

**BOSTON MUTUAL LIFE  
INSURANCE COMPANY**  
120 Royall Street Canton MA 02021

**AMENDMENT NUMBER III**  
to be attached to and made part of Policy No. **G-26540**  
issued by the  
**BOSTON MUTUAL LIFE INSURANCE COMPANY**  
Canton, Massachusetts  
insuring certain employees of the  
**WARREN COUNTY SCHOOL DISTRICT**

It is understood and agreed that effective **November 1, 2011** the **APPLICATION FOR GROUP INSURANCE** was not signed by the proper Authorized Representative for the above policyholder. Due to this error, the signature currently shown on the Application for Group Insurance will be deleted and replaced with the signatures below.

If any eligible Employee for whom this requested change is to be applicable is not actively at work on the effective date, said change will not be applicable for said Employee until the date of his or her return to active work.

Except as stated in this Amendment, nothing contained herein shall be held to alter or affect any of the provisions of said Policy.

Canton, MA  
October 11, 2013

**BOSTON MUTUAL LIFE INSURANCE COMPANY**

*David C. Mitchell*

By \_\_\_\_\_  
David C. Mitchell  
Vice President – Group Insurance

Accepted by:

**WARREN COUNTY SCHOOL DISTRICT**

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_