



National Guardian Life Insurance Company

Two East Gilman Street, PO Box 1191, Madison, WI 53701

ENDORSEMENT

The policy and certificate to which this endorsement is attached are amended as follows:

1. In the Policy, under Part III: Premiums, the provision entitled Changes in Premium Rates, and in the Certificate under Part V. Individual Premiums, it is hereby understood and agreed that no change in rates will be effective until We have given the Policyholder at least 60 days advance written notice.

2. In the Policy under Part V: Claim Provisions and in the Certificate under Part VIII. Claim Provisions, to the provision entitled Time Payment of Claims is hereby deleted and the following provision is added:

Time of Payment of Claims: Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

3. In the Policy under Part V: Claim Provisions and in the Certificate under Part VIII. Claim Provisions, to the provisions entitled Payment of Claims the following paragraph is added:

If a covered person receives care, treatment, services or supplies (a) which are furnished or paid for by the New Mexico Department of Human Services and (b) for which benefits are payable under the Policy, the benefits payable under the Policy will be paid directly to the New Mexico Department of Human Services rather than otherwise stated above. We will be relieved of further responsibility to the extent of any payment made.”

4. In the Policy under Part III: Premiums and in the Certificate under Part V. Individual Premiums, it is understood and agreed that no change in premiums will be effective until We have given the Policyholder and each person covered under the policy at least 60 days advance written notice.

5. In the Certificate under Part I. Definitions, the definition of Eligible Dependent is hereby deleted and following definition is added:

Eligible Dependent - Means a person listed below:

1. Your spouse [or lawful Domestic Partner];
2. Your unmarried dependent child under age 25, who is your natural or adopted child, step-child, foster child, or child for whom you are a legal guardian and who is dependent on You for support and maintenance.
3. Your unmarried child who has reached age 25 and who is:
 - a. dependent upon You for support and maintenance; and
 - b. incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap. Proof of the child's incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age limitation, or when You enroll a new disabled child under the plan.

We will not deny coverage for a child on the grounds that the child: (a) was born out of wedlock; (b) is not claimed as a dependent on Your federal tax return; or (c) does not reside with You.

If You are the non-custodial parent of a child, either You or the custodial parent may request coverage for such child under the Policy. We will: (a) provide to the custodial parent such information as may be necessary for the child to obtain benefits through such coverage; (b) permit the custodial parent or the provider, with the custodial parent's approval, to submit claims for covered services without Your approval; and (c) make payments on such claims directly to the custodial parent, the provider or the state Medicaid agency.

If You are the non-custodial parent of a child and are required by a court or administrative order to provide health coverage for such child, We will permit You to cover such child as a dependent under this policy. If You fail to enroll such child, We will permit the child's other parent, the state agency administering the Medicaid program or the state agency administering 42 U.S.C. Sections 651 through 669, the Child Support Enforcement Program, to request coverage under this Policy for such child.

6. In Certificate under Part IV. Individual Termination Dates, the following paragraphs are added:

The insurance of any Dependent Child will terminate on the policy anniversary date following the end of the month of the child's 25th birthday or the child's marriage if prior to age 25, whichever occurs first. Termination will be without prejudice to any claim originating prior hereto. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as covered persons under the policy. Coverage provided under a Type of Coverage listed in the Policy Schedule, which includes Dependents, will include any other unmarried dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated before age 25. You must furnish proof of such incapacity and dependency to Us within 31 days of the dependent child's 25th birthday. At Our request You must furnish proof of loss of continued incapacity and dependency, but not more often than annually after the two-year period following the end of the month of the child's 25th birthday.

Coverage for non-custodial children will be continued on the same basis as coverage for other dependent children as outlined in the paragraph above unless We are provided satisfactory written evidence that: (a) the court or administrative order is no longer in effect; or (b) the child is or will be covered under a comparable health coverage through another insurer that will take effect not later than the effective date such child is removed from coverage under the Policy.

This Endorsement is effective on the later of the policy effective date or the certificate effective date to which it is attached.

There are no other changes to the policy or certificate.

In witness whereof We have caused this Endorsement to be signed by Our President and Secretary.



Sherri Kliczak, Secretary



John Larson, President