



New York Life Insurance Company
– A Mutual Company Founded in 1845 –
51 Madison Avenue, New York, NY 10010

GROUP INSURANCE CERTIFICATE RIDER

to be attached to and made a part of the Certificate

POLICYHOLDER	TRUSTEES OF THE AVMA LIFE TRUST
POLICY NUMBER	G-14884-0 (the "Policy")
CONTRACT STATE	ILLINOIS

NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2017 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Alaska

Secretary

President

ALASKA REGULATIONS

The following applies to Alaska residents:

1. The following notice is added to the face page of the Policy and Certificate:

Conformity With State Laws And/Or Regulations Any provision of the Policy/Certificate which is in conflict with any law and/or regulation of the Contract State or any extraterritorial law/or regulation of any other state in which a COVERED PERSON is a resident shall be amended to conform to the minimum requirements of such law and/or regulation.

2. For the purpose of requiring that the Certificate states any conversion rights, the Insured Member's Individual Certificate provision of the General Provisions page(s) of the Policy and the Important Notice page(s) of the Certificate is revised as follows:

Insured Member's Individual Certificate New York Life will issue to the Policyholder an individual certificate to be given to each INSURED MEMBER. Such certificate will state: (a) the insurance to which the INSURED MEMBER is entitled; (b) the essential features of the insurance; (c) to whom benefits are payable; and (d) conversion rights, if any. Any conflict between the terms of the individual certificate and the Policy will be decided in favor of the Policy.

3. For the purpose of reducing the time frame during which claim forms must be submitted to the claimant, the Claims Forms provision of the General Provisions page(s) of the Policy and the Important Notice page(s) of the Certificate is revised as follows:

Claim Forms New York Life will send the INSURED MEMBER claim forms within 10 days after notice of claim is received. If New York Life does not send the forms within 10 days, the INSURED MEMBER can send written proof of claim. The claim form or proof must show the date, cause and extent of the loss.

4. The Entire Contract provision from the Policy is added to the Important Notice page(s) of the Certificate and revised as follows:

Entire Contract The contract consists of the: (a) Policy, riders, endorsements, Application of the Policyholder and papers attached to it and a part of it; and (b) signed, written requests for group insurance. Statements made by the Policyholder in the Application and by an ELIGIBLE MEMBER and/or ELIGIBLE DEPENDENT in a request for group insurance are, in the absence of fraud, representations, not warranties.

5. For the purpose of allowing New York Life to contest insurance on a COVERED PERSON for nonpayment of CONTRIBUTIONS only, the Incontestability - Insurance on Covered Persons item of the General Provisions page(s) of the Policy and the Important Notice page(s) of the Certificate is replaced by the following:

Insurance On Covered Persons - Except for nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.

6. For the purpose of reducing the exclusion period immediately before the COVERED PERSON'S INSURANCE DATE, the Preexisting Condition item on the Hospital Indemnity Insurance – Active Plan is revised as follows:

Preexisting Condition - A stay that is due to or related to a Preexisting Condition, except that: this exclusion does not apply to a graduating STUDENT MEMBER who elects insurance in accordance with the Graduating Student Member exception on the When Insurance Takes Effect page(s).

“Preexisting Condition” means an INJURY OR SICKNESS or any condition related to such INJURY OR SICKNESS for which a person consults a doctor, receives medical services or supplies or takes any medication during the six month period immediately before the COVERED PERSON'S INSURANCE DATE. Preexisting Condition does not include any such INJURY or SICKNESS or condition after such person has been continuously insured for 12 months after such INSURANCE DATE.



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Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Arkansas

Secretary

President

ARKANSAS REGULATIONS

The following applies to Arkansas residents:

1. The following notice must appear on the face page of the Policy and Certificate:

FOR INFORMATION OR TO MAKE A COMPLAINT, CALL (800) 621-6360

If you need information about your insurance or should any dispute arise about your premium or about a claim that you have filed, call New York Life at the number listed above or contact the Arkansas Insurance Department, 1200 West Third Street, Little Rock, AR, 72201
(501) 371-2640 or toll-free at (800) 282-9134

2. For the purpose of extending the time period for insurance to 90 days, the Newborn Child provision in the When Insurance Takes Effect section on the When Insurance Takes Effect page(s) is replaced with the following:

Newborn Child - For Hospital Indemnity Insurance, any child who is born, adopted or placed for adoption while his or her parent is an INSURED MEMBER with respect to Hospital Indemnity Insurance, will automatically become an INSURED CHILD at birth, adoption or placement, respectively, for up to a \$100 Daily Benefit maximum, unless the INSURED MEMBER has Dependent Hospital Indemnity Insurance in force for other children, in which case, any child who is born, adopted or placed for adoption will receive the Daily Benefit in effect. If the INSURED MEMBER has Dependent Hospital Indemnity Insurance in force for children, insurance on such child will continue in accordance with the terms of the Policy. If the INSURED MEMBER did not elect Dependent Hospital Indemnity Insurance for children before the child's birth, adoption or placement for adoption, insurance on such child will continue, if: (a) New York Life receives the INSURED MEMBER'S written request to continue such child's insurance; and (b) the CONTRIBUTION is paid. Insurance will have ended on the day such child is 90 days old, if the written request to continue such insurance and the CONTRIBUTION is not paid within 90 days after the INSURED MEMBER'S next CONTRIBUTION DATE.

Specimen



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POLICYHOLDER
POLICY NUMBER
CONTRACT STATE

TRUSTEES OF THE AVMA LIFE TRUST
G-14884-0 (the "Policy")
ILLINOIS

NEW YORK LIFE agrees that the Policy is changed, as of the Effective Date, as follows:

For the purpose of replacing the following State Regulations page(s):

California

The attached State Regulations page(s) dated January 1, 2019 replaces the previously issued State Regulations page(s).

Secretary

President

CALIFORNIA REGULATIONS

The following applies to California residents:

1. For Hospital Indemnity Insurance, the following statement **must** appear in the first page of the policy and certificate:

This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance

2. For the purpose of making the definition of Covered Total Disability less restrictive, the Covered Total Disability subsection of the Covered Disability section on the Disability Income Insurance page(s) is replaced by the following:

Covered Total Disability - A Covered Total Disability is an incapacity from the following which an INSURED MEMBER suffers while he or she is insured under the Policy:

1. an INJURY or SICKNESS, but only if such incapacity completely and continuously prevents the INSURED MEMBER from performing with reasonable continuity the material and substantial acts necessary to perform his or her usual occupation in the usual and customary way, provided he or she is not performing with reasonable continuity any occupation in which he or she could reasonably be expected to perform satisfactorily in light of his or her age, education, training, experience, station in life, physical and mental capacity, except that: If an INSURED MEMBER: (a) is engaged in an occupation for pay or profit which does not require his or her professional veterinary education and training; and (b) has elected the Own Occupation Disability Definition Option; Covered Total Disability is an incapacity from an INJURY or SICKNESS, but only if such incapacity completely and continuously prevents the INSURED MEMBER from performing with reasonable continuity the material and substantial acts necessary to pursue his or her occupation in veterinary medicine in the usual and customary way;
 2. an organ donation by an INSURED MEMBER, if he or she has been continuously insured under the Policy for at least six consecutive months on the day of such donation; and
 3. an INJURY or SICKNESS which causes the total and permanent loss of: (a) use of two limbs; (b) the sight of both eyes; (c) speech; or (d) hearing in both ears.
3. For the purpose of deleting the limitation to the Maximum Benefit Period for Pregnancy for Short Term Disability, the Pregnancy item on the SCHEDULE - DISABILITY INCOME INSURANCE page is deleted.
 4. For the purpose of providing coverage for a pregnancy, childbirth, or a related medical condition, the Pregnancy, Childbirth Or A Related Medical Condition exclusion on the Disability Income Insurance and Hospital Indemnity Insurance pages is deleted.
 5. For the purpose of deleting the Preexisting Condition Exclusion for pregnancy, the Preexisting Condition item in the Exclusions provisions on the Disability Income Insurance pages is revised as follows:

Preexisting Condition - For Disability Income Insurance under the Student Member Basic Protection Package Plan only, a disability that is classified as or related to a Preexisting Condition. "Preexisting Condition" means an INJURY or SICKNESS or any condition related to such INJURY or SICKNESS for which a person consults a doctor, receives medical services or supplies or takes any medication during the six month period immediately before the INSURED MEMBER'S initial INSURANCE DATE. Preexisting Condition does not include: any such INJURY or SICKNESS or condition after such person has been continuously insured under the Policy for six months.

6. All references to "Impairment Restrictions" are changed to "Specific Named Exclusions."

CALIFORNIA REGULATIONS

7. For the purpose of requiring advance written notice of policy changes, the Policy Changes item on the General Provisions page(s) is replaced by the following:

Policy Changes The Policy can be changed: (a) at any time by written agreement between New York Life and the Policyholder; and (b) without the consent of any other person. New York Life must give notice to the Administrator and the Policyholder of any change which will reduce or eliminate benefits and/or restrict eligibility for coverage. No such change will become effective unless written notice of such change is delivered by mail to the last known address of the: (a) Administrator at least 45 days before the effective date of such change; and (b) Policyholder at least 30 days before the effective date of such change.

Changes will be valid only if evidenced by an amendment to the Policy. Such amendment must be signed by the Policyholder and New York Life, except an amendment which results from the exercise of a right reserved to New York Life in the Policy. No agent of New York Life can make or change the Policy or waive any of its provisions.

8. For the purpose of requiring notice by the Policyholder to all INSURED MEMBERS of the termination of the Policy by New York Life, the Termination By New York Life subsection of the Termination Of The Policy provision on the General Provisions page(s) of the Policy and the Important Notice page(s) of the Certificate is replaced by the following:

Termination By New York Life - New York Life can terminate the Policy, only on a CONTRIBUTION DATE, by giving written notice to the Policyholder at least 90 days in advance. The Policyholder must: (a) mail promptly to each INSURED MEMBER a legible, true copy of New York Life's written notice of such termination and notice of such INSURED MEMBER'S Conversion Rights; and (b) provide promptly to New York Life proof of and the date such mailing was made. New York Life may only exercise this right if: (a) the Policyholder or the ASSOCIATION no longer endorses the insurance under the Policy or endorses another similar program for its members; or (b) the number of INSURED MEMBERS under the Policy and Group Policies G-14884-2, G-14884-3, G-14994-0, and G-14994-1 issued to the Policyholder by New York Life is less than 10,000.

9. For the purpose of covering a child from birth and extending the eligibility age for an INSURED CHILD for Dependent Life Insurance:

(a) Item 2 in the definition of ELIGIBLE DEPENDENT on the Definitions page is replaced by the following:

2. natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship, who is: (a) not married; (b) with respect to the stepchild or relative who lives with the APPLICANT in a parent-child relationship, substantially dependent upon the APPLICANT for support, or if the APPLICANT is deceased, the natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship is substantially dependent upon the family for support; (c) for Dependent Life Insurance, less than age 26; (d) for Hospital Indemnity Insurance, less than age 26, or less than age 30 if the child served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge; and (e) not a resident of an EXCLUDED STATE, except that this requirement does not apply if the APPLICANT has DEPENDENT INSURANCE in force for children.

