Pressmen Welfare Fund

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Summary of Material Modifications

July 2020

This Insert is a Summary of Material Modifications (changes) to your Summary Plan Description (SPD) booklet. If there is any discrepancy between the terms of the Plan or any amendments and this document, the provisions of the Plan, as amended, will control. We suggest that you keep this Summary of Material Modifications with your Summary Plan Description. If you have any questions about the coverage provided under the Pressman Welfare Fund, the Summary Plan Description, or these changes, please contact the Administrative Manager.

- **May 2020 – Summary of Material Modification #5**

  In response to the COVID-19 pandemic and recognizing the challenges the pandemic is causing Fund participants in exercising their rights under the plan, the Board of Trustees announces the following temporary changes to several deadlines under the Pressman Welfare Fund. These changes apply beginning March 1, 2020 and ending on the sixtieth (60th) day following the end of the COVID-19 National Emergency declared by the President on March 13, 2020 (this period of time is referred to as the "Outbreak Period"):

  A. Extension of Deadline for Electing COBRA Continuation Coverage

  Effective March 1, 2020, the sixty (60) day deadline for electing COBRA continuation coverage after losing eligibility for benefits under the Pressman Welfare Fund is extended. The Pressman Welfare Fund will not start counting the 60-day deadline until the end of the Outbreak Period. This means that a participant who loses eligibility under the Pressman Welfare Fund between March 1, 2020 and the end of the Outbreak Period has additional time to decide whether to elect COBRA continuation coverage.

  B. Extension of Time to Pay COBRA Continuation Coverage Premiums

  Effective March 1, 2020, participants on COBRA continuation coverage have additional time to pay their monthly premium. The Pressman Welfare Fund will not consider a participant on COBRA continuation coverage as being late making any premium payment due between March 1, 2020 and the end of the Outbreak Period if the premium payment is received by the Fund Office within thirty (30) days after the end of the Outbreak Period. This means that a participant on COBRA continuation coverage has extra time to make premium payments that he or she would otherwise need to pay during the Outbreak Period.

C. **Extension of Claim Filing Deadline**

Effective March 1, 2020, the one (1) year deadline for submitting claims does not start until the end of the Outbreak Period. This means that participants receiving covered services during this period will have additional time to file claims with Kaiser.

D. **Extension of Appeal Filing Deadline**

Effective March 1, 2020, the deadline for appealing an Adverse Decision is extended. The Pressman Welfare Fund will not start counting the one hundred eighty (180) day period for submitting an appeal until the end of the Outbreak Period. This means that if you receive an Adverse Decision during the Outbreak Period, you have additional time to file your appeal.

- **April 2020 – Summary of Material Modifications #4**

  In view of the COVID-19 pandemic and the associated economic difficulties it is causing to many Fund participants, the Board of Trustees announces the following temporary changes to coverage under the Pressman Welfare Fund:

  During the months of April, May and June 2020, the active employee monthly premiums for employees of all contributing employers for all levels of coverage is zero. We recognize that deductions may have already been made for employee premiums for the month of April. You should receive a credit from your employer for such deductions. There is no reduction in the amount of monthly employer contributions.

  Starting for coverage for July 2020, the active employee monthly premiums in SUMMARY OF MATERIAL MODIFICATION #2 resume in effect.

- **March 2020 – Summary Material Modification #3**

  A. **COVID-19 Testing – Including Drive-Through Testing**

  Effective immediately, Kaiser Permanente ("Kaiser") of the Mid-Atlantic States will waive cost sharing for testing, diagnosis, and treatment of COVID-19. That means Kaiser will not bill members a copay, coinsurance, or deductible for services to test, diagnose, and treat COVID-19. This policy applies to the cost of the visit, associated lab tests, and radiology services at a Kaiser-approved facility, emergency department, urgent care, and provider locations (as applicable, depending on the Kaiser plan in which you are enrolled) where the purpose of the visit is to be screened and/or tested for COVID-19.

  Kaiser is also offering drive-up testing for Kaiser Permanente members who have a doctor's order for the tests, in accordance with the latest Centers for Disease Control and Prevention guidelines. Drive through testing is available at the Kaiser South Baltimore Medical Center, Gaithersburg and Largo centers in Maryland, and Woodbridge and Tyson's Corner in Virginia.

