

**Piedmont Community HealthCare, Inc.
2316 Atherholt Rd., Lynchburg, VA 24501**

AMENDMENT

As of the effective date of the Certificate of Coverage, this amendment becomes part of your Certificate of Coverage. It is issued in exchange for payment of premium to Piedmont on your behalf.

All references to “Calendar Year” in your Certificate of Coverage are hereby changed to “Plan Year.”

The following is substituted for **Calendar Year** in **Section VIII: Definitions**:

Plan Year means the period from the employer’s initial effective date of the health plan through the renewal date of the health plan or the lesser part of that period during which the Subscriber is enrolled under this Certificate of Coverage.