

SERFF Tracking Number: HARL-126152252 State: Arkansas
Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number: 42759
Company Tracking Number: ILD LA-1333(09)
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Disability Income Rider, Application Supplement & Exclusion Amendment
Project Name/Number: Disability Income Rider, Application Supplement & Exclusion Amendment/LA-1333(09)

Filing at a Glance

Company: Hartford Life and Annuity Insurance Company

Product Name: Disability Income Rider, SERFF Tr Num: HARL-126152252 State: Arkansas

Application Supplement & Exclusion
Amendment

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 42759
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: ILD LA-1333(09) State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jane Chapman, Roberta Disposition Date: 06/30/2009

Chu, Lindsay Cooper, Barbara

Warren

Date Submitted: 06/24/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Disability Income Rider, Application Supplement &
Exclusion Amendment

Status of Filing in Domicile: Authorized

Project Number: LA-1333(09)

Date Approved in Domicile: 05/27/2009

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/30/2009

Explanation for Other Group Market Type:

State Status Changed: 06/25/2009

Deemer Date:

Created By: Roberta Chu

Submitted By: Roberta Chu

Corresponding Filing Tracking Number:

Filing Description:

We are submitting the subject forms for your review and approval. These forms are new and not intended to replace any forms previously approved by the Department.

The Disability Access Rider is intended for the general public, issue ages 18-60, will be marketed on an individual basis

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through licensed producers and will be illustrated. The rider will be issued, if elected, with previously approved or as may be approved individual variable and non-variable life policies. Subject to the terms and conditions set forth in the form, the rider will provide a monthly disability benefit if the rider insured is totally disabled from sickness or injury. Sample policy specification pages that reflect information illustrative of the rider are included in the submission. Also included is the Actuarial Memorandum and any state certifications that may be required. Lastly, attached in the Supporting Documents tab is the Monthly Rates Per \$100 of Benefit document.

The DisabilityAccess Rider Application Supplement will be used to apply for the benefit.

The DisabilityAccess Rider Exclusion Amendment will be used when a specified medical condition, anatomical area or avocation is to be excluded from Disability Income coverage and provides written acknowledgement to confirm acceptance. The form contains brackets around the issue specific rider insured name and policy number and a bracketed information section that will be filled in during the underwriting process. Attached is a list of standard exclusions which could be used in the bracketed paragraph. The attached list, while encompassing the overwhelming majority of exclusions, is not all inclusive and other similar types of exclusions may be entered in the form as determined by underwriting during the underwriting process.

Additional bracketed, variable information is found around the Officer Title and Signature and in the specification pages. Officer Title and Signature will vary based on current company operations. In the event the title of an officer signing the policy form changes, any new title utilized will be the title of an officer of the company. Attached is a Statement of Variability describing the bracketing parameters on the specification pages.

Your review and approval of this submission is greatly appreciated. Please feel free to contact me with any questions you may have.

Best regards,

Company and Contact

Filing Contact Information

Roberta Chu, Contract Analyst roberta.chu@hartfordlife.com
200 HopmeadowRd 860-843-4317 [Phone]
Simsbury, CT 06089 860-843-5194 [FAX]

Filing Company Information

Hartford Life and Annuity Insurance Company CoCode: 71153 State of Domicile: Connecticut
200 Hopmeadow Street Group Code: 91 Company Type: Life
Simsbury, CT 06089 Group Name: State ID Number:
(860) 547-5000 ext. [Phone] FEIN Number: 39-1052598

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: 5 forms X \$20 = \$100.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Annuity Insurance Company	\$100.00	06/24/2009	28785240

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/30/2009	06/30/2009
Approved-Closed	Linda Bird	06/25/2009	06/25/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	DisabilityAccess Rider	Lindsay Cooper	06/30/2009	06/30/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
REQUEST TO REOPEN	Note To Filer	Linda Bird	06/30/2009	06/30/2009
REQUEST TO REOPEN	Note To Reviewer	Roberta Chu	06/29/2009	06/29/2009

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Monthly Rates per \$100 of Benefit Document		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Statement of Variability		Yes
Supporting Document	FYI - List of Exclusions for Exclusion Amendment		Yes
Form (revised)	DisabilityAccess Rider		Yes
Form	DisabilityAccess Rider	Replaced	Yes
Form	Policy Specifications		Yes
Form	Policy Specifications		Yes
Form	DisabilityAccess Rider Exclusion Amendment		Yes
Form	DisabilityAccess Rider Application Supplement		Yes

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Disposition

Disposition Date: 06/25/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Amendment Letter

Submitted Date: 06/30/2009

Comments:

Thank you for re-opening this recently approved and closed submission.

Subsequent to approval, we noticed an inadvertent omission of language in the DisabilityAccess Rider in regard to pre-existing conditions. Please see item number 8 in the Total Disabilities Excluded provision on page 3. The language has been enhanced to clarify that if a pre-existing condition is fully disclosed in the application, it will be considered covered under the rider, unless the underwriter specifically excludes it via the exclusion amendment.

Except for this change, no other changes have been made to the rider. On behalf of the Company, I certify that the rider has not yet been issued in your state, nor will it be until your Department accepts and approves this revised form.

Thank you for your consideration and assistance in this matter.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LA-1333(09)	Policy/Contr	DisabilityAcc Initial act/Fraternal ess Rider Certificate: Amendment, Insert Page, Endorsemen t or Rider					51.800	LA-1333(09) DisabilityAcce ss Riderr.pdf

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Note To Filer

Created By:

Linda Bird on 06/30/2009 08:12 AM

Last Edited By:

Linda Bird

Submitted On:

06/30/2009 08:12 AM

Subject:

REQUEST TO REOPEN

Comments:

The filing has been reopened in order for a correction to be made in the language.

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Note To Reviewer

Created By:

Roberta Chu on 06/29/2009 04:40 PM

Last Edited By:

Roberta Chu

Submitted On:

06/29/2009 04:40 PM

Subject:

REQUEST TO REOPEN

Comments:

This note is to respectfully request that you re-open this filing that your Department very recently approved. Subsequent to approval, we noticed an inadvertent omission of language in the DisabilityAccess Rider in regard to pre-existing conditions. Please see item number 8 in the Total Disabilities Excluded provision on page 3. The language has been enhanced to clarify that if a pre-existing condition is fully disclosed in the application, it will be considered covered under the rider, unless the underwriter specifically excludes it via the exclusion amendment. Please note that we have not yet issued the rider.

Thank you for your consideration and attention in this matter.

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Form Schedule

Lead Form Number: LA-1333(09)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LA-1333(09)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	DisabilityAccess	Initial		51.800	LA-1333(09) DisabilityAcce ss Riderr.pdf
	1308(3cont d)	Schedule Pages	Policy Specifications	Initial		0.000	1308(3contd) Specification Page.pdf
	1308(3cont d)U	Schedule Pages	Policy Specifications	Initial		0.000	1308(3contd) U Specificaton Page (unisex).pdf
	LA-1334(09)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	DisabilityAccess Exclusion Amendment	Initial		51.800	LA-1334(09) Exclusion Amendment.p df
	HL-19278(09)	Application/ Enrollment Form	DisabilityAccess Rider Application Supplement	Initial		52.100	DisabilityAcce ss Rider Application Supplement.p df



DISABILITY ACCESS RIDER

Disability Income Benefit

PLEASE READ THIS RIDER CAREFULLY

BENEFIT

Subject to the terms and conditions set forth herein, this Rider will provide a Monthly Disability Benefit if the Rider Insured is Totally Disabled from Sickness or Injury. Total Disabilities not covered by this Rider are described under the Total Disabilities Excluded provision. In addition, there may be a Pre-Existing Condition limitation further limiting benefits.

DEFINITIONS

Accumulation Period: the continuous period of time during which the Waiting Period must be satisfied. The Accumulation Period is shown in the Policy Specifications. The Accumulation Period begins on the day the Rider Insured is first treated by or has a consultation with a Health Care Provider for the Sickness or Injury causing the Total Disability and is Totally Disabled. The Accumulation Period ends when the Rider Insured has Gainfully Worked for more than 30 days during this period.

Care: regular and personal treatment from a licensed Health Care Provider which is appropriate for the Injury or Sickness according to generally accepted medical standards.

Concurrent Disability: a Total Disability caused by more than one Injury or Sickness, whether related or unrelated.

First Benefit Day: the first day after completion of the Waiting Period. This is the first day Monthly Disability Benefits begin to accrue.

Gainful Work, Gainfully Working: employed or self employed for monetary gain or reward in any type of business, trade, profession, vocation, calling or occupation. It does not include avocations or hobbies.

Health Care Provider: a legally licensed physician or doctoral level psychologist acting within the scope of his or her license in the state of licensure. It cannot be You, the Rider Insured, or Your or the Rider Insured's family member, business partner or associate.

Injury: bodily Injury to an Insured that results from an accident that occurs while this Rider is in force.

