

SERFF Tracking Number: HARL-127785708 State: Arkansas
Filing Company: Hartford Life and Accident Insurance Company State Tracking Number: 50544
Company Tracking Number: GCF_1700_GCF_CI_2011_12
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: GCF_AR_HLA_CI_GBD-1700 A_2011_Original
Project Name/Number: /3018

Filing at a Glance

Company: Hartford Life and Accident Insurance Company
Product Name: GCF_AR_HLA_CI_GBD-1700 SERFF Tr Num: HARL-127785708 State: Arkansas
A_2011_Original
TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Approved State Tr Num: 50544
Limited Benefit
Sub-TOI: H07G.001 Critical Illness Co Tr Num: State Status: Approved-Closed
GCF_1700_GCF_CI_2011_12
Filing Type: Form Reviewer(s): Donna Lambert
Disposition Date: 01/12/2012
Authors: Harold Ekart, Lori
Minchoff, Yolanda Topps, Kerri
Picard, Faristine Moore, Catherine
Aylsworth, Rachel Welcome,
Kimberly Pavlik, Julie Gutowski
Date Submitted: 12/21/2011 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date: 02/13/2012
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: 3018 Date Approved in Domicile: 06/21/2011
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer, Association, Discretionary, Trust, Other Explanation for Other Group Market Type:
Labor Unions
Overall Rate Impact: Filing Status Changed: 01/12/2012
State Status Changed: 01/12/2012
Deemer Date: Created By: Faristine Moore
Submitted By: Yolanda Topps Corresponding Filing Tracking Number:
Filing Description:
We are submitting the attached forms for your review and approval pursuant to Ark. Code Ann. §23-79-109. A cover letter with a description of the filing is attached under the Supporting Documentation tab.

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Company and Contact

Filing Contact Information

Faristine Moore, Faristine.Moore@hartfordlife.com
 200 Hopmeadow St. 860-843-1844 [Phone]
 Simsbury, CT 06089

Filing Company Information

Hartford Life and Accident Insurance Company CoCode: 70815 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: 06-0838648

Filing Fees

Fee Required? Yes
 Fee Amount: \$350.00
 Retaliatory? No
 Fee Explanation: 7 forms at \$50.00 per form.

Our domiciliary state of Connecticut does not assess a filing fee.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Accident Insurance Company	\$350.00	12/21/2011	54730910
Hartford Life and Accident Insurance Company	\$100.00	01/06/2012	55097591

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/12/2012	01/12/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	01/03/2012	01/04/2012	Kerri Picard	01/06/2012	01/06/2012

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Disposition

Disposition Date: 01/12/2012

Implementation Date: 02/13/2012

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document (revised)	Application	Approved	Yes
Supporting Document	Application	Replaced	Yes
Supporting Document	Cover Letter and Forms/Module Lists	Approved	Yes
Supporting Document	Statement of Variable Language	Approved	Yes
Form	Policy of Incorporation	Approved	Yes
Form	Group Critical Illness Insurance Plan	Approved	Yes
Form	Limited Child Critical Illness Insurance Plan (Amendatory Rider)	Approved	Yes
Form	Limited Cancer Insurance Plan (Amendatory Rider)	Approved	Yes
Form	Amendatory Rider	Approved	Yes
Form	Group Master Application	Approved	Yes
Form	Trust Application	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/04/2012
Submitted Date 01/04/2012
Respond By Date 02/06/2012

Dear Faristine Moore,

1. ACA 23-86-106 defines eligible groups. No product can be marketed to an association, including a labor union, unless the requirements of 23-86-106(2) are met. Please give us your assurance that no product will be marketed to any association or labor union unless such group is first filed with and approved by the Department.

2. If the two applications attached to the Supporting Documentation tab have been previously approved, please provide the approval date(s) and SERFF tracking number(s). If not, please attach the forms to the Form Schedule tab, and include an additional \$50 per form.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 01/06/2012
 Submitted Date 01/06/2012

Dear Donna Lambert,

Comments:

Thank you for your letter dated January 4, 2012. With respect to your first objection item, no product issued on the forms submitted will be marketed to any association or labor union as policyholder unless the requirements of ACA 23-86-106(2) have been met.

Response 1

Comments: Thank you for your direction. These applications are new and have now been placed under the forms tab. The statement of variable language for these applications still remain under the Supporting Documentation's tab. We have also included an additional \$100 (\$50 for each form) in filing fees under the EFT tab.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Application

Comment: Attached is the general use master application that will be used for issuance of a group policy providing critical illness.

Also attached is the general use participating employer application for issuance of group coverage providing critical illness through a trust.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Master Application	Form PA-9591		Application/Enrollment Form	Initial			AR_Master Applicatio

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Trust Application Form PA- Application/Enrollment Initial
9592 Form

n_PA-
9591.pdf
AR_Trust
Applicatio
n_PA-
9592.pdf

No Rate/Rule Schedule items changed.

Thank you in advance for your time and consideration.

Sincerely,

Catherine Aylsworth, Faristine Moore, Harold Ekart, Julie Gutowski, Kerri Picard, Kimberly Pavlik, Lori Minchoff, Rachel Welcome, Yolanda Topps

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Form Schedule

Lead Form Number: Form GBD-1700 A

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 01/12/2012	Form GBD-1700 A	Policy/Contract Certificate	Policy of Fraternal Incorporation	Initial		52.900	AR_POI_GBD-1700 A.pdf
Approved 01/12/2012	Form GBD-1701	Certificate	Group Critical Illness Insurance Plan	Initial		50.100	AR_CERT_GBD-1701.pdf
Approved 01/12/2012	Form PA-9452	Certificate Amendment, Insert Page, Endorsement or Rider	Limited Child Critical Illness Insurance Plan (Amendatory Rider)	Initial		50.000	AR_Rider_CI Child_PA-9452.pdf
Approved 01/12/2012	Form PA-9454	Certificate Amendment, Insert Page, Endorsement or Rider	Limited Cancer Insurance Plan (Amendatory Rider)	Initial		50.800	AR_Rider_CI Child_PA-9454.pdf
Approved 01/12/2012	Form PA-9456	Certificate Amendment, Insert Page, Endorsement or Rider	Amendatory Rider	Initial		59.600	AR_Rider_Amendatory_PA-9456.pdf
Approved 01/12/2012	Form PA-9591	Application/Enrollment Form	Group Master Application	Initial			AR_Master Application_PA-9591.pdf
Approved 01/12/2012	Form PA-9592	Application/Enrollment Form	Trust Application	Initial			AR_Trust Application_PA-9592.pdf



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

[2]200 Hopmeadow Street, Simsbury, Connecticut 06089
(A stock insurance company, herein called The Company)
will pay benefits according to the terms and conditions of The [CV6]Policy].

[3]AMENDMENT TO GROUP POLICY 123456 PROCESSED ON JANUARY 1, 2010. ANY CHANGES BETWEEN THIS POLICY AND THE PREVIOUSLY ISSUED POLICY ARE EFFECTIVE JANUARY 1, 2011. ALL OTHER TERMS CONDITIONS AND DATES REMAIN UNCHANGED.]

[4]Name of [CV3]Policyholder: [4]ABC COMPANY]

[4]CV6 Policy Number:
[4]123456

[4]CV11 Policy Effective Date:
[4]January 1, 2010

[4]Place of Delivery:
[4]Alabama

[4]Anniversary Date:
[4]January 1 of each year, beginning in 2011

[4]Premium Due Dates:
[4]Monthly, on the first day of each [CV6]policy month

Signed for The Company [5]

Ricardo A. Anzaldua, Secretary

Juan Andrade, President

[6]The Company agrees with the [CV3]Policyholder to insure certain eligible [CV2]Employees of each [CV12]Participating [CV1]Employer.]

THIS IS A LIMITED BENEFIT POLICY

The [CV6]Policy provides limited or supplemental coverage. It pays benefits ONLY upon the occurrence and diagnosis of a [CV17]Critical Illness with the exception of the Wellness Screening Benefit. The [CV6]Policy does not provide benefits for any other disease, sickness or incapacity. Benefits provided are supplemental and are not intended to substitute for medical coverage or disability insurance.

[7]THIRTY DAY RIGHT TO EXAMINE [CV6]POLICY

The Company urges you to examine The [CV6]Policy closely. If you are not satisfied with it, you may send it back to The Company for any reason within [9]30 days after the date you receive it. If so returned, your insurance will be canceled, and any premium paid will be refunded in full.]

Countersigned by.....
[10]Licensed Resident Agent or Registrar

Table of Contents

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Incorporation Provision 17]

[1] SCHEDULE OF INSURANCE - ELIGIBILITY

Eligible [CV2]Persons]:

DESCRIPTION OF ELIGIBLE [CV2]PERSONS]

All Active [CV2]Members] of [CV3]the Policyholder] who are:

- 1) at least 18 years old but under age 67; and
- 2) citizens or legal residents of the United States of America, its territories and protectorates.

Eligible Dependents:

DESCRIPTION OF ELIGIBLE SPOUSE

An Eligible [CV2]Member's] Spouse, as defined, provided he or she is:

- 1) at least 18 years old but under age 67; and
- 2) a citizen or legal resident of the United States of America, its territories and protectorates; and
- 3) not legally separated or divorced from the Eligible [CV2]Member].