(b) Item 7 in the definition of TERMINATION AGE DATE on the Definitions page is replaced by the following:

7. with respect to an INSURED CHILD, for Dependent Life Insurance, the date the INSURED CHILD reaches AGE 26, and for Hospital Indemnity Insurance, the date the INSURED CHILD reaches AGE 26 or reaches AGE 30 if the INSURED CHILD served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge. However, an INSURED CHILD who is a STUDENT MEMBER and whose insurance would otherwise end due to reaching the TERMINATION AGE DATE, may exchange the DEPENDENT INSURANCE currently in force for comparable MEMBER INSURANCE, without medical evidence of insurability, as stated in the Student Member Exchange exception of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s).

CALIFORNIA REGULATIONS

10. For the purpose of adding a Charitable Research Hospital, the definition of HOSPITAL on the Definition page(s) is replaced by the following:

HOSPITAL means, for Hospital Indemnity Insurance:

1. a licensed institution primarily engaged in providing medical services for inpatients, if such institution has:
 - a. permanent facilities for diagnosis and surgery, except that: The surgery requirement does not apply to a HOSPITAL which is: (1) primarily engaged in providing treatment of inpatients for mental disorders, chronic diseases, alcoholism or drug addiction; or (2) rendering treatment or services for rehabilitation after an INJURY or SICKNESS;
 - b. 24-hour-a-day nursing service by registered professional nurses on duty or call; and
 - c. continuous supervision by a staff of one or more DOCTORS;
2. a Christian Science sanatorium currently operated, or currently listed and certified, by the First Church Of Christ, Scientist, of Boston, Massachusetts; or
3. a government approved institution or a government approved section of an institution primarily engaged in providing treatment of inpatients for alcoholism or drug addiction.

References to a HOSPITAL include a Charitable Research Hospital that meets the following conditions:

- a. it is internationally recognized as devoting itself primarily to medical research;
- b. it expends not less than 10% of its operating budget in each fiscal year exclusively on medical research activities which are not directly related to the provision of services to patients;
- c. it derives not less than one third of its gross revenues in each fiscal year from contributions, donations, grants, gifts or other gratuitous forms from individuals, groups or entities unrelated to the hospital, except those received as compensation for medical services;
- d. it accepts patients without regard to the patient's ability to pay for medical services; and
- e. not less than two thirds of the patients admitted have a primary diagnosis or suspected disease or condition directly related to the specific area or areas in which the hospital conducts research. Patients admitted because of an emergent life threatening condition who could not be safely transported to another hospital shall not be considered as patients.

HOSPITAL does not include a convalescent home, a nursing home, a rest home, a place for the aged or an extended care facility.

11. For the purpose of making the definition of TOTAL DISABILITY less restrictive, the definition of TOTAL DISABILITY with respect to Professional Overhead Expense Insurance is replaced by the following:

TOTAL DISABILITY means, for:

1. Life, AD&D, and Disability Income Insurance, an incapacity from an injury or sickness that an INSURED MEMBER suffers while he or she is insured under the Policy, but only if such incapacity completely and continuously prevents an INSURED MEMBER from doing the material and substantial duties of his or her occupation, or for the CAREER-START PLAN and the Student Member Basic Protection Package Plan, the responsibilities or duties of a veterinary student; and he or she is not engaging in any occupation for which such INSURED MEMBER is reasonably expected to perform satisfactorily, in light of his or her age, education, training, experience, station in life, and physical and mental capacities.

TOTAL DISABILITY does not include any incapacity resulting from the following: (a) a self-inflicted injury; (b) any declared or undeclared war, an act of war or an armed conflict that involves the armed forces of one or more countries; (c) service in the military, naval or air force of any country, alliance or international organization or in a civilian unit which serves such force; and (d) pregnancy, except for COMPLICATIONS OF PREGNANCY;

CALIFORNIA REGULATIONS

2. Professional Overhead Expense, an incapacity from an injury or sickness that an INSURED MEMBER suffers while he or she is insured under the Policy, but only if such incapacity completely and continuously prevents the INSURED MEMBER from performing with reasonable continuity the material and substantial acts necessary to perform his or her usual occupation in the usual and customary way, provided he or she is not performing with reasonable continuity any occupation in which he or she could reasonably be expected to perform satisfactorily in light of his or her age, education, training, experience, station in life, physical and mental capacity.
 3. Hospital Indemnity Insurance, an incapacity from an INJURY or SICKNESS which completely and continuously prevents a COVERED PERSON from doing: (a) the material and substantial duties of his or her occupation and he or she is not engaging in any occupation for which such INSURED MEMBER is reasonably expected to perform satisfactorily, in light of his or her age, education, training, experience, station in life, and physical and mental capacities, if such COVERED PERSON is employed; or (b) the normal activities of a person in good health of like age, if such COVERED PERSON is unemployed.
12. For the purpose of deleting the phrase ‘and replacing it with ‘the material and substantial duties of his or her occupation in veterinary medicine’, the Own Occupation Plus Definitions have been revised as follows:

Own Occupation Plus Disability Definition Option

For Effective Dates on May 1, 2004 and later, with Covered Disabilities beginning before August 1, 2018

The Own Occupation Plus Disability Definition Option is only available to an APPLICANT, other than a STUDENT MEMBER, under the Long Term Disability schedule. If this option is elected and approved by New York Life, New York Life will pay a benefit for a Covered Total Disability, if a MEMBER, while he or she is insured under the Policy: (a) suffers an incapacity from an INJURY or SICKNESS which completely and continuously prevents him or her from doing the material and substantial duties of his or her occupation in veterinary medicine; (b) he or she is engaged in an alternate occupation for pay or profit; and (c) he or she is under the regular care of a DOCTOR.

The benefit is payable until the earlier of: (a) five years after the Own Occupation Plus benefit begins; (b) the month in which he or she is engaged in an alternate occupation for pay or profit if the CURRENT MONTHLY INCOME is at least 75% or greater than the AVERAGE NET MONTHLY INCOME for the period before his or her Covered Total Disability began; or (c) the Maximum Benefit Period for the INSURED MEMBER'S Covered Total Disability.

Own Occupation Plus Disability Definition Option

For Covered Disabilities beginning on or after August 1, 2018

The Own Occupation Plus Disability Definition Option is only available to an APPLICANT, other than a STUDENT MEMBER, under the Long Term Disability schedule. If this option is elected and approved by New York Life, New York Life will pay a benefit for a Covered Total Disability, if a MEMBER, while he or she is insured under the Policy: (a) suffers an incapacity from an INJURY or SICKNESS which completely and continuously prevents him or her from doing the material and substantial duties of his or her occupation in veterinary medicine; (b) he or she is engaged in an alternate occupation for pay or profit; and (c) he or she is under the regular care of a DOCTOR.

The benefit is payable until the earlier of: (a) the month in which he or she is engaged in an alternate occupation for pay or profit if the CURRENT MONTHLY INCOME is at least 75% or greater than the AVERAGE NET MONTHLY INCOME for the period before his or her Covered Total Disability began; or (b) the Maximum Benefit Period for the INSURED MEMBER'S Covered Total Disability.



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Colorado

Secretary

President

COLORADO REGULATIONS

The following applies to Colorado residents:

The following notice is added to the face page of the Policy and the Certificate for Hospital Indemnity Insurance:

THIS IS A SUPPLEMENTAL POLICY THAT IS NOT INTENDED TO PROVIDE THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA). UNLESS YOU HAVE ANOTHER PLAN (SUCH AS MAJOR MEDICAL COVERAGE) THAT PROVIDES MINIMUM ESSENTIAL COVERAGE IN ACCORDANCE WITH THE ACA, YOU MAY BE SUBJECT TO A FEDERAL TAX PENALTY. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE

Specimen



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Connecticut

Secretary

President

CONNECTICUT REGULATIONS

The following applies to Connecticut residents:

1. For Life Insurance, the following notice must be printed on the face page of the Policy and Certificate:

“This policy is not a long-term care policy as defined in sections 38a-501 and 38a-528 of the Connecticut General Statutes.”

2. For Disability Income Insurance, all references to “Chemical Dependency” are removed from the Schedule page, in that the taking of any drug shall not be permitted as an exclusion or limitation.
3. For Disability Income Insurance, the “Crime/Illegal Occupation/Illegal Activity” exclusion is modified to include the definition for participation and riot, as follows:

Crime/Illegal Occupation/Illegal Activity - A disability that: (a) occurs during; (b) is due to; or (c) is related to; the INSURED MEMBER’S participation in or incarceration resulting from any of the following in a role other than as a victim: (a) the commission of a felony; (b) an illegal occupation or activity; (c) an insurrection; (d) terrorist activity; or (e) a riot. (“Participation” means the fact of taking part, as in some action or attempt; “Riot” means a disturbance of the public peace by three or more persons acting together in a disrupting and tumultuous manner.)

4. For the purpose of noting that participation in the Vocational Rehabilitation program is voluntary, the fourth paragraph of the When The Benefit Ends provision on the Disability Income Insurance page(s) is revised as follows:

In order to be considered for participation in a rehabilitation program, an INSURED MEMBER must voluntarily give: (a) New York Life a written request in which the INSURED MEMBER consents to an evaluation of his or her rehabilitation and vocational potential; and (b) all written authorization necessary for the conduct of such evaluation by New York Life or a rehabilitation service or agency selected by New York Life.

5. For the purpose of allowing New York Life to contest insurance on a COVERED PERSON for nonpayment of CONTRIBUTIONS only, the Incontestability - Insurance on Covered Persons item of the General Provisions page(s) of the Policy and the Important Notice page(s) of the Certificate is replaced by the following:

Insurance On Covered Persons - Except for nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.



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Florida

Secretary

President

FLORIDA REGULATIONS

The following applies to Florida residents:

1. Complaint Notice - A Covered Person may call the following toll-free number if he or she has any questions or complaints concerning the Policy:

1-800-621-6360

2. The following disclosure statement has been added to the face page of the Certificate:

NOTICE

THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED PRIMARILY BY THE LAWS OF A STATE OTHER THAN FLORIDA.

3. The following statement is added to the Continuance - Disability Income Insurance page(s):

Any extension of benefits provided in the event of a Covered Total Disability, at the date of discontinuance of the Policy, is required whether the Policyholder secures replacement coverage from a new insurer or foregoes the provision of coverage. Discontinuance of the Policy will have no effect on the benefits payable for such Covered Total Disability.

4. The following statement is added to the Continuance - Professional Overhead Expense Insurance page(s):

Any extension of benefits provided in the event of TOTAL DISABILITY, at the date of discontinuance of the Policy, is required whether the Policyholder secures replacement coverage from a new insurer or foregoes the provision of coverage. Discontinuance of the Policy will have no effect on the benefits payable in the event of such disability.

5. The following statement is added to the Continuance - Hospital Indemnity Insurance page(s):

Any extension of benefits provided in the event of a COVERED STAY, at the date of discontinuance of the Policy, is required whether the Policyholder secures replacement coverage from a new insurer or foregoes the provision of coverage. Discontinuance of the Policy will have no effect on the benefits payable for such COVERED STAY.

6. For the purpose of extending the time period in which legal action may be taken, the Legal Action item of the Claims provision of the General Provisions page of the Policy and the Important Notice page(s) of the Certificate is replaced by the following:

Legal Action The claimant cannot start any legal action: (a) within 60 days after a claim form or proof of loss is sent; or (b) more than five years after a claim form or proof of loss is due.

7. For the purpose of allowing New York Life to contest insurance on a COVERED PERSON for nonpayment of CONTRIBUTIONS only, the Incontestability - Insurance on Covered Persons item of the General Provisions pages of the Policy and the Important Notice pages of the Certificate is replaced by the following:

Insurance On Covered Persons - Except for nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.