Kaiser will soon be opening an additional testing site at its Capital Hill Medical Center. For real-time updates about Kaiser Permanente care delivery and services, please visit **kp.org**.

B. Changes to Dental Benefits

The Trustees have amended the Summary Plan Description ("SPD"), effective March 6, 2020, to eliminate the minimum age for dental benefits provided by the Fund's indemnity plan and by the HMO option provided by Group Dental Services, Inc. The new SPD language is set forth below:

> ***ELECTION OF DENTAL BENEFIT OPTION***
>
> Employees and their Eligible Dependents covered under the Pressmen Welfare Plan are eligible for dental benefits. Dental benefits are not available to Retirees or Retirees' Eligible Dependents.
>
> The Fund provides both HMO and indemnity coverage for dental benefits. You must elect either HMO or indemnity coverage when you begin participation in the Plan. You may also decline dental coverage in either the HMO or the indemnity option by informing the Fund Administrator of your desire to opt-out of this coverage in writing at any time. (There will be no reduction in monthly premium payments if you opt-out.) The Schedule of Benefits and terms of coverage are different for the HMO and the indemnity option. The description of HMO dental benefits is attached to this SPD as Schedule B; the description of indemnity benefits is attached as Schedule C. Please review these Schedules and the following description of each type of coverage carefully before making your decision about which dental benefits to choose. If you do not affirmatively elect an option or opt-out of dental coverage, your default option for coverage will be the indemnity plan.
>
> The Plan offers an annual open season period during the month of December in which you may change your dental coverage. If you wish to change your dental coverage from the HMO option to the indemnity option, or vice-versa, you must sent the Fund Office a written request, which must be received by the Fund Office no later than December 31 of each year. Your new coverage will then begin effective January 1 of the following year. As stated above, you may opt-out of dental coverage at any time upon written notification to the Fund Administrator. (There will be no reduction in monthly premium payments if you opt-out.) You may opt back in to dental coverage under either the HMO or the indemnity option during the annual open season period in the month of December. If you choose to opt back in to dental coverage, your new coverage will begin effective January 1 of the following year.

The Trustees have also amended the SPD to eliminate the subsection on page 21 requiring administrative approval, under the indemnity option, of a dental treatment plan where your expenses are expected to exceed $200.

C. Other Changes

Please note that all references to "Carday Associates, Inc." in the SPD are deleted and replaced with "Associated Administrators, LLC." The address for Associated Administrators, LLC is: 911 Ridgebrook Road, Sparks, MD 21152. The toll-free telephone number is (888) 834-6966.

- **August 2019 – Summary of Material Modifications #2 – Notice of Open Enrollment**

The Board of Trustees continues to strive to provide you and your family with high quality, cost-effective benefit coverage, and at the same time monitor the financial condition of the Fund to ensure these benefits will continue for you and your dependents.

Kaiser Permanente Coverage for the Upcoming Contract Year

Please be advised that, for the upcoming contract year with Kaiser Permanente starting on October 1, 2019, the Fund will offer the following options through Kaiser:
HMO Signature Plan
DHMO Signature Plan
DHMO Select Plan
Minimum Value DHMO Signature
Attached is a comparison of all offerings. Please note the change in the chiropractic and acupuncture benefits under the Minimum Value DHMO to $50 co-pay and 20 visits per plan year.

Kaiser Open Enrollment Period September 1— September 30, 2019

The Board of Trustees wishes to advise you that the open enrollment period for members to elect the Kaiser option in which they will participate for the upcoming contract year takes place during the month of September 2019. **You will not be permitted to change options for the upcoming contract year after September 30, 2019.**

If you wish to change your Kaiser option, new election forms may be obtained from the Local 72 Union Office.