DESCRIPTION OF ELIGIBLE DEPENDENT CHILDREN

An Eligible [CV2]Person's] Dependent Children, as defined.

[CV6]Policy] Age Limit: Age 80

Evidence of Insurability:

SIMPLIFIED ISSUE PLAN

To be accepted for coverage under The [CV6]Policy], all Eligible [CV2]Persons] and Eligible Dependents must submit a written application and evidence of insurability satisfactory to The Company.

The Company will pay for any evidence of insurability requested. The Company reserves the right to decline an Eligible [CV2]Person's] application for coverage under The [CV6]Policy]. If The Company declines and an Eligible [CV2]Person] elects to provide The Company with additional evidence of insurability, the additional evidence will be at his or her own expense.

GUARANTEED ISSUE PLAN

If an Eligible [CV2]Person's] or Eligible Dependent's Evidence of Insurability is not satisfactory to The Company, he or she will be accepted under The [CV6]Policy] if:

- 1) he or she enrolled within 30 days of the date he or she was first eligible to enroll; and
- 2) he or she is under age 67 on the date The Company receives his or her written application; and
- 3) during the 30 consecutive day period immediately prior to the date of his or her written application, he or she was:
 - a) Actively at Work; or
 - b) if not employed, able to carry on all the normal and customary activities of a person of like age and sex in good health.

The Eligible [CV2]Person] or Eligible Dependent will not be covered under The [CV6]Policy] if he or she enrolled more than 30 days after the date he or she was first eligible to enroll.

Eligibility Restriction:

When Spouses are both Eligible [CV2]Persons]:

- 1) coverage may not be duplicated by applying as dependents of each other; and
- 2) coverage for an Eligible Dependent Child may be requested by either, but not both.

No Eligible Child will be covered unless either the Eligible [CV2]Person] or the Eligible Spouse is covered.

An Eligible [CV2]Person] who becomes covered under The [CV6]Policy] will be referred to herein as an Insured Person. An Insured Person and his or her covered Dependents will be referred to herein as Covered Persons.]

[¹ SCHEDULE OF INSURANCE - BENEFITS

The Amount of [^{CV17}Critical Illness] Insurance for each person covered under The [^{CV6}Policy] will be as elected from this Schedule of Insurance at the time of application subject to:

- 1) the Eligibility provisions; and
- 2) all other terms and conditions of The [^{CV6}Policy].

[^{CV17}CRITICAL ILLNESS] INSURANCE BENEFIT

Category of Person	<u>Amount of [^{CV17}Critical Illness] Insurance</u>
---------------------------	---

The amount requested, subject to a minimum of \$5,000 and a maximum of \$100,000 in \$5,000 increments

Guaranteed Issue Program

Insured Person	\$5,000 - \$20,000
Spouse	25%, 50%, 75% or 100% of the Insured Person's amount.
Dependent Child	\$5,000 (Refer to Rider Form PA-9452)

Simplified Issue Program

Insured Person	\$20,000 - \$50,000
Spouse	25%, 50%, 75% or 100% of the Insured Person's amount

Supplemental Amount of [^{CV17}Critical Illness] Insurance (Medical Underwriting)

Insured Person	\$50,000 - \$100,000
Spouse	25%, 50%, 75% or 100% of the Insured Person's amount

First Occurrence Benefit

Insured Person	100% of the Insured Person's [^{CV17} Critical Illness] Benefit for a specified Covered Condition in Category 1, 2, or 3
Spouse	100% of the Spouse's [^{CV17} Critical Illness] Benefit for a specified Covered Condition in Category 1, 2, or 3
Benefit Suspension Period	
Covered Conditions in Category 1	2 years
All other Covered Conditions	180 days

Recurrence Benefit

Insured Person	50% of the Insured Person's First Occurrence Benefit payable for a Covered Condition in Category 1, 2, or 3
Spouse	50% of the Spouse's First Occurrence Benefit payable for a Covered Condition in Category 1, 2, or 3
Benefit Suspension Period	
Covered Conditions in Category 1	2 years
All other Covered Conditions	180 days

Coronary Artery Bypass Surgery Benefit

Insured Person	25% of the Insured Person's First Occurrence Benefit
Spouse	25% of the Spouse's First Occurrence Benefit
Benefit Suspension Period	180 days following an occurrence of a Covered Condition in any category

Type B Cancer Benefit

Insured Person	25% of the Insured Person's First Occurrence Benefit
Spouse	25% of the Spouse's First Occurrence Benefit
Benefit Suspension Period	2 years following an occurrence of a Covered condition in category 1 180 days following an occurrence of a Covered Condition in any category other than Category 1

SCHEDULE OF INSURANCE - BENEFITS

Wellness Screening Benefit

Insured Person	\$25 - \$100 in \$25 increments per calendar year
Spouse	Same as the Insured Person's Wellness Screening Benefit

Per Day - Hospital Benefit

Benefit Waiting Period	30 - 180 days
Daily Benefit Amount	
Insured Person	\$50 - \$250 in \$25 increments for each day of Hospital confinement
Spouse	Same as the Insured Person's Daily Benefit Amount
Lifetime Maximum Number of Days Payable	
Insured Person	365 days
Spouse	365 days

Per Period of Confinement - Hospital Benefit

Benefit Waiting Period	30 - 180 days
Benefit Amount	
Insured Person	
Confinement Period:	
15 to 29 Days	\$10,000 to \$30,000
30 to 44 Days	\$20,000 to \$60,000
45 Days or more	\$30,000 to \$90,000
Spouse	
Confinement Period:	
15 to 29 Days	\$10,000 to \$30,000
30 to 44 Days	\$20,000 to \$60,000
45 Days or more	\$30,000 to \$90,000
Lifetime Maximum	
Insured Person	\$90,000
Spouse	\$90,000

An Insured Person or Spouse cannot be covered under more than one Certificate or [^{CV6}Policy] which contains a plan of [^{CV17}Critical Illness] Insurance, issued by the Company.]

[¹SCHEDULE OF INSURANCE

[²The Schedule(s) of Insurance for The [^{CV6}Policy] benefits listed below are shown in the Certificate(s) of Insurance, as incorporated into The [^{CV6}Policy] [³:

- 1) [^{CV17}Critical Illness] Insurance Benefit
- 2) First Occurrence Benefit
- 3) Recurrence Benefit
- 4) Coronary Artery Bypass Surgery Benefit
- 5) Type B Cancer Benefit
- 6) Wellness Screening Benefit
- 7) Hospital Benefit]]

The Schedule(s) of Insurance will address the [⁴:

- 1) benefit amounts and maximum limits;
- 2) eligibility and effective date requirements; and
- 3) other schedule amounts and limits;]

which apply to the [^{CV2}employees] of [^{CV3}the Policyholder].]

[¹ PREMIUM PROVISIONS

[² Individual Premiums

Premiums for [³ each] [⁴ Insured Person] are [⁵ stated in the table on the following page(s)] [⁵ on file at the office of [^{cv3} the Policyholder]].

Premiums are based on the [⁶ Insured Person's]⁷:

- 1) Age [⁸ on his or her effective date and on each Premium Due Date thereafter];
- 2) sex;
- 3) plan and amount of insurance;
- 4) rating class;
- 5) gender; and
- 6) status as a smoker or non-smoker.]

[⁹ The premiums shown are for [¹⁰ monthly] periods of coverage. If a premium becomes due for a different period of time, it will be pro-rated.

Premiums for ages [¹¹ 67] and over are renewal premiums only.]]

[¹² Individual Premium Due Dates

The first premium for each Eligible [^{cv2} Person] is due on the date he or she becomes covered under The [^{cv6} Policy]. Each premium after that is due at the end of the period for which his or her preceding premium was paid.]

[¹³ Individual Grace Period

A grace period of [¹⁴ 31] days from the Individual Premium Due Date is allowed each person covered under The [^{cv6} Policy] for payment of each premium due after the initial premium. The Company will continue the insurance covered under The [^{cv6} Policy] during the Individual Grace Period.

[¹⁵ The Individual Grace Period will not continue coverage beyond a date stated in the Cancellation provision.]]

[¹⁶ [^{cv6} Policy] Premium

The premium for The [^{cv6} Policy] is the sum of the Individual Premiums for each person covered under The [^{cv6} Policy].]

[¹⁷ [^{cv6} Policy] Premium Due Dates

The [^{cv6} Policy] Premium is payable on:

- 1) [¹⁸ the [^{cv6} Policy] Effective Date]; and
- 2) the first day of each [¹⁹ third] month thereafter.

Each [^{cv6} Policy] Premium is due on or in advance of the Premium Due Date. The [^{cv6} Policy] terminates on the last day of the period for which premium is paid.]

[²⁰ [^{cv6} Policy] Payment

The [^{cv6} Policy] Premiums are to be paid to The Company by [^{cv3} the Policyholder]. However, they may be paid to The Company by any other person according to a mutual agreement among the other person, [^{cv3} the Policyholder] and The Company.]

[²¹ Change of Premiums

The Company has the right to change the premium rate [²² on the second [^{cv6} Policy] Anniversary and on any Premium Due Date thereafter]. [²³ This includes the right to change premium rates for a benefit that applies to all individuals of the same class, age and sex].

