
**GROUP
BENEFIT
PLAN**

STATE OF WYOMING

The following provisions are applicable to residents of Maryland and Montana.

THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL OF THE BENEFITS REQUIRED BY MARYLAND.

THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED PRIMARILY BY THE LAW OF A STATE OTHER THAN MONTANA.

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NOTICE

The following notice is required under the Wyoming Life and Health Insurance Guaranty Association Act.

APPENDIX A

NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS UNDER THE WYOMING LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of Wyoming who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Wyoming Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. This protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The Wyoming Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Wyoming. You should not rely on coverage by the Wyoming Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association for the purpose of sales to induce you to purchase any kind of insurance policy.

The Wyoming Life and Health Insurance Guaranty Association
P.O. Box 36009
Denver, Colorado 80236-0009
888-638-2602

State of Wyoming
Department of Insurance
Herschler Building
122 West 25th Street
Cheyenne, Wyoming 82002-0440
307-777-7401

The state law that provides for this safety net coverage is called the Wyoming Life and Health Insurance Guaranty Association Act. Below is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

COVERAGE

Generally, individuals will be protected by the Wyoming Life and Health Insurance Guaranty Association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by a fraternal benefit society, a mandatory state pooling plan, a stipulated premium insurance company, a local mutual burial association, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The Association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contractholder;
- annuity contracts issued by a nonprofit insurance company exclusively for the benefit of nonprofit educational institutions and their employees;
- unallocated annuity contracts (which give rights to group contractholders, not individuals);
- any plan or program of an employer or association that provides life, health, or annuity benefits to its employees or members to the extent the plan is self-funded or uninsured.

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Association is obligated to pay out. The Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in cash surrender values for life insurance policies, \$100,000 in health insurance benefits, \$100,000 in present value of annuities, or \$300,000 in life insurance death benefits - again no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages.



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut
(Herein called Hartford Life)

CERTIFICATE OF INSURANCE

Under
The Group Insurance Policy
As of the
Effective Date
Issued by
HARTFORD LIFE
to
The Policyholder

This is to certify that We have issued and delivered the Group Insurance Policy (Policy) to the Policyholder. The Policy insures the Policyholder's members who:

- are eligible for the insurance;
- become insured; and
- continue to be insured,

according to the terms of the Policy.

The terms of the Policy which affect a member's insurance are summarized in the following pages.

This Certificate of Insurance, and the following pages, will become Your Booklet-certificate. The Booklet-certificate is a part of the Policy. This Booklet-certificate replaces any other which We may have issued to the Policyholder to give to You under the Policy specified herein.

Richard G. Costello, Secretary

Thomas M. Marra, President

Some of the terms used within this Booklet-certificate are capitalized and have special meanings. Please refer to the definitions at the end of this Booklet-certificate when reading about Your benefits.

SCHEDULE OF INSURANCE

Final interpretation of all provisions and coverages will be governed by the Group Insurance Policy on file with Hartford Life at its home office.

The Policyholder: STATE OF WYOMING

The Policy Number: GL-675516

Policy Effective Date: January 1, 2006

THE BENEFITS DESCRIBED HEREIN ARE THOSE IN EFFECT AS OF JANUARY 1, 2007.

Anniversary Date: January 1 of each year, beginning in 2007.

Who is eligible for coverage?

Eligible Class(es): All Active Full-time Members who are U.S. citizens or U.S. residents, excluding those employees not benefit eligible under the State of Wyoming rules.

All persons who are insured for member coverage will be eligible for coverage for Dependents.

When will You become eligible? (Eligibility Waiting Period)

You will be eligible for coverage on the first day of the month following Your date of hire.

The waiting period will be reduced by the period of time You were an Active Full-time Member with the Employer under the Prior Plan.

When will You become eligible for Dependent Coverage?

You will become eligible for Dependent coverage on the later of:

1. the date You become eligible for member coverage; or
2. the date You acquire Your first Dependent.

What is Evidence of Good Health?

Evidence of Good Health is information about a person's health from which We can determine if coverage or increases in coverage will be effective. Information may include questionnaires, physical exams, or written documentation as required by Us.

Inquiries as to the status of Your submission of Evidence of Good Health should be addressed to Your Employer and/or Benefit Administrator. We, Your Employer and/or Benefit Administrator will notify You of approvals. We will notify You, in writing, of any disapprovals.

When will Evidence of Good Health be required?

Evidence of Good Health is required if You elect no coverage when eligible to do so and later opt for coverage for any Amount of Life Insurance for Yourself or Your Spouse; or for an Amount of Life Insurance in excess of \$15,000 for a Dependent child.

Evidence of Good Health must be provided at Your own expense.

If Evidence of Good Health is not approved in the situation(s) described above, no coverage will become effective.

**AMOUNT OF LIFE INSURANCE
Member Only**

What Life benefits are available to You?

Amount of Life Insurance:

An amount equal to \$50,000, or reduced amounts by age as indicated in the table below.

Your Amount of Life Insurance will be reduced by any life benefit:

1. paid to You under an accelerated death benefit in the Prior Plan; and
2. in force for You under any disability extension provision of the Prior Plan.

If You convert, does it affect the Amount of Life Insurance benefit payable?

The Amount of Life Insurance under the Policy will be reduced by the amount of the individual life insurance issued in accordance with the Conversion Privilege for reasons other than reductions in coverage.

**ACCIDENTAL DEATH, DISMEMBERMENT
AND LOSS OF SIGHT BENEFIT (AD&D)
Member Only**

What AD&D Benefits are available to You?

Principal Sum:

An amount equal to \$20,000.

The Principal Sum will not exceed the Amount of Life Insurance for which You are insured.

REDUCED AMOUNTS OF INSURANCE

What reductions in Your coverage will occur due to Your age?

Your Amount of Life Insurance and Principal Sum will decrease on the first day of the month in which You attain any of the ages specified in the following table. The Amount of Life Insurance and Principal Sum in force immediately prior to the first reduction made according to the table below will be reduced by the percentage indicated in the following table.

Additionally, if:

1. You become insured under the Policy; or
2. Your coverage increases,

on or after the date You attain age 60, We reduce the amount of coverage for which You would otherwise be eligible in the same manner.

With respect to Basic Life Insurance:

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| Age When Reduction Occurs | 60 | 65 | 70 | 75 | 80 | 85 |
| Percentage by which original amount of coverage will be reduced | 36% | 58% | 72% | 82% | 88% | 91% |

With respect to Principal Sum:

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| Age When Reduction Occurs | 60 | 65 | 70 | 75 | 80 | 85 |
| Percentage by which original amount of coverage will be reduced | 35% | 55% | 70% | 80% | 85% | 90% |

Reduced amounts of Life Insurance and Principal Sum will be rounded to the next higher multiple of \$500, if not already such a multiple.

**AMOUNT OF LIFE INSURANCE
Dependent Only**

What Life benefits are available to Your Dependents?

Dependent Spouse:

An amount equal to \$4,000, not to exceed 50% of the Basic Amount of Life Insurance in force for the member.

Dependent Children:

15 day(s) of age or older: \$4,000

ELIGIBILITY AND ENROLLMENT

Must You contribute toward the cost of coverage?