Maximum Lifetime Disability Benefit: the maximum amount of Monthly Disability Benefits that may be payable under this Rider during the lifetime of the Rider Insured and while this Rider remains in effect. The Maximum Lifetime Disability Benefit is shown in the Policy Specifications.

Monthly Disability Benefit: the amount that will be paid to You at the end of each month according to the terms of the Monthly Disability Benefit provision. The Monthly Disability Benefit is shown in the Policy Specifications.

Own Occupation: the Rider Insured's usual Gainful Work which he/she was engaged in or performing for wage or salary, immediately prior to the date the Accumulation Period began.

Pre-Existing Condition:

1. a physical or mental condition for which the Rider Insured was diagnosed or received (or was recommended to receive) medical or mental health care advice, care, or treatment within the 2 year period preceding the Rider Issue Date; or
2. a physical or mental condition which produced symptoms which would cause an ordinary prudent person to seek diagnosis, medical mental health care advice, care, or treatment during the 2 year period preceding the Rider Issue Date.

DEFINITIONS

(Continued)

Rider Insured: the Rider Insured shown in the Policy Specifications.

Sickness: a physical or mental condition which first manifests itself while the Policy and this Rider are in force.

Substantial and Material Duties: means those duties that are normally required to be performed at the Rider Insured's Own Occupation and which cannot be reasonably modified or omitted.

Total Disability and Totally Disabled: means that due to Injury or Sickness, the Rider Insured is prevented from engaging or performing the Substantial and Material Duties of his or her Own Occupation.

Waiting Period: the total number of days during the Accumulation Period the Rider Insured must be Totally Disabled and not engaged in any Gainful Work. The Waiting Period is shown in the Policy Specifications. No benefits are payable during this period. Benefits do not accumulate during the Waiting Period and are not retroactive.

MONTHLY DISABILITY BENEFIT

We will pay You the Monthly Disability Benefit for each month the Rider Insured is Totally Disabled after the completion of the Waiting Period provided all of the Conditions for Eligibility of Benefit Payments have been met.

Conditions for Eligibility of Benefit Payments

You are eligible to receive a Monthly Disability Benefit if the Policy and Rider are in force when all of the following requirements are met:

1. the Rider Insured was Gainfully Working immediately prior to the Accumulation Period;
2. the Rider Insured is Totally Disabled and is receiving Care for such Total Disability from a Health Care Provider;
3. The Waiting Period has been satisfied; and
4. all of the conditions described under the Claims for Benefits provision have been satisfied.

When Benefit Payments Begin

After the Waiting Period, the Monthly Disability Benefit will begin to accrue. The monthly payment will be made at the end of each full month of Total Disability of the Rider Insured. For a period of Total Disability that is less than a full month, We will pay 1/30th of the monthly benefit for each day.

When Benefit Payments End

We will continue to pay a Monthly Disability Benefit under this Rider until the first of the following to occur:

1. the Rider Insured is no longer Totally Disabled;
2. the death of the Rider Insured;
3. total Monthly Disability Benefits paid under the Rider equal the Maximum Lifetime Disability Benefit shown in the Policy Specifications;
4. We fail to receive from You Proof of Continued Total Disability in accordance with the provisions of this Rider; or
5. the Rider terminates in accordance with any of the conditions listed in the Rider Termination provision.

However, if an Accumulation Period begins, or the Rider Insured suffers a Recurrent and Continuous Disability, within one year immediately prior to the Rider Termination Date, the Rider Insured will be eligible for Monthly Disability Benefits (provided the Conditions for Eligibility of Benefit Payments have been met) until the earlier of (a) the end of 12 months from the First Benefit Day (or the date the Monthly Disability Benefit resumes and begins to accrue for a Recurrent and Continuous Disability); or (b) until any of the events described in 1. through 4. above occur.

**MONTHLY
DISABILITY
BENEFIT**
(Continued)

Recurrent and Continuous Disability

If, within six months following the end of a previously covered Total Disability, the Rider Insured becomes Totally Disabled due to the same or related Sickness or Injury that caused the previous Total Disability, We will consider the previous Total Disability to be continuous. If this occurs, the Waiting Period will be deemed to be satisfied and the Monthly Disability Benefit will resume and begin to accrue as of the day the Rider Insured was first treated by or had a consultation with a Health Care Practitioner for the Sickness or Injury causing the subsequent, but continuous, Total Disability. This provision will not apply beyond the Rider Termination Date.

Concurrent Disability

If a Monthly Disability Benefit is being paid for a Concurrent Disability, the following will apply:

1. such benefit will continue to be paid provided the Rider Insured remains Totally Disabled due to at least one of the Injuries or Sicknesses causing the Concurrent Disability and none of the events described under When Benefits End has occurred;
2. the Monthly Disability Benefit will be paid as if there is only one Injury or Sickness; and
3. in no event will the Rider Insured be considered to have more than one Total Disability at the same time.

**TOTAL DISABILITIES
EXCLUDED**

We will not pay a Monthly Disability Benefit for a Total Disability resulting from:

1. attempted suicide, or self-inflicted Injury, while sane or insane;
2. any act or incident of insurrection or war, declared or undeclared;
3. participation in, or attempting to participate in, a riot or insurrection;
4. service in the military forces full-time. Periods of military training of not more than 30 days will not be considered full time military service;
5. commission of, or participation in the commission of, a felony or engaging in an illegal activity or occupation;
6. flight in any aircraft if the Rider Insured is a pilot or crew member, or a student pilot or crew member;
7. normal childbirth or pregnancy except for Total Disability due to complications of pregnancy. A complication of pregnancy means any disease, disorder, emergency non-elective cesarean section or condition whose diagnosis is distinct from pregnancy but is adversely affected by or caused by pregnancy and which requires physician-prescribed supervision. Conditions which are not complications include, but are not limited to, conditions, occurrences and procedures such as morning sickness; false labor; and physician-prescribed rest during the period of pregnancy; and similar conditions, occurrences and procedures associated with the management of a difficult pregnancy which do not constitute a categorically distinct complication of pregnancy;
8. a Pre-Existing Condition if Total Disability starts during the first 2 years from this Rider's Issue Date, unless it is fully disclosed in the application and is not excluded from coverage by name or specific description;
9. a condition or avocation which is excluded from coverage by Amendment to this Rider by name or specific description; or
10. an injury or sickness incurred while the Rider Insured is incarcerated in a penal or correctional institution.

In addition, this Rider does not provide a Monthly Disability Benefit if the Rider Insured or his/her Health Care Provider reside outside of the United States.

**CLAIMS FOR
BENEFITS**

For You to receive Monthly Disability Benefits, We must receive written notice of claim for benefits and proof of Total Disability. The details on how to claim benefits are discussed below.

Notice of Claim

You, or someone acting on Your behalf, must give Us notice of claim as soon as reasonably possible after any covered Total Disability commences. The notice should include Your name, the Rider Insured's name and Policy number.

**CLAIMS FOR
BENEFITS**
(Continued)

Claim Forms

When We receive Your notice of claim, We will send You claim forms. These forms ask for facts that demonstrate Total Disability. The proof must be given within the time stated under Proof of Total Disability below. We may also require the Rider Insured to provide necessary authorizations to enable Us to obtain information relating to the claim and to provide Us with relevant financial records.

Proof of Total Disability

Written proof of Total Disability must be provided to Us within 90 days after the beginning of a period of Total Disability for which benefits may be payable. If proof is not provided within this time, We will not deny the claim if it is shown that proof was provided as soon as reasonably possible. No Benefit will be paid for a period of Total Disability which is more than three years prior to the date that written notice of claim is received by Us unless You are/were legally incapacitated at the time of the Total Disability.

Time of Payment of Claims

After We receive satisfactory proof of Total Disability and if the Waiting Period has ended, We will pay all Monthly Disability Benefits then due for the Total Disability. Additional payments will be paid monthly and be subject to Proof of Continued Total Disability.

Proof of Continued Total Disability

While You are receiving Monthly Disability Benefits, We may request, from time to time, written proof of Continued Total Disability. Failure to provide written proof by the date requested will result in a discontinuation of Monthly Disability Benefits. If proof is subsequently provided reflecting the Rider Insured has been and continues to be Totally Disabled, we will resume Monthly Disability Benefit payments from the date of discontinuation.

Payment of Claims

We will pay all Monthly Disability Benefits to You, the Policyowner. If You should predecease the Rider Insured while benefits are payable under this Rider, We will pay any future Monthly Disability Benefits to the successor Policyowner or to the legal representative of Your estate if a successor is not named. If You are also the Rider Insured, upon Your death, We will pay any remaining Monthly Disability Benefits to the designated beneficiary of the Policy to which the Rider is attached.

Examinations

We may require the Rider Insured to be examined by a licensed Health Care Provider of Our choosing as often as is reasonable while a claim is pending or while You are receiving Monthly Disability Benefits under this Rider. We will pay the cost of any examinations that We require.

**FIRST YEAR
MONTHLY RIDER
ISSUE FEE**

We will assess a First Year Monthly Rider Issue Fee on the first twelve Monthly Activity Dates coincident with or next following the Rider Issue Date. The fee will automatically be deducted on each Monthly Activity Date from the Policy's Account Value as part of the Monthly Deduction Amount and will never exceed the amount shown in the Policy Specifications.