Revised Active Employee Monthly Premiums Effective October 1, 2019

The monthly premium rates, effective October 1, 2019, are below. You must determine your rate by referring to the column that indicates the rate your employer is paying. The rates will go into effect on October 1, 2019:

	Employer A $804	Employer A $866	Employer A $874	Employer A $899
HMO Signature	$ 520.00	$ 458.00	$ 450.00	$ 425.00

DHMO Signature	$ 115.00	$ 53.00	$ 45.00	$ 20.00
DHMO Select	$ 959.00	$ 897.00	$ 889.00	$ 864.00
Min Val DHMO Signature	$ -0-	$ -0-	$ -0-	$ -0-

	Employer A $929	Employer n $944	Employer (&, $1,200
HMO Signature	$ 395.00	$ 380.00	$ 124.00
DHMO Signature	$ -0-	$ -0-	$ -0-
DHMO Select	$ 834.00	$ 819.00	$ 563.00
Min Val DHMO Signature	$ -0-	$ -0-	$ -0-

Revised Retiree Premiums Effective October 1, 2019 Effective October 1, 2019, the Retiree rates will increase to:

HMO Signature Plan	$ 1,307.00
DHMO Signature	$ 884.00
DHMO Select	$ 1,764.00
Min Value DHMO	$ 664.00

Revised COBRA Premiums

Effective October 1, 2019, the COBRA premium rates will change to:

	Monthly Rate	Monthly Rate Disability Extension
HMO Signature Plan	$ 1,408.29	$ 2,071.01
DHMO Signature	$ 984.48	$ 1,447.77
DHMO Select Plan	$ 1,867.16	$ 2,745.82
Minimum Value DHMO	$ 763.06	$ 1,122.14
Dental May Be Added for Additional (Actives only)	$ 36.84	$ 54.18

Dental Open Enrollment

Also, be aware that Open Enrollment for Dental will be held from December 1 through December 31, 2019. You will have the opportunity to enroll in or change enrollment options between the Indemnity Dental Plan and the dental HMO plan, Group Dental Service. Dental Enrollment and/or Dental plan changes will take effect January 1, 2020. After this date, you

will not be permitted to change options for the 2020 Plan Year. Enrollment materials for changes to your dental plan are also available from the Local 72 Union Office.

Board of Trustees
The current Board of Trustees members are as follows:

Union Trustees	Employer Trustees
Paul Atwill	H. Beth Swanson
Janice Bort	Steve Bearden
Dennis Larkin	Jay Goldscher

- **August 2018 – Summary of Material Modification #1 – Notice of Open Enrollment**
  Kaiser Permanente Coverage for the Upcoming Contract Year
  Please be advised that, for the upcoming contract year with Kaiser Permanente starting on October 1, 2018, the Fund will offer the following options through Kaiser:
  HMO Signature Plan
  DHMO Signature Plan
  DHMO Select Plan
  Minimum Value DHMO Signature

  Attached is a comparison of all offerings. Please note that for Outpatient Occupational and Speech Therapies, the benefit is now paid up to 30 visits per episode (rather than limited to 90 days per episode).

Kaiser Open Enrollment Period September 1 -September 30, 2018

The Board of Trustees wishes to advise you that the open enrollment period for members to elect the Kaiser option in which they will participate for the upcoming contract year takes place during the month of September 2018. You will not be permitted to change options for the upcoming contract year after September 30, 2018.

Revised Active Employee Monthly Premiums Effective October 1, 2018

The monthly premium rates, effective October 1, 2018, are below. You must determine your rate by referring to the column that indicates the rate your employer is paying. The rates will go into effect on October 1, 2018:

	Employer @ $734	Employer @ $804	Employer @ $866	Employer @ $874
HMO Signature	$ 547.00	$ 477.00	$ 415.00	$ 407.00
DHMO Signature	$ 161.00	$ 91.00	$ 29.00	$ 21.00
DHMO Select	$ 966.00	$ 896.00	$ 834.00	$ 826.00

Min Val DHMO Signature	$ -0-	$ -0-	$ -0-	$ -0-
	Employer @ $899	Employer @ $929	Employer @ $944	Employer @ $1,200
HMO Signature	$ 382.00	$ 352.00	$ 337.00	$ 81.00
DHMO Signature	$ -0-	$ -0-	$ -0-	$ -0-
DHMO Select	$ 801.00	$ 771.00	$ 756.00	$ 500.00
Min Val DHMO Signature	$ -0-	$ -0-	$ -0-	$ -0-

Revised Retiree Premiums Effective October 1, 2018

Effective October 1, 2018, the Retiree rates will increase to:

HMO Signature Plan	$ 1,246.00
DHMO Signature	$ 844.00
DHMO Select	$ 1,682.00
Min Value DHMO	$ 633.00

Revised COBRA Premiums

Effective October 1, 2018, the COBRA premium rates will change to:

