



Jefferson County Board Of Education
Shonta Walker
1001 Peachtree Street
Louisville, GA 30434

July 23, 2026

Group Number: TM 05958875-G

Dear Shonta Walker:

Thank you for your continued business. At MetLife, we take pride in keeping up-to-date customer records. This helps to ensure that we have an accurate benefit plan on file in order to provide you and your employees with extraordinary service.

Enclosed is a copy of the Policy Amendment for your group insurance. This page needs to be signed by the Executive Correspondent or Benefits Administrator. Once signed, please retain a copy of the Policy Amendment page for your records and return a signed copy of the Policy Amendment page to MetLife within seven (7) days electronically, or to the address that appears in the bottom left hand corner of this letter. Please do not return to the New York address on the attached Amendment.

If you did not choose to receive certificates electronically, a supply of revised certificates will be shipped separately within the next few days

Thank you for your prompt attention to this request. If you have any questions regarding this information, please contact our Customer Service Center at 1-833-EYE-LIFE (1-833-393-5433) or e-mail us at RTQA@versanthealth.com.

Sincerely,

Small Market Customer Service Center



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

POLICY AMENDMENT

Group Policy No.: TM 05958875-G

Policyholder: Jefferson County Board Of Education

Effective Date: July 1, 2026

Metropolitan Life Insurance Company ("MetLife"), a stock company, issues this amendment to change the following:

Add to Exhibit 2 of the policy the attached certificate form as:

Certificate Form	Applies To	Effective Date
GCERT2000	All Active Full-Time Employees	July 1, 2026
GCERT2000	All Retired Employees	July 1, 2026

This amendment is to be attached to and made a part of the policy. This amendment is subject to the terms and provisions of the policy.

To be completed by the Policyholder:

Signed at: Louisville GA
(City) (State)

[Signature]
(Signature of Policyholder's Authorized Representative)

[Signature]
(Signature of Witness)

Date: 7/29/2026

Gre'Shun Nicholson, HR Director
(Print Name and Title of Authorized Representative)

Brianna Wiley, Comptroller
(Print Name of Witness)

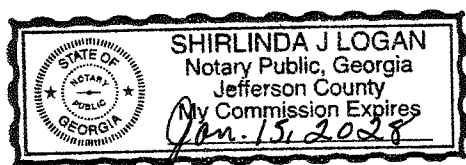
To be completed by Metropolitan Life Insurance Company:

Signed at: Kansas City, Missouri
(City) (State)

Date: 07/24/2026

[Signature]
(Signature of Authorized MetLife Representative)

[Signature]
Michel Khalaf
President



Shirlinda J. Logan