**MONTHLY
RIDERS CHARGE**

The monthly charge for this Rider, shown in the Policy Specifications, will be automatically deducted on each Monthly Activity Date from the Policy's Account Value as part of the Monthly Deduction Amount. It will continue to be deducted from the Account Value until this Rider is terminated in accordance with the Rider Termination provision.

Our Right to Increase or Decrease the Monthly Rider Charge

We have the right to change the Monthly Rider Charge for this Rider at any time. Any such change will be filed and approved where required with the appropriate state insurance department where this Rider is issued or issued for delivery. Any such change We make will be applied on a uniform basis for Rider Insureds of the same Issue Age, sex (if applicable), Rider Insurance Class, and the length of time coverage has been in force, without regard to any change in the health status of the Rider Insured.

MISSTATEMENT OF AGE AND/OR SEX

If the Issue Age of the Rider Insured is understated; or the sex of the Rider Insured is incorrectly stated such that it resulted in lower Monthly Rider Charges, the Monthly Disability Benefit will be reduced to the Monthly Disability Benefit that would have been provided by the last Monthly Rider Charge at the correct Issue Age and/or sex.

If the Issue Age of the Rider Insured is overstated; or the sex of the Rider Insured is incorrectly stated such that it resulted in higher Monthly Rider Charges, the Monthly Disability Benefit will be adjusted by the return of all excess charges prior to the date of the Rider Insured's disability.

INCONTESTABILITY

We cannot contest this Rider after it has been in force for 3 years from the Rider Issue Date or after it has been in force more than 3 years from the effective date of a reinstatement:

- 1. except for nonpayment of the required cost of this Rider; or
- 2. unless the Total Disability of the Rider Insured occurred during such 3 year period.

Any contest We make after the Rider is reinstated will be limited to the material misrepresentations in the evidence of insurability provided to Us in the request for reinstatement. However, this provision will not affect Our right to contest any statement in the original application or a different reinstatement request which was made during the Rider Insured's lifetime for 3 years from the Rider Issue Date or a subsequent reinstatement date.

RIDER TERMINATION

This Rider will terminate on the first of the following to occur:

- 1. the date We receive Your request, In Writing, to terminate it;
- 2. total Monthly Disability Benefits paid equal the Maximum Lifetime Disability Benefit shown in the Policy Specifications
- 3. the date the Policy matures or terminates;
- 4. the Rider Termination Date shown in the Policy Specifications; and
- 5. the date on which all additional benefits provided by Rider are deemed to have terminated in accordance with any provision of the Policy.

REINSTATEMENT

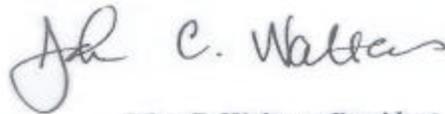
You may reinstate this Rider subject to Our approval if Your Policy is reinstated. The reinstated Rider will only cover Total Disability resulting from Injury that occurs after the reinstatement date or Sickness that first manifests itself more than 10 days after the reinstatement date.

GENERAL

This Rider is part of the Policy to which it is attached and, except as noted above, it is subject to all of the terms, conditions and limitations of the Policy.

Signed for **HARTFORD LIFE AND ANNUITY INSURANCE COMPANY**

[



John C. Walters

John C. Walters, President

]

POLICY NUMBER: VL0000001

POLICY SPECIFICATIONS

ADDITIONAL BENEFITS AND RIDERS

DISABILITYACCESS RIDER

Disability Income Benefit

RIDER INSURED:	[JOHN DOE]
RIDER INSURED ISSUE AGE/SEX:	[35, MALE]
INSURANCE CLASS:	[STANDARD/NON-NICOTINE]
MONTHLY RIDER CHARGE:	[\$86.21]
FIRST YEAR MONTHLY RIDER ISSUE FEE:	[\$10.00]
RIDER ISSUE DATE:	[01/01/2010]
RIDER TERMINATION DATE:	[12/31/2035]
MONTHLY DISABILITY BENEFIT:	[\$5,000.00]
MAXIMUM LIFETIME DISABILITY BENEFIT:	[\$120,000.00]
WAITING PERIOD:	90 DAYS
ACCUMULATION PERIOD:	120 DAYS

POLICY NUMBER: VL0000001

POLICY SPECIFICATIONS

ADDITIONAL BENEFITS AND RIDERS

DISABILITYACCESS RIDER

Disability Income Benefit

RIDER INSURED:	[JOHN DOE]
RIDER INSURED ISSUE AGE:	[35]
INSURANCE CLASS:	[STANDARD/NON-NICOTINE]
MONTHLY RIDER CHARGE:	[\$129.92]
FIRST YEAR MONTHLY RIDER ISSUE FEE:	[\$10.00]
RIDER ISSUE DATE:	[01/01/2010]
RIDER TERMINATION DATE:	[12/31/2035]
MONTHLY DISABILITY BENEFIT:	[\$5,000.00]
MAXIMUM LIFETIME DISABILITY BENEFIT:	[\$120,000.00]
WAITING PERIOD:	90 DAYS
ACCUMULATION PERIOD:	120 DAYS



DISABILITYACCESS RIDER

Disability Income Benefit

EXCLUSION AMENDMENT

GENERALLY

The Disability Income Benefit provided by the DisabilityAccess Rider attached to the Policy and insuring the named Rider Insured below is hereby modified to include this Exclusion Amendment.

Name of Rider Insured [John Doe]
Policy Number [XXXXXXXXXX]

EXCLUSIONS

The DisabilityAccess Rider shall not provide benefits or coverage in the event the Rider Insured becomes Totally Disabled under the terms of the Rider and such Total Disability is from Sickness or Injury resulting from the condition and/or avocation listed below;

[Insert condition and/or avocation]

The exclusion(s) under this Rider do not impact eligibility for death benefits under the Life Insurance Policy to which this is attached.

GENERAL PROVISIONS

This Amendment is part of the Rider and Policy to which it is attached. The Amendment shall be effective as of the Issue Date of this Rider unless a different date is shown on the Policy Specifications of the Policy.

Signed for **HARTFORD LIFE AND ANNUITY INSURANCE COMPANY**

[

John C. Walters, President

]

I understand and agree to the terms of this Amendment.

Signature of Insured

Date

Signature of Owner, If Different

Date



Disability Access Rider Application Supplement

Name of Proposed Insured					
1. IN FORCE COVERAGE					
a. Do you have monthly disability income benefits in force through individual insurance, group or union coverage, retirement plans, government provided, or other benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide details in 1(b)					
b. Type	Benefit Amount	Benefit Period	Type	Benefit Amount	Benefit Period
<input type="checkbox"/> Individual			<input type="checkbox"/> Retirement		
<input type="checkbox"/> Group			<input type="checkbox"/> Other		
2. GROUP DI COVERAGE CONTACT INFORMATION (Human Resource or Benefits Department)					
a. Contact Name			b. Phone Number ()		
3. GENERAL					
a. Annual Earned Income \$ _____ List the proposed insured's annual earned income before taxes from wages or salary. If self-employed, list net annual earned income (after business expenses are deducted)			b. Annual Unearned Income \$ _____ Examples include: interest income, dividends, net rentals, pension benefits, alimony, royalties, etc.		
c. Number of hours worked per week _____			d. Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" complete Section 4		
4. COMPLETE IF SELF-EMPLOYED					
a. Type of Business <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Corporation (LLC)			b. Name of the business and type of service provided		
c. Number of Employees			d. Range of duties you perform (administration, manual, etc.)		
e. Time self-employed in this business ___ yrs. ___ mos. (if less than 2 years, list occupation prior to self-employment)			f. Is your business located within your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list percentage of time working outside of your home _____%		
5. DECLARATIONS AND SIGNATURES					
I declare, understand and agree that:					
1. All statements and answers contained in this Application Supplement are complete and true to the best of my knowledge and belief.					
2. I understand and agree that this Application Supplement becomes part of the Application for life insurance.					
_____ Signature of Proposed Insured			_____ Signature of Licensed Producer		
Date _____					

SERFF Tracking Number: HARL-126152252 State: Arkansas
 Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number: 42759
 Company Tracking Number: ILD LA-1333(09)
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Disability Income Rider, Application Supplement & Exclusion Amendment
 Project Name/Number: Disability Income Rider, Application Supplement & Exclusion Amendment/LA-1333(09)

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
Readability Certification.pdf		
AR Cert - Rule 19 (Unfair Discrim).pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A - this is not a policy filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Monthly Rates per \$100 of Benefit Document		
Comments:		
Attachment:		
Monthly Rates per 100 of Benefit.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		
Statement of Variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: FYI - List of Exclusions for		

Readability Certificate

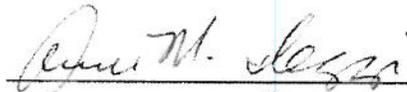
I hereby certify that the forms referenced below have each been scored in their entirety using the Flesch Ease of Reading Test and have attained the score indicated. I further certify that, to the best of my knowledge and belief, said forms comply with state readability requirements and are printed in not less than ten point type, one point leaded.