8. The No Interim Liability provision on the face page of the Policy and the Certificate is deleted.



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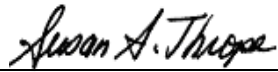
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CONTRACT STATE	ILLINOIS

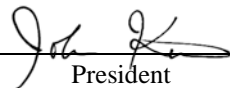
NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2017 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Idaho



Secretary



President

IDAHO REGULATIONS

The following applies to Idaho residents:

1. The following notice is added to the face page of the Policy and the Certificate for Hospital Indemnity Insurance:

NOTICE TO BUYER:

This is a hospital confinement indemnity Policy.

This Policy provides limited benefits.

Benefits provided are not intended to cover all medical expenses.

2. The following notice is added to the Important Notice section of the certificate:

Complaint Notice

Questions regarding your policy or coverage should be directed to:

Idaho Department of Insurance
Consumer Affairs
700 W. State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043
Toll free: 1-800721-3272 or 208-334-4250
www.DOI.Idaho.gov

3. For the purpose of reducing the exclusion period immediately before the COVERED PERSON'S INSURANCE DATE, the Preexisting Condition item on the Hospital Indemnity Insurance – Active Plan is revised as follows:

Preexisting Condition - A stay that is due to or related to a Preexisting Condition, except that: this exclusion does not apply to a graduating STUDENT MEMBER who elects insurance in accordance with the Graduating Student Member exception on the When Insurance Takes Effect page(s).

“Preexisting Condition” means an INJURY OR SICKNESS or any condition related to such INJURY OR SICKNESS for which a person consults a doctor, receives medical services or supplies or takes any medication during the six month period immediately before the COVERED PERSON'S INSURANCE DATE. Preexisting Condition does not include any such INJURY or SICKNESS or condition after such person has been continuously insured for 12 months after such INSURANCE DATE.



New York Life Insurance Company
– A Mutual Company Founded in 1845 –
51 Madison Avenue, New York, NY 10010

GROUP INSURANCE CERTIFICATE RIDER

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POLICYHOLDER	TRUSTEES OF THE AVMA LIFE TRUST
POLICY NUMBER	G-14884-0 (the "Policy")
CONTRACT STATE	ILLINOIS

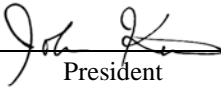
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Illinois



Secretary



President

ILLINOIS REGULATIONS

The following applies to Illinois residents:

Complaint Notice

If you have a complaint concerning your group insurance plan, you may write to New York Life or to the Illinois Department Of Insurance. In this regard, Section 143c of the Illinois Insurance Code requires notification of the following addresses:

The Office Of Corporate Responsibility
New York Life Insurance Company
51 Madison Avenue
New York, New York 10010

Illinois Department Of Insurance
Consumer Division
320 West Washington Street
Springfield, Illinois 62767

Illinois Department Of Insurance
Consumer Division
100 W. Randolph Street, Suite 15-100
Chicago, Illinois 60601

Correspondence about your plan should include the Plan Number or Policy Number and the name of the employer or Policyholder to whom the plan has been issued.

Specimen



New York Life Insurance Company
– A Mutual Company Founded in 1845 –
51 Madison Avenue, New York, NY 10010

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Indiana

Secretary

President

INDIANA REGULATIONS

The following applies to Indiana residents:

1. The following complaint notice is added to the Certificate:

Complaint Notice

Questions regarding your policy or coverage should be directed to:

The Office of Corporate Responsibility
New York Life Insurance Company
51 Madison Avenue
New York, NY 10010

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer, you may contact the Department of Insurance by mail, telephone or e-mail:

State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461, in the Indianapolis area: (317) 232-2395

Complaints can be filed electronically at www.in.gov/idoi

2. For the purpose of extending the time period for providing satisfactory proof of a Handicap, the Handicapped Child Benefit on the Continuance - Hospital Indemnity Insurance page(s) is revised as follows:

Handicapped Child Benefit Insurance in force will continue for an INSURED CHILD who has: (a) reached the TERMINATION AGE DATE; and (b) a Handicap ("Handicap" means a physical or mental disability which: (1) renders the INSURED CHILD incapable of self-sustaining employment; and (2) requires dependency on the INSURED MEMBER for support or, in the event of the INSURED MEMBER'S death, on the family for support); if:

1. New York Life receives satisfactory proof of such Handicap within 120 days after the date such child's insurance would otherwise have ended due to reaching the TERMINATION AGE DATE; and
2. the CONTRIBUTION is paid.

The benefit will end on the earliest of the following:

1. the date such child is no longer so Handicapped;
2. the date New York Life does not receive the required proof that such child remains Handicapped as required by New York Life, but no more frequently than every two years; or
3. the date insurance would otherwise end as stated on the When Insurance Ends page(s).



New York Life Insurance Company
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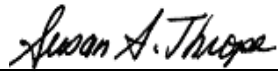
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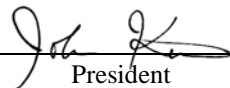
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Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Kansas



Secretary



President

KANSAS REGULATIONS

The following applies to Kansas residents:

For the purpose of extending the time period in which legal action may be taken, the Legal Action item of the Claims provision of the General Provisions page of the Policy and the Important Notice page(s) of the Certificate is replaced by the following:

Legal Action The INSURED MEMBER cannot start any legal action: (a) within 60 days after a claim form or proof of claim is sent; or (b) more than five years after a claim form or proof of claim is due.

Specimen



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CONTRACT STATE	ILLINOIS

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Kentucky

Secretary

President

KENTUCKY REGULATIONS

The following applies to Kentucky residents:

1. The following notices are added to the bottom of the face page of the Certificate:

“READ YOUR CERTIFICATE CAREFULLY.”

“THE POLICY IS A LEGAL CONTRACT BETWEEN NEW YORK LIFE INSURANCE COMPANY
AND THE POLICYHOLDER.”

2. For the purpose of allowing New York Life to contest insurance on a COVERED PERSON for nonpayment of CONTRIBUTIONS only, the Incontestability - Insurance on Covered Persons item of the General Provisions pages of the Policy and the Important Notice pages of the Certificate is replaced by the following:

Insurance On Covered Persons - Except for nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.

Specimen



New York Life Insurance Company

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51 Madison Avenue, New York, NY 10010

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CONTRACT STATE	ILLINOIS

NEW YORK LIFE agrees that the Certificate is changed, as of the later of August 1, 2018 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Louisiana

Secretary

President

LOUISIANA REGULATIONS

The following applies to Louisiana residents:

1. For the purpose of allowing New York Life to contest insurance on a COVERED PERSON for nonpayment of CONTRIBUTIONS only, the Incontestability - Insurance on Covered Persons item of the General Provisions pages of the Policy and the Important Notice pages of the Certificate is replaced by the following:

Insurance On Covered Persons - Except for nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.

2. The following notices are added to the face page of the Policy and the Certificate for Hospital Indemnity Insurance:

This certificate does not meet the Federal requirement to have health coverage under the Affordable Care Act.

This certificate does not cover preexisting conditions without limitations.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

Notice to Buyer: This is a hospital indemnity certificate. This certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

3. For the purpose of revising the eligibility ages for an ELIGIBLE CHILD, item #7 in the definition of TERMINATION AGE DATE on the Definitions page is replaced by the following:

TERMINATION AGE DATE means the date insurance for a COVERED PERSON ends due to his or her attainment of the stated AGE, as follows:

7. with respect to an INSURED CHILD, for Dependent Life Insurance, the date the INSURED CHILD reaches AGE 23, or reaches AGE 24 if a full-time student, and for Hospital Indemnity Insurance, the date the INSURED CHILD reaches AGE 26 or reaches AGE 30 if the INSURED CHILD served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge. However, an INSURED CHILD who is a STUDENT MEMBER and whose insurance would otherwise end due to reaching the TERMINATION AGE DATE, may exchange the DEPENDENT INSURANCE currently in force for comparable MEMBER INSURANCE, without medical evidence of insurability, as stated in the Student Member Exchange exception of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s).



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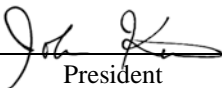
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Maine



Secretary



President

MAINE REGULATIONS

The following applies to Maine residents:

1. The following notice is added to the face page of the Policy and the Certificate for Hospital Indemnity Insurance:

This certificate does not meet the Federal requirement to have health coverage under the Affordable Care Act.

This certificate does not cover preexisting conditions without limitations.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

Notice to Buyer: This is a hospital indemnity certificate. This certificate provides limited benefits.

Benefits provided are supplemental and are not intended to cover all medical expenses.

2. The following section is added to the Policy:

Third Party Designation - The INSURED MEMBER or SURVIVOR SPOUSE may: (a) designate a third party to receive notice of cancellation due to non-payment of CONTRIBUTION; (b) change such designation; and (c) restore insurance which ended because the CONTRIBUTION was not paid; if the former INSURED MEMBER or former SURVIVOR SPOUSE suffered from Organic Brain Disease when the insurance ended.

The INSURED MEMBER or SURVIVOR SPOUSE may designate a third party to receive notice of cancellation due to non-payment of CONTRIBUTION or change such designation at any time. A Third Party Request Form will be sent to the INSURED MEMBER within 10 days after New York Life receives the request. Within 10 days before the date insurance would otherwise end due to non-payment of CONTRIBUTIONS, New York Life will send notice of such pending cancellation to the INSURED MEMBER or SURVIVOR SPOUSE and to the designated third party. Such notice will state the: (a) amount of unpaid CONTRIBUTION; (b) date by which the CONTRIBUTION must be paid; and (c) date insurance would otherwise end.

To restore insurance which ended because the CONTRIBUTION was not paid, New York Life must: (a) receive a request for restoration within 90 days after the date insurance ended; (b) receive satisfactory proof that the INSURED MEMBER or SURVIVOR SPOUSE suffered from an Organic Brain Disease on the date insurance ended; (c) approve the restoration; and (d) receive the full CONTRIBUTION, from the date insurance ended, within 15 days after the date New York Life requests such CONTRIBUTION. Once this is done, all terms and condition of the Policy applicable to the person at the time insurance ended will be reinstated, subject to any changes in the Policy. If a request for restoration of insurance is denied because of Organic Brain Disease, New York Life will send notice of denial to the INSURED MEMBER or SURVIVOR SPOUSE and to the person requesting restoration, if different. Within 30 days following receipt of this notice, a hearing may be requested before the Superintendent to determine if a violation of this right has occurred.

For the purpose of this section, "Organic Brain Disease" means a mental or nervous disorder with a demonstrable organic origin causing significant cognitive impairment. This includes, but is not limited to Pick's Disease, Parkinson's Disease, Huntington's Chorea, and Alzheimer's Disease and related dementias.



