

**FLORIDA COMBINED LIFE INSURANCE COMPANY, INC. (FCL)
P.O. BOX 40028
JACKSONVILLE, FLORIDA 32203**

POLICY AMENDMENT

The Policy to which this Policy Amendment is attached is changed as follows.

Effective 1/1/2024, the following sections are changed to read:

Pediatric Policy Schedule

This Pediatric Policy Schedule applies only to Covered Persons who are age 19 and under. Pediatric Dental Benefits end on the last day of the Calendar Year of the Covered Person's 19th birthday.

Section 1 – Definitions

Child – means a Covered Person eligible for Dental Benefits until the last day of the Calendar Year in which they turn age 19.

Pediatric – means a Covered Person age 19 and under. Pediatric benefits end on the last day of the Calendar Year of the Covered Person's 19th birthday.

Section IV – Eligibility and Effective Date

Eligibility

The following individuals are eligible to apply for PEDIATRIC coverage under this policy:

1. a child until the last day of the Calendar Year of their nineteenth (19th) birthday; and

Section VII – Pediatric Benefits (Choice Plans)

The following are covered Pediatric Dental Benefits for Covered Persons until the last day of the Calendar Year of the Covered Person's 19th birthday.

Section VII – Pediatric Benefits (Copayment Plans)

The following are covered Pediatric Dental Benefits and member Copayments for Covered Persons until the last day of the Calendar Year of the Covered Person's 19th birthday.

In the event of any inconsistencies between the provisions of this amendment and the provisions in the certificate, the provisions in this amendment shall control to the extent necessary to effectuate the intent of FCL as expressed herein.

If you have any questions about this coverage, need claims assistance, or need assistance in resolving complaints, please call us at 1-888-223-4892.

Signed for the Florida Combined Life Insurance Company, Inc., at Jacksonville, Florida.



President