The Company will give [^{cv3} the Policyholder] notice of any change at least [²⁴ 30] days before the Premium Due Date on which it is to become effective.

[²⁵ Any change will apply only to new coverage issued on or after the effective date of the change in rates.]]]

[¹ PREMIUM PROVISIONS

[²⁶ Experience Rating

If The [^{CV6}Policy] is experience rated, any credit amount due [^{CV3}the Policyholder] will be allowed on The [^{CV6}Policy] Anniversary Date and, at [^{CV3}the Policyholder's] request, will be:

- 1) paid to [^{CV3}the Policyholder] in cash;
- 2) used to reduce [^{CV3}the Policyholder] premiums for the prior [^{CV6}policy] year; or
- 3) used to provide additional insurance for covered persons.

Any credit amount shall be determined by the rating plan or plans used by The Company.]]

[1 PREMIUM PROVISIONS

[2Initial] [3-CV14 Monthly] Premium Rates

[4The [2initial] [CV14 monthly] premium rates to be charged [5for [CV2 employee] coverage and/or child/spouse coverage, if applicable,]are shown on the following page(s).]

The [8first premium] is due and payable on the effective date of The [CV6 Policy]. [7Subject to The [CV6 Policy's] grace period provision, all premiums after the first must be paid when or before they are due.]

[8Premiums are based on the [CV2 employee's][9:

- 1) age on his or her effective date and thereafter on the first day of the month following the month in which his or her birthday occurs; and
- 2) sex[10 and occupational class]].]

[11The [2Initial] [CV14 Monthly] Premium Rates may be converted as follows:

To Convert Rates to:	Use a Conversion Factor of:
-- annual rates	11.8227
-- semi-annual rates	5.9557
-- quarterly rates	2.9852]

Grace Period

The Company will allow [CV3 the Policyholder] a [1231] day grace period for the payment of all premiums after the first. During this [1331] day period, The [CV6 Policy] will stay in force. If the owed premium is not paid by the [1431st] day, The [CV6 Policy] will automatically terminate. If [CV3 the Policyholder] gives The Company written advance notice of an earlier cancellation date, The [CV6 Policy] will terminate on the earlier date. Premium is due for each day The [CV6 Policy] is in force.

[15-CV14 Monthly] Premium Rate Guarantee

Initial [CV14 Monthly] Premium Rates are guaranteed as follows:

[16Benefit	Rate Guarantee Period
[CV17 Critical Illness]	24 months]

[17Subject to the Rate Guarantee Period shown above,] The Company has the right to change premium rates on any Premium Due Date if:

- 1) written notice is delivered to [CV3 the Policyholder's] last address on record; and
- 2) the change is effective at least [1830] days after the date of notice.

[19The Rate Guarantee Period supersedes only those provisions appearing elsewhere in The [CV6 Policy] which give The Company the right to change the premium rates, and then, only for the period of time for which the rates are guaranteed. However, The Company may change the premium rates during the Rate Guarantee Period if there is a change in The [CV6 Policy], or if there is a [2010%] increase or decrease in the number of insured [CV2 Employees], or if [CV3 the Policyholder] adds or deletes a subsidiary or affiliated business [CV1 Entity]. The Company may also change the premium rates during the Rate Guarantee Period if there has been a material misstatement in the reported experience during the pre-sale process. The Rate Guarantee Period in no way affects, amends or supersedes any other provision in The [CV6 Policy].]]

[¹ PREMIUM PROVISIONS

[² Calculation

[³ Premiums may be calculated by multiplying the rate times the applicable number of units of coverage.]

If any insurance is added, increased or becomes effective after The [^{CV6} Policy] is in force, the premium charges will begin on:

- 1) the day the coverage is effective, if it is also the first day of a [^{CV6} policy] month; or
- 2) the first day of the next [^{CV6} policy] month.

For insurance which is terminated, premium charges will stop as of the first day of the next [^{CV6} policy] month.

[⁴ Premiums may be calculated by any other method which both The Company and [^{CV3} the Policyholder] agree to in writing.]]

Premium [⁵ Payments]

[⁶ Premium payments are due and payable in full to a place designated by The Company or, with respect to the initial premium payment, premium payments may be made to an authorized agent of The Company.] [⁷ The pre-payment of premiums for a particular period by [^{CV3} the Policyholder] is not a guarantee that The [^{CV6} Policy] will remain in force.]

[⁸ All premiums due under The [^{CV6} Policy] shall be remitted by the [^{CV3} the Policyholder] or [^{CV3} the Policyholder's] designee to The Company on or before the due date.]

[⁹ Experience Rating

If The [^{CV6} Policy] is experience rated, any credit amount due [^{CV3} the Policyholder] will be allowed on The [^{CV6} Policy] Anniversary Date and, at [^{CV3} the Policyholder's] request, will be:

- 1) paid to [^{CV3} the Policyholder] in cash;
- 2) used to reduce [^{CV3} the Policyholder] premiums for the prior [^{CV6} policy] year; or
- 3) used to provide additional insurance for covered persons.

Any credit amount shall be determined by the rating plan or plans used by The Company.]

[¹⁰ Combined Experience

If the experience of The [^{CV6} Policy] is combined with other [^{CV6} policies], it shall be combined only with the experience of the following [^{CV6} policies]: [¹¹ GCI-123456; GCI-123457 and GCI-123458].]]

[¹PREMIUM SCHEDULE

**[² [[CV17](#) Critical Illness]: PREMIUMS
]]**

[¹CV12] **PARTICIPATING** [^{CV1} ENTITIES]

The [^{CV3} Policyholder] means [²ABC Policyholder].

[^{CV12} Participating] [^{CV1} Entity] means any [^{CV1} entity] [³that has become a member of [⁴ABC Policyholder]].

The Company or [^{CV3} the Policyholder], by written request, may add to or delete from the list of [^{CV12} Participating] [^{CV1} Entities] in The [^{CV6} Policy] [⁵at any time]. [⁶The Company] will keep a list of [^{CV12} Participating] [^{CV1} Entities] accepted by The Company and the effective dates of coverage for each.

Any change, subject to The Company's written approval, will become effective [⁷on a date which is mutually agreeable to [^{CV3} the Policyholder] and The Company]. [^{CV3} The Policyholder] may act for or on behalf of all [^{CV12} Participating] [^{CV1} Entities] in all matters of The [^{CV6} Policy]. The following will be binding on all [^{CV12} Participating] [^{CV1} Entities]:

- 1) all agreements between The Company and [^{CV3} the Policyholder];
- 2) all notices from The Company to [^{CV3} the Policyholder]; and
- 3) all notices from [^{CV3} the Policyholder] to The Company.

Each reference in The [^{CV6} Policy] to a relationship between [^{CV3} the Policyholder] and the [^{CV2} Eligible Persons] includes the same relationship between each [^{CV12} Participating] [^{CV1} Entity] and its [^{CV2} Eligible Persons], except where The [^{CV6} Policy] describes specific differences.

Individual Effective Date

A person associated with a [^{CV12} Participating] [^{CV1} Entity] will not:

- 1) become an [^{CV2} Eligible Person] before the [^{CV1} entity] qualifies; or
- 2) continue as an [^{CV2} Eligible Person] after the [^{CV1} entity] ceases to qualify;

as a [^{CV12} Participating] [^{CV1} Entity].

[⁸Premiums

A [^{CV12} Participating] [^{CV1} Entity]'s premiums will be calculated based on [⁹:

- 1) the coverage requested; and
- 2) the data given to The Company by the [^{CV12} Participating] [^{CV1} Entity]].

Upon termination of coverage, any unearned premium will be calculated on a pro-rata basis. The Company will promptly return any unearned premium paid.]

Data Given by [^{CV12} Participating] [^{CV1} Entity]

[¹⁰The [^{CV12} Participating] [^{CV1} Entity], with our approval, may keep the important insurance records on all persons covered under The [^{CV6} Policy]. The [^{CV12} Participating] [^{CV1} Entity] or its designee must give The Company information, when and in the manner The Company asks, to administer the insurance provided by The [^{CV6} Policy].]

[¹¹The [^{CV12} Participating] [^{CV1} Entity] will, upon our request, give The Company [¹²:

- 1) the names of all persons initially eligible for coverage;
- 2) the names of all additional persons who become eligible for coverage;
- 3) the names of all persons whose amount of insurance is to be changed;
- 4) the names of all persons whose eligibility or insurance is terminated; and
- 5) any data necessary to administer the insurance provided by The [^{CV6} Policy]]].

The [^{CV12} Participating] [^{CV1} Entity]'s failure to:

- 1) give The Company the name of any person covered under The [^{CV6} Policy] will not invalidate such person's insurance [¹³;
- 2) report a person's termination of insurance will not continue the coverage beyond the date of termination].

[^{CV3} The Policyholder's] and/or [^{CV12} Participating] [^{CV1} Entity]'s insurance records will be open for our inspection at any reasonable time.