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POLICY NUMBER	G-14884-0 (the "Policy")
CONTRACT STATE	ILLINOIS

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Maryland

Secretary

President

MARYLAND REGULATIONS

The following applies to Maryland residents:

1. The following notice is added on the face page of the Certificate:

**THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE
WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT
PROVIDE ALL OF THE BENEFITS REQUIRED BY MARYLAND LAW.**

2. For the purpose of extending the eligibility age for an INSURED CHILD for Dependent Life Insurance:
 - a) item #2 in the definition of ELIGIBLE DEPENDENT on the Definitions page is replaced by the following:
 2. natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship, who is: (a) not married; (b) with respect to the stepchild or relative who lives with the APPLICANT in a parent-child relationship, substantially dependent upon the APPLICANT for support, or if the APPLICANT is deceased, the natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship is substantially dependent upon the family for support; (c) for Dependent Life Insurance, at least 14 days old; (d) for Dependent Life Insurance, less than age 23 or less than age 25 if a full-time student; (e) for Hospital Indemnity Insurance, less than age 26, or less than age 30 if the child served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge; and (f) not a resident of an EXCLUDED STATE, except that this requirement does not apply if the APPLICANT has DEPENDENT INSURANCE in force for children.
 - b) item #6 in the definition of TERMINATION AGE DATE on the Definitions page is replaced by the following:
 6. with respect to an INSURED CHILD, for Dependent Life Insurance, the date the INSURED CHILD reaches AGE 23, or reaches AGE 25 if a full-time student, and for Hospital Indemnity Insurance, the date the INSURED CHILD reaches AGE 26 or reaches AGE 30 if the INSURED CHILD served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge. However, an INSURED CHILD who is a STUDENT MEMBER and whose insurance would otherwise end due to reaching the TERMINATION AGE DATE, may exchange the DEPENDENT INSURANCE currently in force for comparable MEMBER INSURANCE, without medical evidence of insurability, as stated in the Student Member Exchange exception of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s).
3. For the purpose of clarifying the intent of the parties with respect to the instances in which Disability Insurance ends, the following are the only instances in which Disability Insurance ends:
 1. the last day of the INSURANCE PERIOD for which the last CONTRIBUTION has been paid for the INSURED MEMBER, except that: Insurance will not end if the CONTRIBUTION for such insurance is paid within 31 days after such day;
 2. the day before the Anniversary Date after the INSURED MEMBER reaches AGE 65;
 3. the date the INSURED MEMBER receives Covered Total Disability benefits for the Maximum Benefit Period stated in the Schedule for the Plan in effect for such INSURED MEMBER; or
 4. the date New York Life receives the INSURED MEMBER'S request to end such coverage.



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Massachusetts

Secretary

President

MASSACHUSETTS REGULATIONS

The following applies to Massachusetts residents:

1. The Accelerated Death Benefit is not available to a resident of Massachusetts. To accomplish this change the Accelerated Death Benefit provision and all references to the Accelerated Death Benefit are deleted. The deletion of the Accelerated Death Benefit does not apply to insurance in force on December 31, 1999.
2. For the purpose of adding a state owned soldiers' home, the definition of HOSPITAL on the Definitions page(s) is replaced by the following:

HOSPITAL means, for Hospital Indemnity Insurance:

1. a licensed institution primarily engaged in providing medical services for inpatients, if such institution has:
 - a. permanent facilities for diagnosis and surgery, except that: The surgery requirement does not apply to a HOSPITAL which is: (1) primarily engaged in providing treatment of inpatients for mental disorders, chronic diseases, alcoholism or drug addiction; or (2) rendering treatment or services for rehabilitation after an INJURY or SICKNESS;
 - b. 24-hour-a-day nursing service by registered professional nurses on duty or call; and
 - c. continuous supervision by a staff of one or more DOCTORS;
2. a Christian Science sanatorium currently operated, or currently listed and certified, by the First Church Of Christ, Scientist, of Boston, Massachusetts;
3. a state owned soldier's home; or
4. a government approved institution or a government approved section of an institution primarily engaged in providing treatment of inpatients for alcoholism or drug addiction.

HOSPITAL does not include a convalescent home, a nursing home, a rest home, a place for the aged or an extended care facility.



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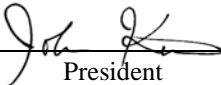
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Michigan



Secretary



President

MICHIGAN REGULATIONS

The following applies to Michigan residents:

The following notices are added to the face page of the Policy and the Certificate for Hospital Indemnity Insurance:

This certificate does not meet the Federal requirement to have health coverage under the Affordable Care Act.

This certificate does not cover preexisting conditions without limitations.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

**Notice to Buyer: This is a hospital indemnity certificate. This certificate provides limited benefits.
Benefits provided are supplemental and are not intended to cover all medical expenses.**

Specimen



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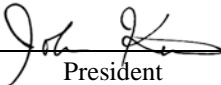
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Mississippi



Secretary



President

MISSISSIPPI REGULATIONS

The following applies to Mississippi residents:

For the purpose of deleting references to inaccurate facts and determination of the validity of the insurance, the Misstatements section on the General Provisions page(s) of the Policy and the Important Notice page(s) of the Certificate is replaced by the following:

Misstatements Subject to the Errors and Incontestability sections, if relevant statements of age or facts were not accurate for any person all amounts payable under the policy shall be such as the premiums paid would have purchased at the correct age.

Specimen



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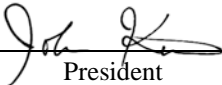
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Missouri



Secretary



President

MISSOURI REGULATIONS

The following applies to Missouri residents:

1. For the purpose of limiting the suicide exclusion to one year, the following replaces the Suicide exclusion in the What Benefit Is Payable section of the Life and Dependent Life Insurance page(s):

Suicide - For Family Group Life amounts of insurance which are effective on or after November 1, 1992 and for the Life Insurance under the Student Member Basic Protection Package Plan or STUDENT MEMBER Non-Contributory Term Life Insurance, New York Life will only return the applicable premiums paid to it for the amount of insurance otherwise in force which, on the date of loss has been in force for less than 12 continuous months, if a COVERED PERSON'S death is due to, related to or occurs during: suicide, an attempt at suicide or an intentionally self-inflicted injury, whether such COVERED PERSON was sane or insane and if written application for such insurance was made.

2. For the purpose of limiting the Self-Inflicted Injury exclusion, the following is added to the Self-Inflicted Injury on the Exclusions section of the Disability Income Insurance page(s):

Except that: A disability that is due to or related to an intentional self-inflicted injury during a suicide attempt while the INSURED MEMBER is insane is a Covered Disability.

Specimen



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New Hampshire

Secretary

President

NEW HAMPSHIRE REGULATIONS

The following applies to New Hampshire residents:

1. For the purpose of eliminating all exclusions for Impairment Restrictions, the Impairment Restriction item of the Exclusions section on the Disability Income and Professional Overhead Expense page(s) is deleted.
2. The definition of Impairment Restrictions on the Definitions page(s) is deleted.
3. For the purpose of distinguishing between a long term and short term Covered Total Disability, the Successive Periods Of Covered Total Disability item of the When Insurance Ends section on the Disability Income Insurance page(s) is replaced by the following:

Successive Periods Of Covered Total Disability - When the INSURED MEMBER shall resume FULL-TIME work, any subsequent period of Covered Total Disability resulting from the same or related cause shall be considered a new period of Covered Total Disability if the resumption of FULL-TIME work was for a continuous period of six months or more when the benefit duration of plan exceeds two years. If the benefit duration of the plan is two years or less, any subsequent period of Covered Total Disability resulting from the same or related cause shall be considered a new period of Covered Total Disability if the INSURED MEMBER resumed FULL-TIME work for a period of 30 days or more.

4. For the purpose of showing that a new period of disability starts after a return to work for 30 days, the Successive Periods Of Total Disability item of When The Benefit Ends section on the Professional Overhead Expense Insurance page(s) is replaced by the following:

Successive Periods Of Total Disability - Successive periods of TOTAL DISABILITY will be considered one period of TOTAL DISABILITY, if such disabilities are due to the same or related causes, and are separated by less than 30 days continuous FULL-TIME work during which the INSURED MEMBER is not TOTALLY DISABLED.

5. For the purpose of replacing the immediate confinement requirement, the CONVALESCENT CARE FACILITY item under the What Benefit is Payable section on the Hospital Indemnity Insurance - Frozen Plan page is replaced by the following:

Convalescent Care Facility - One-half the Daily Benefit in force will be payable for each COVERED DAY the COVERED PERSON is confined in a CONVALESCENT CARE FACILITY, if such confinement commences no later than 14 days after discharge from a COVERED STAY in a HOSPITAL of at least 15 consecutive COVERED DAYS for which benefits were payable.

6. For the purpose of allowing New York Life to contest insurance on a COVERED PERSON for nonpayment of CONTRIBUTIONS only, the Incontestability - Insurance on Covered Persons item of the General Provisions pages of the Policy and the Important Notice pages of the Certificate is replaced by the following:

Insurance On Covered Persons - Except for nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.

NEW HAMPSHIRE REGULATIONS

7. For the purpose of: (a) providing continuation of coverage without additional premium; and (b) deleting any age requirement in the case of retirement; the first paragraph of the Dependent Continuation Benefit section on the Continuance - AD&D Insurance and the Continuance - Hospital Indemnity Insurance page(s) is replaced by the following:

Dependent Continuation Benefit DEPENDENT INSURANCE in force and which would otherwise end due to the INSURED MEMBER'S: (a) dissolution of marriage, (b) death, or (c) retirement; will continue without additional premium, if the CONTRIBUTION is paid.

8. For the purpose of including the time insured under the group policy to determine the individual policy's two year contestable period and the two year period the suicide exclusion will not apply, the Individual Policy section of the Conversion Rights-Life and Dependent Life Insurance page is replaced by the following:

Individual Policy The individual policy requirements are as follows: (a) a completed, written application for the individual policy must be given to New York Life, within the Conversion Period, on a form satisfactory to New York Life; (b) the first premium for the individual policy must be paid within the Conversion Period; (c) the premium for the individual policy will be based upon the applicant's class of risk and age; (d) the individual policy will be on one of the forms currently offered by New York Life, except term insurance, and will be issued without disability or other supplementary benefits; (e) the individual policy will take effect on the day after the Conversion Period Benefit ends; (f) the individual policy shall not be contestable after the second anniversary of the effective date of the group policy from which conversion was made; and (g) the suicide provision of the individual policy shall no longer apply after the second anniversary of the effective date of the group policy from which the conversion was made. The individual policy may provide less coverage at a higher premium than that provided for under the group policy.

9. For the purpose of deleting the 60 day period following the Conversion Period for notice of conversion right, the Notice Of Conversion Right section of the Conversion Rights-Life and Dependent Life Insurance page is replaced by the following:

Notice Of Conversion Right If a COVERED PERSON has not been given notice of his or her conversion right before the 15th day of the Conversion Period, he or she will have an additional period within which he or she can exercise a conversion right. The additional period will: (a) not extend insurance beyond the end of the 31 day Conversion Period; and (b) end on the 15th day after such COVERED PERSON is given such notice. Written notice presented to the COVERED PERSON or mailed to his or her last known address by New York Life or the Policyholder will be deemed notice.

10. For the purpose of reducing the minimum hour requirement, the definition of FULL-TIME on the Definition page(s) is replaced by the following:

FULL-TIME means the active performance of the regular duties of one's normal occupation on a basis of at least 15 hours each week at a place where such duties are normally performed or other location to which travel is required.



New York Life Insurance Company

– A Mutual Company Founded in 1845 –

51 Madison Avenue, New York, NY 10010

GROUP INSURANCE CERTIFICATE RIDER

to be attached to and made a part of the Certificate

POLICYHOLDER	TRUSTEES OF THE AVMA LIFE TRUST
POLICY NUMBER	G-14884-0 (the "Policy")
CONTRACT STATE	ILLINOIS

NEW YORK LIFE agrees that the Certificate is changed, as of the later of August 1, 2018 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

New Mexico

Secretary

President

NEW MEXICO REGULATIONS

The following applies to New Mexico residents:

1. The following notices are added to the face page of the Policy and the Certificate for Hospital Indemnity:

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.