With respect to Life Insurance, Dependent Life Insurance and AD&D coverage, You may be required to contribute toward the cost.

How do You request coverage for Yourself?

You will be required to complete an enrollment form and a beneficiary election form.

When does coverage start?

If You are not required to contribute toward the cost of coverage, You will become insured on the date You become eligible for coverage.

All effective dates of coverage are subject to the Deferred Effective Date provision.

What is the Deferred Effective Date provision for members?

If You are absent from work due to a physical or mental condition on the date Your insurance, an increase in coverage or a new benefit added to the Policy would otherwise have become effective, the effective date of Your insurance, any increase in insurance or the additional benefit will be deferred until the date You return to work as an Active Full-time Member.

Are there exceptions to the Deferred Effective Date provision?

If You were actively at work or on an approved leave of absence in conformity with the Family or Medical Leave Act of 1993, and insured under the Prior Plan on the day before the Policy Effective Date and You would be eligible for coverage on the Policy Effective Date except that You are not able to meet the requirements of the Deferred Effective Date provision, then:

1. the Deferred Effective Date provision will not apply to the original effective date of coverage; and
2. the coverage amount shown in the Schedule of Insurance will not apply to You.

Instead, You will be considered to be insured and Your coverage amount will be the lesser of:

1. the Amount of Life Insurance and Principal Sum under the Prior Plan; or
2. the Amount of Life Insurance and Principal Sum shown in the Schedule of Insurance,

reduced by:

1. any coverage amount in force or otherwise payable due to any disability benefit extension under the Prior Plan; or
2. any coverage amount that would have been in force due to any disability benefit extension under the Prior Plan had timely election for the disability provision been made.

You will remain insured under this provision until the first to occur of:

1. the date You return to work as an Active Full-time Member;
2. the date Your insurance terminates for a reason stated under the Termination provision;
3. the last day of a period of 12 consecutive months which begins on the Policy Effective Date; or
4. the last day You would have been covered under the Prior Plan, had the Prior Plan not terminated.

When does coverage for Your Dependent(s) start?

Each of Your Dependent(s) will become insured on the date on which You become eligible for such coverage, if You elect Dependent Coverage.

In no event will Dependent Coverage become effective before the date You become insured. If you add a newly acquired dependent, such as through marriage, within 31 days of the event, the effective date will be the date you acquired the dependent.

All effective dates of coverage are subject to the Deferred Effective Date provision for Dependents.

What is the Deferred Effective Date provision for Dependents?

If a Dependent, other than a newborn, is confined at home, in a hospital or elsewhere because of a physical or mental condition on the date insurance, an increase in coverage or a new benefit added to the Policy would otherwise have become effective, the effective date of insurance, any increase or additional benefit will be deferred until the Dependent is discharged from the hospital or no longer confined and has engaged in substantially all the normal activities of a healthy person of the same age for a period of at least 15 days in a row.

"Confined elsewhere" means the individual is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.

Are there exceptions to the Deferred Effective Date provision?

If You were insured with respect to a Dependent under the Prior Plan as of the day before the Policy Effective Date, the Deferred Effective Date provision will not apply to the original effective date of coverage for any Dependent.

Instead, Your Dependent will be considered to be insured and the Amount of Insurance will be the lesser of:

1. the Amount of Insurance in force on the life of the Dependent under the Prior Plan; or
2. the Amount of Insurance shown in the Schedule of Insurance.

When are changes effective?

The provisions, terms and conditions of the Schedule of Insurance or this Booklet-certificate may be modified, amended or changed at any time; consent from any covered individual is not required.

If there is any type of change in Your class, the Schedule of Insurance or the Booklet-certificate which:

1. decreases an amount of coverage or deletes, limits or restricts the availability of a benefit or provision, then that decrease, deletion, limitation or restriction will be effective on the date the change in class, the Schedule of Insurance or the Booklet-certificate is effective;
2. increases an amount of coverage or adds, improves or increases availability of a benefit or provision, then that increase, addition or improvement will be effective on the date the change in class, the Schedule of Insurance or the Booklet-certificate is effective, subject to application of the Deferred Effective Date provision and Our approval where Evidence of Good Health is required.

BENEFITS**Life Insurance Benefit****To whom and how are benefits paid?**

A completed claim form, a certified copy of the death certificate and Your enrollment form must be sent to the Employer or Us. When the required claim papers are received and approved by Us, the Amount of Life Insurance will be paid.

Benefits payable for a Dependent's death are payable to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.

Your death benefit will be paid in a lump sum to the beneficiary(ies) designated by You in writing and on file with the Employer.

Unless You have requested something different, payment will be made as follows:

1. If more than one beneficiary is named, each will be paid an equal share.
2. If any named beneficiary dies before You, His share will be divided equally among the named surviving beneficiaries.

If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay:

1. up to \$2,000 of Your life insurance to any party that We deem is entitled because of their payment of burial expenses. We will be released from further liability for any amount so paid; and/or
2. the executors or administrators of Your estate; or
3. Your surviving relatives in the following order:
 - a) all to Your surviving spouse; or
 - b) if Your spouse does not survive You, in equal shares to Your surviving children; or
 - c) if no child survives You, in equal shares to Your surviving parents.

If a minor does not have a legal guardian, We may, until such a guardian is appointed, pay the person We deem to be caring for and supporting him. Such payment will be in monthly installments of not more than \$200.

If a death benefit payable meets Our guidelines, then the benefit is payable into a checking account. In the case of a Dependent death benefit, You own the checking account. In the case of Your death benefit, Your beneficiary owns the checking account. A lump sum payment may be elected by writing a check for the full amount in the checking account.

Accelerated Death Benefit

This benefit is not available for Dependents.

What is the benefit?

If You are diagnosed as being Terminally Ill and proof of such diagnosis is provided by an attending physician licensed to practice in the United States, and You are:

1. less than age 60; and
2. insured for at least \$10,000,

then You may request that a portion of Your Amount of Life Insurance be paid to You prior to death.

The request cannot exceed 80% of the in force Amount of Life Insurance, and is subject to a minimum of \$3,000 and a maximum of \$500,000. You may exercise this option only once per person.

For example, if You have an Amount of Life Insurance equal to \$20,000 and You are Terminally Ill, You can request any portion of the life insurance between \$3,000 to \$16,000 to be paid to You now instead of to Your beneficiary at Your death. However, if You decide to request only \$3,000 now, You cannot request the additional \$13,000 in the future.

What does Terminal Illness/Terminally Ill mean?

Terminally Ill or Terminal Illness means that an individual has a life expectancy of 12 months or less.

RECEIPT OF ANY BENEFITS IN ACCORDANCE WITH THIS PROVISION WILL REDUCE LIFE INSURANCE BENEFITS PAYABLE UPON DEATH.

What if an individual is no longer Terminally Ill?

If diagnosed as no longer Terminally Ill, coverage may or may not remain in force. Coverage which remains in force will be reduced by any amount of Accelerated Death Benefits received and premium is due for this reduced amount. If coverage does not remain in force, then the reduced amount of coverage may be converted.

What limitations apply to this benefit?