The readability score was calculated by computer. The software used for this calculation was Microsoft Word.

<u>Form Number and Description</u>	<u>Flesch Score</u>
LA-1333(09) DisabilityAccess Rider	51.8
LA-1334(09) DisabilityAccess Rider Exclusion Amendment	51.8*
HL-19278(09) DisabilityAccess Rider Application Supplement	52.1

*when scored with the DisabilityAccess Rider

Hartford Life and Annuity Insurance Company
NAIC Number 71153-091



Signature

Anne M. Iezzi, Vice President and Chief Compliance Officer
Typed Name and Title

**ARKANSAS
POLICY FORM CERTIFICATION**

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

Form Number(s), Form Title(s):

LA-1333(09) DisabilityAccess Rider
1308(3contd) Specification Page
1308(3contd)U Specification Page (unisex)
LA-1334(09) DisabilityAccess Rider Exclusion Amendment
HL-19278(09) DisabilityAccess Rider-Application Supplement

By my signature below, I hereby certify that I have reviewed the enclosed policy form(s) and certify that the form(s) submitted meets the provisions of Rule 19 entitled "Unfair Discrimination in Sale of Insurance" as well as all applicable requirements of the Arkansas Insurance Department.



Signed:

Jane A. Chapman
Assistant Director, Life and Investment Products Compliance

June 22, 2009
Date

DisabilityAccess Rider
Monthly Rate per \$100 of Monthly Benefit

Issue Age	Male		Female		Unisex	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18	0.77	0.96	1.22	1.53	1.22	1.53
19	0.77	0.96	1.22	1.53	1.22	1.53
20	0.77	0.96	1.22	1.53	1.22	1.53
21	0.78	0.98	1.24	1.55	1.24	1.55
22	0.79	0.99	1.26	1.58	1.26	1.58
23	0.80	1.00	1.28	1.60	1.28	1.60
24	0.82	1.03	1.30	1.63	1.30	1.63
25	0.83	1.04	1.32	1.65	1.32	1.65
26	0.87	1.09	1.33	1.66	1.33	1.66
27	0.92	1.15	1.36	1.70	1.36	1.70
28	0.96	1.20	1.39	1.74	1.39	1.74
29	1.01	1.26	1.43	1.79	1.43	1.79
30	1.05	1.31	1.49	1.86	1.49	1.86
31	1.10	1.38	1.54	1.93	1.54	1.93
32	1.15	1.44	1.61	2.01	1.61	2.01
33	1.19	1.49	1.67	2.09	1.67	2.09
34	1.24	1.55	1.74	2.18	1.74	2.18
35	1.29	1.61	1.82	2.28	1.82	2.28
36	1.32	1.65	1.85	2.31	1.85	2.31
37	1.36	1.70	1.89	2.36	1.89	2.36
38	1.41	1.76	1.93	2.41	1.93	2.41
39	1.46	1.83	1.96	2.45	1.96	2.45
40	1.52	1.90	2.00	2.50	2.00	2.50
41	1.59	1.99	2.06	2.58	2.06	2.58
42	1.67	2.09	2.13	2.66	2.13	2.66
43	1.77	2.21	2.20	2.75	2.20	2.75
44	1.87	2.34	2.26	2.83	2.26	2.83
45	1.98	2.48	2.33	2.91	2.33	2.91
46	2.15	2.69	2.45	3.06	2.45	3.06
47	2.33	2.91	2.57	3.21	2.57	3.21
48	2.53	3.16	2.68	3.35	2.68	3.35
49	2.75	3.44	2.80	3.50	2.80	3.50
50	2.98	3.73	2.92	3.65	2.98	3.73
51	3.14	3.93	3.04	3.80	3.14	3.93
52	3.31	4.14	3.16	3.95	3.31	4.14
53	3.47	4.34	3.29	4.11	3.47	4.34
54	3.64	4.55	3.42	4.28	3.64	4.55
55	3.80	4.75	3.56	4.45	3.80	4.75
56	4.10	5.13	3.85	4.81	4.10	5.13
57	4.41	5.51	4.17	5.21	4.41	5.51
58	4.72	5.90	4.51	5.64	4.72	5.90
59	5.04	6.30	4.87	6.09	5.04	6.30
60	5.36	6.70	5.26	6.58	5.36	6.70

Hartford Life and Annuity Insurance Company
Statement of Variability
May 27, 2009
Page 3 (continued) Policy Specifications for
DISABILITYACCESS RIDER
Disability Income Benefit

Variable Item	Description
RIDER INSURED	Will vary to reflect issue-specific information.
RIDER INSURED ISSUE AGE/SEX	Issue ages 18-60. Gender is Male, Female or Unisex (if applicable).
INSURANCE CLASS	Standard Non-Nicotine, Standard Nicotine, Special Non-Nicotine, Special Nicotine
MONTHLY RIDER CHARGE	The Monthly Rider Charge is based on a rate per \$100 of monthly rider benefit and issue age, gender and smoking status. The Disability Income Rider is guaranteed renewable. We reserve our right to change the Monthly Rider Charge. Any change we make will be applied on a uniform basis for rider insureds of the same issue age, sex (if applicable), rider insurance class, and the length of time coverage has been in force, without regard to any change in the health status of the rider insured.
FIRST YEAR MONTHLY RIDER ISSUE FEE	The First Year Monthly Rider Issue Fee is a flat amount charged in each of the first 12 months after rider issue. The fee will range from \$0 - \$50 based on benefit amount and whether the rider was issued with the policy or post issue.
RIDER ISSUE DATE	Will vary to reflect issue-specific information.
RIDER TERMINATION DATE	Occurs at attained age 60. For new issues, we reserve our right to extend to age 65 or 67.
MONTHLY DISABILITY BENEFIT	The minimum monthly disability benefit amount is \$500. The maximum monthly disability benefit amount determined on the rider issue date will be based on the lesser of: <ul style="list-style-type: none"> • 2% of Initial Face Amount of the life insurance policy to which the rider is attached. For new issues, we may change this percentage to another percentage ranging from 1% to 5%; • \$5,000. For new issues, we may change the dollar amount to a new dollar amount ranging from \$2,000 - \$10,000; or • 30% of monthly earned income. For new issues, we may change this percentage to a new percentage ranging from 20% - 100%.
MAXIMUM LIFETIME DISABILITY BENEFIT	Equals the Monthly Disability Benefit amount times 24 months.

[

MUSCULOSKELETAL DISORDERS

V001 - LOW BACK/LUMBAR SPINE - Any disease or disorder of the low back or Lumbosacral spine, including the vertebral bodies, vertebral arches, intervertebral discs, facet joints, sacroiliac joints, surrounding muscles, ligaments and tendons, and spinal nerve roots and any complications, including sciatica, radiculitis/radiculopathy and reflex dystrophy, treatment or operation therefor.

V002 - ENTIRE SPINE - Any disease or disorder of the entire spine, including the vertebral bodies, vertebral arches, intervertebral discs, facet joints, sacroiliac joints, surrounding muscles, ligaments and tendons, and spinal nerve roots and any complications, including sciatica, radiculitis/radiculopathy and reflux dystrophy, treatment or operation therefor.

V003 - CERVICAL SPINE - Any disease or disorder of the Cervical Spine, including the vertebral arches, intervertebral discs, facet joints, surrounding muscles, ligaments and tendons, and spinal nerve roots and any complications, including radiculitis/radiculopathy and reflex dystrophy, treatment or operation therefor.

V004- THORACIC SPINE - Any disease or disorder of the Thoracic Spine, including the vertebral arches, intervertebral discs, facet joints, surrounding muscles, ligaments and tendons, and spinal nerve roots and any complications, including radiculitis/radiculopathy and reflex dystrophy, treatment or any operation therefor.

V005- CERVICAL AND THORACIC SPINE - Any disease or disorder of the Cervical and Thoracic Spine, including the vertebral arches, intervertebral discs, facet joints, surrounding muscles, ligaments and tendons, and spinal roots, and any complications, including radiculitis/radiculopathy and reflex dystrophy, treatment or operation therefor.

V006 - AMPUTATION - Any disease or disorder of *"the affected extremity"*, including treatment of the remaining portion, any complication thereof or operation therefor.

V007 - FRACTURES - Any disorder of *"the fracture site"* including surgical removal of any fixation devices, surgical screws or pins, any complications thereof or treatment therefor.

V008 - OSTEOMYELITIS - Osteomyelitis, including any disease of *"the affected bone(s)"*.

V009 - OSTEOCHONDRITIS - Any disease or disorder of *"the affected bone or joint"*

V010 - OSTEOPOROSIS - Osteoporosis, to include *"the affected bone(s)"*, and any complications including fractures.

