

AMENDMENT NO. 1

This amendment forms a part of Group Policy No. R0710202 issued to the Policyholder:

The Heritage Group ER Paid CI

The policy is changed to read as follows:

1. The provision entitled "**PAYING FOR COVERAGE**" as contained in the "**BENEFITS AT A GLANCE CRITICAL ILLNESS**" section of the policy and any amendments issued, is changed to read as follows:

PAYING FOR COVERAGE:

For You:

Your Employer pays for the cost of Your coverage.

Coverage on Your eligible Dependent Children is automatically included with Your coverage.

For Your Spouse:

Your Employer pays for the cost of Your Spouse coverage.

2. The provision entitled "**COVERAGE EFFECTIVE DATE**" as contained in the "**GENERAL PROVISIONS**" section of the policy and any amendments issued, is changed to read as follows:

The Insured's coverage will begin at 12:01 a.m. on the date shown on the confirmation of coverage.

If You are absent from work due to Injury, Sickness, temporary Layoff or Leave of Absence on the date Your coverage would normally begin, the proposed Insured's coverage will begin on the date You return to Active Employment.

3. The provision entitled "**Changes You Make to Your Coverage**" as contained in the "**GENERAL PROVISIONS**" section of the policy and any amendments issued, is deleted in its entirety.

The effective date of this amendment is January 1, 2018. The changes only apply to Covered Losses that occur with a Date of Diagnosis that is on or after the effective date. Claims for Covered Losses that occur with a Date of Diagnosis prior to January 1, 2018 will be determined according to the policy in effect prior to this amendment.

The policy's terms and provisions will apply other than as stated in this amendment.

Dated at Portland, Maine on January 18, 2018.

Unum Life Insurance Company of America

By



Secretary

If this amendment is unacceptable, please sign below and return this amendment to Unum Life Insurance Company of America at Portland, Maine within 90 days of January 18, 2018.

YOUR FAILURE TO SIGN AND RETURN THIS AMENDMENT BY THAT DATE WILL CONSTITUTE ACCEPTANCE OF THIS AMENDMENT.

The Heritage Group ER Paid CI

By _____
Signature and Title of Officer

CERTIFICATE RIDER

These changes shown below are made a part of the certificate which was issued to you under the terms of the policy issued to:

The Heritage Group ER Paid CI

Group Policy No. R0710202

The Certificate is changed to read as follows:

1. The provision entitled "**PAYING FOR COVERAGE**" as contained in the "**BENEFITS AT A GLANCE CRITICAL ILLNESS**" section of the certificate and any amendments issued, is changed to read as follows:

PAYING FOR COVERAGE:

For You:

Your Employer pays for the cost of Your coverage.

Coverage on Your eligible Dependent Children is automatically included with Your coverage.

For Your Spouse:

Your Employer pays for the cost of Your Spouse coverage.

2. The provision entitled "**COVERAGE EFFECTIVE DATE**" as contained in the "**GENERAL PROVISIONS**" section of the certificate and any amendments issued, is changed to read as follows:

The Insured's coverage will begin at 12:01 a.m. on the date shown on the confirmation of coverage.

If You are absent from work due to Injury, Sickness, temporary Layoff or Leave of Absence on the date Your coverage would normally begin, the proposed Insured's coverage will begin on the date You return to Active Employment.

3. The provision entitled "**Changes You Make to Your Coverage**" as contained in the "**GENERAL PROVISIONS**" section of the certificate and any amendments issued, is deleted in its entirety.

The effective date of these changes is January 1, 2018 or the effective date of your certificate, whichever is later.

The changes only apply to Covered Losses that occur with a Date of Diagnosis on or after the effective date. Claims for Covered Losses that occur with a Date of Diagnosis

prior to January 1, 2018 will be determined according to the certificate in effect prior to this rider.

Dated at Portland, Maine on January 18, 2018.

Unum Life Insurance Company of America

A handwritten signature in black ink, appearing to be "J. M. Smith", written in a cursive style.

Secretary