

ATTACHMENT 3 - VISION POLICY RIDER RATES
ITN 1914 GROUP VISION INSURANCE



A Mutual Company Incorporated in 1909
PO Box 1191 • Madison, WI 53701-1191

Administrative Office: National Vision Administrators, LLC
1200 Rt 46 West, 2nd Floor, Clifton, NJ 07013

Policy Modifications

Policy Modifications: Policy/Certificate Number NVAI8762, Form #NVIGRPLG 07/12FL is amended as follows:

Effective January 1, 2019 to December 31, 2019, the premium rates are:

\$5.22	Employee only
\$9.40	Employee plus Spouse
\$9.94	Employee plus child
\$9.94	Employee plus children
\$15.68	Family

In all other respects, the Policy/Certificate remains the same.

RIDER: This rider, issued January 1, 2019, forms a part of Policy/Certificate No. NVAI8762 issued to SOUTHWEST FLORIDA WATER MGMT DISTRICT. It is effective January 1, 2019. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Signed for **The Company**

Kimberly A. Shaul, Secretary

Mark Solverud, President