If you do not have other health insurance coverage, you may be subject to a federal tax penalty.

2. For the purpose of reducing the time frames, the Preexisting Condition exclusion on the Hospital Indemnity Insurance - Active Plan page(s) is replaced by the following:

Preexisting Condition - A stay that is due to or related to a Preexisting Condition, except that: this exclusion does not apply to a graduating STUDENT MEMBER who elects insurance in accordance with the Graduating Student Member exception on the When Insurance Takes Effect page(s).

“Preexisting Condition” means an INJURY OR SICKNESS or any condition related to such INJURY OR SICKNESS for which a person consults a doctor, receives medical services or supplies or takes any medication during the six month period immediately before the COVERED PERSON'S INSURANCE DATE. Preexisting Condition does not include any such INJURY or SICKNESS or condition after such person has been continuously insured for six months after such INSURANCE DATE.

3. For the purpose of revising the eligibility ages for an ELIGIBLE CHILD, item #7 in the definition of TERMINATION AGE DATE on the Definitions page is replaced by the following:

TERMINATION AGE DATE means the date insurance for a COVERED PERSON ends due to his or her attainment of the stated AGE, as follows:

7. with respect to an INSURED CHILD, for Dependent Life Insurance, the date the INSURED CHILD reaches AGE 25 and for Hospital Indemnity Insurance, the date the INSURED CHILD reaches AGE 26 or reaches AGE 30 if the INSURED CHILD served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge. However, an INSURED CHILD who is a STUDENT MEMBER and whose insurance would otherwise end due to reaching the TERMINATION AGE DATE, may exchange the DEPENDENT INSURANCE currently in force for comparable MEMBER INSURANCE, without medical evidence of insurability, as stated in the Student Member Exchange exception of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s).



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POLICY NUMBER	G-14884-0 (the "Policy")
CONTRACT STATE	ILLINOIS

NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2017 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

North Carolina

Secretary

President

NORTH CAROLINA REGULATIONS

The following applies to North Carolina residents:

1. The following notice is added to the Policy and the Certificate.

North Carolina law includes certain requirements concerning an insurance fiduciary's failure to pay group insurance premiums. An insurance fiduciary is defined as "any person, employer, principal, agent, trustee, or third party administrator, who is responsible for the payment of group health or group life insurance premiums."

IMPORTANT NOTICE TO INSURANCE FIDUCIARIES

"UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR HEALTH CARE PLAN PREMIUMS, SHALL: (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR HEALTH CARE PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY SUCH PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS PRIOR TO THE TERMINATION OF SUCH COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF GENERAL STATUTES CHAPTER 58 AND THEIR RIGHTS UNDER THE FEDERAL CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA). VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE."

2. For the purpose of adding important cancellation information, the following is added to the Policy and Certificate face pages:

IMPORTANT CANCELLATION INFORMATION- PLEASE READ THE "WHEN INSURANCE ENDS" PAGE

3. For the purpose of notifying the insured that the policy may be governed by another state's laws, the following is added to the Certificate face page:

READ YOUR CERTIFICATE CAREFULLY

This Certificate of Insurance provides all of the benefits mandated by the North Carolina Insurance Code, but it is issued under a group master policy located in another state and may be governed by that state's law.

4. For Disability Income and Hospital Indemnity Insurance, the following notices are added to the bottom of the face page of the Certificate:

"THE DISABILITY INCOME INSURANCE CONTAINS AN EXCLUSION FOR PREEXISTING CONDITIONS."

"THE HOSPITAL INDEMNITY INSURANCE CONTAINS AN EXCLUSION FOR PREEXISTING CONDITIONS."

NORTH CAROLINA REGULATIONS

5. For Accidental Death & Dismemberment Insurance and Hospital Indemnity Insurance, the following notice is added to the face page of the Certificate:

**“THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE.
If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare,
which is available from the company.”**

6. For the purpose of changing the Accelerated Death Benefit description on the face page of the Policy and of the Certificate, the Accelerated Death Benefit section is replaced by the following:

Accelerated Death Benefit To qualify for the benefit the COVERED PERSON must be diagnosed as being terminally ill with a life expectancy of 24 months or less. The benefit payable for a loss of life will be reduced by 50% if the Accelerated Death Benefit is paid. CONTRIBUTIONS will remain unchanged. New York Life will send the COVERED PERSON a statement which will specify the effect the payment of the Accelerated Death Benefit will have on the benefit payable for a loss of life and CONTRIBUTIONS. **The payment of the Accelerated Death Benefit may be subject to federal income tax and the insured may want to consult with his or her personal tax advisor.**

7. For the purpose of treating adoptive children and foster children the same as newborn infants, the Newborn Child item of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s) is replaced by the following:

Newborn Child - For Hospital Indemnity Insurance, any child who is born, adopted or placed for adoption or placed for foster care while his or her parent is an INSURED MEMBER with respect to Hospital Indemnity Insurance, will automatically become an INSURED CHILD at birth, adoption or placement, respectively. The adopted child shall be eligible for coverage on the same basis as a newborn infant upon placement in the adoptive home, regardless of whether a final decree of adoption has been entered; provided that a petition for adoption has been duly filed and is pursued to a final decree of adoption.

If the INSURED MEMBER has Dependent Hospital Indemnity Insurance in force for children, insurance on such child will continue in accordance with the terms of the Policy.

If the INSURED MEMBER did not elect Dependent Hospital Indemnity Insurance for children before the child's birth, adoption or placement for adoption, insurance on such child will continue, if: (a) New York Life receives the INSURED MEMBER'S written request to continue such child's insurance; and (b) the CONTRIBUTION is paid. Insurance will have ended on the day such child is 31 days old, if the written request to continue such insurance and the CONTRIBUTION is not paid within 31 days after the INSURED MEMBER'S next CONTRIBUTION DATE.

8. The Regular Care item of the Exclusions section on the Disability Income Insurance page(s) is replaced by the following to indicate that it does not apply when the INSURED MEMBER has reached his or her maximum point of recovery, yet still disabled under the terms of the Policy:

Regular Care - A disability: (a) that does not require a doctor's regular care of, or attendance to, the INSURED MEMBER; or (b) for any period of disability for which the INSURED MEMBER is not under the regular care and attendance of a doctor. except that: This requirement will not apply if such care is no longer required for prudent medical management of the INJURY or SICKNESS. However, this exclusion does not apply to an INSURED MEMBER who was insured for the Long Term Disability schedule and who has incurred a Covered Total Disability due to an INJURY or SICKNESS which causes the total and permanent loss of: (1) use of two limbs; (2) the sight of both eyes; (3) speech; or (4) hearing in both ears; as stated in the Covered Total Disability subsection of the Covered Disability section; or (5) has reached his or her maximum point of recovery, yet is still disabled under the terms of the Policy.

NORTH CAROLINA REGULATIONS

9. For the purpose of allowing New York Life to contest insurance on a COVERED PERSON for nonpayment of CONTRIBUTIONS only, the Incontestability - Insurance on Covered Persons item of the General Provisions page(s) of the Policy and the Important Notice page(s) of the Certificate is replaced by the following:

Incontestability Except for provisions which relate to nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.

Specimen



New York Life Insurance Company
– A Mutual Company Founded in 1845 –
51 Madison Avenue, New York, NY 10010

GROUP INSURANCE CERTIFICATE RIDER

to be attached to and made a part of the Certificate

POLICYHOLDER	TRUSTEES OF THE AVMA LIFE TRUST
POLICY NUMBER	G-14884-0 (the "Policy")
CONTRACT STATE	ILLINOIS

NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2017 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

North Dakota

Secretary

President

NORTH DAKOTA REGULATIONS

The following applies to North Dakota residents:

1. For the purpose of extending the eligibility age for an INSURED CHILD for Dependent Life Insurance:
 - (1) item #2 in the definition of ELIGIBLE DEPENDENT on the Definitions page is replaced by the following:
 2. natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship, who is: (a) not married; (b) with respect to the stepchild or relative who lives with the APPLICANT in a parent-child relationship, substantially dependent upon the APPLICANT for support, or if the APPLICANT is deceased, the natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship is substantially dependent upon the family for support; (c) for Dependent Life Insurance, at least 14 days old; (d) for Dependent Life Insurance, less than age 23 or less than age 26 if a full-time student; (e) for Hospital Indemnity Insurance, less than age 26, or less than age 30 if the child served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge; and (f) not a resident of an EXCLUDED STATE, except that this requirement does not apply if the APPLICANT has DEPENDENT INSURANCE in force for children.
 - (2) item #6 in the definition of TERMINATION AGE DATE on the Definitions page is replaced by the following:
 6. with respect to an INSURED CHILD, for Dependent Life Insurance, the date the INSURED CHILD reaches AGE 23, or reaches AGE 26 if a full-time student, and for Hospital Indemnity Insurance, the date the INSURED CHILD reaches AGE 26 or reaches AGE 30 if the INSURED CHILD served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge. However, an INSURED CHILD who is a STUDENT MEMBER and whose insurance would otherwise end due to reaching the TERMINATION AGE DATE, may exchange the DEPENDENT INSURANCE currently in force for comparable MEMBER INSURANCE, without medical evidence of insurability, as stated in the Student Member Exchange exception of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s).
2. For the purpose of limiting the suicide exclusion to one year, the following replaces the Suicide exclusion in the What Benefit Is Payable section of the Life and Dependent Life Insurance page(s):

Suicide - For Family Group Life amounts of insurance which are effective on or after November 1, 1992 and for the Life Insurance under the Student Member Basic Protection Package Plan or STUDENT MEMBER Non-Contributory Term Life Insurance, New York Life will only return the applicable premiums paid to it for the amount of insurance otherwise in force which, on the date of loss has been in force for less than 12 continuous months, if a COVERED PERSON'S death is due to, related to or occurs during: suicide, an attempt at suicide or an intentionally self-inflicted injury, whether such COVERED PERSON was sane or insane and if written application for such insurance was made.
3. For the purpose of extending the time period in which legal action may be taken, the Legal Action section on the General Provisions page(s) of the Policy and the Important Notice page(s) of the Certificate is replaced by the following:

Legal Action The INSURED MEMBER cannot start any legal action: (a) within 60 days after a claim form or proof of claim is sent; or (b) more than five years after a claim form or proof of claim is due.



New York Life Insurance Company
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GROUP INSURANCE CERTIFICATE RIDER

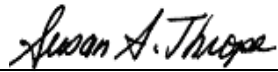
to be attached to and made a part of the Certificate

POLICYHOLDER	TRUSTEES OF THE AVMA LIFE TRUST
POLICY NUMBER	G-14884-0 (the "Policy")
CONTRACT STATE	ILLINOIS

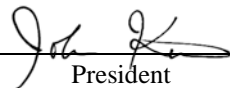
NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2017 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Oklahoma



Secretary



President

OKLAHOMA REGULATIONS

The following applies to Oklahoma residents:

1. The following Fraud Warning is added to the face page of the Certificate:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

2. The following notice is added to the face page of the Policy and Certificate:

THIS POLICY/CERTIFICATE INCLUDES AN ACCELERATED DEATH BENEFIT

3. For the purpose of insuring an ELIGIBLE CHILD from birth and extending the eligibility ages for an ELIGIBLE CHILD:
 - (a) the Amount Of Insurance Available For Insured Child(ren) paragraph on the Life and Dependent Life Insurance Schedule page(s) is revised, as follows:

Insured Child Amount Of Insurance Available

Option 1:	\$ 5,000
Option 2:	\$ 10,000

- (b) item #2 in the definition of ELIGIBLE DEPENDENT on the Definitions page is replaced by the following:

2. natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship, who is: (a) not married; (b) with respect to the stepchild or relative who lives with the APPLICANT in a parent-child relationship, substantially dependent upon the APPLICANT for support, or if the APPLICANT is deceased, the natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship is substantially dependent upon the family for support; (c) less than AGE 26 for Dependent Life Insurance or less than AGE 26 for Hospital Indemnity Insurance, or if older, must be attending an educational institution; (d) for Hospital Indemnity Insurance, less than age 30 if the child served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge; and (e) not a resident of an EXCLUDED STATE, except that this requirement does not apply if the APPLICANT has DEPENDENT INSURANCE in force for children.