[^{CV12} Participating] [^{CV1} Entity] Termination Date

A [^{CV12} Participating] [^{CV1} Entity] will cease to be covered on the first to occur of [¹⁴:

- 1) the date the [^{CV12} Participating] [^{CV1} Entity] ceases to be a member of [^{CV3} the Policyholder];
- 2) the date requested by the [^{CV12} Participating] [^{CV1} Entity] but not prior to The Company's receipt of the request;
- 3) the termination date of The [^{CV6} Policy];
- 4) the date the [^{CV12} Participating] [^{CV1} Entity]'s premium is due, but not paid; or]

[¹CV12] PARTICIPATING] [^{CV1} ENTITIES]

- 5) the date on which [^{CV3}the Policyholder] requests that the [^{CV1}Entity] be removed from The [^{CV6}Policy]. Such date must be stated in a written notice to The Company, and must be after the date of the notice].

[¹CV12] **PARTICIPATING** [^{CV1}ENTITIES]

[² Name of [^{CV12} Participating] [^{CV1} Entity]	Effective Date	Account Number	Termination Date
ABC Entity	January 1, 2010	000-00-0000	January 1, 2011]]

POLICY PROVISIONS

Entire Contract

The contract between the parties consists of:

- 1) The [CV6]Policy];
- 2) any Certificate(s) of Insurance incorporated and made a part of The [CV6]Policy];
- 3) any riders issued in connection with such Certificate(s) of Insurance[¹, including [CV12]Participating] [CV1]Employer] riders];
- 4) [CV3]the Policyholder's] application, if any, a copy of which is attached to and made a part of The [CV6]Policy] when issued;
- 5) any [²individual] application submitted by the [CV2]Eligible Person] and accepted by The Company in connection with The [CV6]Policy]; and[³
- 6) The [CV12]Participating] [CV1]Employer's] application or agreement, if any, a copy of which is attached to and made a part of The [CV6]Policy] when issued].

All statements made by [CV3]the Policyholder], [4[CV12]Participating] [CV1]Entity]] or persons insured under The [CV6]Policy] will be deemed representations and not warranties. No statement made to effect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary or personal representative.

Incontestability

Except for non-payment of premium, the insurance provided by The [CV6]Policy] cannot be contested after such insurance has been in effect for a period of 2 years.

Changes

The Company reserves the right to make changes in The [CV6]Policy], after The [CV6]Policy] has been in force for [⁵12] months. The Company will give [CV3]the Policyholder] [⁶30] days advance written notice of any change. No agent has authority to change or waive any part of The [CV6]Policy]. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of The [CV6]Policy].

Clerical Error

Clerical error (whether by [CV3]the Policyholder][⁷the Plan Administrator,] or The Company) in keeping the records having to do with The [CV6]Policy], or delays in making entries on the records, will not void the insurance of any person if that insurance would otherwise have been in effect. A clerical error will not extend the insurance of any person if that insurance would otherwise have ended or been reduced as provided by The [CV6]Policy]. When a clerical error is found, premiums and benefits will be adjusted based on the true facts and The [CV6]Policy].

Conformity with Law

If any provision of The [CV6]Policy] is contrary to the law of the jurisdiction in which it is delivered, such provision is hereby amended to conform to that law. If any change to state or federal law, including but not limited to the Federal Social Security Act, affects The Company's liability under The [CV6]Policy], The Company may change The [CV6]Policy], the premiums or both. Such change:

- 1) will be effective as of the date of the change to the state or federal law; and
- 2) will not be made until The Company gives [CV3]the Policyholder] [⁸30] days notice.

[⁹Termination of [CV6]Policy]

The Company may terminate The [CV6]Policy] for the following reasons by giving [CV3]the Policyholder] [¹⁰30] days written notice[¹¹:

- 1) [CV3]the Policyholder] fails to furnish any information which The Company may reasonably require;
- 2) [CV3]the Policyholder] fails to perform any of its other obligations pertaining to The [CV6]Policy];
- 3) Less than [¹²100]% of the persons eligible for coverage on a Non-contributory basis are insured;
- 4) Less than [¹³25]% of the persons eligible for coverage on a Contributory basis are insured; or
- 5) Fewer than [¹⁴10] persons are insured].

In addition, The Company may terminate The [CV6]Policy] on any Premium Due Date after The [CV6]Policy] has been in force for [¹⁵12] months by providing [¹⁶30] days written notice.

[¹⁷The Company reserves the right to terminate [CV17]Critical Illness] Insurance benefits for Dependents on any Premium Due Date on which [¹⁸

- 1) there are fewer than [¹⁹10] persons insured for Dependent coverage; or
- 2) less than [²⁰25]% of the persons eligible for Dependent coverage on a Contributory basis are insured].

The Company shall give [CV3]the Policyholder] [²¹30] days notice of its intent to terminate the [CV17]Critical Illness] Insurance benefit for Dependents.]]

POLICY PROVISIONS

[1]Cancellation

The [CV6]Policy] may be cancelled [2]at any time] by written notice mailed or delivered by The Company to [CV3]the Policyholder], or by [CV3]the Policyholder] to The Company. If The Company cancels, The Company will mail or deliver the notice to [CV3]the Policyholder] at its last address shown in The Company's records. If The Company cancels, cancellation becomes effective on [3]the later of][4:

- 1) the date stated in the notice; or
- 2) the [5]30th] day after The Company mails or delivers the notice].

If [CV3]the Policyholder] cancels, cancellation becomes effective on [6]the later of][7:

- 1) the date The Company receives the notice; or
- 2) the date stated in the notice].

In either event:

- 1) The Company will promptly return to [CV3]the Policyholder] any unearned premium; or
- 2) [CV3]the Policyholder] will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis. Cancellation will be without prejudice to any claim which commenced prior to the effective date of the cancellation.]

[8]Cancellation and Discontinuance

[CV3]The Policyholder] has the right to cease sponsorship under The [CV6]Policy] with respect to the addition of new persons. The Company has the right to cease accepting new applications at any time. In either event, The [CV6]Policy] terminates when no one remains insured under The [CV6]Policy].]

Certificate(s) of Insurance

The Company will give individual Certificate(s) of Insurance to:

- 1) [CV3]the Policyholder]; or
- 2) any other person according to a mutual agreement among the other person, [CV3]the Policyholder], and The Company;

for delivery to persons covered under The [CV6]Policy] and which will explain the important features of The [CV6]Policy].

[9]Data To Be Furnished

[CV3]The Policyholder], or any other person designated by [CV3]the Policyholder], will give The Company all information The Company needs regarding matters pertaining to the insurance. At any reasonable time while The [CV6]Policy] is in force and for [10]12] months after that, The Company may inspect any of [CV3]the Policyholder's] documents, books, or records which may affect the insurance or premiums of The [CV6]Policy].

[CV3]The Policyholder] will, upon our request, give The Company[11:

- 1) the names of all persons initially eligible for coverage;
- 2) the names of all additional persons who become eligible for coverage;
- 3) the names of all persons whose amount of insurance is to be changed;
- 4) the names of all persons whose eligibility or insurance is terminated; and
- 5) any data necessary to administer the insurance provided by The [CV6]Policy]].

[12]Simplified medical underwriting is subject to certain participation levels.]

If [CV3]the Policyholder] gives The Company any incorrect information, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by [CV3]the Policyholder]. Any required adjustment may be made in premiums or benefits.]

[13]Right to Audit

The Company reserves the right to audit, [14]once every 2 years,] [CV3]the Policyholder's] billing records and premium accounting practices. If The Company discovers:

- 1) an underpayment of premium by [CV3]the Policyholder], [CV3]the Policyholder] will be obligated to remit, in a timely manner, the underpayment amount; or
- 2) an overpayment of premium, The Company will return any overpayment amount in a timely manner;

for the previous [15]2] year period.]

POLICY PROVISIONS

[¹⁶Not in Lieu of Worker's Compensation

The [^{CV6}Policy] does not satisfy any requirement for worker's compensation insurance.]

Time Period

All periods begin and end at 12:01 A.M., standard time, at [^{CV3}the Policyholder's] address.

Disclosure of Fees

The Company may reduce or adjust premiums, rates, fees and/or other expenses for programs under The [^{CV6}Policy].

Disclosure of Services

In addition to the insurance coverage, [^{CV3}the Policyholder] may offer noninsurance benefits and services to Active [^{CV2}Employees] based on [^{CV3}the Policyholder's] plan design, programs and/or leave arrangements.

[¹⁷Disclosure of Payment to [^{CV3}the Policyholder]

The Company [¹⁸has agreed to] make payment to [^{CV3}the Policyholder] for reimbursement of cost(s) associated with [¹⁹:

- 1) audit;
- 2) marketing communication services; and

[²⁰other] administrative expenses.]]

[¹INCORPORATION PROVISION



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

[⁴200 Hopmeadow Street, Simsbury, Connecticut 06089]
 (A stock insurance company, herein called The Company)]

[⁵The Certificate(s) of Insurance and Rider(s) and [^{CV6}Policy] Change(s) listed below are attached to, incorporated in and made a part of, The [^{CV6}Policy].

