

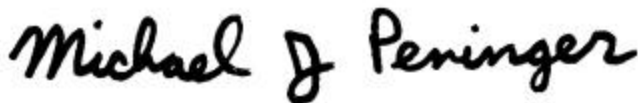
ENDORSEMENTS &
AMENDMENTS

Fortis Benefits Insurance Company agrees to the provisions described in this and the following pages of this Endorsement and Amendment form.

Policy Number: 4,029,738
Policyholder: Board of Education of Baltimore County
Insurance Provided: Group Long Term Disability Insurance – Contributory
Effective Date: April 1, 2004



Assistant Secretary



Executive Vice-President

If this Amendment is unacceptable, please sign below and return this form to Fortis Benefits Insurance Company, 2323 Grand Blvd., Kansas City, MO 64108, within **90 days of May 3, 2005.**

IF THIS AMENDMENT IS ACCEPTABLE, NO ACTION IS REQUIRED BY YOU. YOUR LACK OF RESPONSE CONSTITUTES ACCEPTANCE.

By our signature below, we **decline** this Amendment:

Policyholder _____

By _____
Title

Date _____

Fortis Benefits Insurance Company 2323 Grand Boulevard Kansas City Missouri 64108-2670

Endorsements & Amendments (continued)

For *periods of disability* starting on or after April 1, 2004, the *policy* is changed as follows:

The second paragraph in the "**Schedule Amount**" provision is changed to read as follows:

Your annual enrollment period agreed upon by the *policyholder* and us, is typically each May 15 through July 15. Any new Schedule Amount resulting from a salary increase will be effective on the date of the change.