RATE INFORMATION AMENDMENT

This amendment forms a part of Group Policy No. R0146035 CI-0%-A issued to the Policyholder:

Canon Medical Systems USA, Inc.

COST OF INSURANCE

The initial premium for each benefit is based on the initial rate(s) shown below.

Employee and

CRITICAL ILLNESS BENEFIT

INITIAL RATE

Monthly Rate per \$1,000 of coverage

Spouse

	Dependent Children		Opodoc	
Issue Age	Non-tobacco	Tobacco	Non-tobacco	Tobacco
	use	use	use	use
Less than age 25	\$0.53	\$0.80	\$0.53	\$0.80
25 - 29	\$0.58	\$0.96	\$0.58	\$0.96
30 - 34	\$0.76	\$1.35	\$0.76	\$1.35
35 - 39	\$1.03	\$1.98	\$1.03	\$1.98
40 - 44	\$1.46	\$2.91	\$1.46	\$2.91
45 - 49	\$2.01	\$4.02	\$2.01	\$4.02
50 - 54	\$2.65	\$5.37	\$2.65	\$5.37
55 - 59	\$3.49	\$6.84	\$3.49	\$6.84
60 - 64	\$4.46	\$8.19	\$4.46	\$8.19
65 - 69	\$5.02	\$8.54		
70 or over	\$9.00	\$13.76		

MAMMOGRAPHY BENEFIT

INITIAL RATE

Employee and
Dependent Children Spouse

Monthly Rate of: \$3.75 Monthly Rate of: \$3.75

Rate Guarantee and Rate Changes. We have the right to change the premium rates We charge for this policy.

A change in premium rate will not take effect before January 1, 2020. However, Unum may change premium rates at any time for reasons which affect the risk assumed, including the reasons shown below:

- a change occurs in the benefit design;
- a division, subsidiary, or affiliated company is added or deleted;
- the number of insureds changes by 25% or more; or
- a new law or a change in any existing law is enacted which applies to the benefits.

Unum will notify the Policyholder in writing at least 31 days before a premium rate is changed. A change may take effect on an earlier date when both Unum and the Policyholder agree.

Premium Payment

Premium Due Dates: and the day of each calendar month thereafter.

The Policyholder must send all premiums to Unum on or before their respective due date. The premium must be paid in United States dollars.

The effective date of this amendment is January 4, 2018.

Dated at Portland, Maine on April 23, 2018.