

AMENDMENT

POLICYHOLDER: Berkshire County Arc, Inc.

POLICY NUMBER: 3337639-DPPOH, DPPOL, DPPON

EFFECTIVE DATE OF THIS AMENDMENT: January 1, 2019

ISSUE DATE: December 4, 2018

As of the Effective Date of this Amendment, the Policy specified above is amended by the provisions shown below:

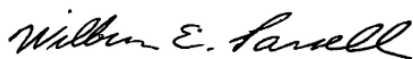
As of the effective date of this Amendment, CN005, CN006, CN007, and CN003 are NULL and VOID and are replaced with CN008, CN009, and CN010.

The following page attached to this Amendment is added to the policy:

POL136(6)

CIGNA HEALTH AND LIFE INSURANCE COMPANY


Anna Krishtul, Corporate Secretary



Wilbur E. Parsell, Registrar

ACCEPTED BY:

Policyholder Representative

Title

Date

THE INSURANCE SCHEDULE (Continued)

| GROUP POLICY(IES) | | EMPLOYEE CLASS | |
|-------------------------------|---|---|---------------------------|
| <u>Certificate Number</u> | <u>Policy(ies)</u> | <u>Eligible Employees</u> | <u>Effective Date</u> |
| CN008 | CIGNA DENTAL PREFERRED PROVIDER INSURANCE 3337639-DPPOH | Each Employee as reported to the insurance company by your Employer | 01/01/2019 |
| CN009 | CIGNA DENTAL PREFERRED PROVIDER INSURANCE 3337639-DPPOL | Each Employee as reported to the insurance company by your Employer | 01/01/2019 |
| CN010 | CIGNA DENTAL PREFERRED PROVIDER INSURANCE 3337639-DPPON | Each Employee as reported to the insurance company by your Employer | 01/01/2019 |