- (c) item #6 in the definition of TERMINATION AGE DATE on the Definitions page is replaced by the following:

6. with respect to an INSURED CHILD, the date the INSURED CHILD reaches AGE 26 for Dependent Life Insurance, or reaches AGE 26 for Hospital Indemnity Insurance, or if older, the date the INSURED CHILD is no longer attending an educational institution, or for Hospital Indemnity Insurance, reaches AGE 30 if the INSURED CHILD served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge. However, an INSURED CHILD who is a STUDENT MEMBER and whose insurance would otherwise end due to reaching the TERMINATION AGE DATE, may exchange the DEPENDENT INSURANCE currently in force for comparable MEMBER INSURANCE, without medical evidence of insurability, as stated in the Student Member Exchange exception of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s).

4. For the purpose of clarification, the War Conditions item in the Exclusions section of the AD&D Insurance page(s), Disability Income Insurance page(s), Professional Overhead Expense Insurance page(s), and Hospital Indemnity Insurance page(s) is replaced by the following:

War Conditions - A loss that: (a) occurs during; (b) is due to; or (c) is related to: war or act of war, declared or undeclared, while serving in the military service or any auxiliary unit attached thereto.

OKLAHOMA REGULATIONS

5. For the purpose of expanding the definition of HOSPITAL, the following is added to the definition of HOSPITAL on the Definitions page(s):

References to HOSPITAL include a licensed birthing center.

6. For the purpose of allowing New York Life to contest insurance on a COVERED PERSON for nonpayment of CONTRIBUTIONS only, the Incontestability - Insurance on Covered Persons item of the General Provisions pages of the Policy and the Important Notice pages of the Certificate is replaced by the following:

Incontestability Except for provisions which relate to nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.

Specimen



New York Life Insurance Company
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51 Madison Avenue, New York, NY 10010

GROUP INSURANCE CERTIFICATE RIDER

to be attached to and made a part of the Certificate

POLICYHOLDER	TRUSTEES OF THE AVMA LIFE TRUST
POLICY NUMBER	G-14884-0 (the "Policy")
CONTRACT STATE	ILLINOIS

NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2017 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

South Carolina

Secretary

President

SOUTH CAROLINA REGULATIONS

The following applies to South Carolina residents:

1. For the purpose of extending the time period in which legal action may be taken, the Legal Action section on the General Provisions page(s) of the Policy and the Important Notice page(s) of the Certificate is replaced by the following:

Legal Action The INSURED MEMBER cannot start any legal action: (a) within 60 days after a claim form or proof of claim is sent; or (b) more than six years after a claim form or proof of claim is due.

2. For the purpose of extending the eligibility age for an INSURED CHILD for Dependent Life Insurance:

(a) item #2 in the definition of ELIGIBLE DEPENDENT on the Definitions page is replaced by the following:

2. natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship, who is: (a) not married; (b) with respect to the stepchild or relative who lives with the APPLICANT in a parent-child relationship, substantially dependent upon the APPLICANT for support, or if the APPLICANT is deceased, the natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship is substantially dependent upon the family for support; (c) for Dependent Life Insurance, at least 14 days old; (d) for Dependent Life Insurance, less than age 23 or less than age 25 if a full-time student; (e) for Hospital Indemnity Insurance, less than age 26, or less than age 30 if the child served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge; and (f) not a resident of an EXCLUDED STATE, except that this requirement does not apply if the APPLICANT has DEPENDENT INSURANCE in force for children.

(b) item #6 in the definition of TERMINATION AGE DATE on the Definitions page is replaced by the following:

6. with respect to an INSURED CHILD, for Dependent Life Insurance, the date the INSURED CHILD reaches AGE 23, or reaches AGE 25 if a full-time student, and for Hospital Indemnity Insurance, the date the INSURED CHILD reaches AGE 26 or reaches AGE 30 if the INSURED CHILD served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge. However, an INSURED CHILD who is a STUDENT MEMBER and whose insurance would otherwise end due to reaching the TERMINATION AGE DATE, may exchange the DEPENDENT INSURANCE currently in force for comparable MEMBER INSURANCE, without medical evidence of insurability, as stated in the Student Member Exchange exception of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s).



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South Dakota

Secretary

President

SOUTH DAKOTA REGULATIONS

The following applies to South Dakota residents:

1. For the purpose of covering a loss due to suicide when insane, the suicide exclusion on the Accidental Death & Dismemberment Insurance page(s) is revised as follows:

Suicide - A loss that: (a) is due to or is related to: (1) suicide; (2) an attempt at suicide; or (3) an intentionally self-inflicted injury; (b) occurs during an attempt at suicide; or (c) occurs while intentionally injuring oneself; while the COVERED PERSON is sane.

2. For the purpose of reducing the exclusion period immediately before the COVERED PERSON'S INSURANCE DATE, the Preexisting Condition item on the Hospital Indemnity Insurance – Active Plan is revised as follows:

Preexisting Condition - A stay that is due to or related to a Preexisting Condition, except that: this exclusion does not apply to a graduating STUDENT MEMBER who elects insurance in accordance with the Graduating Student Member exception on the When Insurance Takes Effect page(s).

“Preexisting Condition” means an INJURY OR SICKNESS or any condition related to such INJURY OR SICKNESS for which a person consults a doctor, receives medical services or supplies or takes any medication during the six month period immediately before the COVERED PERSON'S INSURANCE DATE. Preexisting Condition does not include any such INJURY or SICKNESS or condition after such person has been continuously insured for 12 months after such INSURANCE DATE.

Specimen



New York Life Insurance Company
– A Mutual Company Founded in 1845 –
51 Madison Avenue, New York, NY 10010

GROUP INSURANCE CERTIFICATE RIDER

to be attached to and made a part of the Certificate

POLICYHOLDER	TRUSTEES OF THE AVMA LIFE TRUST
POLICY NUMBER	G-14884-0 (the "Policy")
CONTRACT STATE	ILLINOIS

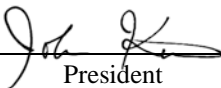
NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2017 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Tennessee



Secretary



President

TENNESSEE REGULATIONS

The following applies to Tennessee residents:

1. The following notice is added to the Policy and the Certificate:

NOTICE

If you have any questions or complaints regarding your group insurance plan, you may write to either of the following Service Office addresses:

New York Life Insurance Company

51 Madison Avenue
New York, New York 10010
1-800-792-9686

Pearl Insurance

1200 East Glen Avenue
Peoria Heights, IL 61616-5348
1-800-621-6360

2. For the purpose of deleting references to inaccurate facts and determination of the validity of the insurance, the Misstatements section on the General Provisions page(s) of the Policy and the Important Notice page(s) of the Certificate is replaced by the following:

Misstatements If the age of the COVERED PERSON has been misstated, all amounts payable under the Policy shall be such as though the CONTRIBUTIONS paid would have been purchased at the correct age.

Specimen



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NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2017 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Texas

Secretary

President

TEXAS REGULATIONS

The following applies to Texas residents:

1. The following notice is added above the first provisions on the first page of the Policy and Certificate:

NOTICE

THE POLICY IS SUBJECT TO AN INCREASE IN PREMIUM AT TIME OF RENEWAL AND IS SUBJECT TO NONRENEWAL ON THE INSURED ATTAINING A CERTAIN AGE DEATH BENEFITS WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID

2. The following disclosure is added above the first provisions on the first page of the Policy and Certificate:

DISCLOSURE

RECEIPT OF ACCELERATION-OF-LIFE-INSURANCE BENEFITS OFFERED MAY AFFECT YOU, YOUR SPOUSE, OR YOUR FAMILY'S ELIGIBILITY FOR PUBLIC ASSISTANCE PROGRAMS SUCH AS MEDICAL ASSISTANCE (MEDICAID), AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC), SUPPLEMENTARY SOCIAL SECURITY INCOME (SSI), AND DRUG ASSISTANCE PROGRAMS. YOU ARE ADVISED TO CONSULT WITH A QUALIFIED TAX ADVISOR AND WITH SOCIAL SERVICE AGENCIES CONCERNING HOW RECEIPT OF SUCH A PAYMENT WILL AFFECT YOU, YOUR SPOUSE AND YOUR FAMILY'S ELIGIBILITY FOR PUBLIC ASSISTANCE.

THE ACCELERATION-OF-LIFE-INSURANCE BENEFITS OFFERED UNDER THIS POLICY ARE INTENDED TO QUALIFY FOR FAVORABLE TAX TREATMENT UNDER THE INTERNAL REVENUE CODE OF 1986. IF THE ACCELERATION-OF-LIFE INSURANCE BENEFITS QUALIFY FOR SUCH FAVORABLE TAX TREATMENT, THE BENEFITS WILL BE EXCLUDABLE FROM YOUR INCOME AND NOT SUBJECT TO FEDERAL TAXATION. TAX LAWS RELATING TO ACCELERATION-OF-LIFE-INSURANCE BENEFITS ARE COMPLEX. YOU ARE ADVISED TO CONSULT WITH A QUALIFIED TAX ADVISOR ABOUT CIRCUMSTANCES UNDER WHICH YOU COULD RECEIVE ACCELERATION-OF-LIFE-INSURANCE BENEFITS EXCLUDABLE FROM INCOME UNDER FEDERAL LAW.

3. The following notices are added to the face page of the Policy and the Certificate for Hospital Indemnity Insurance:

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from your local Social Security office.the company.

LIMITED BENEFIT, PLEASE READ CAREFULLY

THIS POLICY DOES NOT PROVIDE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IT DOES NOT SATISFY THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT

TEXAS REGULATIONS

4. For the purpose of providing Hospital Indemnity Insurance for a child for whom the insured is party in a suit for adoption of such child, and for clarifying the coverage of a newborn child, the Newborn Child exception on the When Insurance Takes Effect pages is replaced as follows:

Newborn Child - For Hospital Indemnity Insurance, any child who is born, adopted or placed for adoption, or for whom the INSURED MEMBER is a party in a suit for which the adoption of the child by the INSURED MEMBER is sought, while his or her parent is an INSURED MEMBER with respect to Hospital Indemnity Insurance, will automatically become an INSURED CHILD at birth, adoption or placement, or date of such suit, respectively. If the INSURED MEMBER has Dependent Hospital Indemnity Insurance in force for children, insurance on such child will continue in accordance with the terms of the Policy. If the INSURED MEMBER did not elect Dependent Hospital Indemnity Insurance for children before the child's birth, adoption or placement for adoption, insurance on such child will continue, if: (a) New York Life receives the INSURED MEMBER'S written request to continue such child's insurance; and (b) the CONTRIBUTION is paid. Insurance will have ended on the day such child is 31 days old, if the written request to continue such insurance and the CONTRIBUTION is not paid within 31 days after the INSURED MEMBER'S next CONTRIBUTION DATE.

