

Champlain College

ANNUAL COMPLIANCE RIDER

EFFECTIVE DATE: January 1, 2021

ACASOD21
2499625

This document printed in November, 2020 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.

Important Information

Read the Following Regarding Cigna Health and Life Insurance Company Claim Administration

THIS DOCUMENT MAY USE REFERENCES TO "CG," "INSURANCE COMPANY," AND "POLICYHOLDER." SUCH WORDS DESCRIBE A PLAN INSURED BY CONNECTICUT GENERAL LIFE INSURANCE COMPANY. HOWEVER, THIS PLAN IS NOT INSURED BY CONNECTICUT GENERAL LIFE INSURANCE COMPANY. THE PLAN DESCRIBED IN YOUR BOOKLET AND THIS OR ANY OTHER RIDER IS NOT AN INSURED BENEFIT PLAN. BENEFITS ARE SELF-INSURED BY CHAMPLAIN COLLEGE WHICH IS RESPONSIBLE FOR THEIR PAYMENT.

ADDITIONALLY, CIGNA HEALTH AND LIFE INSURANCE COMPANY, RATHER THAN CONNECTICUT GENERAL LIFE INSURANCE COMPANY, PROVIDES CLAIM ADMINISTRATION SERVICES TO THE PLAN. CIGNA HEALTH AND LIFE INSURANCE COMPANY DOES NOT INSURE THE BENEFITS DESCRIBED. ALL REFERENCES TO:

- "CG" or "CONNECTICUT GENERAL LIFE INSURANCE COMPANY" SHALL BE DEEMED TO MEAN "CIGNA" OR "CIGNA HEALTH AND LIFE INSURANCE COMPANY."
- "INSURANCE" OR THE "INSURER" SHALL BE DEEMED TO MEAN YOUR "EMPLOYER."
- "POLICY" SHALL BE DEEMED TO MEAN "PLAN."
- "INSURED" SHALL BE DEEMED TO MEAN "COVERED."
- "INSURANCE" SHALL BE DEEMED TO MEAN "COVERAGE."

Home Office: Bloomfield, Connecticut
Mailing Address: Hartford, Connecticut 06152

CONNECTICUT GENERAL LIFE INSURANCE COMPANY
a Cigna company (called CG)
ANNUAL COMPLIANCE RIDER

No. ACASOD21

Policyholder: Champlain College

Rider Eligibility: Each Employee

Policy No. or Nos. 2499625-DPPO

EFFECTIVE DATE: January 1, 2021

You will become insured on the date you become eligible, if you are in Active Service on that date, or if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service. (This provision will not apply to any retiree benefits you may be eligible for.)

This Annual Compliance Rider forms a part of the certificate issued to you by CG describing the benefits provided under the policy(ies) specified above.

This Annual Compliance Rider replaces any other Annual Compliance Rider issued to you on a prior date.

The provisions set forth in this Annual Compliance Rider comply with legislative requirements regarding group insurance plans covering insureds. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

READ THE FOLLOWING

NOTE: The provisions identified in this rider are specifically applicable ONLY for:

- (a) Benefit plans which have been made available by your Employer to you and/or your Dependents;
- (b) Benefit plans for which you and/or your Dependents are eligible;
- (c) Benefit plans which you have elected for you and/or your Dependents;
- (d) Benefit plans which are currently effective for you and/or your Dependents.


Anna Krishtul, Corporate Secretary

The following Federal Requirements replace any such provisions shown in your Certificate.

Federal Requirements

The following pages explain your rights and responsibilities under federal laws and regulations. Some states may have similar requirements. If a similar provision appears elsewhere in this booklet, the provision which provides the better benefit will apply.

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