<u>Certificate(s) of Insurance</u>	<u>Applicable to:</u>	<u>Effective Date of Incorporation</u>	<u>Termination Date</u>
[⁶ Form GBD-1701 (123456) GCI 18.04]	[⁶ All Eligible Persons]	[⁶ January 1, 2010]	[⁶ January 1, 2011]
<u>Rider(s)</u>	<u>Applicable to:</u>	<u>Effective Date of Incorporation</u>	<u>Termination Date</u>
[⁶ Form PA-9452 (123456) 1.0]	[⁶ All Eligible Persons]	[⁶ January 1, 2010]	[⁶ January 1, 2011]
[⁶ Form PA-9454 (123456) 2.0]	[⁶ All Eligible Persons]	[⁶ January 1, 2010]	[⁶ January 1, 2011]
[⁶ Form PA-9456 (123456) 3.0]	[⁶ All Eligible Persons]	[⁶ January 1, 2010]	[⁶ January 1, 2011]
<u>[^{CV6}Policy] Change(s)</u>	<u>Applicable to:</u>	<u>Effective Date of Change</u>	<u>Termination Date</u>
[⁶ [^{CV6} Policy] Page Added: Form GBD-1700 C.2]	[⁶ All Eligible Persons]	[⁶ January 1, 2010]	[⁶ January 1, 2011]
[⁶ [^{CV6} Policy] Page Deleted: Form GBD-1700 C.1]	[⁶ All Eligible Persons]	[⁶ January 1, 2010]]

The provisions found in the Certificate(s) of Insurance will address the benefit plan, period of coverage, exclusions, claims and other general [^{CV6}policy] provisions pertaining to state insurance law requirements.

[⁷In all other respects, The [^{CV6}Policy] and Certificate(s) of Insurance remain the same.

RIDER: This rider, issued [⁸June 1, 2010], forms a part of [^{CV6}Policy] Number [⁸123456] issued to [⁸ABC Policyholder]. It is effective [⁸January 1, 2010]. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of The [^{CV6}Policy], except as stated herein.

[⁹Signed for The Company

Ricardo A. Anzaldúa, Secretary

Juan Andrade, President

]]]



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

[³200 Hopmeadow Street, Simsbury, Connecticut 06089]
(A stock insurance company, herein called The Company)

[⁴CV6] **Policy Modifications:** The [^{CV6}Policy] is amended as follows:]

[⁵The Initial [^{CV14}Monthly] Premium Rates for Class 3 will be \$.22

In all other respects, The [^{CV6}Policy] remains the same.]

RIDER: This rider, issued [⁶June 1, 2010], forms a part of [^{CV6}Policy] Number [⁶123456] issued to [⁶ABC Policyholder]. It is effective [⁶January 1, 2010]. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of The [^{CV6}Policy], except as stated herein.

[⁷Signed for The Company

Ricardo A. Anzaldua, Secretary

Juan Andrade, President

]]



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

[200 Hopmeadow Street
Simsbury, Connecticut 06089]
(A stock insurance company)

CERTIFICATE OF INSURANCE

[3 CV3 Policyholder]: ABC Policyholder] [7 CV12 Participating] [CV1 Employer]: ABC Employer]
[4 CV6 Policy] Number: GCI-123456] [8 Account Number: 1234567]
[5 CV6 Policy] Effective Date: January 1, 2010] [9 CV12 Participating] [CV1 Employer] Effective Date: May 1, 2010]
[6 CV6 Policy] Anniversary Date: January 1, 2011] [10 CV12 Participating] [CV1 Employer] Anniversary Date: May 1, 2011]

We have issued The [CV6 Policy] to [CV3 the Policyholder] [11 to extend coverage to eligible [CV2 Employees] of each [CV12 Participating] [CV1 Employer]]. Our name, [CV3 the Policyholder's] name [12, the [CV12 Participating] [CV1 Employer's] name,] [13 and the [CV6 Policy] Number] are shown above. The provisions of The [CV6 Policy], which are important to You, are summarized in this certificate consisting of this form and any additional forms which have been made a part of this certificate. This certificate replaces any other certificate We may have given to You earlier under The [CV6 Policy]. The [CV6 Policy] alone is the only contract under which payment will be made. Any difference between The [CV6 Policy] and this certificate will be settled according to the provisions of The [CV6 Policy] on file with Us at Our home office. The [CV6 Policy] may be inspected at the office of [CV3 the Policyholder].

[14 Signed for the Company

Ricardo A. Anzaldúa, Secretary

Juan Andrade, President]

THIS IS A LIMITED BENEFIT CERTIFICATE: This certificate provides limited or supplemental coverage. It pays benefits ONLY upon the occurrence and diagnosis of a [CV17 Critical Illness] with the exception of the Wellness Screening Benefit. This certificate does not provide benefits for any other disease, sickness or incapacity. Benefits provided are supplemental and are not intended to substitute for medical coverage or disability insurance.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

[15 READ YOUR CERTIFICATE CAREFULLY: You have a [16 30] day right from Your original Certificate Effective Date to examine Your certificate. If You are not satisfied, You may return it to Us within [16 30] days of Your original Certificate Effective Date. In that event, We will consider it void from its Effective Date and any premiums paid will be refunded. Any claims paid under The [CV6 Policy] during the initial 30 day period will be deducted from the refund.]

A note on capitalization in this certificate: Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in The [CV6 Policy] or refers to a specific provision contained herein.

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[CV16] GBD-1701 A01]

¹[SCHEDULE OF INSURANCE

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

[^{CV17}Critical Illness] Insurance

[^{CV12}Participating] Entity: ABC Entity

[^{CV3} POLICYHOLDER]: ABC Policyholder	CERTIFICATE NUMBER: 789123	CERTIFICATE EFFECTIVE DATE: January 1, 2010
[^{CV6} POLICY] NUMBER: 123456	FIRST PREMIUM: \$12	SCHEDULE EFFECTIVE DATE: January 1, 2010
YOUR NAME: Jane Doe	RENEWAL PREMIUM: \$13	RENEWAL PREMIUM DUE DATE: January 1, 2011
	[^{CV6} POLICY] AGE LIMIT: 80 years of age	RENEWAL PREMIUM PERIOD: January 1, 2011 to January 1, 2012

Premiums may change on any renewal date, and will always increase on the renewal date occurring on or next following the date a person covered under The [^{CV6}Policy] attains Ages 30, 35, 40, 45, 50, 55, 60, 65, 70, and 75.

You [^{CV5}or Your Spouse] cannot be covered under more than one Certificate or [^{CV6}Policy] which contains a plan of [^{CV17}Critical Illness] Insurance, issued by Us.

Disclosure of Fees:

We may reduce or adjust premiums, rates, fees and/or other expenses for programs under The [^{CV6}Policy].

Disclosure of Services:

In addition to the insurance coverage, [^{CV3}the Policyholder] may offer noninsurance benefits and services to Active [^{CV2}Members] based on [^{CV3}the Policyholder's] plan design, programs and/or leave arrangements.

Disclosure of Payment to [^{CV3}the Policyholder]:

We have agreed to make payment to [^{CV3}the Policyholder] for reimbursement of cost(s) associated with:

- 1) audit;
- 2) marketing communication services; and
- 3) other administrative expenses.

[^{CV17}CRITICAL ILLNESS] INSURANCE BENEFIT

Category of Person

Amount of [^{CV17}Critical Illness] Insurance

You	\$80,000
Your Spouse	\$40,000 (Cannot exceed 50% of Your amount)
Your Dependent Child	\$5,000 (Refer to Rider Form PA-9452)

First Occurrence Benefit

You	100% of Your Amount of [^{CV17} Critical Illness] Insurance
Your Spouse	100% of Your Spouse's Amount of [^{CV17} Critical Illness] Insurance
Benefit Suspension Period	
Covered Conditions in Category 1	2 years
All other Covered Conditions	180 days

Recurrence Benefit

You	50% of Your First Occurrence Benefit Amount for a specified Covered Condition
You Spouse	50% of Your Spouse's First Occurrence Benefit Amount for a specified Covered Condition
Benefit Suspension Period	
Covered Conditions in Category 1	2 years
All other Covered Conditions	180 days

Coronary Artery Bypass Surgery Benefit

You	25% of Your Amount of [CV17 Critical Illness] Insurance
Your Spouse	25% of Your Spouse's Amount of [CV17 Critical Illness] Insurance
Benefit Suspension Period	180 days following an occurrence of a Covered Condition in any category

Type B Cancer Benefit

You	25% of Your Amount of [CV17 Critical Illness] Insurance
Your Spouse	25% of Your Spouse's Amount of [CV17 Critical Illness] Insurance
Benefit Suspension Period	2 years following an occurrence of a Covered Condition in Category 1 180 days following an occurrence of a Covered Condition in any category, other than Category 1

Wellness Screening Benefit

You	\$50 per calendar year
Your Spouse	\$50 per calendar year

Per Day Hospital Benefit

Benefit Waiting Period	30 days - 180 days
Daily Benefit Amount	
You	\$150 for each day of Hospital Confinement
Your Spouse	\$150 for each day of Hospital Confinement
Lifetime Maximum Number of Days Payable	
You	365 days
Your Spouse	365 days

Per Period of Confinement Hospital Benefit

Benefit Waiting Period	30 days - 180 days
Benefit Amount	
You:	
Confinement Period:	
15 to 29 Days	\$15,000
30 to 44 Days	\$30,000
45 Days or more	\$45,000
Your Spouse:	
Confinement Period:	
15 to 29 Days	\$15,000
30 to 44 Days	\$30,000
45 Days or more	\$45,000
Lifetime Maximum	
You	\$45,000
Your Spouse	\$45,000

[¹SCHEDULE OF INSURANCE

The benefits described herein are those in effect as of January 1, 2010.