5. For the purpose of providing automatic coverage to a dependent child, if so ordered by a court, the following Court Ordered Coverage For A Child item is added after the Newborn Child item of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s):

Court Ordered Coverage For A Child - If there is a court order requiring an INSURED MEMBER to provide coverage for an ELIGIBLE CHILD, such child will automatically become an INSURED CHILD on the date such court order is issued. DEPENDENT INSURANCE on such child will continue for thirty-one days and will end on the thirty-first day after the date such court order is issued, unless, within such thirty-one days, the INSURED MEMBER notifies New York Life and the required CONTRIBUTION is paid.

6. The Acknowledgement item and the Acceptance or Rejection item are added to the Claims Forms provision in the General Provisions page(s) of the Policy and the Important Notices page(s) of the Certificate:

Acknowledgement Within 15 days of receipt of satisfactory proof of loss, New York Life will: 1.) acknowledge receipt of the claim; 2.) commence any investigation of the claim; and 3.) request from the claimant all items, statements and forms that New York Life reasonably believes, at that time, will be required from the claimant.

Acceptance or Rejection Within 15 days of receipt of all items, statements and forms required by New York Life needed to secure final proof of loss, New York Life shall notify the claimant in writing of the acceptance or rejection of the claim. If the New York Life rejects the claim, the claimant will be notified of the reasons for the rejection. If New York Life is unable to accept or reject the claim, the claimant will be notified of the reasons New York Life needs additional time to accept or reject a claim. Not later than 45 days after New York Life notifies the claimant that they are unable to accept or reject the claim, New York Life will either accept or reject the claim.

7. For the purpose of expanding the definition of Terminal Illness, the Accelerated Death Benefit section on the Life and Dependent Life Insurance Page(s) is replaced by the following

Accelerated Death Benefit The Accelerated Death Benefit is available to a COVERED PERSON with Modified Level Term Life Insurance who has a Terminal Illness ("Terminal Illness" is an illness or physical condition, including a physical injury, that can reasonably be expected to result in death within two years or less).

TEXAS REGULATIONS

8. For the purpose of including that New York Life may, at its own expense request additional information to obtain a written medical opinion regarding the existence of a Terminal Illness, the For The Benefit To Be Paid section on the Life and Dependent Life Insurance page(s) is revised as follows:

For The Benefits To Be Paid

Accelerated Death Benefit For the Accelerated Death Benefit to be paid, the INSURED MEMBER must give: (1) the Policyholder a completed, written request for the benefit on a form satisfactory to New York Life; and (2) New York Life a satisfactory written medical opinion that the COVERED PERSON has a Terminal Illness, no later than 12 months before such COVERED PERSON'S TERMINATION AGE DATE. New York Life may, at its own expense, request an additional examination. Based upon the results of the additional examination(s) and in conjunction with the medical proof provided by the COVERED PERSON, New York Life will determine whether or not the COVERED PERSON has a Terminal Illness. If there is a conflict in opinion between a COVERED PERSON'S doctor or physician and New York Life's doctor or physician to substantiate any claim under the Policy, New York Life will investigate the issue so that it can be resolved as fairly as possible and make a determination.

Death Benefit For the Death Benefit to be paid, New York Life must receive satisfactory proof of the COVERED PERSON'S death.

9. For the purpose of not excluding benefits covered by the Medical Assistance Act of 1967, the Government/Free Care items of the Exclusions section on the Rabies Prophylaxis Benefit page(s) is replaced by the following:

Government/Free Care - A charge for care that: (a) is provided or is paid by any government or governmental agency; or (b) is provided by any person or entity, if the person or entity normally does not charge for such care; except for care provided by a medical assistance program and where prohibited by law.

10. For the purpose of allowing New York Life to contest insurance on a COVERED PERSON for nonpayment of CONTRIBUTIONS only, the Incontestability - Insurance on Covered Persons item of the General Provisions page(s) of the Policy and the Important Notice page(s) of the Certificate is replaced by the following:

Insurance On Covered Persons - Except for nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.

11. For the purpose of extending the eligibility age for an INSURED CHILD for Dependent Life Insurance:

(a) item #2 in the definition of ELIGIBLE DEPENDENT on the Definitions page is replaced by the following:

2. natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship, who is: (a) not married; (b) with respect to the stepchild or relative who lives with the APPLICANT in a parent-child relationship, substantially dependent upon the APPLICANT for support, or if the APPLICANT is deceased, the natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship is substantially dependent upon the family for support; (c) for Dependent Life Insurance, at least 14 days old; (d) for Dependent Life Insurance, less than age 25; (e) for Hospital Indemnity Insurance, less than age 26, or less than age 30 if the child served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge; and (f) not a resident of an EXCLUDED STATE, except that this requirement does not apply if the APPLICANT has DEPENDENT INSURANCE in force for children.

TEXAS REGULATIONS

(b) item #6 in the definition of TERMINATION AGE DATE on the Definitions page is replaced by the following:

6. with respect to an INSURED CHILD, for Dependent Life Insurance, the date the INSURED CHILD reaches AGE 25, and for Hospital Indemnity Insurance, the date the INSURED CHILD reaches AGE 26 or reaches AGE 30 if the INSURED CHILD served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge. However, an INSURED CHILD who is a STUDENT MEMBER and whose insurance would otherwise end due to reaching the TERMINATION AGE DATE, may exchange the DEPENDENT INSURANCE currently in force for comparable MEMBER INSURANCE, without medical evidence of insurability, as stated in the Student Member Exchange exception of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s).
12. For the purpose of expanding the definition of ELIGIBLE CHILD, the following is added to the definition of ELIGIBLE DEPENDENT on the Definitions page(s):

Children include a child for whom the APPLICANT is a party in a suit seeking adoption or a child placed with the APPLICANT for adoption who is dependent upon the APPLICANT for support. Children also include a child for whom the APPLICANT must provide medical support under a court order.
13. For the purpose of expanding the definition of HOSPITAL for Hospital Indemnity Insurance, the following paragraph is added to the definition of HOSPITAL, as follows:

Hospital – shall include (a) Chemical Dependency Treatment Facility; (b) Psychiatric Day Treatment Facility; (c) a Crisis Stabilization Unit; and (d) Residential Treatment Center for Children, if Mental Benefits are provided.



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CONTRACT STATE	ILLINOIS

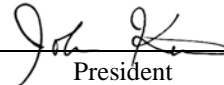
NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2017 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Vermont



Secretary



President

VERMONT REGULATIONS

The following applies to Vermont residents:

1. The following notice is added to the face page of the Certificate:

READ YOUR CERTIFICATE CAREFULLY

Coverage is provided under a group master policy issued in another state.

In the event that a conflict exists between the master policy and certificate, the provisions of the certificate and Vermont law will control.

2. For the purpose of allowing New York Life to contest insurance on a COVERED PERSON for nonpayment of CONTRIBUTIONS only, the Incontestability - Insurance on Covered Persons item of the General Provisions pages of the Policy and the Important Notice pages of the Certificate is replaced by the following:

Insurance On Insured Members - Except for provisions which relate to nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.

3. For the purpose of deleting the 24 month limit for Mental Disorders and/or Chemical Dependency, the "Mental Disorder" paragraph and "Chemical Dependency" paragraph are deleted from the Schedule pages of the for Long Term Disability, Student Member Career Start, and Student Member Basic Protection pages.
4. For the purpose of eliminating all exclusions for Impairment Restrictions, the Impairment Restriction item of the Exclusions section on the Disability Income and Hospital Indemnity page(s) is deleted.
5. For the purpose of reducing the number of hours required for full-time employment, the definition of FULL-TIME is revised as follows:

FULL-TIME means the active performance of the regular duties for pay or profit of one's normal occupation on a basis of at least 17.5 hours each week at a place where such duties are normally performed or other location to which travel is required.



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Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Virginia

Secretary

President

VIRGINIA REGULATIONS

The following applies to Virginia residents:

1. For the purpose of extending the eligibility age, regardless of marital status, for an INSURED CHILD for Dependent Life Insurance:
 - (a) item #2 in the definition of ELIGIBLE DEPENDENT on the Definitions page is replaced by the following:
 2. natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship, who is: (a) with respect to the stepchild or relative who lives with the APPLICANT in a parent-child relationship, substantially dependent upon the APPLICANT for support, or if the APPLICANT is deceased, the natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship is substantially dependent upon the family for support; (b) for Dependent Life Insurance, at least 14 days old; (c) for Dependent Life Insurance, less than age 23 or less than age 25 if a full-time student; (d) for Hospital Indemnity Insurance, less than age 26, or less than age 30 if the child served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge; and (e) not a resident of an EXCLUDED STATE, except that this requirement does not apply if the APPLICANT has DEPENDENT INSURANCE in force for children.
 - (b) item #6 in the definition of TERMINATION AGE DATE on the Definitions page is replaced by the following:
 6. with respect to an INSURED CHILD, for Dependent Life Insurance, the date the INSURED CHILD reaches AGE 23, or reaches AGE 25 if a full-time student, and for Hospital Indemnity Insurance, the date the INSURED CHILD reaches AGE 26 or reaches AGE 30 if the INSURED CHILD served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge. However, an INSURED CHILD who is a STUDENT MEMBER and whose insurance would otherwise end due to reaching the TERMINATION AGE DATE, may exchange the DEPENDENT INSURANCE currently in force for comparable MEMBER INSURANCE, without medical evidence of insurability, as stated in the Student Member Exchange exception of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s).
2. For the purpose of deleting the requirement that a child must be unmarried, item 2 in the definition of DEPENDENT STATUS REQUIREMENTS is revised as follows:

DEPENDENT STATUS REQUIREMENTS means, for a dependent of an APPLICANT, the following:

1. for a spouse: (a) be the lawful, married spouse or domestic partner of the APPLICANT; and (b) not be an INSURED MEMBER; or
2. for a child: (a) not be an INSURED MEMBER; and (b) with respect to the stepchild or relative who lives with the APPLICANT in a parent-child relationship, be substantially dependent upon the APPLICANT for support, or if the APPLICANT is deceased, the natural child, stepchild, adopted child or relative who lives with the APPLICANT in a parent-child relationship be substantially dependent upon the family for support.



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NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2017 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Washington

Secretary

President

WASHINGTON REGULATIONS

The following applies to Washington residents:

1. The following notice is added to the face page of the Policy and Certificate:

**THIS POLICY/CERTIFICATE INCLUDES AN ACCELERATED DEATH BENEFIT
WITH THE MODIFIED LEVEL TERM LIFE INSURANCE PRODUCT**

2. For the purposes of clarification, the Accelerated Death Benefit section on the face page of the Policy and Certificate is replaced by the following:

Accelerated Death Benefit For Life Insurance-Modified Level Term, The Death Benefit will be reduced by 50% if the Accelerated Death Benefit is paid. CONTRIBUTIONS will remain unchanged. New York Life will send the INSURED MEMBER a statement which will specify the effect the payment of the Accelerated Death Benefit will have on the Death Benefit and CONTRIBUTIONS. If the INSURED MEMBER receives payment of accelerated benefits from a life insurance policy, the INSURED MEMBER may lose his/her right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others. Also, receiving accelerated benefits from a life insurance policy may have tax consequences. New York Life cannot give the INSURED MEMBER advice about this. The INSURED MEMBER may wish to obtain advice from a tax professional or an attorney before deciding to receive accelerated benefits from a life insurance policy. There is no administrative charge made in connection with the payment of the Accelerated Death Benefit. **THIS ACCELERATED DEATH BENEFIT DOES NOT AND IS NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.**

3. For the purpose of revising the definition of Terminal Illness, the Accelerated Death Benefit section of the Life and Dependent Life Insurance page(s) is replaced by the following:

Accelerated Death Benefit The Accelerated Death Benefit is available to a COVERED PERSON with Modified Level Term Life Insurance who has a Terminal Illness ("Terminal Illness" is a medical condition which a physician has certified is reasonably expected to result in a life expectancy of 24 months or less after the date of certification).