The Accelerated Death Benefit provision will be subject to all applicable terms and conditions of the Policy.

No Accelerated Death Benefit will be paid if You are required by law to accelerate benefits to meet the claims of creditors, or if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement.

What if You made an assignment under this plan?

If You have executed an assignment of rights and interest with respect to Your Amount of Life Insurance, in order to pay benefits to You under this provision, We must receive a release from the individual to whom the assignment was made before any benefits are payable.

**Accidental Death and Dismemberment (AD&D) Benefit
Member Only**

What conditions are necessary for benefits to become payable?

We will pay a benefit if You suffer an accidental injury while insured and:

1. a Loss results directly from such injury, independent of all other causes; and
2. such Loss occurs within 365 days after the date of the accident causing the injury.

When should We be notified of a claim?

A claimant must give Us, or Our appropriate representative, written notice of a claim within 20 days after the Loss happens or starts. If notice cannot be given within that time, it must be given as soon as possible after that.

Such notice must include:

1. the claimant's name and address; and
2. the Policy or account number.

Are special forms required to file a claim?

Within 15 days of receiving a notice of claim, We or Our appropriate representative will send forms to the claimant for providing proof of Loss. If the forms are not provided within 15 days, the claimant may submit any other written proof which fully describes the nature and extent of claim.

When must proof of Loss be given?

Satisfactory written proof of Loss must be sent to Us or Our appropriate representative, within 90 days after the date of such Loss. However, all claims must be submitted to Us within 90 days of the date any individual's insurance terminates.

If proof is not given by the time it is due, it will not affect the claim if:

1. it was not possible to give proof within the required time; and
2. proof is given as soon as possible, but no later than a year after it is due unless the claimant is not legally competent.

When and to whom will Your claim be paid?

Benefits for Loss of life will be paid in accordance with Your life insurance beneficiary designation. Unless otherwise specified, benefits for all other Losses are payable to You.

Benefits for all other Losses will be paid as soon as due written proof is received. Benefits for all other Losses will be paid not more than 60 days after written proof is received.

Any payments other than for Loss of life which are owing at Your death may be paid to Your estate. If any payment is owed to:

1. Your estate;
2. a person who is a minor; or
3. a person who is not legally competent,

then We may pay up to \$1,000 to Your relative who is entitled to it in Our opinion. Any such payment shall fulfill Our responsibility for the amount paid.

What types of injuries are excluded from coverage?

No benefit will be paid for a Loss caused or contributed to by:

1. sickness;
2. disease;
3. any medical treatment for items (1) or (2);
4. any infection, except a pus-forming infection of an accidental cut or wound;
5. war or any act of war, whether war is declared or not;
6. any injury received while in any armed service of a country which is at war or engaged in armed conflict;
7. any intentionally self-inflicted injury, suicide, or suicide attempt, whether sane or insane;
8. taking drugs, sedatives, narcotics, barbiturates, amphetamines or hallucinogens unless prescribed for or administered by a licensed physician; or
9. the injured person's intoxication.

Intoxication means that blood alcohol content or the results of other means of testing blood alcohol level, meet or exceed the legal presumption of intoxication under the law of the state where the accident took place.

What is the benefit payable?

The benefit payable for any Loss is that which is shown opposite the Loss in the following schedule. The Principal Sum is shown in the Schedule of Insurance. No benefit is payable for any Loss which is not shown in the schedule below.

| <u>DESCRIPTION OF LOSS</u> | <u>BENEFIT</u> |
|---|--|
| Loss of life | Principal Sum |
| Loss of a hand | One-half the Principal Sum |
| Loss of a foot | One-half the Principal Sum |
| Loss of an eye | One-half the Principal Sum |
| Loss of speech or hearing | One-half the Principal Sum |
| Loss of thumb and index finger on either hand | One-quarter the Principal Sum |
| Loss of movement of both upper and lower limbs (Quadriplegia) | Principal Sum |
| Loss of movement of three limbs (Triplegia) | Three-quarters the Principal Sum |
| Loss of movement of both lower limbs (Paraplegia) | Three-quarters the Principal Sum |
| Loss of movement of both upper and lower limbs on one side of the body (Hemiplegia) | One-half the Principal Sum |
| Loss of movement of one limb (Uniplegia) | One-quarter the Principal Sum |
| More than one of the above resulting from one accident | Principal Sum or the sum of the Benefits payable for each Loss, whichever is lesser. |

Loss means the following:

1. Loss of a hand or foot means that it is completely cut off at or above the wrist or ankle joint.
2. Loss of an eye means that sight in the eye is completely lost and cannot be recovered or restored.
3. Loss of speech or hearing means that speech or hearing is lost entirely and the Loss cannot be recovered or restored. Hearing must be lost in both ears.
4. Loss of movement of limbs means that the movement is completely lost and is irreversible.
5. Loss of thumb and index finger means actual severance through or above the metacarpophalangeal joints.

Seat Belt/Air Bag Benefit

Subject to all conditions and limitations of this AD&D Benefit, if You suffer a Loss under the AD&D Benefit, while:

1. a passenger riding in; or
2. the licensed operator of,

an Automobile and, at the time of the accident, You were properly wearing a Seat Belt as verified on the police report, then a Seat Belt Benefit will be payable in addition to the Principal Sum.

What is the Seat Belt Benefit payable?

The Seat Belt Benefit payable is 10% of the Principal Sum.

What conditions are necessary for an Air Bag Benefit to become payable?

If a Seat Belt Benefit is payable, We will pay an additional 5% of the Principal Sum, as an Air Bag Benefit, provided that:

1. You were positioned in a seat that was equipped with a factory installed Air Bag;
2. You were properly strapped in the Seat Belt when the Air Bag inflated; and
3. the police report establishes that the Air Bag inflated properly upon impact.

Air Bag means an inflatable supplemental passive restraint system installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications, that inflates upon collision to protect an individual from injury and death. An Air Bag is not considered a Seat Belt.

Automobile means a duly registered, four wheeled, private passenger car, pick-up truck, van, self-propelled motor home or sport utility vehicle which is not being used as a Common Carrier.

Common Carrier means a conveyance operated by a concern, other than the Employer, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

Seat Belt means an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications.

Repatriation Benefit

Subject to all conditions and limitations of this AD&D Benefit, if You die, then a Repatriation Benefit will be paid in addition to the Principal Sum. For a Repatriation Benefit to be payable, the death must occur outside the territorial limits of the state or country of Your place of permanent residence.

What is the Repatriation Benefit payable?

The Repatriation Benefit payable is the lesser of:

1. the expense incurred for:
 - a) preparation of Your body for burial or cremation; and
 - b) transportation of Your body to the place of burial or cremation; or
2. 5% of the Principal Sum; or
3. \$5,000.

Education Benefit

Subject to all conditions and limitations of this AD&D Benefit, if You die, then an Education Benefit will be paid in addition to the Principal Sum. This benefit is payable to each of Your dependents who qualifies as a Student.

Who may qualify as a Student?