Cost of Coverage:

Option 1 (Non-Contributory) - Depending upon the coverage for which You are enrolled, You do not contribute toward the cost of coverage under Option 1.

Option 2 (Contributory) - Depending upon the coverage for which You are enrolled, You must contribute toward the cost of coverage under Option 2.

Disclosure of Fees:

We may reduce or adjust premiums, rates, fees and/or other expenses for programs under The [^{CV6}Policy].

Disclosure of Services:

In addition to the insurance coverage, [^{CV3}the Policyholder] may offer noninsurance benefits and services to Active [^{CV2}Employees] based on [^{CV3}the Policyholder's] plan design, programs and/or leave arrangements.

Disclosure of Payment to [^{CV3}the Policyholder]:

We have agreed to make payment to [^{CV3}the Policyholder] for reimbursement of cost(s) associated with:

- 1) audit;
- 2) marketing communication services; and
- 3) other administrative expenses.

Eligible Class(es) for Coverage:

Class 1 All Full-time Active [^{CV2}Employees] who are citizens or legal residents of the United States of America, its territories and protectorates; excluding temporary, leased or seasonal [^{CV2}employees].

Class 2 All Part-time Active [^{CV2}Employees] who are citizens or legal residents of the United States of America, its territories and protectorates; excluding temporary, leased or seasonal [^{CV2}employees].

Full-time Employment: at least 30 hours weekly

Part-time Employment: at least 20 hours weekly

Annual Enrollment Period: as determined by Your Employer on a yearly basis

Eligibility Waiting Period for Coverage:

- 1) 30 days – if You are working for [^{CV1}the Employer] on the [^{CV6}Policy] Effective Date; or
- 2) 30 days – if You start working for [^{CV1}the Employer] after the [^{CV6}Policy] Effective Date.

The time period(s) referenced above are continuous. The Eligibility Waiting Period for Coverage will be reduced by the period of time You were a Full-time or Part-time Active [^{CV2}Employee] with [^{CV1}the Employer] under the Prior [^{CV6}Policy].

[^{CV17}CRITICAL ILLNESS] INSURANCE BENEFIT

Amount of [^{CV17}Critical Illness] Insurance

You	The amount requested, subject to a minimum of \$5,000 and a maximum of \$100,000 in \$5,000 increments
Your Spouse	100%, 75%, 50%, 25% of Your Amount of [^{CV17} Critical Illness] Insurance
Child	\$5,000 (Refer to Rider Form 9452)

Guaranteed Issue Amount: \$5,000 - \$20,000

Simplified Issue Amount: \$20,000 - \$50,000

Supplemental Amount: \$50,000 - \$100,000

First Occurrence Benefit

You	100% of Your Amount of [CV17 Critical Illness] Insurance for a specified Covered Condition in Category 1, 2, or 3
Your Spouse	100% of Your Spouse's Amount of [CV17 Critical Illness] Insurance for a specified Covered Condition in Category 1, 2, or 3
Benefit Suspension Period	
Covered Conditions in Category 1 and Type B Cancer	2 years
All other Covered Conditions	180 days
<u>Recurrence Benefit</u>	
You	25% - 100% of Your First Occurrence Benefit Amount payable for a Covered Condition in Category 1, 2, or 3
Your Spouse	25% - 100% of Your Spouse's First Occurrence Benefit Amount payable for a Covered Condition in Category 1, 2, or 3
Benefit Suspension Period	
Covered Conditions in Category 1 and Type B Cancer	2 years
All other Covered Conditions	180 days
<u>Coronary Artery Bypass Surgery Benefit</u>	
You	25% of Your Amount of [CV17 Critical Illness] Insurance
Your Spouse	25% of Your Spouse's Amount of [CV17 Critical Illness] Insurance
Benefit Suspension Period	180 days following an occurrence of a Covered Condition in any category
<u>Type B Cancer Benefit</u>	
You	25% of Your Amount of [CV17 Critical Illness] Insurance
Your Spouse	25% of Your Spouse's Amount of [CV17 Critical Illness] Insurance
Benefit Suspension Period	2 years following an occurrence of a Covered Condition in Category 1 180 days following an occurrence of a Covered Condition in any category other than Category 1
<u>Wellness Screening Benefit</u>	
You	\$25 - \$100 in \$25 increments per calendar year
Your Spouse	\$25 - \$100 in \$25 increments per calendar year
<u>Per Day - Hospital Benefit</u>	
Benefit Waiting Period	30 days - 180 days
Daily Benefit Amount	
You	\$50 - \$250 in \$25 increments for each day of Hospital Confinement
Your Spouse	\$50 - \$250 in \$25 increments for each day of Hospital Confinement
Lifetime Maximum Number of Days Payable	
You	365 days
Your Spouse	365 days
<u>Per Period of Confinement - Hospital Benefit</u>	
Benefit Waiting Period	30 days - 180 days
Benefit Amount	
You	
Confinement Period:	
15 to 29 Days	\$10,000 to \$30,000
30 to 44 Days	\$20,000 to \$60,000
45 Days or more	\$30,000 to \$90,000
Your Spouse	
Confinement Period:	
15 to 29 Days	\$10,000 to \$30,000
30 to 44 Days	\$20,000 to \$60,000
45 Days or more	\$30,000 to \$90,000
Lifetime Maximum	
You	\$90,000
Your Spouse	\$90,000

ELIGIBILITY AND ENROLLMENT

¹**Eligible Persons:** [^{CV8}Who is eligible for coverage?]

All persons in the class or classes shown in the Schedule of Insurance², who are age 18 or older, but under age 67] will be considered Eligible Persons.]

[^{CV16}GBD-1701 D01]

¹**Eligibility for Coverage:** [^{CV8}When will I become eligible?]

²You will become eligible for coverage on [³the latest of:

- 1) the [^{CV11}[^{CV6}Policy] Effective Date];
- 2) [⁴the date] You become a member of an Eligible Class; or
- 3) [⁴the date] on which You complete the Eligibility Waiting Period for Coverage shown in the Schedule of Insurance⁵, if applicable]].]

[^{CV16}GBD-1701 D02]

¹**Eligibility for [^{CV4}Dependent] Coverage:** [^{CV8}When will I become eligible for [^{CV4}Dependent] Coverage?]

You will become eligible for [^{CV4}Dependent] coverage [²on the later of:

- 1) [³the date] You become [⁴insured] for [^{CV2}employee] coverage; or
- 2) [⁵the date] You acquire Your first [^{CV4}Dependent]].]

⁶[You may not elect coverage for Your [^{CV4}Dependent] if such [^{CV4}Dependent] is covered as an Active [^{CV2}Employee] under The [^{CV6}Policy].] ⁸[No person can be insured as a [^{CV4}Dependent] of more than one [^{CV2}employee] under The [^{CV6}Policy].]

⁹[No person may be [¹⁰insured]]¹¹:

- 1) as a [^{CV4}Dependent] and an Active [^{CV2}Employee]; or
- 2) as a [^{CV4}Dependent] of more than one Active [^{CV2}Employee];

under The [^{CV6}Policy].]]]

[^{CV16}GBD-1701 D03]

¹**Enrollment:** [^{CV8}How do I enroll for coverage?]

²[³For coverage under Option 1,] all eligible Active [^{CV2}Employees] will be enrolled automatically by [^{CV1}the Employer].]

⁴⁵[For coverage under [⁶Option 2], You must enroll. To enroll [⁷for coverage] You must:

- 1) complete and sign a group insurance enrollment form which is satisfactory to Us for [⁸Your and Your Dependents'] coverage; and
- 2) deliver it to [^{CV1}Your Employer].

⁹You have the option to enroll by [¹⁰voice recording or electronically]. [^{CV1}Your Employer] will provide instructions.]]]

¹¹[¹²Enrollment may] be subject to the Evidence of Insurability Requirements provision.]]]

¹³If You do not enroll [¹⁴for Your coverage and/or Your Dependents' coverage] within [¹⁵30] days after becoming eligible under The [^{CV6}Policy], and later choose to enroll]:

- 1) [¹⁶You must give Us Evidence of Insurability satisfactory to Us]]¹⁷; and
- 2) You may [¹⁸for Your coverage and/or Your Dependents' coverage] only enroll:
 - a) during [¹⁹an Annual Enrollment Period designated by [^{CV3}the Policyholder]]; or
 - b) within [²⁰30] days of the date You have a Change in Family Status].]

²¹The dates of the Annual Enrollment Period are shown in the Schedule of Insurance.]]]

[^{CV16}GBD-1701 D04]

¹**Enrollment:** [^{CV8}How do I enroll for coverage?]

²[³For Non-Contributory Coverage,] [^{CV1}Your Employer] will automatically enroll [⁴You and Your Dependents]].

⁵To enroll for Contributory Coverage, You must [⁶:

- 1) complete and sign a group insurance enrollment form which is satisfactory to Us, for [⁷Your and Your Dependents'] coverage; and
- 2) deliver it to [^{CV1}Your Employer]].]