	Monthly Rate	Monthly Rate Disability Extension
HMO Signature Plan	$ 1,351.42	$ 1,987.38
DHMO Signature	$ 944.66	$ 1,389.21
DHMO Select Plan	$ 1,791.81	$ 2,635.02
Minimum Value DHMO	$ 732.12	$ 1,076.65
Dental May Be Added for Additional (Actives only)	$ 37.10	$ 54.55

Dental Open Enrollment

Also, be aware that Open Enrollment for Dental will be held from December 1 through December 31, 2018. You will have the opportunity to enroll in or change enrollment options between the Indemnity Dental Plan and the dental HMO plan, Group Dental Service. Dental Enrollment and/or Dental plan changes will take effect January 1, 2019. After this date, you will not be permitted to change options for the 2019 Plan Year. Enrollment materials for changes to your dental plan are also available from the Local 72 Union Office.

Board of Trustees

The current Board of Trustees members are as follows:

Union Trustees	Employer Trustees
Paul Atwill	H. Beth Swanson
Janice Bort	Steve Bearden
Dennis Larkin	Jay Goldscher

Calibre CPA Group, PLLC
4600 EAST WEST HIGHWAY, SUITE 300
BETHESDA, MD 20814
Telephone 301-830-7400 Facsimile 301-830-7401

PRINTING LOCAL 72 INDUSTRY PENSION FUND AND PRESSMEN LOCAL 72 WELFARE FUND
PAYROLL COMPLIANCE REVIEWS - STATUS REPORT AS OF February 28, 2020

	Employer/Company	Fund(s) Covered	Letter Sent to Employer by Calibre	Fieldwork Status	Date of Report	Amount Due	Comments
	PAYROLL COMPLIANCE REVIEWS - 2020						
1	H & H Bindery	Welfare Only	1/21/2020	Complete	7/1/2020	$0.00	Additional information provided 2/12/2020
2	H & W Printing	Welfare & Pension	1/21/2020	On Hold			On hold, the employer only can provide paper records. President/mother recently passed away. The new contact will have to locate the records before Calibre can come on-site. Due to COVID-19 Calibre, CPA will work with the employer once we begin traveling again.
3	Linemark Printing	Welfare Only	2/3/2020	Scheduled 3/12/2020			The employer closed the office due to COVID before Calibre received the records requested. Now that the employer has resumed operations, we are working with the employer to set up a new send record date.

CALIBRE
CPA GROUP

June 30, 2020

Board of Trustees
C/o Deborah Clutts
Pressmen Local Union 72 Welfare Fund & Printing Local Union 72 Industry Pension Fund
911 Ridge brook Road
Sparks Glencoe, MD 21152

RE: Compliance Audit of H & H Bindery, Inc. for the Pressmen Local Union 72 Welfare Fund & Printing Local Union 72 Industry Pension Fund
(Employer #M5301SE)

Dear Ms. Clutts:

We noted no discrepancies during our review of the payroll records of H & H Bindery, Inc. for the period of January 2017 through December 2019.

If there are any questions concerning the audit, please refer them to me.

Sincerely,

Joseph M. Herishen

Enclosures

CALIBRE
CPA GROUP

June 30, 2020

Board of Trustees
Pressmen Local Union 72 Welfare Fund & Printing Local Union 72 Industry Pension Fund

At your request we have applied certain procedures, as discussed below, in examining the payroll records of H & H Bindery, Inc., Brentwood, MD 20722 a contributing employer to the Pressmen Local Union 72 Welfare Fund & Printing Local Union 72 Industry Pension Fund for the period January 2017 through December 2019. The purpose of our review was to assist you in determining whether contributions to the Trust Funds are being made in accordance with the collective bargaining agreement and Trust Agreement in effect. The proper remittance of contributions is the responsibility of the employer's management.

Our procedures generally include a review of the pertinent provisions of the collective bargaining agreements and comparing underlying employer payroll records to the Funds' contribution records. The employer records we review may include payroll journals, individual earnings records and job classifications, payroll tax returns and other pertinent government tax documents, and Trust Fund contribution reports. The procedures are performed on a test basis and may be expanded if the tests so warrant. The scope of this engagement is limited to records provided by the employer and would not necessarily disclose all exceptions in employer contributions to the Funds. Any fringe benefits that potentially may have been based on compensation paid to the employees, not disclosed to us or made part of the written record was not determinable by us and was not included in our review.