A Student, for the purpose of this Education Benefit, means a person who is Your dependent on the date of Your death, and who:

1. is a post-high school student who attends a school for higher learning on a Full-time basis on the date of Your death; or
2. became a Full-time post-high school student in a school for higher learning within 365 days after Your death and was a student in the 12th grade on the date of Your death.

The term "Full-time" student shall mean registered for not less than 12 course credit hours per semester. If the institution establishes full-time student status by a method other than semester credit hours, We reserve the right to determine whether the student qualifies as Full-time.

No benefit is payable to any dependent who has not furnished proof to Us of his Student status.

What is the Education Benefit payable?

The Education Benefit payable is the lesser of:

1. the actual tuition expense for any one school year; or
2. 5% of the Principal Sum; or
3. \$5,000.

We will not pay more than one Education Benefit per Student during any one school year.

If the Student is a minor, We will pay benefits to the Student's legal representative.

When will payments terminate?

The Education Benefit will no longer be payable on the first to occur of:

1. the date on which the 4th Education Benefit for a Student is paid; or
2. the end of the 12th consecutive month during which the dependent has not furnished satisfactory proof to Us that he is a Student.

What benefits are payable if no dependent qualifies as a Student?

If no dependent qualifies as a Student, then We will pay \$2,500 in accordance with Your beneficiary designation.

Day Care Benefit

Subject to all conditions and limitations of this AD&D Benefit, if You die, then a Day Care Benefit is payable in addition to the Principal Sum. The Day Care Benefit is payable for each dependent if:

1. such dependent is less than age 7 at the time of death; and
2. proof of such dependent's enrollment in a Day Care Program is provided as described below.

What is the Day Care Benefit payable?

The Day Care Benefit payable is the lesser of:

1. \$5,000; or
2. 5% of Your Principal Sum.

One Day Care Benefit is payable each year for each dependent who qualifies for Day Care Benefits. No more than four Day Care Benefits will be payable for each dependent. Payment will be made to the person who has primary responsibility for such dependent's expenses.

What proof must be given?

Proof of a dependent's enrollment in a Day Care Program may be in the form of, but will not be limited to, the following:

1. a copy of the dependent's approved enrollment application in a Day Care Program;
2. canceled check(s) which prove payment for a Day Care Program; or
3. a letter from the Day Care Program stating that the dependent:
 - a) is attending a Day Care Program; or
 - b) has been enrolled in a Day Care Program and will be attending within 365 days of the date of Your death.

Proof of enrollment must be sent to Us prior to the last day of the 12th month on or next following the date of Your death.

Day Care Program means a program of child care which:

1. is operated in a private home, school or other facility;
2. provides and charges a fee for the care of children; and
3. is licensed as a Day Care Center or is operated by a licensed Day Care Provider, if such licensing is required by the state or jurisdiction in which it is located; or
4. if licensing is not required, provides child care on a daily basis for 12 months a year.

A Day Care Program will not mean a program of child care which is provided by an immediate relative of the child receiving the care. An immediate relative is a sibling, parent, step-parent, grandparent, aunt, or uncle.

What benefits are payable if no person is eligible for Day Care Benefits?

If no dependent qualifies for Day Care Benefits, then We will pay \$2,500 in accordance with Your beneficiary designation.

Rehabilitation Benefit

Subject to all conditions and limitations of this AD&D Benefit, if You suffer a Loss other than loss of life, then a Rehabilitation Benefit will be paid in addition to the Principal Sum.

What is the Rehabilitation Benefit payable?

The Rehabilitation Benefit payable is the lesser of:

1. the Expense Incurred for Rehabilitative Training; or
2. 5% of the Principal Sum; or
3. \$5,000.

Rehabilitative Training means any training which:

1. is required due to Your injury; and

2. prepares You for an occupation in which You would not have engaged except for the injury.

Expense Incurred means the actual cost of the:

1. training; and
2. materials needed for the training.

The expense must be incurred during the two-year period that begins on the date of Your accident.

Spouse Education Benefit

Subject to all conditions and limitations of this AD&D Benefit, if You die, then a Spouse Education Benefit will be paid in addition to the Principal Sum. This benefit is payable to Your spouse.

What conditions are necessary for Spouse Education Benefits to become payable?

To qualify for this Benefit, Your spouse must enroll in an Occupational Training program:

1. for the purpose of obtaining an independent source of income; and
2. within one year of the date of Your death.

What is the Spouse Education Benefit payable?

The Spouse Education Benefit payable is the lesser of:

1. the Expense Incurred for Occupational Training; or
2. 5% of the Principal Sum; or
3. \$5,000.

We will pay the Spouse Education Benefit immediately after We receive proof that Your spouse has enrolled in an Occupational Training program.

What benefits are payable if there is no surviving spouse?

If there is no surviving spouse, We will pay \$2,500 in accordance with Your beneficiary designation.

Occupational Training means any:

1. education;
2. professional; or
3. trade training

program which prepares the spouse for an occupation for which he otherwise would not have been qualified.

Expense Incurred means:

1. the actual tuition charged, exclusive of room and board; and
2. the actual cost of the materials needed

for the Occupational Training program. The expense must be incurred during the two year period that begins on the date of Your death.

Adaptive Home and Vehicle Benefit

Subject to all conditions and limitations of this AD&D Benefit, if You are injured, then an Adaptive Home and Vehicle Benefit will be payable in addition to the Principal Sum. For this Benefit to be payable:

1. such home alterations must be:
 - a) made by a person or persons with experience in such alterations; and
 - b) recommended by a recognized organization associated with the injury;
2. such vehicle modifications must be:
 - a) carried out by a person or persons with experience in such matters; and
 - b) approved by the Motor Vehicle Department.

What is the Adaptive Home and Vehicle Benefit payable?

The Adaptive Home and Vehicle Benefit payable is the lesser of:

- 1. 5% of the Principal Sum; or
- 2. \$5,000; or
- 3. the actual one-time cost,

for such alterations and/or modifications, incurred within two years from the date of the accident, to Your:

- 1. principal residence; and/or
- 2. Private Automobile,

to make the residence accessible to You, or the Private Automobile driveable or rideable for You.

Private Automobile means a four wheeled, private passenger car, station wagon, pick-up truck, van or jeep-type automobile which is not being used as a Common Carrier.

Common Carrier means a conveyance operated by a concern, other than the Employer, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

**TERMINATION
Member Coverage**

When does Your coverage terminate?

Unless continued in accordance with the Exceptions to Termination section, Your insurance will terminate on the first to occur of:

- 1. the date the Policy terminates;
- 2. the last day of the period for which You made any required premium contribution, if You fail to make any further required contribution;
- 3. the date You are no longer in a class eligible for coverage;
- 4. the date Your Employer terminates Your employment; or
- 5. the date You are absent from work as an Active Full-time Member.

EXCEPTIONS TO TERMINATION

Under what conditions can Your insurance be continued under the continuation provisions?

If You are absent from work as an Active Full-time Member, Your insurance may be continued up to the maximum period of time stated. In each instance, such continuation shall be at the Employer's option, but must be according to a plan which applies to all members in the same way. Continued coverage:

- 1. is subject to any reductions in the Policy;
- 2. is subject to payment of premium by the Employer; and
- 3. terminates when the Policy terminates.

