

**WMI® MUTUAL INSURANCE™ COMPANY
P.O. Box 572450, Salt Lake City, UT 84157**

Amendment No. 3 to Certificate Form UT HDHP 2 Cert lg ngf (001) v2

The certificate form shown above is amended in order to comply with the minimum cost sharing adjustments in the HSA and HDHP laws.

Schedule of Benefits

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1. **Individual Annual Deductible and Individual Annual Out-of-Pocket Benefits** (These amounts are applicable to an insured individual who is enrolled on single coverage ONLY. If two (2) or more persons are enrolled on the coverage, please refer to the section entitled Family Deductible and Family Out-of-Pocket Benefits for the applicable amounts):

- (a) **Individual Annual Deductible (single coverage only):**

HDHP Plan: ~~\$1,650~~ \$1,700

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3. **Family Deductible and Family Out-of-Pocket Benefits** (these amounts are applicable when two (2) or more persons are enrolled on the coverage):

- (a) **Annual Maximum Family Deductible:**

HDHP Plan: ~~\$3,300~~ \$3,400