Our procedures relate to a review of the employer's payroll records only and do not extend to any financial statements of the contributing employer taken as a whole. The procedures were substantially less in scope than an audit of the financial statements of the contributing employer, the objective of which is the expression of an opinion thereon. Because the procedures noted above do not constitute an audit made in accordance with generally accepted auditing procedures, no such opinion is expressed.

No exceptions to the employer's contributions were noted.

Calibre CPA Group, PLLC

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CPA GROUP

PRESSMEN LOCAL UNION 72 WELFARE FUND & PRINTING LOCAL UNION 72 INDUSTRY PENSION FUND
PAYROLL EXAMINATION
BY CALIBRE CPA GROUP PLLC

FUNDS COVERED:	☑ Welfare Fund (5W) ☑ Welfare Fund (Employee) (5WE) ☐ Pension Fund (5P)
Employer Name:	H & H Bindery, Inc.
Address:	3342 Blandensburg Road, #A Brentwood, MD 20722
Federal EIN:	53-0258774
Test Period:	January 2017 through December 2019
Date of Exam:	43865
Contact Person:	Kirk Halvorson Vice President
Email Address:	aft11@verizon.net
Owners/ Officers:	Haven, Mitchell B, Owner
Records Examined:	☑ Employers Quarterly Withholding Reports (Form 941) ☑ Quarterly State Unemployment Returns ☑ W-2 Wage and Tax Statements ☑ W-3 Transmittal of Wage and Tax Statements ☑ Employee Earnings Record

CALIBRE
CPA GROUP

PRESSMEN LOCAL UNION 72 WELFARE FUND & PRINTING LOCAL UNION 72 INDUSTRY PENSION FUND
PAYROLL EXAMINATION

H & H Bindery, Inc.
Brentwood, MD 20722
January 2017 through December 2019

COMMENTS:

1) Results of audit:
No discrepancies resulted from this review.

2) Gross Payroll Reconciliation: Calibre reconciled gross payroll wages to the employer's Form W-3s; no discrepancies resulted from this test.

3) Testing of Fringe Hours:
The employer correctly made payments on all employee benefits for the duration of the review.

4) IRS Form 1099-MISC:
This employer did not issue any Form 1099s.

5) Business Manager/Business Agent Inquiry:
The business agent did not express any issues or concerns regarding this employer.

6) Unreported Employees:
The employer correctly reported all employees not reported to Local 285 M Lithographers & Photo engravers.

Employee	Job Designation
Di Michele, Dino	Helper
Edwards, Robert	Bindery
Halvorson, Kirk R	Vice President (Driver/Bindery Supervisor)
Haven, Mitchell B	President
Poole, Paula R	Bindery
Williams, Charles	Bindery

Segal

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New York, NY 10001-
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212.251.5490
segalco.com CA
License No. 0I06323

Memorandum

To: Dawn Welch
Account Executive

From: Angie Begazo
Insurance Broker

Date: July 7, 2020

Re: **Cyber Liability Insurance**
Pressmen Welfare Fund and Printing Local 72 Industry Pension Fund
Policy No. FF106950123CY

Thank you for the opportunity to provide quotations for this year's renewal of the Funds' combined Cyber Liability policy. Quotes to separate the Funds onto their own dedicated policies are provided under separate cover.

If the decision is made to maintain a combined policy, we can support a decision to move coverage to Beazley, but recommend renewal with the incumbent carrier, Travelers. Despite a large percentage increase in premium, the overall premium and enhanced scope of coverage remain competitive. Additional information is available in the attached sections. If you would like samples of any quoted policy forms or endorsements, please let us know and we will provide them to you.

Please provide binding instructions at your earliest convenience, but no later than July 16, 2020. Binding instructions received after this date may result in changes or withdrawal of the quoted terms. Please note that insurance coverage cannot be bound or changed via email, voicemail, text, or fax unless confirmed by a licensed broker.