If You are on a documented leave of absence, other than Family or Medical Leave, all of Your coverages (including Dependent Life coverage) may be continued for 6 consecutive week (s) following the month in which the leave of absence commenced.

If You enter active military service and are granted a military leave of absence in writing, all of Your coverage may be continued, subject to payment of premium.

If You are granted a leave of absence according to the Family and Medical Leave Act of 1993, all of Your coverages (including Dependent Life coverage) may be continued for up to 12 weeks, or longer if required by state law, following the date Your insurance would have terminated, subject to the following:

1. the leave authorization must be in writing;
2. the required premium for You must be paid;
3. Your benefit level will be that which was in effect on the day before said leave started, subject to any reductions included in the Policy;
4. the amount of Earnings upon which Your benefit may be based, will be that which was in effect on the day before said leave started; and
5. continued coverage will cease immediately if one of the following events should occur:
 - a) the leave terminates prior to the agreed upon date;
 - b) the Policy terminates;
 - c) You or the Policyholder fail to pay premium when due; or
 - d) the Policy no longer insures Your class.

In all other respects, the terms of Your insurance remain unchanged.

If You are absent from work due to sickness or injury, all of Your coverages (including Dependent Life coverage) may be continued until the last day of a period of 12 month(s) which begins on the date You were first absent from work as an Active Full-time Member. If You feel that Your condition may continue for an extended period of time, You should request that Your Employer file a waiver of premium claim.

What is Waiver of Premium?

Waiver of premium is a provision which allows for continued member or Dependent life insurance, without payment of premium, while You are Disabled.

To what coverages does the Waiver of Premium apply?

These provisions apply only to Your Life Insurance and Dependent Life Insurance.

Waiver of Premium does not apply to any AD&D Insurance.

What conditions must be satisfied before You qualify for Waiver of Premium?

1. You must be less than age 60, insured and Disabled; and
2. acceptable proof of Your condition must be furnished to Us within one year of Your last day of work as an Active Full-time Member.

What does Disabled mean?

Disabled means that You have a condition that prevents You from doing any work for which You are or could become qualified by education, training or experience and it is expected that this condition will last for at least six consecutive months from Your last day of work as an Active Full-time Member; or You have been diagnosed with a life expectancy of 12 months or less.

When will We waive premium?

We will waive premium after proof that You are Disabled is provided by an attending physician licensed to practice in the United States and We approve the proof. You will be notified by Us of the date We will begin to waive premium.

Continued coverage will be subject to any age reductions provided by any part of the Policy.

What if You or Your Dependent die before You qualify for Waiver of Premium?

If:

1. You or Your Dependent should die within one year of Your last day of work as an Active Full-time Member but prior to qualifying for waiver of premium; and
2. You were Disabled,

We will pay the Amount of Life Insurance which is in force for You or Your Dependent. Your Dependent Life coverage will terminate on the date You die. They may be eligible for conversion as of that date.

Can We have You examined for proof that You continue to be Disabled?

During the first two years following the date You qualify as Disabled, We may have You examined at reasonable intervals. Thereafter, We will only require an annual examination to confirm that You continue to be Disabled. If You fail to submit any required proof or refuse to be examined as required by Us, then Your coverage will terminate.

What if You are no longer Disabled?

If, for any reason, You are no longer Disabled, Your premium will no longer be waived. On that date, You may or may not return to work.

If You return to work in an Eligible Class, then all of Your coverages will be reinstated subject to the terms of the Policy in effect on the reinstatement date.

If You do not return to work within an Eligible Class, and You are not eligible for any other group life insurance, then You are entitled to the Conversion Privilege. You may convert the Amount of Life Insurance that is in force for You and Your Dependent on the date it is determined that You are no longer Disabled.

How long will premiums be waived?

Your premium will be waived and Your coverage will be continued until You attain Normal Retirement Age.

The premium for Dependent Life coverage will be waived and subject to all Policy provisions, Dependent Life coverage will continue until the first to occur of the date:

1. You die;
2. You no longer qualify for Waiver of Premium;
3. the date the Policy terminates; or
4. You attain Normal Retirement Age.

On the date waiver of premium terminates, if You do not return to work, You will be entitled to convert Your coverage. You may convert no more than Your Amount of Life Insurance that is in force on the date waiver of premium terminates. On the date the waiver of premium terminates for Dependent Life coverage, Your Dependents may be eligible to convert.

What if the Policy terminates before You qualify for waiver of premium?

If the Policy terminates before You qualify for waiver of premium, You may be eligible to convert. Additionally, You may later be approved for waiver of premium.

What if the Policy terminates after You qualify for waiver of premium?

Termination of the Policy will not affect Your coverage under the terms of this provision.

DEPENDENT COVERAGE

When does Dependent Coverage terminate?

Unless continued in accordance with the Exception to Termination section, a covered Dependent's insurance will terminate on the earliest of:

1. the date Your coverage terminates;
2. the last day of the period for which any required premium contribution is made, if You fail to make any further required contribution;
3. the date You are no longer eligible for Dependent Coverage;
4. the date the Dependent no longer meets the definition of Dependent; or
5. the date We or the Employer terminate Dependent Coverage.

EXCEPTIONS TO TERMINATION

Under what conditions can Dependent child insurance be continued?

If a covered Dependent child reaches the age at which He would otherwise cease to be a Dependent as defined, and the Dependent child is:

1. disabled and incapable of earning His own living; and
2. unmarried and primarily dependent on You for support and maintenance,

then Dependent coverage will not terminate solely due to age if You submit satisfactory proof of the Dependent child's disability to Us within 31 days of the date the Dependent child reaches such age.

Coverage will continue while the Policy remains in force as long as:

1. the child continues to meet the required conditions; and
2. any required premium is paid.

We will have the right to require satisfactory proof that the child continues to meet the required conditions as often as necessary during the first two years of continuation, but not more than once a year after that.

CONVERSION PRIVILEGE

The following does not apply to any AD&D Benefits.

When can an individual convert?

If insurance, or any portion thereof, terminates, then any individual covered under the Policy may convert his life insurance to a conversion policy without providing Evidence of Good Health.

If the qualifying event is policy termination or termination of coverage for a class then the individual must have been insured for at least 3 years under the Policy in order to be eligible for this conversion privilege.

What is the conversion policy?

The conversion policy will:

1. be on one of the life insurance policy forms, except term insurance, then customarily issued by Us for conversion purposes;
2. contain no disability, supplementary or AD&D benefits; and
3. be effective on the 32nd day after group life insurance terminates.

How much can be converted?

The Amount of Insurance for this insurance policy will be the amount for which he was last insured under this Group Insurance Policy, reduced by any amount for which he is or becomes eligible for under any other group life insurance policy within 31 days of termination of insurance.

How does an individual convert coverage?

To convert life insurance, the individual must, within 31 days of the date group coverage terminates, make written application to Us and pay the premium required for his age and class of risk.

What if death occurs during the conversion election period?

If the individual should die within the 31 day conversion election period, We will, upon receipt of acceptable proof of His death, pay the Amount of Life Insurance He was entitled to convert.

GENERAL PROVISIONS

When can this plan be contested?

