SEH OPTIONAL BENEFIT RIDER CERTIFICATION AND CHECKLIST

Identifying Form No.	Brief Description of the Rider	Increasing/ Decreasing Value	Accommodated in forms; No changes needed to the rider; New filing being made; Inconsistent with new forms; Withdrawal filing being made
rider issued in	ned, certify that the information set forth below is true and acconnection with a standard small employer health benefits plain sing value, that is in force as of this date. I am an officer of the	an, whether filed	I as a rider of increasing value or as a
Signature:		Title:	
Printed Name:		Date:	
Phone:		Email:	