

Vision Care Benefit Policy Amendment

Policy Number: LMB N04249495 Effective Date: March 1, 2010

Policyholder: Trustee of the ACE USA Accident & Health Insurance Trust on behalf of Integrity Staffing

Solutions, Inc.

This Amendment form is made a part of the Policy and any Certificate to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Amendment takes effect as of the Policy Effective Date. This Amendment ends at the same time as the Policy and Certificate. It is subject to all of the terms, limitations and conditions of the Policy and Certificate except as they are changed by it. Any changes in premium apply as of the first premium due date on or after the Effective Date of this Amendment.

In return for payment of the required premium, the Policy is changed as follows.

The following benefit is added.

Vision Care Benefit

Vision Examination \$25, subject to 1 per Plan Year

Hardware (includes frames and lenses or contact lenses):

\$50, once every 24 months

VISION CARE BENEFIT

We will pay the benefit shown above for Vision Care, if a Covered Person visits an optometrist or other vision care provider. Covered Expenses include:

- 1. Examination Each Covered Person is entitled to a complete analysis of the eyes and related structures to determine vision problems and other abnormalities. We will pay the benefit shown for such Service once per Plan Year.
- 2. Eyeglasses and Contact Lenses We will pay the benefit shown for a new prescription for lenses and frames, if required by a change in prescription, once every 24 months.

The premium for this benefit is:

AH-18092

Employee Only: \$2.00 per person per month Strong St

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.

JOHN J. LUPICA, President

ACE American Insurance Company

Page 1