



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

CERTIFICATE RIDER

Group Policy No.: 113529-1-G
Policyholder: Allied Pilots Association
Effective Date: January 1, 2024

The certificate is changed as follows:

Applicable to Life and Accidental Death and Dismemberment Insurance for Class 1: All Actively at Work and retired Members residing in Montana who elected coverage or changed coverage on or after April 1, 2004 and Class 2: All Actively at Work Apprentice Pilot Members residing in Montana who elected coverage prior to November 1, 2021

1. In **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU**, replace **ELIGIBLE CLASS(ES)** with the following:

"ELIGIBLE CLASS(ES)

Class 1: All Actively at Work and retired Members residing in Montana who elected coverage or changed coverage on or after April 1, 2004.

You are eligible for insurance if You were Actively at Work and covered for insurance on the day immediately preceding the date of Your retirement and have retired in accord with Your employer's retirement plan. Please be aware that:

- references to Active Work and Actively at Work will not apply; and
- end of employment will mean the end of the person's status as a retiree, as stated in Your employer's retirement plan."

2. In **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS**, replace **ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE** with the following:

"ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE

Class 1: All Actively at Work and retired Members residing in Montana who elected coverage or changed coverage on or after April 1, 2004."

3. In **SCHEDULE OF BENEFITS**, delete the section entitled **Basic Life Insurance**.

CERTIFICATE RIDER (Continued)

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4. In **SCHEDULE OF BENEFITS**, delete the following from **Optional Life Insurance**:

“and Class 2: All Actively at Work Apprentice Pilot Members residing in Montana who elected coverage prior to November 1, 2021”

5. In **SCHEDULE OF BENEFITS**, delete the following from **Full Amount for Voluntary AD&D under Accidental Death and Dismemberment Insurance (AD&D) For You**:

“and Class 2: All Actively at Work Apprentice Pilot Members residing in Montana who elected coverage prior to November 1, 2021”

6. In **SCHEDULE OF BENEFITS**, delete the following from **Life Insurance For Your Dependents**:

“and Class 2: All Actively at Work Apprentice Pilot Members residing in Montana who elected coverage prior to November 1, 2021”

7. In **SCHEDULE OF BENEFITS**, delete the following from **Full Amount for Voluntary AD&D under Accidental Death and Dismemberment Insurance (AD&D) For Your Dependents**:

“and Class 2: All Actively at Work Apprentice Pilot Members residing in Montana who elected coverage prior to November 1, 2021”

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8. In **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU**, replace **DATE YOUR INSURANCE ENDS** with the following:

"DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

for all coverages

1. the date the Group Policy ends; or
2. the date insurance ends for Your class; or
3. the date You cease to be in an eligible class; or
4. the end of the period for which the last premium has been paid for You; or
5. the date You cease to be a Member; or

for Optional Life Insurance

6. the date 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; or

for Voluntary Accidental Death and Dismemberment Insurance

7. the date 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.

Please refer to the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU for information concerning the option to convert to an individual policy of life insurance if Your Life Insurance ends.

Please refer to the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT for information concerning continuation of insurance at the Policyholder's option."

9. In **DEFINITIONS**, delete the following from **ABO Eligible Life Insurance**:

"Basic Life Insurance and"

10. In **DEFINITIONS**, delete the following from **Application Period**:

"Basic Life Insurance and"

11. In **DEFINITIONS**, delete the following from **Plan**:

"Basic Life Insurance,"

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