



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

CERTIFICATE RIDER

Group Policy No.: 145231-1-G
Policyholder: Olentangy Local School District
Effective Date: January 1, 2014

The certificate is changed as follows:

Applicable to Dental Insurance for all Full-Time and Part-Time Contracted Employees and Members of the Board of Education

In **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS**, replace **DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS** with the following:

"DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS

A Dependent's insurance will end on the earliest of:

1. the date You die;
2. the date Dental Insurance for You ends;
3. the date the Group Policy ends;
4. the date insurance for Your Dependents ends under the Group Policy;
5. the date insurance for Your Dependents ends for Your class;
6. the last day of the calendar month in which Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT;
7. the end of the period for which the last premium has been paid;
8. the last day of the calendar month the person ceases to be a Dependent; or
9. the last day of the calendar month in which You retire in accordance with the Policyholder's retirement plan.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT."

This rider is to be attached to and made part of the certificate.