

PLEASE ATTACH TO YOUR
VISION SERVICE PLAN DOCUMENT

AMENDMENT TO YOUR POLICY PERIOD

To be attached to and made part of Vision Care Policy Number 12251672, issued to Partnership Health Plan of California.

EXCEPT as specifically amended herein, said Policy shall remain in full force and effect.

IT IS HEREBY AGREED that effective January 1, 2019, the Policy Period shall be changed to FORTY-EIGHT months.