group, blanket, or franchise insurance plan, or any other plan covering individuals or members as a group; (ii) any Group hospital service prepayment plan, Group medical service prepayment plan, Group practice, or other prepayment coverage; (iii) any coverage under Governmental programs, or any coverage required or provided by any statute; but 'Plan' does not include any State-wide program of supplemental medical care coverage designed specifically for senior citizens and provided pursuant to State Law.

(2) Certain provisions which limit benefits and are set forth in other parts of this certificate apply to expenses to the extent that benefits or services are provided under plans which the Employer (or any company subsidiary to or affiliated with the Employer) contributes to or otherwise sponsors or under governmental programs. The provisions of the following paragraphs will apply to other expenses.

(3) If the Employee or a Dependent is covered under any other Plan, the benefits otherwise payable under the Group Policy as summarized in this certificate are subject to reduction so that for Allowable Expenses incurred in any Claim Determination Period the benefits payable thereunder together with the benefits available under such other Plan or Plans will not exceed the total amount of such Allowable Expenses.

(4) 'Allowable Expense' means any reasonable and customary charge which the Employee or Dependent is legally required to pay for an item of necessary medical expense at least a portion of which is covered under at least one of the Plans covering the person for whom claim is made. If benefits are provided in the form of services rather than cash payments, the reasonable cash value of each service rendered shall be considered both an allowable expense and a benefit paid. In no event, however, will Allowable Expense include expenses for services received because of any injury arising out of or in the course of any employment for wage or profit or any sickness entitling the person for whom claim is made to benefits under any workmen's compensation or occupational disease law.

(5) 'Claim Determination Period' means a period beginning with any January 1st and ending with the next following December 31st except that the first Claim Determination Period with respect to any person shall begin on the effective date of insurance under the Group Policy with respect to such person and end on the next following December 31st. In no event will a Claim Determination Period for any person extend beyond the last day on which such person is covered under the Group Policy.

(6) For the purpose of this provision the Insurance Company may, without the consent of or notice to any person, release to or obtain from any other insurance company or other organization or person any information regarding coverage, expenses, and benefits which the Insurance Company considers necessary.

(7) To obtain all benefits available, a claim should be filed under each applicable policy or Plan. Any person claiming benefits under the Group Policy shall furnish to the Insurance Company such information as may be necessary for the purposes of this provision.

(8) If an overpayment is made under the Group Policy because of failure to report other coverage or otherwise, the Insurance Company shall have the right to recover such overpayment. If payments which should have been made under the Group Policy have been made under any other Plans, the Insurance Company shall have the right, exercisable alone and in its sole discretion, to pay over to any organizations making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision, and amounts so paid shall be deemed to be benefits paid under the Group Policy and, to the extent of such payments, the Insurance Company shall be fully discharged from liability under the Group Policy."

METROPOLITAN LIFE INSURANCE COMPANY,

Richard R. Shinn

Richard R. Shinn
President and Chief Executive Officer.

Form G.9089-1

METROPOLITAN LIFE INSURANCE COMPANY

This Certificate is hereby endorsed as follows:

(1) To add the following to the sections of said certificate regarding cessation of insurance appearing on pages other than those entitled Life Insurance, Insurance for Death or Dismemberment by Accidental Means and Accident and Health Insurance.

"The Employee's insurance under the Group Policy on his own account shall automatically cease on the day immediately preceding the date the Employee becomes eligible for any coverage under the Health Insurance for the Aged and Disabled provisions of the United States Social Security Act, as now or hereafter amended. The Employee's insurance under the Group Policy with respect to any Dependent shall automatically cease on the day immediately preceding the date such Dependent becomes eligible for any coverage under the Health Insurance for the Aged and Disabled provisions of the United States Social Security Act, as now or hereafter amended."

(2) To add the following to Section A appearing on pages of said certificate other than those entitled Life Insurance, Insurance For Death or Dismemberment by Accidental Means and Accident and Health Insurance.

"No payment will be made for any day of hospital confinement occurring or any hospital, surgical or medical services received or expenses incurred by the Employee or Dependent on or after the date such person becomes eligible for any coverage under the Health Insurance for the Aged and Disabled provisions of the United States Social Security Act, as now or hereafter amended."

METROPOLITAN LIFE INSURANCE COMPANY,

Richard R. Shinn

Richard R. Shinn
President and Chief Executive Officer.

Form G.9301—1

SCHEDULE OF INSURANCE

Life Insurance (Subject to paragraphs below)	Insurance for Death or Dismemberment by Accidental Means (Subject to paragraphs below)	Accident and Health Insurance (Weekly Benefits)	Hospital Expense Insurance (Daily Benefit) Employee and Each Dependent	Hospital Expense Insurance: Special Hospital Services (Maximum Benefit) Employee and Each Dependent	Supplementary Hospital Benefits for Physicians' Attendance: Employee Benefit Basic	Employee Benefit Maximum	Dependent Benefit Basic	Dependent Benefit Maximum
$6,000.00*	$6,000.00*	$95.00*	For any day of hospital confinement the actual amount charged by the hospital for such day, but not to exceed $65.00*	$1,100.00	$7.00	$630.00	$7.00	$630.0
				Ambulance Service Benefit . . . $25.00.				

*Effective May 1, 1978 the amounts of Life Insurance and Insurance for Death or Dismemberment by Accidental Means shall each b increased to $7,000.00, and to $8,000.00 effective May 1, 1979, provided the Employee is actively at work on such date, otherwis on the date of his return to active work.

