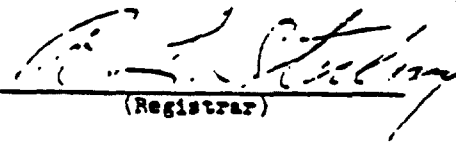
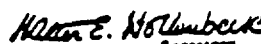


Effective April 1, 1969 Supplementary Agreement
Form G.B.F.6325 attached to Group Policy No. 8577 is
endorsed to eliminate subsection (B) of Section 5.

METROPOLITAN LIFE INSURANCE COMPANY,


(Registrar)


Secretary

Form G.6351

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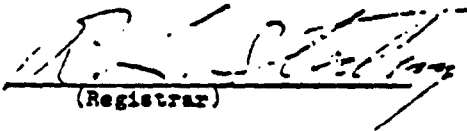
Effective as of its date of issue, this Supplementary Agreement is hereby endorsed as follows:

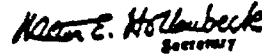
I. To delete the last paragraph in the section thereof entitled "INSURING CLAUSE".

II. To substitute for the section thereof entitled "NOTICE AND PROOF OF CLAIMS", the following:

"PAYMENT OF CLAIM.—All benefits provided 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."

METROPOLITAN LIFE INSURANCE COMPANY,


(Registrar)


Secretary

Form C.8031

Termination of employment, for the purposes of the Hospital Expense Insurance hereunder, means cessation of active work as an Employee as defined in Section 1 hereof, except that

- X X X
X X X
X X such lay-off commenced
X X X
X X X
X X X
X X X
X X X
X X X
X X X

An Employee's Dependent Hospital Expense Insurance hereunder with respect to any Dependent shall automatically cease on the date of expiration of the maximum number of days for which Daily Benefits are payable hereunder on account of the hospital confinement of such Dependent. The Employee's Dependent Hospital Expense Insurance hereunder with respect to such Dependent may be reinstated only after the termination of such hospital confinement and upon recovery from the bodily injury or sickness which caused such hospital confinement, and only provided

continued on reverse side