Except for non-payment of premium, the Policy cannot be contested after two years from the Policy Effective Date.

No statement relating to insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the individual's lifetime. In order to be used, the statement must be in writing and signed by the affected individual.

Who interprets policy terms and conditions?

We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the Policy.

Are there any rights of assignment?

Except for the dismemberment benefits under the AD&D Benefit, You have the right to absolutely assign all of Your rights and interest under the Policy including, but not limited to, the following:

1. the right to make any contributions required to keep the insurance in force;
2. the privilege of converting; and
3. the right to name and change a beneficiary.

No absolute assignment of rights and interest shall be binding on Us until and unless:

1. the original of the form documenting the absolute assignment; or
2. a true copy of it,

is received and acknowledged by Us at our home office.

We have no responsibility:

1. for the validity or effect of any assignment; or
2. to provide any assignee with notices which We may be obligated to provide to You.

How do You designate or change Your beneficiary?

You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us and filing the form with the Employer. Only satisfactory forms sent to the Employer prior to Your death will be accepted.

Designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change from the Employer.

In no event may a beneficiary be changed by a Power of Attorney.

Can We have a claimant examined or request an autopsy?

We reserve the right to have a claimant examined and to have an autopsy performed, if not forbidden by law. Any such examinations will be as reasonably required by Us and at Our expense.

What notification will You receive if Your claim is denied?

If a claim for benefits is wholly or partly denied, the claimant will be furnished with written notification of the decision. This written decision will:

1. give the specific reason(s) for the denial;
2. make specific reference to the provisions upon which the denial is based; and
3. provide an explanation of the review procedure.

What recourse do You have if Your claim is denied?

On any denied claim, the claimant or His representative may appeal to Us for a full and fair review.

The claimant may:

1. request a review upon written application within 60 days of receipt of claim denial;
2. review pertinent documents; and
3. submit issues and comments in writing.

A request for an appeal will not be denied if not submitted within 60 days if it is not reasonably possible to make such request within 60 days. In this case, the request must be submitted as soon as reasonably possible thereafter.

A decision will be made by Us no more than 60 days after the receipt of the request, except in special circumstances (such as the need to hold a hearing), but in no event more than 120 days after the request for review is received.

When can legal action be taken?

Legal action cannot be taken against Us:

1. sooner than 60 days after proof of loss has been furnished; or
2. 3 or more years after the time proof of loss is required to be furnished according to the terms of the Policy.

How does this plan affect Workers' Compensation coverage?

The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

Physician-patient Relationship

You may choose any licensed physician. We shall not in any way disturb the physician-patient relationship.

DEFINITIONS

Active Full-time Member – A member who works for the Employer on a regular basis in the usual course of the Employer's business. A member must work at least the number of hours in the Employer's normal work month. This must be at least 80 hours. You will be considered actively at work with Your Employer on a day which is one of Your Employer's scheduled work days if You are performing, in the usual way, all of the regular duties of Your job on a Full-time basis on that day. You will also be considered actively at work on a paid vacation day or a day which is not one of Your Employer's scheduled work days only if You were actively at work on the preceding scheduled work day.

Anniversary Date – The date occurring in each calendar year which is an anniversary of the Policy Effective Date.

Dependent

1. Your spouse; and
2. Your unmarried child who is:
 - a) at least 15 day(s) old but not yet 19 years old; or
 - b) 19, but has not yet attained age 23, is primarily dependent upon You for financial support and attends an accredited school (other than a correspondence school) on a regular and Full-time student basis as his principal activity; or
 - c) 19 years old or older, and is disabled and primarily dependent upon You for financial support. Such child must have become disabled before attaining age 19.

The term "Full-time student" shall mean registered for not less than 12 course credit hours per semester. If the institution establishes Full-time student status by a method other than semester credit hours, We reserve the right to determine whether the student qualifies as a Dependent.

The term "child", shall also include Your:

1. stepchild;
2. legally adopted child; and
3. any other child related to You by blood or marriage and who lives with You in a regular parent-child relationship, provided that You claim such child as a dependent on Your most current federal income tax return Form 1040.

You may not elect coverage for Your Dependent if Your Dependent is covered as a member under the Policy. Any person who is in Full-time military, naval or air force service cannot be a Dependent child. No person can be insured as a Dependent of more than one member under the Policy.

Employer – The Policyholder named in the Schedule of Insurance.

He/His – He or she. His or her.

Normal Retirement Age – The Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act. It is determined by Your date of birth.

Prior Plan – A plan of group term life insurance sponsored by the Employer which was in force on the day before the Policy Effective Date.

We/Us/Our – The Hartford Life and Accident Insurance Company.

You/Your – The member to whom this Booklet-certificate is issued.

STATUTORY PROVISIONS

ARKANSAS

LIFE

The following provision is applicable to residents of Arkansas and is included to bring Your Booklet-certificate into conformity with Arkansas state law.

Insurer Information Notice

Any questions regarding the Policy may be directed to Hartford Life Insurance Group Sales Office indicated below:

Denver Regional Office
8055 E. Tufts Avenue
Suite 1320
Denver, CO 80237

(866) 460-1855

If the question is not resolved, You may contact the Arkansas Insurance Department:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904

Telephone: 1-800-852-5494

This notice is for information only and does not become a condition of the Group Insurance Policy.

California

LIFE

The following provision is applicable to residents of California and is included to bring Your Booklet-certificate into conformity with California state law.

Dependent

1. Your spouse; and
2. Your unmarried child who is:
 - a) at least 15 day(s) old but not yet 19 years old; or
 - b) 19, but has not yet attained age 23, is primarily dependent upon You for financial support and attends an accredited school (other than a correspondence school) on a regular and Full-time student basis as his principal activity; or
 - c) 19 years old or older, and is disabled and primarily dependent upon You for financial support. Such child must have become disabled before attaining age 19.

The term "spouse" means an individual who is in a marriage with the employee which is recognized by the law in the state of residence. With respect to California residents only, the term "spouse" also includes an individual who is in a registered domestic partnership with the employee in accordance with California law. Reference in this form to an employee's marriage or divorce shall include his or her registered domestic partnership or dissolution of his or her registered domestic partnership.

The term "Full-time student" shall mean registered for not less than 12 course credit hours per semester. If the institution establishes Full-time student status by a method other than semester credit hours, We reserve the right to determine whether the student qualifies as a Dependent.

The term "child", shall also include Your:

1. stepchild;
2. legally adopted child;
3. child(ren) of Your California registered domestic partner; and
4. any other child related to You by blood or marriage and who lives with You in a regular parent-child relationship, provided that You claim such child as a dependent on Your most current federal income tax return Form 1040.

You may not elect coverage for Your Dependent if Your Dependent is covered as an employee under the Policy. Any person who is in full-time military, naval or air force service cannot be a Dependent. No person can be insured as a Dependent of more than one employee under the Policy.

CALIFORNIA

LIFE

The definition of Dependent is amended as follows

The term "spouse" means an individual who is either:

- a) in a marriage with the employee which is recognized by the law in the state of residence; or
- b) in a registered domestic partnership with the employee in accordance with California law.

Reference in this form to an employee's marriage or divorce shall include his or her registered domestic partnership or dissolution of his or her registered domestic partnership.

GEORGIA

LIFE

The following provision is applicable to residents of Georgia and is included to bring Your Booklet-certificate into conformity with Georgia state law.

Replacement of Prior Group Life Insurance

Under "Are there exceptions to the Deferred Effective Date provision?" the paragraph regarding the amount of Your coverage in this replacement situation is replaced with the following:

Instead, You will be considered to be insured and Your coverage amount will be the Amount of Life Insurance and Principal Sum under the Prior Plan, reduced by:

1. any coverage amount in force or otherwise payable due to any disability benefit extension under the Prior Plan; or
2. any coverage amount that would have been in force due to any disability benefit extension under the Prior Plan had timely election for the disability provision been made.

MARYLAND

LIFE

The following provision is applicable to residents of Maryland and is included to bring Your Booklet-certificate into conformity with Maryland state law.

Interest on Claims

Is interest payable on death claims?

The following provision shall apply to any Life Insurance or Accidental Death, Dismemberment and Loss of Sight Insurance or Dependent Life Insurance included in this Policy.

Interest will be paid on claims payable for loss of life as follows:

1. If the death benefit is paid within 30 days of the date of death of the insured, no interest is payable.
2. If due proof of death is submitted to Us more than 180 days following the date of death of an insured, interest will accumulate and be payable from the date on which due proof of death is submitted to Us until the date on which the proceeds of the Policy are paid.

The rate of interest per year will be at least 2 ½ % and any amount over 2 ½% which We declare for that year on funds remaining with Us.

MINNESOTA

LIFE

The following provision is applicable to residents of Minnesota and is included to bring your Booklet-certificate into conformity with Minnesota state law.

1. Continuation of Life Coverage

For Employees Who Have Been Terminated or Laid Off From Employment and Their Covered Dependents.

Regardless of any other provision in the Policy to the contrary, if:

1. Your life insurance is terminated because You are voluntarily or involuntarily terminated or Laid Off from employment; and
2. the Policy remains in force for Active Full-time Employees,

then You may elect to continue any life insurance which may be in force for You and Your Covered Dependents at the time You are terminated or Laid Off.

As used above,

1. Laid Off means that there is a reduction in the number of hours You work so that You are no longer eligible for coverage under the Policy;
2. Termination does not include discharge for gross misconduct; and
3. Termination includes retirement.

In order to continue insurance for yourself and Your Covered Dependents, You must pay Your former Employer the cost of continued coverage on a monthly basis. The amount of premium charged may not exceed 102% of the premium paid, either by You or the Employer for life insurance coverage for an Active Full-time Employee. Upon request, the Employer will provide You Our written verification of the cost of this coverage.

You may continue coverage until the first to occur of:

1. the date You are insured under another group insurance policy; or
2. the last day of a period of 18 consecutive months following the date of termination or lay off from employment.

When You are terminated or Laid Off from employment, the Employer will inform You of:

1. Your right to continue coverage;
2. the amount of monthly premium; and
3. how, where and by when payment must be made.

Minnesota law requires that if the Employer fails:

1. to notify You of Your right to continue coverage; or
2. to pay the premium after timely receipt,

and, as a result, Your coverage is terminated, then the Employer will be liable for Your coverage to the same extent as if You still had coverage.

You have 60 days from the later of the date:

1. Your coverage would otherwise terminate; or
2. You receive a written notice of Your right to continue coverage,

to elect coverage.

At the end of the 18 month continuation period, You and Your Covered Dependents may elect, at Your own expense, to obtain a personal term life insurance policy from Us.

Such policy will be:

1. issued without evidence of insurability;
2. issued without interruption of coverage;
3. on one of the life insurance policy forms then customarily issued by Us.

In lieu of the above coverage You and Your Covered Dependents may accept a policy providing reduced benefits at a reduced premium rate.

2. Dependent Definition

The Dependent definition is amended to read as follows:

Dependent

1. Your spouse; and
2. Your unmarried child who is:
 - a) at least 15 days old but not yet 19 years old; or
 - b) 19, but has not yet attained age 23, is primarily dependent upon You for financial support and attends an accredited school (other than a correspondence school) on a regular and full-time student basis as his principal activity; or
 - c) 19 years old or older and is disabled and primarily dependent upon You for financial support.

The term "full-time student" shall mean registered for not less than 12 course credit hours per semester. If the institution establishes full-time student status by a method other than semester credit hours, We reserve the right to determine whether the student qualifies as a Dependent.

With respect to a student who is disabled, as documented by a Physician, he will be considered a full-time student if he maintains a course load of at least 60% of what would otherwise be considered by the institution a full-time course load.

The term "child", shall also include Your:

- (1) own
- (2) stepchild;
- (3) legally adopted child; and
- (4) any other child related to You by blood or marriage and who lives with You in a regular parent-child relationship, provided that You claim such child as a dependent on Your most current federal income tax return Form 1040.

You may not elect coverage for Your spouse if Your spouse is covered as an employee under this Policy.

Any person who is in full-time military, naval or air force service cannot be a Dependent.

3. Accidental Death, Dismemberment and Loss of Sight Benefits

The exclusions are amended to read as follows:

What types of injuries are excluded from coverage?

No benefit will be paid for a loss caused or contributed to by:

1. sickness;
2. disease;
3. any medical treatment for items (1) or (2);
4. any infection, except a pus-forming infection of an accidental cut or wound;
5. war or any act of war, whether war is declared or not;
6. any injury received while in any armed service of a country which is at war or engaged in armed conflict;
7. any intentionally self-inflicted injury, suicide, suicide attempt, whether sane or insane; or
8. taking drugs, sedatives, narcotics, barbiturates, amphetamines or hallucinogens unless prescribed for or administered to You by a licensed physician.

4. Conversion Privilege

The Conversion Privilege is revised to include the following provision. This provision replaces the provision entitled "How much can be converted?" which appears in the Conversion Privilege section of Your Booklet-certificate:

How much can be converted?

An individual may convert the full amount of group coverage lost as a result of the qualifying event, reduced by the amount of any other group coverage for which He becomes covered within 31 days of termination of group coverage.

5. Optional Methods of Settlement

Any beneficiary who is due life insurance proceeds of \$15,000 or more may choose to receive the payment in a method other than a lump sum by writing to Us and requesting payment in one of the following optional methods:

1. a lifetime income option;
2. an income option for fixed amounts;
3. an income option for fixed time periods; or
4. an option to select an interest bearing account with Us with the right to select another option at a later date.

MONTANA

LIFE

The following provision is applicable to residents of Montana and is included to bring Your Booklet-certificate into conformity with Montana state law.

Interest on Death Claims

The following provision shall apply to any Life Insurance, Dependent Life Insurance and AD&D included in this Policy.

Is interest payable on death claims?

Claims payable for loss of life will be paid within 60 days of the date due proof is received. If the death benefit is paid on the 31st through the 60th day, the benefit payable will include interest. Interest shall be paid at the discount rate on 90-day commercial paper in effect at the Federal Reserve Bank in the Ninth Federal Reserve District on the date due proof of loss is received by Us.

NORTH CAROLINA

LIFE

The following provision is applicable to residents of North Carolina and is included to bring Your Booklet-certificate into conformity with North Carolina state law.

Waiver of Premium

We will refund the amount of any premium which have been paid to Us and to which it is determined that Waiver of Premium applies.

SOUTH DAKOTA

LIFE

The following provision is applicable to residents of South Dakota and is included to bring Your Booklet-certificate into conformity with South Dakota state law.

Conversion Privilege

If the qualifying event is Policy termination or termination of coverage for a class, then the full amount of group coverage lost, reduced by the amount of any other group coverage for which He becomes covered within 31 days of termination of group coverage, may be converted.

TENNESSEE

LIFE

The following provision is applicable to residents of Tennessee and is included to bring Your Booklet-certificate into conformity with Tennessee state law.

Conversion Privilege

The Conversion Privilege is amended to include the following paragraph.

If an individual is not given notice of the existence of the conversion privilege 15 days prior to the expiration of the 31 day election period, He will have an additional period in which to exercise conversion rights. This additional period will end 15 days following the date He is given notice of the right to convert or 60 days following the required 31 day election period, whichever occurs first. Written notice of conversion rights will be presented to the individual or mailed by the Employer or Us to the last known address.

TEXAS

LIFE

The following provisions are applicable to residents of Texas and are included to bring your Booklet-certificate into conformity with Texas state law.

1. Workers' Compensation Notice

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

2. Insurer Information Notice

| IMPORTANT NOTICE | AVISO IMPORTANTE |
|--|--|
| To obtain information or make a Complaint: | Para Obtener Informacion O Para Someter Una Queja: |
| You may call Hartford Life's toll-free telephone number for information or to make a complaint at: | Usted puede llamar al numero de telefono gratis de Hartford's para informacion o para de someter una queja al: |
| 1-800-752-9713 if about a claim 1-800-523-2233 if not about a claim | 1-800-752-9713 acerca de un reclamo 1-800-523-2233 para una queja |
| You may also write to Hartford Life P.O. Box 2999 | Usted tambien puede escribir a Hartford P.O. Box 2999 |

Hartford, CT 06104-2999

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the
Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
FAX # (512)475-1771

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact Hartford Life first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

Hartford, CT 06104-2999

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al
Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
FAX # (512)475-1771

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo debe comunicarse con el (la compania) Hartford primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

WASHINGTON

LIFE

The following provisions are applicable to residents of Washington and are included to bring Your Booklet-certificate into conformity with Washington state law.

1. Life Insurance Benefits Amended

The amount We may pay to any party We deem is entitled because of their payment of burial expenses is up to the lesser of 15% of the Amount of Life Insurance or \$1,000.

2. Accelerated Death Benefit - Employee Only

The following replaces the benefit of the same title appearing in Your booklet-certificate.

ACCELERATED DEATH BENEFIT

This benefit is not available for Dependents.

What is the benefit?

If You are diagnosed as being Terminally Ill and proof of such diagnosis is provided by an attending physician licensed to practice in the United States, and that person is:

1. less than age 60; and
2. insured for at least \$10,000,

then You may request that a portion of that person's Amount of Life Insurance be paid to You prior to death.

The request cannot exceed 80% of the in force Amount of Life Insurance, and is subject to a minimum of \$3,000 and a maximum of \$500,000. You may exercise this option only once per person.

For example, if You have an Amount of Life Insurance equal to \$20,000 and You are Terminally Ill, You can request any portion of the life insurance between \$3,000 to \$16,000 to be paid to You now instead of to Your beneficiary at Your death. However, if You decide to request only \$3,000 now, You cannot request the additional \$13,000 in the future.

What does Terminal Illness/Terminally Ill mean?

Terminally Ill or Terminal Illness means that the individual has a medical condition which a physician has certified is reasonably expected to result in death within 24 months or less after the date of certification.

RECEIPT OF ANY BENEFITS IN ACCORDANCE WITH THIS PROVISION WILL REDUCE LIFE INSURANCE BENEFITS PAYABLE UPON DEATH.

IF YOU RECEIVE PAYMENT OF ACCELERATED BENEFITS UNDER THIS PLAN, YOU MAY LOSE YOUR RIGHT TO RECEIVE CERTAIN PUBLIC FUNDS SUCH AS MEDICARE, MEDICAID, SOCIAL SECURITY, SUPPLEMENTAL SECURITY, SUPPLEMENTAL SECURITY INCOME AND POSSIBLY OTHERS.

ANY BENEFITS RECEIVED UNDER THIS PROVISION MAY BE TAXABLE. SEE YOUR PERSONAL TAX ADVISOR FOR FURTHER INFORMATION.

ANY BENEFITS RECEIVED UNDER THIS PROVISION ARE INTENDED TO QUALIFY UNDER SECTION 101(g) (26 U.S.C 101(g)) OF THE INTERNAL REVENUE CODE OF 1986 AS AMENDED BY PUBLIC ACT 104-191.

What if an individual is no longer Terminally Ill?

If diagnosed as no longer Terminally Ill, coverage may or may not remain in force.

Coverage which remains in force will be reduced by any amount of Accelerated Death Benefits received and premium is due for this reduced amount.

If coverage does not remain in force, then the reduced amount of coverage may be converted.

What limitations apply to this benefit?

The Accelerated Death Benefit provision will be subject to all applicable terms and conditions of the Policy.

No Accelerated Death Benefit will be paid if You are required by law to accelerate benefits to meet the claims of creditors, or if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement.

The Accelerated Death Benefit provision does not apply to any Accidental Death, Dismemberment and Loss of Sight coverage, and no payment of an Accelerated Death Benefit will reduce or otherwise affect the amount of benefits available to You under any applicable Accidental Death, Dismemberment and Loss of Sight benefit.

What if You made an assignment?

If You have executed an assignment of rights and interest with respect to Your Amount of Life Insurance, in order to pay benefits to You under this provision, We must receive a release from the individual to whom the assignment was made before any benefits are payable.

What if a dispute occurs over whether You are Terminally Ill?

If Your attending physician, and a physician appointed by Us, disagree on whether You are Terminally Ill, Our physician's opinion will not be binding on You. The two parties shall attempt to resolve the matter promptly and amicably. In case the disagreement is not so resolved, You have the right to mediation or binding arbitration conducted by a disinterested third party who has no ongoing relationship with either party. Any such arbitration shall be conducted in accordance with the laws of the state of Washington. As part of the final decision, the arbitrator or mediator shall award the costs of the arbitration to one party or the other, or may divide the costs equally or otherwise.

WEST VIRGINIA

LIFE

The following provision is applicable to residents of West Virginia and is included to bring Your Booklet-certificate into conformity with West Virginia state law.

Conversion Privilege

The following paragraph replaces the same paragraph appearing in the Conversion Privilege section of the Booklet-certificate.

If the qualifying event is Policy termination or termination of coverage for a class, then the individual must have been insured for at least 3 years under the Policy in order to be eligible for this conversion privilege.

The Plan Described in this Booklet

is Insured by the

Hartford Life and Accident Insurance Company

Hartford, Connecticut

Member of The Hartford Insurance Group