V011 - BURSITIS - Any disease or disorder of *"the affected joint(s), and/or tendons, and any complications thereof.*

V012 - TENDONITIS - Tendonitis or tenosynovitis of *"the affected joint(s) and surrounding tissues and any complications thereof.*

V013 - HAND - Any disease or disorder of *"the Right or the Left or Both" Hand(s), including complications thereof, treatment or operation therfor.*

V014 - COSTOCHONDRITIS - Chest wall pain or any disorder of the ribs or costal cartilages or intercostal muscles.

V015 - GANGLION - Ganglion, including any treatment or operation thereof.

V016 - ANKYLOSIS - Any disease or disorder of *"the affected joint, including any complications, treatment, or operation thereof.*

V017- DISLOCATION - Any disease or disorder of *"the affected joint(s)"*, including complications, treatment or operation thereof.

V018 - FOOT - Any disease or disorder of *"the affected foot or both feet"*, including complications thereof, treatment or operation thereof.

V019 - HIP - Any disease or disorder of *"the affected hip(s)"*, including complications thereof, treatment or operation thereof.

V020 - HIP REPLACEMENT - Any disease or disorder of *"the affected hip(s)"*, including any complications of hardware or operation for removal thereof.

V021 - KNEE - Any disease or disorder of *"the affected knee or both knees"*, including any complications thereof, treatment or operation thereof.

V022 - TEMPOROMANDIBULAR JOINT SYNDROME - Any disease or disorder of the Temporomandibular joint.

V023 - WRIST OR HAND - Any disease or disorder of *"the affected wrist(s) and hand(s)"*, including any disorder of the muscles and tendons acting on *"the affected wrist(s) and hand(s)"*.

V024 - CARPAL TUNNEL SYNDROME - Carpal Tunnel Syndrome, including complications thereof, treatment or operation thereof.

V025 - THORACIC OUTLET SYNDROME - Thoracic Outlet Syndrome, including any complications thereof, treatment or operation thereof.

V026 - BRACHIAL PALSY - Brachial Palsy, including any complications thereof, treatment or operation thereof.

V027 - ARTHRITIS - Arthritis, including any complications thereof or treatment or operation thereof.

V028 - TRAUMATIC ARTHRITIS - Any disease or disorder of *"the affected joint(s)"*, including complications thereof, treatment or operation thereof.

V029 - RHEUMATOID ARTHRITIS - Rheumatoid Arthritis, including any complications thereof, treatment or operation thereof.

V030 - GOUT - Gout, including gouty arthritis and any complications thereof, treatment or operation thereof.

V031 - ANKYLOSING SPONDYLITIS - Ankylosing Spondylitis, including any complications thereof, treatment or operation thereof.

V032 - PSORIATIC ARTHRITIS - Psoriatic Arthritis, including any complications, treatment or operation thereof.

V033 - DUPUYTREN'S CONTRACTURE - Any disease or disorder of *"the affected hand(s)"*, including any complications thereof or treatment or operation thereof.

V034 - HERNIA - Hernia of *"the affected part of the body"*, including any complications thereof, treatment or operation thereof.

V035 - MISCELLANEOUS DISORDERS - Any disease or disorder of the, including complications thereof, treatment or operation thereof.

MENTAL DISORDERS

V050 - MENTAL NERVOUS - This policy excludes any mental/nervous disorder, substance abuse, burnout, chronic fatigue syndrome, fibromyalgia and spastic colon, any treatment thereof, or any complications arising from such disorders or their treatment.

Mental Disorder means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Mental disorders include but are not limited to psychosis, emotional or behavioral disorders, anxiety disorders, obsessive compulsive disorders and disorders related or attributable to stress.

If the DSM is discontinued or replaced, this policy will exclude the conditions specifically named above plus those conditions classified by the diagnostic manual then in use by the American Psychiatric Association.

051 - ANXIETY/ADJUSTMENT DISORDERS - DSM III codes - 300 range

052 - ORGANIC/AFFECTIVE DISORDERS - DSM III codes - 290 range

053 - ALCOHOL USE

054 - DRUG USE

NEUROLOGIC DISORDERS

V100 HEADACHES - Headaches, including Migraines, any complications thereof, treatment or operation therefor.

V101 CEREBRAL PALSY - Cerebral Palsy, including any complications.

V102 - EPILEPSY - Epilepsy or seizures, any complications thereof, treatment of operation therefor.

V103 - POLIO - Polio, or any complications of polio, including but not limited to Post-Polio Syndrome, any treatment or operation therefor.

V104 - SPINA BIFIDA - Any disease or disorder of *"the affected vertebral"*, spina bifida or spina bifida occulta, including any complications thereof, treatment or operation therefor.

V105 - BELL'S PALSY - Bell's Palsy, including any complications thereof or treatment therefor.

V106 - NEURALGIA - Occipital or post-herpetic neuralgia, including any complications thereof or treatment therefor.

V107- ULNAR NERVE PALSY - Peroneal, radial or ulnar nerve palsy, including any complications thereof, treatment or operation therefor.

V108 - TRIGEMINAL NEURALGIA - Trigeminal neuralgia, including any complications thereof, treatment or operation therefor.

V109 - MYASTHENIA GRAVIS - Myasthenia gravis, including any complications thereof, treatment or operation therefor.

V110 - TREMOR - Tremor of *"the affected areas"*, including any complications thereof or treatment therefor.

111 - NEUROLOGIC DISORDERS

CARDIOVASCULAR DISORDERS

V150 - CORONARY ARTERY DISEASE - Chest pain, or any disease or disorder of the heart, including coronary arteries or coronary veins, including any complications thereof, treatment or operation therefor.

V151 - ACROPARESTHESIA - Acroparesthesia of *"the affected extremity(ies)"*

V152 - ACROCYANOSIS - Acrocyanosis of *"the affected extremity(ies)."*

V153 - ERYTHROMELALGIA - Any disease or disorder of *"the affected extremity(ies)."*

V154 - VENOUS THROMBOSIS - Phlebitis, thrombophlebitis, varicose veins, varicose ulceration or stasis, pulmonary embolism, any complications thereof or treatment or operation therefor.

V155 - VARICOSE VEINS - Varicose veins, varicose ulceration, stasis phlebitis, any complications thereof, treatment or operation therefor.

156 - BUILD

157 - ELEVATED BLOOD PRESSURE

158 - HYPERLIPIDEMIA

159 - ABNORMAL EKG FINDINGS

160 - VALVULAR HEART DISEASE

161 - CONGENITAL HEART DISEASE

162 - CARDIAC ARRHYTHMIA - Atrial Fibrillation

163 - CEREBROVASCULAR DISEASE - Stroke or TIA

164 - PERIPHERAL VASCULAR DISEASE

ENDOCRINE DISORDERS

V200 - THYROID DISORDERS - Any disease or disorder of the thyroid gland, including any complications, treatment or operation thereof.

V201 - DIABETES - Diabetes, any complications including, but not limited to retinopathy or blindness, nephropathy and neuropathy, treatment or operation therefor.

202 - ENDOCRINE DISORDERS

EYES, EARS, NOSE, THROAT

V250 - EARS - Any disease or disorder of "*the affected ear(s)*", including deafness, any complications thereof, treatment or operation therefor.

V251 - EYES - Any disease or disorder of "*the affected eye(s)*", including blindness, any complications thereof, treatment or operation therefor.

V252 - CATARACT - Cataracts, of any disease or disorder of "*the affected eye(s)*", including blindness, any complications thereof, treatment or operation therefor.

V253 - GLAUCOMA - Glaucoma, or any disease or disorder of "*the affected eye(s)*", including blindness, any complications thereof, treatment or operation therefor.

V254 - SINUSITIS - Sinusitis or any disease or disorder of the nose or nasal passages, including complications thereof, treatment or operation therefor.

V255 - DEVIATED NASAL SEPTUM - Any disease or disorder of the nose or nasal passages, including complications thereof, treatment or operation therefor.

V256 - NASAL POLYPS - Nasal polyps or any disease or disorder of the nose or nasal passages, including complications thereof, treatment or operation therefor.

V257 - VOCAL CORD POLYPS - Polyps or any disease or disorder of the vocal cords, including complications thereof, treatment or operation therefor.

V258 - VOCAL CORD PARALYSIS - Any disease or disorder of the vocal cords, including complications thereof, treatment or operation therefor.

RESPIRATORY

V300 - ASTHMA - Asthma, bronchitis, or any disease or disorder of the respiratory tract, including complications thereof, treatment or operation therefor.

V301 - BRONCHIECTASIS - Bronchiectasis, including complications thereof, treatment or operation therefor.

V302 - BRONCHITIS - Bronchitis, asthma or any disease or disorder of the respiratory tract, including complications thereof, treatment or operation therefor.

V303 - EMPHYSEMA - Emphysema, Chronic Obstructive Pulmonary Disease, chronic bronchitis, asthmatic bronchitis, or any disease or disorder of the respiratory tract, any complications thereof, treatment or operation therefor.

V304 - PNEUMOTHORAX - Pneumothorax, including any complications thereof, treatment or operation therefor.

V305 - SARCOIDOSIS - Sarcoidosis, including any complications thereof, treatment or operation therefor.

