

FLORIDA COMBINED LIFE INSURANCE COMPANY, INC.
P.O. BOX 40028
JACKSONVILLE, FLORIDA 32203

AMENDMENT

The Group Dental Benefits Certificate to which this amendment is attached is changed as follows:

- A. The following services listed under Preventive in **SECTION VIII – BENEFITS** are covered as follows:
- Prophylaxis (cleaning, scaling and polishing of teeth), four (4) times per plan year.
- B. The following services listed under Limitations in **SECTION IX – LIMITATIONS AND EXCLUSIONS** are covered as follows:
- Periodontal prophylaxis is limited to four (4) times per plan year. Periodontal prophylaxis will be considered as the same benefit and subject to the same limits as a routine prophylaxis. The total benefit for prophylaxis is limited to four (4) times per plan year.

Nothing herein contained shall be held to vary, alter, waive or extend any of the provisions, conditions, limitations, exceptions, or other terms of the certificate to which this amendment is attached other than as herein stated.

Signed for the Florida Combined Life Insurance Company, Inc., at Jacksonville, Florida, on the effective date of this amendment.



President

POLICYHOLDER:

POLICY NUMBER:

AMENDMENT EFFECTIVE DATE: