

Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)

CERTIFICATE RIDER

No. CR7MI016-1

Policyholder: Coblentz Patch Duffy & Bass LLP

Rider Eligibility: Each Employee as reported to the insurance company by your Employer

Policy No. or Nos. 3330180-DPPO

EFFECTIVE DATE: January 1, 2018

You will become insured on the date you become eligible if you are in Active Service on that date or if you are not in Active Service on that date due to your health status. If you are not insured for the benefits described in your certificate on that date, the effective date of this certificate rider will be the date you become insured.

This certificate rider forms a part of the certificate issued to you by Cigna describing the benefits provided under the policy(ies) specified above.


Anna Krishdul, Corporate Secretary

HC-RDR1

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The attached **ERISA Required Information** replaces any similar **ERISA Required Information** in your certificate.

ERISA Required Information

The name of the Plan is:

Coblentz Patch Duffy & Bass LLP Consolidated Welfare Plan

The name, address, ZIP code and business telephone number of the sponsor of the Plan is:

Coblentz Patch Duffy & Bass LLP Consolidated Welfare Plan

One Montgomery Street,
Suite 3000
San Francisco, CA 94104
415-391-4800

Employer Identification Number (EIN):

941244910

Plan Number:

501

The name, address, ZIP code and business telephone number of the Plan Administrator is:

Employer named above

The name, address and ZIP code of the person designated as agent for service of legal process is:

Employer named above

The office designated to consider the appeal of denied claims is:

The Cigna Claim Office responsible for this Plan

The cost of the Plan is shared by Employee and Employer.

The Plan's fiscal year ends on 12/31.

The preceding pages set forth the eligibility requirements and benefits provided for you under this Plan.

Plan Trustees

A list of any Trustees of the Plan, which includes name, title and address, is available upon request to the Plan Administrator.

Plan Type

The plan is a healthcare benefit plan.

Collective Bargaining Agreements

You may contact the Plan Administrator to determine whether the Plan is maintained pursuant to one or more collective bargaining agreements and if a particular Employer is a sponsor. A copy is available for examination from the Plan Administrator upon written request.