V306 - CYST, BLEBS or BULLAE - Cyst, Bleb or Bullae of the lungs, including complications thereof, treatment or operation therefor.

V307 - PNEUMONIA - Pneumonia or any disease or disorder of the respiratory tract, including complications thereof, treatment or operation therefor.

V308 - ALLERGIC RHINITIS - Allergic rhinitis, hayfever, allergies, or any disease or disorder of the respiratory tract, including complications thereof, treatment or operation therefor.

BLOOD DISORDERS

V350 - ANEMIA - Anemia, including any complications thereof, treatment or operation therefor.

V351 - SPLEEN - Any disease or disorder of the spleen, including complications thereof, treatment or operation therefor.

352 - BLOOD DISORDERS

GASTROINTESTINAL DISORDERS

V400 - ACHALASIA - Any disease or disorder of the esophagus and esophageal sphincter, any complications thereof, treatment or operation therefor.

V401 - ESOPHAGUS - Any disease or disorder of the esophagus, any complications thereof, treatment or operation therefor.

V402 - DUODENITIS - Any disease or disorder of the stomach or duodenum, any complications thereof, treatment or operation therefor.

V403 - GASTRITIS - Gastritis, any disease or disorder of the stomach, any complications thereof, treatment or operation therefor.

V404 - HIATAL HERNIA - Hiatal hernia, any complications including reflux, treatment or operation therefor.

V405 - PEPTIC ULCER - Peptic ulcer, any disease or disorder of the stomach or duodenum, any complications thereof, treatment or operation therefor.

V406 - ANAL FISSURE - Any disease or disorder of the anus or rectum, any complications thereof, treatment or operation therefor.

V407 - DIVERTICULITIS - Diverticulitis, any disease or disorder of the large intestine, including complications thereof, treatment or operation therefor.

V408 - HEMORRHOIDS - Hemorrhoids, including any complications thereof, treatment or operation therefor.

V409 - FISTULA-IN-ANO - Any disease or disorder of the rectum or anus, including fistulo in ano.

V410 - CROHN'S DISEASE - Crohn's disease, ileitis, colitis or any disease or disorder of the gastrointestinal tract, including any complications thereof, treatment or operation therefor.

V411 - ULCERATIVE COLITIS - Ulcerative colitis, any disease or disorder of the large intestine, any complications including cancer, treatment or operation therefor.

V412 - COLECTOMY - Any disease or disorder of the rectum including any complications thereof, treatment or operation therefor.

V413 - COLOSTOMY - Any complications from colostomy including revisions, stomach ulcerations, skin disorders, infection or any other complications.

V414 - IRRITABLE BOWEL SYNDROME - Irritable bowel syndrome, spastic colitis, spastic colon, colitis, and any complications thereof, treatment or operation therefor.

V415 - ISCHIORECTAL ABSCESS - Any disease or disorder of the rectum or anus, including ischiorectal abscess, any complications thereof, treatment or operation therefor.

V416 - COLON POLYPS - Intestinal polyps, any disease or disorder of the large intestine and any complications, including colon cancer, treatment or operation, including colostomy, therefor.

V417 - PROCTITIS - Ulcerative Proctitis including any complications thereof, treatment or operation therefor.

V418 - RECTAL PROLAPSE - Any disease or disorder of the rectum or anus, including prolapse or stricture, any complications thereof, treatment or operation therefor.

V419 - CHOLECYSTITIS/CHOLELITHIASIS - Any disease or disorder of the gallbladder, liver or biliary tree and any complications thereof, treatment or operation therefor.

420 - LIVER DISORDERS

KIDNEY AND RENAL DISORDERS

V450 - KIDNEY DISORDERS - Any disease or disorder of the kidneys or urinary tract, any complications, including renal failure, and any treatment or operation therefor.

V451 - RENAL CYSTS - Any disease or disorder of the urinary tract, any complications including cysts or renal failure, treatment or operation therefor.

V452 - GLOMERULONEPHRITIS - Any disease or disorder of the kidneys or urinary tract, any complications, including renal failure, and any treatment or operation therefor.

V453 - HYDRONEPHROSIS - Any disease or disorder of "*the affected kidney(s)*", urinary tract system and any complications thereof, treatment or operation therefor.

V454 - KIDNEY STONE - Calculi, renal colic, kidney stones, or any disease or disorder of the urinary tract, any complications including renal failure, and treatment or operation therefor.

V455 - NEPHRECTOMY - Any disease or disorder of the urinary tract, and any complications including renal failure, any treatment or operation therefor.

V456 - CYSTITIS - Any disease or disorder of the urinary bladder, any complications thereof, treatment or operation therefor.

V457 - BLADDER STONE - Any disease or disorder of the urinary bladder, urethra or ureter, including any complications thereof, treatment or operation therefor.

V458 - STRESS INCONTINENCE/UTERINE PROLAPSE - Urinary incontinence, including any operation therefor, complications or treatment thereof.

V459 - DIVERTICULUM OF BLADDER - Any disease or disorder of the urinary bladder including any complications thereof, treatment or operation therefor.

V460 - FISTULA - Urinary fistula and any organ affected by fistula, any complications thereof, treatment or operation therefor.

V461 - URETHRAL STRICTURE/URETHRITIS - Any disease or disorder of the urethra, any complications thereof, treatment or operation therefor.

462 - ABNORMAL URINALYSIS

REPRODUCTIVE ORGANS

V500 - BREAST DISORDERS - Any disease or disorder of the breasts, any complications thereof, treatment or operation therefor.

V501 - BREAST IMPLANTS - Any disease or disorder of the breasts, including implants or prosthesis, any complications thereof, treatment or operation therefor.

V502 - FIBROCYSTIC BREAST DISEASE - Fibrocystic breast disease or any disease of the breasts, including cancer or metastases.

V503 - FEMALE GENERATIVE DISORDERS - Any disease or disorder of the cervix, uterus, and/or adnexa, any complications thereof or treatment or operation therefor.

V504 - OVARIAN CYST - Any disease or disorder of the ovaries, any complications thereof, treatment or operation therefor.

V505 - ENDOMETRIOSIS - Endometriosis, any disease or disorder of the cervix, uterus and/or adnexa, including any treatment or operation therefor or complications thereof.

V506 - ENDOMETRITIS - Endometritis, any disease or disorder of the cervix, uterus and/or adnexa, including any treatment or operation therefor or complications thereof.

V507 - UTERINE FIBROIDS - Uterine fibroids including any treatment or operation therefor or complications thereof.

V508 - VAGINITIS - Any disease or disorder of the vagina including any complications thereof or treatment or operation therefor.

V509 - PREGNANCY - Pregnancy or complications of pregnancy including any treatment or operation therefor or complications thereof.

V510 - PROSTATE - Any disease or disorder of the prostate including any complications thereof or treatment or operation therefor.

V511 - TESTES DISORDERS - Any disease or disorder of the testes including any complications thereof or treatment or operation therefor.

V512 - EPIDIDYMITIS - Any disease or disorder of the epididymis or testes including any complications thereof or treatment or operation therefor.

V513 - HYDROCELE - Hydrocele including any complications thereof or treatment or operation therefor.

V514 - SPERMATOCELE - Spermatocele including any complications thereof or treatment or operation therefor.

V515 - VARICOCELE - Varicocele including any complications thereof or treatment or operation therefor.

SKIN DISORDERS

V550 - ANGIOEDEMA/URTICARIA (HIVES) - Urticaria including any complications thereof or treatment or operation therefor.

V551 - BURNS - Any complications arising from residuals of burns or treatment of burns including skin grafting.

V552 - DERMATITIS (ECZEMA) - Dermatitis or eczema including any complications thereof or treatment or operation therefor.

V553 - DISCOID LUPUS ERYTHEMATOSUS - Discoid lupus erythematosus including any complications thereof or treatment or operation therefor.

V554 - NEVUS (MOLE) - Nevus or nevi (moles) and any complications including malignant melanoma, any treatment or operation therefor.

V555 - PSORIASIS - Psoriasis and any complications including psoriatic arthritis, any treatment or operation therefor.

V556 - SKIN DISORDERS - Any disease or disorder of the skin including any complications thereof or treatment or operation therefor.

TUMORS

V600 - TUMORS - Any tumor of *"the affected organ(s)"*, any complications including metastasis, treatment including side effects, or operation therefor.

V601 - BREAST CANCER - Any tumor of *"the left, right or left and right"* breast and adjacent structures, any complications including metastasis, treatment including side effects, or operation therefor.

V602 - CERVICAL CANCER - Any tumor of the cervix and adjacent tissues, any complications including metastasis, treatment including side effects, or operation therefor.

V603 - HODGKIN'S DISEASE - Hodgkin's disease, any complications including metastasis and appearance of second tumors, treatment including side effects, or operation therefor.

V604 - NON-HODGKIN'S LYMPHOMA - Non-Hodgkin's Lymphoma, any complications including metastasis or secondary tumors, treatment including side effects, or operation therefor.