[⁸You have the option to enroll [⁹ by voice recording or electronically]. [^{CV1}Your Employer] will provide instructions.]]

[¹⁰If You do not enroll [¹¹for Your coverage and/or Your Dependents' coverage] within [¹²30] days after becoming eligible under The [^{CV6}Policy], [¹³or if You were eligible to enroll under the Prior [^{CV6}Policy] and did not do so,] and later choose to enroll, You may enroll [¹⁵for Your coverage and/or Your Dependents' coverage] [¹⁶only:

- 1) during an [¹⁷Annual Enrollment Period] designated by [^{CV3}the Policyholder]; or
- 2) within [¹⁸30] days of the date You have a Change in Family Status]].]

[¹⁹Enrollment may] be subject to the Evidence of Insurability Requirements provision.]]

[^{CV16}GBD-1701 D05]

[¹Evidence of Insurability Requirements: [^{CV8}When will I first be required to provide Evidence of Insurability?]

We require Evidence of Insurability for initial coverage, if You [²:

- 1) enroll more than [³30] days after the date You are first eligible to enroll [⁴, including electing initial coverage after a Change in Family Status];
- 2) enroll for [⁵a benefit amount] greater than [⁶the Guaranteed Issue Amount], regardless of when You enroll for coverage; or
- 3) were eligible for any coverage under the Prior [^{CV6}Policy], but did not enroll and later choose to enroll for that coverage under The [^{CV6}Policy]].

If Your Evidence of Insurability is not satisfactory to Us [⁷:

- 1) Your [⁸benefit amount] will equal the amount for which You were eligible without providing Evidence of Insurability, provided You enrolled within [⁹30] days of the date You were first eligible to enroll; and
- 2) You will not be covered under The [^{CV6}Policy] if You enrolled more than [¹⁰30] days after the date You were first eligible to enroll].]

[^{CV16}GBD-1701 D06]

[¹^{CV4}Dependent] Evidence of Insurability Requirements: [^{CV8}When will my [^{CV4}Dependents] first be required to provide Evidence of Insurability?]

We require Evidence of Insurability, satisfactory to Us, for initial coverage, if You [²:

- 1) enroll for Your [^{CV4}Dependents'] coverage more than [³30] days after the date You are first eligible to enroll [⁴, including electing initial coverage after a Change in Family Status];
- 2) enroll for a benefit amount greater than the Spouse's [⁵Guaranteed Issue Amount], regardless of when You enroll for coverage; or
- 3) were eligible for any dependent coverage under the Prior [^{CV6}Policy], but did not enroll and later choose to enroll for that coverage under The [^{CV6}Policy]].

[⁶However, no Evidence of Insurability will be required if [⁷the benefit amount] for Your Spouse is the Guaranteed Issue Amount for Spouse or less.]

If Your [^{CV4}Dependents'] Evidence of Insurability is not satisfactory to Us [⁸:

- 1) Your [^{CV4}Dependents'] Insurance will equal the amount for which Your [^{CV4}Dependents] were eligible without providing Evidence of Insurability, provided You enrolled Your [^{CV4}Dependents] within [⁹30] days of the date You were first eligible to enroll;
- 2) Your [^{CV4}Dependents] will not be covered under The [^{CV6}Policy] if You enrolled Your [^{CV4}Dependents] more than [¹⁰30] days after the date You were first eligible to enroll].]

[^{CV16}GBD-1701 D07]

[¹Change in Family Status: [^{CV8}What constitutes a Change in Family Status?]

A Change in Family Status occurs when [²:

- 1) You get married [³or You execute a domestic partner affidavit];
- 2) You and Your Spouse [⁴divorce] [⁵or You terminate a domestic partnership];
- 3) Your child is born or You adopt or become the legal guardian of a child;
- 4) Your Spouse [⁶or domestic partner] dies;
- 5) Your child is no longer financially dependent on You or dies;
- 6) Your Spouse [⁷or domestic partner] is no longer employed, which results in a loss of group insurance; or
- 7) You have a change in classification from part-time to full-time or from full-time to part-time].]

[^{CV16}GBD-1701 D08]

PERIOD OF COVERAGE

[¹Effective Date: [^{CV8}When does my coverage start?]

[²[³Non-Contributory] Coverage[⁴, for which Evidence of Insurability is not required,] will start on [⁵the date] You become eligible.]

[⁶[⁷Contributory] Coverage[⁸, for which Evidence of Insurability is not required,] will start [⁹on the latest to occur of][¹⁰:

- 1) [¹¹the date] You become eligible, if You enroll on or before that date;
- 2) [¹² the first day of the month on or next following the last day] of the Annual Enrollment Period[¹³, if You enroll during an Annual Enrollment Period]; or
- 3) [¹⁴the date] You enroll, if You do so within [¹⁵30] days from the date You are eligible].]

[¹⁶Any coverage for which Evidence of Insurability is required, will become effective on [¹⁷the later of:

- 1) [¹⁸the date] You become eligible; or
- 2) [¹⁹the date] We approve Your Evidence of Insurability].]

[²⁰All Effective Dates of coverage are subject to the Deferred Effective Date provision.]]

[^{CV16}GBD-1701 E01]

[¹Effective Date: [^{CV8}When does my coverage start?]

You will become covered under The [^{CV6}Policy] on [²the Certificate Effective Date shown in the Schedule of Insurance][³, subject to:

- 1) payment of the required premium; and
- 2) the Deferred Effective Date provision].]

[^{CV16}GBD-1701 E02]

[¹Deferred Effective Date: [^{CV8}When will my effective date for coverage or a change in my coverage be deferred?]

[²With respect to Active [^{CV2}Employees],]if, on the date You are to become covered[³:

- 1) under The [^{CV6}Policy];
- 2) for increased benefits; or
- 3) for a new benefit;]

You are not Actively at Work [⁴due to a physical or mental condition], such coverage will not start until [⁶the date You are Actively at Work].]

[^{CV16}GBD-1701 E03]

[¹Deferred Effective Date: [^{CV8}When will my effective date for coverage or a change in my coverage be deferred?]

If on the date that You are to become covered under The [^{CV6}Policy] [²or covered for increased benefits under The [^{CV6}Policy],] You are[³:

- 1) not Actively at Work; or
- 2) unable to carry on all the normal and customary activities of a person of like age and gender, in good health, if not employed;]

You will not be so covered until [⁴the earlier of:

- 1) [⁵the first day of the month on or next following date] You have been Actively at Work for [⁶90] consecutive days; or
- 2) [⁷the first day of the month on or next following date] You have been able, for [⁸ 90] consecutive days, to carry on all the normal and customary activities of a person of like age and gender, in good health].]

[^{CV16}GBD-1701 E04]

[¹Continuity from a Prior [^{CV6}Policy]: [^{CV8}Is there continuity of coverage from a Prior [^{CV6}Policy] ?]

[²If You [^{CV4}and Your Spouse] were[³:

- 1) insured under the Prior [^{CV6}Policy]; and
- 2) not receiving benefits under the Prior [^{CV6}Policy];]

on the day before [^{CV11}the Policy Effective Date], the Deferred Effective Date provision will not apply and Your [^{CV4}and Your Spouse's] coverage will begin on [^{CV11}the Policy Effective Date].]

[⁴However, We require Evidence of Insurability for any Amount of [^{CV17}Critical Illness] Insurance under The [^{CV6}Policy] that exceeds Your [^{CV4}or Your Spouse's] amount of [^{CV17}critical illness] insurance under the Prior [^{CV6}Policy] in effect on the date immediately before [^{CV11}the Policy Effective Date].]

[^{CV8}Is my [^{CV4}and my Spouse's] coverage under The [^{CV6}Policy] subject to the Pre-existing Condition Limitation?]

[5]If You [CV4] and Your Spouse] become insured under The [CV6]Policy] on [CV11]the Policy Effective Date] and were covered under the Prior [CV6]Policy] on the day before [CV11]the Policy Effective Date], the Pre-existing Conditions Limitation will end on the earlier of:

- 1) [CV11]the Policy Effective Date], if Your [CV4] and Your Spouse's] coverage for the [CV17]Critical Illness] was not limited by a pre-existing condition restriction under the Prior [CV6]Policy]; or
- 2) the date the restriction would have ceased to apply had the Prior [CV6]Policy] remained in force, if Your [CV4] and Your Spouse's] coverage was limited by a pre-existing condition limitation under the Prior [CV6]Policy].]

[6]If any condition was excluded or limited by a pre-existing condition provision of the Prior [CV6]Policy], or by a health impairment waiver or rider, of the Prior [CV6]Policy], the exclusion or limitation for that condition will continue to apply under The [CV6]Policy] to the extent it was excluded or limited under the Prior [CV6]Policy].]

[7]The Pre-existing Conditions Limitation will apply after [CV11]the Policy Effective Date] to the amount of a benefit increase which results from a change from the Prior [CV6]Policy] to The [CV6]Policy], a change in benefit options, a change of class or a change in The [CV6]Policy].]

[CV16] GBD-1701 E05]

[1]CV4] **Dependent] Effective Date:** [CV8]When does [CV4]Dependent] coverage start?]

[2]CV4]Non-Contributory] Coverage[4, for which Evidence of Insurability is not required,] will start on [5]the date] You become eligible for [CV4]Dependent] coverage.]