4. For the purpose of adding provision for a third party mediation concerning the Terminal Illness diagnosis, the Accelerated Death Benefit provision of the For The Benefit To Be Paid section of the Life and Dependent Life Insurance page(s) is replaced by the following:

Accelerated Death Benefit For the Accelerated Death Benefit to be paid: (1) the Policyholder must receive a completed, written request for the benefit on a form satisfactory to New York Life; and (2) New York Life must receive satisfactory medical proof, in writing, that the COVERED PERSON has a Terminal Illness, no later than 12 months before such COVERED PERSON'S TERMINATION AGE DATE. If New York Life's appointed health care provider disagrees with the COVERED PERSON'S physician that a Terminal Illness exists, the COVERED PERSON has the right to mediation or binding arbitration conducted by a disinterested third party who has no ongoing relationship with either party. The arbitration shall be conducted in accordance with statutory arbitration procedures. As part of the final decision, the arbitrator or mediator shall award the costs of arbitration to one party or the other or may divided the costs equally or otherwise.

5. For the purposes of deleting the exclusion for Suicide, the Suicide exception in the What Benefit is Payable section of the Life and Dependent Life Insurance page(s) is deleted.

WASHINGTON REGULATIONS

- 6. For the purpose of revising the time period for a Covered Loss to occur after an accidental injury, the Covered Loss section on the AD&D Insurance page(s) is replaced by the following:

Covered Loss A Covered Loss is a loss that:

- 1. a COVERED PERSON suffers, but only if such loss results from an accidental injury and such: (a) loss occurs within 365 days of such injury; (b) injury occurs while he or she is insured under the Policy; and (c) injury is the direct result of the accident and is independent of all other cases;
- 2. is listed in the Table Of Benefit on the Schedule page(s); and
- 3. is not excluded in the Exclusions section.

- 7. For the purpose of allowing New York Life to contest insurance on a COVERED PERSON for nonpayment of CONTRIBUTIONS only, the Incontestability - Insurance on Covered Persons item of the General Provisions page(s) of the Policy and the Important Notice page(s) of the Certificate is replaced by the following:

Insurance On Covered Persons - Except for nonpayment of CONTRIBUTIONS, New York Life cannot contest the validity of any initial, increased or restored insurance on a COVERED PERSON after it has been in force for two years under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon: (a) written statements signed by the INSURED MEMBER and/or his or her INSURED DEPENDENT: (1) in applying for such insurance; and/or (2) used to allow insurance to take effect, be increased or be transferred from another policy; and/or (b) the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.

- 8. For the purpose of matching the benefits and conditions of the AD&D Basic Plan to the AD&D Large Scale Plan:

(a) The Table of Benefits for the Large Scale Plan on the Schedule page(s) is replaced by the following:

Table Of Benefits

<u>Covered Loss</u>	<u>Percentage Of Principal Sum</u>
loss of life	100 %
loss of more than one limb	100 %
loss of sight of both eyes	100 %
loss of speech and hearing	100 %
loss of one limb and sight of one eye	100 %
loss of use of both hands	100 %
loss of one limb	50 %
loss of sight of one eye	50 %
loss of speech or hearing	50 %
loss of thumb and index finger of either hand	25 %

Loss of limb means severance at or above the wrist or ankle; loss of a thumb and index finger means severance at or above the metacarpal-phalangeal joints. Loss of sight, speech or hearing or use of hands means total and permanent loss.

Maximum

Only one Principal Sum (the largest applicable) is payable for a loss to the same limb due to or related to any one accident. No more than the Principal Sum is payable for all losses due to or related to any one accident.

WASHINGTON REGULATIONS

- (b) The Common Carrier item of the What Benefit Is Payable section of the AD&D Insurance page(s) is replaced by the following:

Common Carrier - Two times such applicable percentage is payable if the Covered Loss is the result of an accident while the COVERED PERSON is a passenger on a Common Carrier. "Common Carrier" means a conveyance operated by a concern, if: (a) such concern is organized and licensed for the transportation of passenger for hire; and (b) such conveyance is operated by an employee of such concern.

- (c) The definition of TERMINATION AGE DATE on the Definitions page(s) is replaced by the following:

TERMINATION AGE DATE means the date insurance for a COVERED PERSON ends due to his or her attainment of the stated AGE, as follows:

1. for Life Insurance - Modified Level Term, the day before the Anniversary Date after the INSURED MEMBER or INSURED SPOUSE reaches AGE 80;
 2. for BASIC PROTECTION BENEFITS and Professional Overhead Expense Insurance, the day before the Anniversary Date after the INSURED MEMBER reaches AGE 75, except that: With respect to the Cost Of Living Option available under the Disability Income Insurance - Long Term Disability, the date the INSURED MEMBER reaches AGE 64;
 3. for AD&D - Large Scale, the day before the Anniversary Date after the INSURED MEMBER reaches AGE 75;
 4. for Disability Income Insurance - Supplemental Monthly Income, the day before the Anniversary Date after the INSURED MEMBER reaches AGE 65;
 5. for the CAREER-START PLAN, the day the STUDENT MEMBER reaches AGE 65; and
 6. with respect to an INSURED CHILD, for Dependent Life Insurance, the date the INSURED CHILD reaches AGE 23, and for Hospital Indemnity Insurance, the date the INSURED CHILD reaches AGE 26 or reaches AGE 30 if the INSURED CHILD served as a member of the active or reserve branches of the Armed Forces and has received a release or discharge, other than a dishonorable discharge. However, an INSURED CHILD who is a STUDENT MEMBER and whose insurance would otherwise end due to reaching the TERMINATION AGE DATE, may exchange the DEPENDENT INSURANCE currently in force for comparable MEMBER INSURANCE, without medical evidence of insurability, as stated in the Student Member Exchange exception of the When Insurance Takes Effect section on the When Insurance Takes Effect page(s).
9. For the purpose of limiting assignability to specific relatives, the Transfer of Ownership section on the Life and Dependent Life Insurance page(s), Accidental Death And Dismemberment Insurance page(s), Disability Income Insurance page(s), Professional Overhead Expense Insurance page(s) and the Hospital Indemnity Insurance page(s) is replaced by the following:

Transfer Of Ownership An INSURED MEMBER can transfer all or any part of incidents of ownership of the insurance to their spouse, parents, or a trust for the benefit of any or all of them. The Policyholder agrees to accept CONTRIBUTIONS directly from the new transferee.



New York Life Insurance Company
– A Mutual Company Founded in 1845 –
51 Madison Avenue, New York, NY 10010

GROUP INSURANCE CERTIFICATE RIDER

to be attached to and made a part of the Certificate

POLICYHOLDER	TRUSTEES OF THE AVMA LIFE TRUST
POLICY NUMBER	G-14884-0 (the "Policy")
CONTRACT STATE	ILLINOIS

NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2017 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

West Virginia

Secretary

President

WEST VIRGINIA REGULATIONS

The following applies to West Virginia residents:

1. The following notice is added to the Face page of the Policy and the Certificate for Hospital Indemnity Insurance:

LIMITED BENEFIT, PLEASE READ CAREFULLY

**THIS POLICY DOES NOT PROVIDE COMPREHENSIVE HEALTH INSURANCE COVERAGE
AND IT DOES NOT SATISFY THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE
UNDER THE AFFORDABLE CARE ACT**

2. For the purpose of replacing the words “cut or wound” language with “injury”, the Disease/Infirmity exclusion on the Accidental Death and Dismemberment Insurance page(s) is revised as follows:

Disease/Infirmity - A loss that is due to or related to: (a) disease or bodily infirmity of mind or body; (b) medical or surgical treatment of such disease or bodily infirmity; or (c) bacterial infections, except infections which occur as the result of an: (1) accidental injury; or (2) accidental ingestion of contaminated material.

3. For the purpose of revising the length of time an insured must be continually insured under the Policy in order to exercise his or her right to convert if the insurance ends because the Policy terminates or changes for the group of insured to which the COVERED PERSON belongs is reduced from five years to three years, the When A Conversion Right Is Available provision on the Conversion Rights - Life and Dependent Life Insurance page(s) is revised as follows:

When A Conversion Right Is Available A conversion right is available to each COVERED PERSON for whom insurance ends, if insurance ends for any reason other than nonpayment of the CONTRIBUTION. However, a conversion right is only available, if insurance ends on an: (a) INSURED MEMBER because the Policy terminates or changes for the group of insureds to which he or she belongs and he or she has been continuously insured under the Policy for at least five years; (b) INSURED DEPENDENT because the Policy changes for the group of insureds to which he or she belongs and he or she has been continuously insured under the Policy for at least three years and the Policy has been in force for five years; or (c) INSURED DEPENDENT because the Policy terminates, if: (1) he or she has been continuously insured under the Policy for at least one year; and (2) the INSURED MEMBER to whom he or she is related has been continuously insured under the Policy for at least three years.

4. For the purpose of clarifying that the suicide and/or contestable periods will not start over on a converted policy, the Individual Policy provision on the On the Conversion Rights - Life and Dependent Life Insurance page is revised as follows:

Individual Policy The individual policy requirements are as follows: (a) a completed, written application for the individual policy must be given to New York Life, within the Conversion Period, on a form satisfactory to New York Life; (b) the first premium for the individual policy must be paid within the Conversion Period; (c) the premium for the individual policy will be based upon the applicant's class of risk and age; (d) the individual policy will be on one of the forms currently offered by New York Life, except term insurance, and will be issued without disability or other supplementary benefits; and (e) the individual policy will take effect on the day after the Conversion Period Benefit ends. The individual policy may provide less coverage at a higher premium than that provided for under the group Policy. Credit will be given for any time covered under the group policy for any applicable suicide and/or contestable periods.



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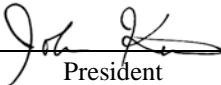
NEW YORK LIFE agrees that the Certificate is changed, as of the later of January 1, 2017 or the INSURED MEMBER'S INSURANCE DATE, as follows:

Based upon the applicable residence of the INSURED MEMBER, the attached State Regulations page(s) is added to the Certificate and replaces the State Regulations page(s), if any, previously issued to the INSURED MEMBER.

Wisconsin



Secretary



President

WISCONSIN REGULATIONS

The following applies to Wisconsin residents:

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

The Office Of Corporate Responsibility
New York Life Insurance Company
51 Madison Avenue
New York, New York 10010
Telephone Number: 1-800-792-9686

You can also contact the OFFICE OF THE COMMISSIONER OF INSURANCE, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the OFFICE OF THE COMMISSIONER OF INSURANCE by writing to:

Office of the Commissioner of Insurance
Complaints Department
P. O. Box 7873
Madison, WI 53707-7873

or you can call 1-800-236-8517 outside of Madison or 266-0103 in Madison, and request a complaint form.