V605 - MALIGNANT MELANOMA - Malignant melanoma, any complications including metastasis, treatment including side effects, or operation therefor.

V606 - PROSTATE CANCER - Any tumor of the prostate, complications including metastasis and/or urinary tract obstructions, treatment including side effects, or operation therefor.

V607 - TESTICULAR CANCER - Any testicular tumor, complications including metastasis, treatment including side effects, or operation therefor.

V608 - THYROID CANCER - Any thyroid tumor, complications including metastasis, treatment including side effects, or operation therefor.

V609 - PLASMA CELL DYSCRASIAS (Monoclonal Gammopathy) - Any plasmacytoma, any complications including development of malignant myeloma, treatment including side effects, or operation therefor.

RATINGS

700 - MOTOR VEHICLE INFRACTIONS

701 - ABNORMAL LABORATORY FINDINGS

702 - CHRONIC FATIGUE or FIBROMYALGIA/FIBROSIS

703 - INFECTIOUS DISEASES

704 - MISCELLANEOUS DISORDERS

AVOCATIONS

V800 - AUTOMOBILE RACING - Any injury sustained while practicing or participating in any motor vehicle racing or any related activity and any complications thereof.

V801 - AVIATION - Any injury sustained while participating in aviation activity as either pilot, co-pilot or crew member.

V802 - BALLOONING - Any injury sustained while travelling in a balloon or descending from an in-flight balloon and complications thereof.

V803 - BICYCLE RACING - Any injury sustained while practicing or participating in any bicycle racing or related activity and any complications thereof.

V804 - BOBSLEDDING - Any injury sustained while practicing or participating in any bobsledding activity and any complications thereof.

V805 - CANOEING - Any injury sustained as a result of operating a canoe and any complications thereof.

V806 - HANG GLIDING - Any injury sustained while travelling in or descending from or in a hang glider and any complications thereof.

V807 - HORSEBACK RIDING - Any injury sustained while participating in horseback riding and any complications thereof.

V808 - KAYAKING - Any injury sustained as a result of operating a kayak and any complications thereof.

V809 - LUGE RACING - Any injury sustained while practicing or participating in luge racing and any complications thereof.

V810 - MARTIAL ARTS - Any injury sustained while practicing or participating in martial arts activity and any complications thereof.

V811 - MOTORCYCLE RIDING - Any injury sustained as a result of motorcycle riding and any complications thereof.

V812 - MOTORCYCLE RACING - Any injury sustained while practicing or participating in any motorcycle racing or any related activity and any complications thereof.

V813 - MOUNTAINEERING - Any injury sustained while mountain climbing and any complications thereof.

V814 - PARACHUTING/SKY DIVING - Any injury sustained while parachuting or sky diving or as a result of parachuting or sky diving and any complications thereof.

V815 - POWERBOAT RACING - Any injury sustained while practicing or participating in any powerboat racing and any complications thereof.

V816 - RODEO - Any injury sustained while practicing or participating in rodeo events and any complications thereof.

V817 - SCUBA DIVING - Any injury sustained or sickness contracted while participating in skin or scuba diving activities and any complications thereof.

V818 - SNOWMOBILING - Any injury sustained while snowmobile racing and any complications thereof.

V819 - ULTRALIGHTS - Any injury sustained while travelling in or descending from an ultralight aircraft and any complications thereof.

V820 - WHITE WATER RAFTING - Any injury sustained while participating in white water rafting activities and any complications thereof.

V821 - WRESTLING - Any injury sustained while practicing for or participating in any form of amateur wrestling and any complications thereof.

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SERFF Tracking Number: HARL-126152252 State: Arkansas
 Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number: 42759
 Company Tracking Number: ILD LA-1333(09)
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Disability Income Rider, Application Supplement & Exclusion Amendment
 Project Name/Number: Disability Income Rider, Application Supplement & Exclusion Amendment/LA-1333(09)

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/22/2009	Form	DisabilityAccess Rider	06/30/2009	LA-1333(09) DisabilityAccess Rider.pdf (Superceded)



DISABILITY ACCESS RIDER

Disability Income Benefit

PLEASE READ THIS RIDER CAREFULLY

BENEFIT

Subject to the terms and conditions set forth herein, this Rider will provide a Monthly Disability Benefit if the Rider Insured is Totally Disabled from Sickness or Injury. Total Disabilities not covered by this Rider are described under the Total Disabilities Excluded provision. In addition, there may be a Pre-Existing Condition limitation further limiting benefits.

DEFINITIONS

Accumulation Period: the continuous period of time during which the Waiting Period must be satisfied. The Accumulation Period is shown in the Policy Specifications. The Accumulation Period begins on the day the Rider Insured is first treated by or has a consultation with a Health Care Provider for the Sickness or Injury causing the Total Disability and is Totally Disabled. The Accumulation Period ends when the Rider Insured has Gainfully Worked for more than 30 days during this period.

Care: regular and personal treatment from a licensed Health Care Provider which is appropriate for the Injury or Sickness according to generally accepted medical standards.

Concurrent Disability: a Total Disability caused by more than one Injury or Sickness, whether related or unrelated.

First Benefit Day: the first day after completion of the Waiting Period. This is the first day Monthly Disability Benefits begin to accrue.

Gainful Work, Gainfully Working: employed or self employed for monetary gain or reward in any type of business, trade, profession, vocation, calling or occupation. It does not include avocations or hobbies.

Health Care Provider: a legally licensed physician or doctoral level psychologist acting within the scope of his or her license in the state of licensure. It cannot be You, the Rider Insured, or Your or the Rider Insured's family member, business partner or associate.

Injury: bodily Injury to an Insured that results from an accident that occurs while this Rider is in force.

Maximum Lifetime Disability Benefit: the maximum amount of Monthly Disability Benefits that may be payable under this Rider during the lifetime of the Rider Insured and while this Rider remains in effect. The Maximum Lifetime Disability Benefit is shown in the Policy Specifications.

Monthly Disability Benefit: the amount that will be paid to You at the end of each month according to the terms of the Monthly Disability Benefit provision. The Monthly Disability Benefit is shown in the Policy Specifications.

Own Occupation: the Rider Insured's usual Gainful Work which he/she was engaged in or performing for wage or salary, immediately prior to the date the Accumulation Period began.

Pre-Existing Condition:

1. a physical or mental condition for which the Rider Insured was diagnosed or received (or was recommended to receive) medical or mental health care advice, care, or treatment within the 2 year period preceding the Rider Issue Date; or
2. a physical or mental condition which produced symptoms which would cause an ordinary prudent person to seek diagnosis, medical mental health care advice, care, or treatment during the 2 year period preceding the Rider Issue Date.

DEFINITIONS

(Continued)

Rider Insured: the Rider Insured shown in the Policy Specifications.

Sickness: a physical or mental condition which first manifests itself while the Policy and this Rider are in force.

Substantial and Material Duties: means those duties that are normally required to be performed at the Rider Insured's Own Occupation and which cannot be reasonably modified or omitted.

Total Disability and Totally Disabled: means that due to Injury or Sickness, the Rider Insured is prevented from engaging or performing the Substantial and Material Duties of his or her Own Occupation.

Waiting Period: the total number of days during the Accumulation Period the Rider Insured must be Totally Disabled and not engaged in any Gainful Work. The Waiting Period is shown in the Policy Specifications. No benefits are payable during this period. Benefits do not accumulate during the Waiting Period and are not retroactive.

MONTHLY DISABILITY BENEFIT

We will pay You the Monthly Disability Benefit for each month the Rider Insured is Totally Disabled after the completion of the Waiting Period provided all of the Conditions for Eligibility of Benefit Payments have been met.

Conditions for Eligibility of Benefit Payments

You are eligible to receive a Monthly Disability Benefit if the Policy and Rider are in force when all of the following requirements are met:

1. the Rider Insured was Gainfully Working immediately prior to the Accumulation Period;
2. the Rider Insured is Totally Disabled and is receiving Care for such Total Disability from a Health Care Provider;
3. The Waiting Period has been satisfied; and
4. all of the conditions described under the Claims for Benefits provision have been satisfied.

When Benefit Payments Begin

After the Waiting Period, the Monthly Disability Benefit will begin to accrue. The monthly payment will be made at the end of each full month of Total Disability of the Rider Insured. For a period of Total Disability that is less than a full month, We will pay 1/30th of the monthly benefit for each day.

When Benefit Payments End

We will continue to pay a Monthly Disability Benefit under this Rider until the first of the following to occur:

1. the Rider Insured is no longer Totally Disabled;
2. the death of the Rider Insured;
3. total Monthly Disability Benefits paid under the Rider equal the Maximum Lifetime Disability Benefit shown in the Policy Specifications;
4. We fail to receive from You Proof of Continued Total Disability in accordance with the provisions of this Rider; or
5. the Rider terminates in accordance with any of the conditions listed in the Rider Termination provision.