Carrier	Premium	Limit of Liability	Retentions	Renewal Summary
Travelers	$2,629	$1-million Response + 50,000 Notifications + $1-million Aggregate	$0 Investigation 100 Notifications $2,500 All Other Coverages	INCUMBENT OPTIONS – Key decision variables: broaden scope of coverage and continuity of coverage
	$3,326	$1-million Response + 50,000 Notifications + $2-million Aggregate		
Beazley	$2,580	$1-million Response + 50,000 Notifications + $1-million Aggregate	None for Notifications $1,000 Ransomware $2,500 All Other Coverages	ALTERNATIVE OPTIONS
	$3,060	$1-million Response + 50,000 Notifications + $2-million Aggregate		

If you have any questions, please contact our client team:

. **Broker:**

Angie Begazo, RPLU, AIS
Insurance Broker
212.251.5421
abegazo@segalco.com

. **Lead Regional Consultant:**

Matthew Jackson, RPLU, CCIC
Senior Vice President
212.251.5387
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Memorandum

To: Dawn Welch
Account Executive

From: Angie Begazo
Insurance Broker

Date: July 7, 2020

Re: **Cyber Liability Insurance**
Pressmen Welfare Fund

Thank you for the opportunity to provide Cyber Liability quotations for the Trustees' consideration. As requested, we are providing quotes to separate the Fund into its own dedicated policy. Of the quotes provided, we recommend binding coverage with Travelers based on the broadened scope of coverage, competitive premium and continuity of coverage.

Carrier	Premium	Limit of Liability	Retentions	Renewal Summary
Travelers	$2,432	$1-million Response + 100,000 Notifications + $1-million Aggregate	$0 Investigation 100 Notifications $2,500 All Other Coverages	INCUMBENT OPTION – Key decision variables: broaden scope of coverage, competitive premium and continuity of coverage
Beazley	$2,580	$1-million Response + 50,000 Notifications + $1-million Aggregate	None for Notifications $1,000 Ransomware $2,500 All Other Coverages	ALTERNATIVE OPTIONS
	$2,835	$1-million Response + 100,000 Notifications + $1-million Aggregate		

Additional information is available in the attached sections. If you would like samples of any quoted policy forms or endorsements, please let us know and we will provide them to you.

Please provide binding instructions at your earliest convenience, but no later than July 16, 2020. Binding instructions received after this date may result in changes or withdrawal of the quoted terms. Please note that insurance coverage cannot be bound or changed via email, voicemail, text, or fax unless confirmed by a licensed broker.

If you have any questions, please contact our client team:

. **Broker:**

Angie Begazo, RPLU, AIS
Insurance Broker
212.251.5421
abegazo@segalco.com

. **Lead Regional Consultant:**

Matthew Jackson, RPLU, CCIC
Senior Vice President
212.251.5387
mjackson@segalco.com

COMMERCIAL CRIME POLICY DECLARATIONS

In return for the payment of the premium, and subject to all the terms and conditions of this Policy, we agree with you to provide the insurance as stated in this Policy.

Coverage Is Written:

[X] Primary [ ] Excess [ ] Coindemnity [ ] Concurrent

Company Name Area:	FIDELITY AND DEPOSIT COMPANY OF MARYLAND
Producer Name Area:	SEGAL SELECT INSURANCE SERVICES INC
Named Insured:	PRESSMAN HEALTH AND WELFARE
	(Also list any Employee Benefit Plan(s) included as Insureds)
Mailing Address:	911 RIDGEBROOK RD. SPARKS MD 17363-
Policy Period	
From:	05-01-2020
To:	05-01-2023 12:01 AM at your mailing address shown above.

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	$ 500,000	
2. Forgery Or Alteration	$ 500,000	
3. Inside The Premises – Theft Of Money And Securities	NOT COVERED	
4. Inside The Premises – Robbery Or Safe Burglary Of Other Property	NOT COVERED	
5. Outside The Premises	NOT COVERED	
6. Computer And Funds Transfer Fraud	$ 500,000	
7. Money Orders And Counterfeit Money	NOT COVERED	

Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this Policy are deleted.

If Added By Endorsement:

Insuring Agreement	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
FRAUDULENT IMPERSONATION	$ 50,000	$ 10,000

Endorsements Forming Part Of This Policy When Issued:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

Cancellation Of Prior Insurance Issued By Us:

By acceptance of this Policy, you give us notice cancelling prior Policy Numbers

;

the cancellation to be effective at the time this Policy becomes effective.

Countersignature Of Authorized Representative

Name:

Title:

Signature:

Date: