



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. Under Definitions, the definition of Eligible Dependent is deleted and following definition is added:

Eligible Dependent - Means:

1. Your spouse [or lawful Domestic Partner];
 2. Your unmarried child under age 21, who is Your natural child, stepchild, foster child, grandchild, adopted child, or a child for whom you are a legal guardian and who is primarily dependent on You for support and maintenance.
 3. Your unmarried child age 21 or older but less than age 23 who is:
 - a. Not regularly employed on a full-time basis;
 - b. Primarily dependent upon You for support and maintenance; and
 - c. Enrolled as a full-time student in an accredited educational institution or licensed trade school.
 4. Your unmarried child who has reached age 21 and who is:
 - a. primarily 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.
2. Under Individual Effective Dates, the provision entitled Newborn Coverage is hereby deleted and the following provision is added:

Newborn Coverage: Any child born to You or a covered Eligible Dependent is covered from the moment of birth to 31 days or until released from the hospital. A notice of birth, together with any additional premium, must be submitted to Us within 31 days of the birth in order to continue the coverage beyond the initial 31-day period.

3. Under Claim Provisions, the provisions entitled Payment of Claims and Time Payment of Claims are hereby deleted and the following provisions are added:

Payment of Claims: All benefits will be paid directly to You. Any accrued benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We can pay benefits up to \$1,000 to someone related to you by blood or marriage whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith

Time of Payment of Claims: Benefits payable under this Policy for any loss incurred will be paid immediately upon Our receipt of written proof of loss. Any balance remaining unpaid at the end of Our liability will be paid immediately upon receipt of written proof of loss.

The 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