



Ameritas Life Insurance Corp. of New York
1350 BROADWAY SUITE 1710 / NEW YORK NY 10018
800-628-8889

October 10, 2022

Address Service Requested . .

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VILLAGE OF TUXEDO PARK
ELIZABETH DOHERTY
PO BOX 31
80 LORILLARD RD
TUXEDO PARK, NY 10987-4015

AMENDMENT RIDER

To be attached to and made a part of Group Policy Number 026-201366.

Issued to VILLAGE OF TUXEDO PARK

It is hereby agreed that this policy is amended as follows:

- 1) The section entitled "TABLE OF MONTHLY PREMIUM RATES", on 9050 is deleted and the following is substituted:

Table of Monthly Premium Rates

CLASS 01

Dental Care Insurance

\$51.04	per Insured Person
\$85.84	per Dependent Unit

CLASS 01

Orthodontic Insurance

\$0.68	per Insured Person
\$6.68	per Dependent Unit

CLASS 01

Eye Care Insurance

\$12.76	per Insured Person
\$15.60	per Dependent Unit

This Amendment Rider is effective November 1, 2022. Please verify the rates and place the rider with your Group Policy. A copy of this correspondence is being sent to the Policyholder, Broker, and appropriate Group Office.

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