However, if an Accumulation Period begins, or the Rider Insured suffers a Recurrent and Continuous Disability, within one year immediately prior to the Rider Termination Date, the Rider Insured will be eligible for Monthly Disability Benefits (provided the Conditions for Eligibility of Benefit Payments have been met) until the earlier of (a) the end of 12 months from the First Benefit Day (or the date the Monthly Disability Benefit resumes and begins to accrue for a Recurrent and Continuous Disability); or (b) until any of the events described in 1. through 4. above occur.

**MONTHLY
DISABILITY
BENEFIT**
(Continued)

Recurrent and Continuous Disability

If, within six months following the end of a previously covered Total Disability, the Rider Insured becomes Totally Disabled due to the same or related Sickness or Injury that caused the previous Total Disability, We will consider the previous Total Disability to be continuous. If this occurs, the Waiting Period will be deemed to be satisfied and the Monthly Disability Benefit will resume and begin to accrue as of the day the Rider Insured was first treated by or had a consultation with a Health Care Practitioner for the Sickness or Injury causing the subsequent, but continuous, Total Disability. This provision will not apply beyond the Rider Termination Date.

Concurrent Disability

If a Monthly Disability Benefit is being paid for a Concurrent Disability, the following will apply:

1. such benefit will continue to be paid provided the Rider Insured remains Totally Disabled due to at least one of the Injuries or Sicknesses causing the Concurrent Disability and none of the events described under When Benefits End has occurred;
2. the Monthly Disability Benefit will be paid as if there is only one Injury or Sickness; and
3. in no event will the Rider Insured be considered to have more than one Total Disability at the same time.

**TOTAL DISABILITIES
EXCLUDED**

We will not pay a Monthly Disability Benefit for a Total Disability resulting from:

1. attempted suicide, or self-inflicted Injury, while sane or insane;
2. any act or incident of insurrection or war, declared or undeclared;
3. participation in, or attempting to participate in, a riot or insurrection;
4. service in the military forces full-time. Periods of military training of not more than 30 days will not be considered full time military service;
5. commission of, or participation in the commission of, a felony or engaging in an illegal activity or occupation;
6. flight in any aircraft if the Rider Insured is a pilot or crew member, or a student pilot or crew member;
7. normal childbirth or pregnancy except for Total Disability due to complications of pregnancy. A complication of pregnancy means any disease, disorder, emergency non-elective cesarean section or condition whose diagnosis is distinct from pregnancy but is adversely affected by or caused by pregnancy and which requires physician-prescribed supervision. Conditions which are not complications include, but are not limited to, conditions, occurrences and procedures such as morning sickness; false labor; and physician-prescribed rest during the period of pregnancy; and similar conditions, occurrences and procedures associated with the management of a difficult pregnancy which do not constitute a categorically distinct complication of pregnancy;
8. a Pre-Existing Condition if Total Disability starts during the first 2 years from this Rider's Issue Date;
9. a condition or avocation which is excluded from coverage by Amendment to this Rider by name or specific description; or
10. an injury or sickness incurred while the Rider Insured is incarcerated in a penal or correctional institution.

In addition, this Rider does not provide a Monthly Disability Benefit if the Rider Insured or his/her Health Care Provider reside outside of the United States.

**CLAIMS FOR
BENEFITS**

For You to receive Monthly Disability Benefits, We must receive written notice of claim for benefits and proof of Total Disability. The details on how to claim benefits are discussed below.

Notice of Claim

You, or someone acting on Your behalf, must give Us notice of claim as soon as reasonably possible after any covered Total Disability commences. The notice should include Your name, the Rider Insured's name and Policy number.

**CLAIMS FOR
BENEFITS**
(Continued)

Claim Forms

When We receive Your notice of claim, We will send You claim forms. These forms ask for facts that demonstrate Total Disability. The proof must be given within the time stated under Proof of Total Disability below. We may also require the Rider Insured to provide necessary authorizations to enable Us to obtain information relating to the claim and to provide Us with relevant financial records.

Proof of Total Disability

Written proof of Total Disability must be provided to Us within 90 days after the beginning of a period of Total Disability for which benefits may be payable. If proof is not provided within this time, We will not deny the claim if it is shown that proof was provided as soon as reasonably possible. No Benefit will be paid for a period of Total Disability which is more than three years prior to the date that written notice of claim is received by Us unless You are/were legally incapacitated at the time of the Total Disability.

Time of Payment of Claims

After We receive satisfactory proof of Total Disability and if the Waiting Period has ended, We will pay all Monthly Disability Benefits then due for the Total Disability. Additional payments will be paid monthly and be subject to Proof of Continued Total Disability.

Proof of Continued Total Disability

While You are receiving Monthly Disability Benefits, We may request, from time to time, written proof of Continued Total Disability. Failure to provide written proof by the date requested will result in a discontinuation of Monthly Disability Benefits. If proof is subsequently provided reflecting the Rider Insured has been and continues to be Totally Disabled, we will resume Monthly Disability Benefit payments from the date of discontinuation.

Payment of Claims

We will pay all Monthly Disability Benefits to You, the Policyowner. If You should predecease the Rider Insured while benefits are payable under this Rider, We will pay any future Monthly Disability Benefits to the successor Policyowner or to the legal representative of Your estate if a successor is not named. If You are also the Rider Insured, upon Your death, We will pay any remaining Monthly Disability Benefits to the designated beneficiary of the Policy to which the Rider is attached.

Examinations

We may require the Rider Insured to be examined by a licensed Health Care Provider of Our choosing as often as is reasonable while a claim is pending or while You are receiving Monthly Disability Benefits under this Rider. We will pay the cost of any examinations that We require.

**FIRST YEAR
MONTHLY RIDER
ISSUE FEE**

We will assess a First Year Monthly Rider Issue Fee on the first twelve Monthly Activity Dates coincident with or next following the Rider Issue Date. The fee will automatically be deducted on each Monthly Activity Date from the Policy's Account Value as part of the Monthly Deduction Amount and will never exceed the amount shown in the Policy Specifications.

**MONTHLY
RIDER CHARGE**

The monthly charge for this Rider, shown in the Policy Specifications, will be automatically deducted on each Monthly Activity Date from the Policy's Account Value as part of the Monthly Deduction Amount. It will continue to be deducted from the Account Value until this Rider is terminated in accordance with the Rider Termination provision.

Our Right to Increase or Decrease the Monthly Rider Charge

We have the right to change the Monthly Rider Charge for this Rider at any time. Any such change will be filed and approved where required with the appropriate state insurance department where this Rider is issued or issued for delivery. Any such change We make will be applied on a uniform basis for Rider Insureds of the same Issue Age, sex (if applicable), Rider Insurance Class, and the length of time coverage has been in force, without regard to any change in the health status of the Rider Insured.

MISSTATEMENT OF AGE AND/OR SEX

If the Issue Age of the Rider Insured is understated; or the sex of the Rider Insured is incorrectly stated such that it resulted in lower Monthly Rider Charges, the Monthly Disability Benefit will be reduced to the Monthly Disability Benefit that would have been provided by the last Monthly Rider Charge at the correct Issue Age and/or sex.

If the Issue Age of the Rider Insured is overstated; or the sex of the Rider Insured is incorrectly stated such that it resulted in higher Monthly Rider Charges, the Monthly Disability Benefit will be adjusted by the return of all excess charges prior to the date of the Rider Insured's disability.

INCONTESTABILITY

We cannot contest this Rider after it has been in force for 3 years from the Rider Issue Date or after it has been in force more than 3 years from the effective date of a reinstatement:

- 1. except for nonpayment of the required cost of this Rider; or
- 2. unless the Total Disability of the Rider Insured occurred during such 3 year period.

Any contest We make after the Rider is reinstated will be limited to the material misrepresentations in the evidence of insurability provided to Us in the request for reinstatement. However, this provision will not affect Our right to contest any statement in the original application or a different reinstatement request which was made during the Rider Insured's lifetime for 3 years from the Rider Issue Date or a subsequent reinstatement date.

RIDER TERMINATION

This Rider will terminate on the first of the following to occur:

- 1. the date We receive Your request, In Writing, to terminate it;
- 2. total Monthly Disability Benefits paid equal the Maximum Lifetime Disability Benefit shown in the Policy Specifications
- 3. the date the Policy matures or terminates;
- 4. the Rider Termination Date shown in the Policy Specifications; and
- 5. the date on which all additional benefits provided by Rider are deemed to have terminated in accordance with any provision of the Policy.

REINSTATEMENT

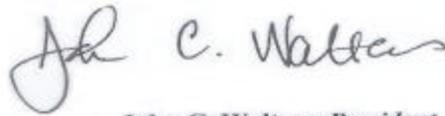
You may reinstate this Rider subject to Our approval if Your Policy is reinstated. The reinstated Rider will only cover Total Disability resulting from Injury that occurs after the reinstatement date or Sickness that first manifests itself more than 10 days after the reinstatement date.

GENERAL

This Rider is part of the Policy to which it is attached and, except as noted above, it is subject to all of the terms, conditions and limitations of the Policy.

Signed for **HARTFORD LIFE AND ANNUITY INSURANCE COMPANY**

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John C. Walters

John C. Walters, President

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