	Employee	Dependent
Surgical Operation Insurance (Maximum Benefit)	$ 950.00*	$ 950
Insurance for Diagnostic X-Ray and Laboratory Examinations (Maximum Benefit)	75.00	75.00
Medical Expense Insurance—Extended Coverage (Maximum Aggregate Benefit)	20,000.00**	20,000.00
Consultation Services (Maximum Benefit)	50.00	50.00

*The amount of Accident and Health Insurance (Weekly Benefits) shall be increased to $100 effective May 1, 1978 and to $105 effective May 1, 1979. The amount of Hospital Expense Insurance (Daily Benefit) Employee and Each Dependent shall be increased to $70 effective May 1, 1978 and to $75 effective May 1, 1979. The amount of the Surgical Operation Insurance (Maximum Benefit) Employee and Each Dependent shall be increased to $1,000 effective May 1, 1978 and to $1,100 effective May 1, 1979.

**The amount of Medical Expense Insurance—Extended Coverage (Maximum Aggregate Benefit) Employee and Each Dependent shal be increased to $25,000 Effective May 1, 1978 and to $30,000 Effective May 1, 1979.

Note: (i) If a Dependent of the Employee is confined in a hospital or other institution for care or treatment, or is confined at home under the care of a physician or surgeon because of a disabling physical or mental sickness or injury on the applicable effective date, the Maximum Benefit for One Medical Expense Period and Maximum Aggregate Benefit shall each be the amount previously in effect with respect to such Dependent until such Dependent is no longer confined in a hospital or other institution or confined at home under the care of a physician or surgeon, (ii) any benefits paid or payable under the Group Policy for expenses incurred prior to the applicable effective date shall be taken into consideration in determining benefits payable for expenses incurred on and after such date, except to the extent benefits may be disregarded in accordance with the Medical Expense Insurance—Extended Coverage provisions of the Group Policy, and (iii) if the Medical Expense Insurance—Extended Coverage under the Group Policy on account of the Employee or a Dependent ceased prior to the applicable effective date because benefits in an amount equal to the Maximum Aggregate Benefit were paid or are payable with respect to such person, such insurance on account of such person shall not be reinstated until evidence of insurability of such person has been accepted by the Insurance Company as satisfactory.

Payments for Maternity

(No payment will be made on account of any person if the pregnancy existed on the effective date of this certificate or on the effective date of the insurance on account of such person, except as may be specified in the Group Policy.)

Accident and Health Insurance (Weekly Benefits) Employee	Hospital Expense Insurance (Maximum Benefit) Employee	Hospital Expense Insurance (Maximum Benefit) Dependent	Surgical Operation Insurance (Maximum Benefit) Employee	Surgical Operation Insurance (Maximum Benefit) Dependent
Weekly payments up to six weeks	Same as any other Disability	Same as any other Disability	As shown in Schedule of Surgical Operations hereof	As shown in Schedule of Surgical Operations hereof

NOTE: The Dependent insurance specified above is applicable only if the Employee is insured for such insurance on account of Dependents.

SCHEDULE OF INSURANCE—Continued

Retired Employees

The amount of Life Insurance in accordance with the foregoing applies 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 under the Group Policy shall be $3,000 or the amount of such insurance on the day preceding his Effective Reduction Date, whichever amount is smaller.

Death Benefit: The amount of Death Benefit pursuant to Section B of the provisions hereof entitled Life Insurance shall be an amount equal to the amount of the Employee's Life Insurance under the Group Policy at the date of cessation of his Life Insurance due to termination of his employment, except that the amount of Death Benefit on and after his 65th birthday, shall be $3,000 or the amount of his Life Insurance under the Group Policy at the date of cessation of his Life Insurance, whichever amount is smaller.

Benefits Available to Employees Retired on Pension

All insurance other than Insurance for Death or Dismemberment by Accidental Means and Accident and Health Insurance, may be continued after retirement for eligible Employees and their Dependents provided the Employee makes the required contribution.

In no event shall the medical care insurance on account of the Employee be continued beyond the date of the Employee's eligibility for Medicare.

In no event shall the medical care insurance on account of any Dependent be continued beyond the earlier of (i) the date of such Dependent's eligibility for Medicare or (ii) the date such Dependent ceases to be a Dependent as defined herein.

REGISTER OF CHANGE OF BENEFICIARY

Note—Entries in this register are to be made only by the Employer. No other entries shall be recognized

DATE EFFECTIVE	BENEFICIARY	ENDORSED BY

PRACTITIONERS, OTHER THAN PHYSICIANS OR SURGEONS

If a duly licensed practitioner, while acting within the scope of his license, and provided there are statutory or regulatory provisions applicable to the Group Policy which require recognition of the covered services of such a practitioner, performs any services in connection with injury or sickness or gives any recommendation or approval required by the provisions of this certificate, expenses incurred on account of, or disability due to, such injury or sickness will be considered for benefits subject to the same terms and limitations as if such services were performed by or such recommendation and approval were given by, a physician or surgeon legally licensed to practice medicine.

NOTICES TO EMPLOYEE

This certificate is valuable to you and should be kept in a safe place known to you and to your Beneficiary.

If you should cease active work for any reason, you should find out immediately from your Employer what arrangements, if any, c be made to continue your Insurance Benefits in force, so that you will be able to exercise any rights you may then have under the Group Policy, as outlined in this certificate.

The Home Office of the Insurance Company is located at 1 Madison Avenue, New York, New York 10010.