[6]CV4]Contributory] Coverage[8, for which Evidence of Insurability is not required,] will start on [9]the latest to occur of][10]:

- 1) [11]the date] You become eligible for [CV4]Dependent] coverage, if You have enrolled on or before that date; or
- 2) [12]the first day of the month on or next following the last day of] the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or
- 3) [13]the date] You enroll, if You do so within [14]30] days from the date You are eligible for [CV4]Dependent] coverage].]

[15]Coverage for which Evidence of Insurability is required, will become effective on [16]the later of:

- 1) [17]the date] You become eligible for [CV4]Dependent] coverage; or
- 2) [18]the date] We approve Your [CV4]Dependents'] Evidence of Insurability].]

[19]In no event will [20]CV4]Dependent] coverage] become effective before You become [21]insured]].]

[CV16] GBD-1701 E06]

[1]CV4] **Dependent] Effective Date:** [CV8]When does [CV4]Dependent] coverage start?]

Your eligible [CV4]Dependent] will become covered under The [CV6]Policy] on [2]the effective date shown in the Schedule of Insurance that first shows coverage for him or her,] [3]subject to:][4]

- 1) payment of the required premium; and
- 2) the Deferred Effective Date provision].]

[5]CV4]Coverage] is indicated for Your [CV4]Dependents] by an Amount of [CV17]Critical Illness] Insurance shown across from the word [CV5]"Spouse"] [CV4] or "Your Dependent Child"] [7, respectively,] on the Schedule of Insurance.]]

[CV16] GBD-1701 E07]

[1]CV4] **Dependent] Deferred Effective Date:** [CV8]When will the effective date for [CV4]Dependent] coverage or a change in coverage be deferred?]

If, on the date Your [CV4]Dependent][2, other than a newborn,] is to become covered under The [CV6]Policy][3:

- 1) for increased benefits; or
- 2) for a new benefit;] and

he or she is[4:

- 1) confined in a hospital; or
- 2) Confined Elsewhere;]

such coverage will not start until he or she[5:

- 1) is discharged from the hospital; or
- 2) is no longer Confined Elsewhere;]

and has engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least [6]15] consecutive days.

[7]This Deferred Effective Date provision will not apply to disabled children who qualify under the definition of [CV4]Dependent Child(ren)].]

[8Confined Elsewhere means Your [CV4Dependent] is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.]]

[CV16GBD-1701 E08]

[1CV4Dependent] Deferred Effective Date: [CV8When will the effective date for [CV4Dependent] coverage or a change in coverage be deferred?]

If on the date that an eligible [CV4Dependent] is to become covered under The [CV6Policy], [2or covered for increased benefits under The [CV6Policy]], and he or she is[3:

- 1) not Actively at Work; or
- 2) if not employed, unable to carry on all the normal and customary activities of a person of like age and gender, in good health;]

such coverage will not start until [4the earlier of:

- 1) [5the date] he or she has been Actively at Work for [690] consecutive days; or
- 2) [7the date] he or she has been able, for [890] consecutive days, to carry on all the normal and customary activities of a person of like age and gender, in good health].]

[CV16GBD-1701 E09]

[1Change in Coverage: [CV8When may I change [2my coverage or coverage for my Dependents]?

[3After Your initial enrollment] You may increase or decrease coverage [4for You or Your Spouse] [5or add a new [CV4Dependent] to Your existing [CV4Dependent] coverage][6:

- 1) during any Annual Enrollment Period designated by [CV3the Policyholder]; or
- 2) within [730] days of the date of a Change in Family Status].]

[8Any such increase in coverage is subject to the [9following provisions][10:

- 1) Deferred Effective Date; and
- 2) Pre-existing Conditions Limitations].]

[CV16GBD-1701 E10]

[1Effective Date for Change in Coverage: [CV8When will changes in coverage become effective?]

Any decrease in coverage will take effect on [2the date of the change].

Any increase in coverage will take effect on [3the latest of][4:

- 1) [5the date of the change];
- 2) [6the date] requirements of the Deferred Effective Date provision are met; or
- 3) [7the date] Evidence of Insurability is approved, if required].]

[CV16GBD-1701 E11]

[1Request for Change in Coverage: [CV8May I change coverage for myself [CV4or my Dependents]?

If You give Us [2an application] for a change in coverage for which You [CV4or Your Dependents] are eligible and pay the required premium, the change will become effective [3on [4the first day of the month on or next following] [5the later of][6:

- 1) the date We receive the [7application]; or
- 2) if Evidence of Insurability is required, the date We determine that You [CV4or Your Dependents] are insurable].]

[CV16GBD-1701 E12]

[1Effective Date for Change in Coverage: [CV8When will a requested change in coverage take effect?]

[2If You enroll for a change in coverage during an Annual Enrollment Period, the change will take effect on the later of:

- 1) [4the first day of the month] following the Annual Enrollment Period[3; or
- 2) [5the date] We approve Your Evidence of Insurability if You are required to submit Evidence of Insurability].]

[6If You enroll for a change in coverage within [730] days following a Change in Family Status, the change will take effect on the later of:

- 1) [5the date] You enroll for the change[8; or
- 2) [9the date] We approve Your Evidence of Insurability if You are required to submit Evidence of Insurability].]

[9Any such increase in coverage is subject to the [10following provisions][11:

- 1) Deferred Effective Date; and
- 2) Pre-existing Conditions Limitations].]

[CV16GBD-1701 E13]

[1Increase in Amount of Insurance: [CV8If I request an increase in the benefit amount [2for myself or my Dependents], must [3we] provide Evidence of Insurability?]

If [4You or Your Dependents] are[5:

- 1) already enrolled for an Amount of [CV17Critical Illness] Insurance under The [CV6Policy], then [6You and Your Dependents] must provide Evidence of Insurability [7for any increase]; or
- 2) not already enrolled for [CV17Critical Illness] Insurance under The [CV6Policy], [8You and Your Dependents] must provide Evidence of Insurability;

including an initial amount].

[9In any event, if the Insurance You request is greater than [10the Guaranteed Issue Amount,] [11You or Your Dependents, as applicable,] must provide Evidence of Insurability.]

[12If Your Evidence of Insurability is not satisfactory to Us, the [13Amount of] [CV17Critical Illness] Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.]

[14If [CV4Your Dependents'] Evidence of Insurability is not satisfactory to Us, the [15Amount of] [CV17Critical Illness] Insurance he or she had in effect on the date immediately prior to the date You requested the increase will not change.]]

[CV16GBD-1701 E14]

[1Termination: [CV8When will my coverage end?]

Your coverage will end on the earliest of the following[2:

- 1) [3the date] The [CV6Policy] terminates;
- 2) [4the date] You are no longer in a class eligible for coverage[5, or the class is cancelled];
- 3) [6the date] [7the required premium is due but not paid];
- 4) [8the date] [CV1Your Employer] terminates Your employment;
- 5) [9the date] [CV1Your Employer] ceases to be a [CV12Participating] [CV1Employer];
- 6) [10the date] You are no longer Actively at Work; or
- 7) [11the date] You attain age [1280];]

[13unless continued in accordance with [14one] of the Continuation Provisions].]

[CV16GBD-1701 E15]

[1Termination: [CV8When will my coverage end?]

Your coverage will end on the earliest to occur of[2:

- 1) [3the date] The [CV6Policy] terminates; or
- 2) the Premium Due Date on or next following [4the date] You:
 - a) cease to be an active member of [CV3the Policyholder]; or
 - b) [5attain the [CV6Policy] Age Limit;]
- 3) [6the date] the [CV12Participating] [CV1Employer] ceases to participate;
- 4) [7the date] You are no longer in a class eligible for coverage or the class is cancelled; or
- 5) the Premium Due Date that You fail to pay any required premium, subject to the Individual Grace Period;]

[8unless continued in accordance with [9one] of the Continuation Provisions].]

[CV16GBD-1701 E16]

[1Reinstatement: [CV8Can my coverage be reinstated after it ends?]

If:

- 1) Your coverage ends [2because You are no longer employed by [CV1the Employer] or no longer in Your eligible class]; and

- 2) You [3are rehired or] return to Your eligible class within [412 months] of the date Your coverage ended;

then coverage for You [5and Your previously covered [CV4Dependents]] may be reinstated[6, provided You request such reinstatement within [730] days of the date You return to [8work or to] an eligible class].

[9The reinstated coverage will be the lesser of the:

- 1) coverage amounts in force on the date coverage ended; or
- 2) amount of coverage in Your new eligible class; and.

subject to all the terms and provisions of The [CV6Policy].]

[10The reinstated coverage will:

- 1) be the same coverage amounts in force on the date coverage ended;
- 2) not be subject to any Eligibility Waiting Period for Coverage or Evidence of Insurability; and
- 3) be subject to all the terms and provisions of The [CV6Policy].]

We will credit any amount of time You [CV4or Your Dependents] were previously covered under The [CV6Policy] toward the satisfaction of time limits under the [11Incontestability provisions] of The [CV6Policy].

[12] We will not reinstate any amount of coverage which You [CV4 or Your Dependents] continued under the Portability provision unless You cancel such coverage.]]

[CV16] GBD-1701 E17]

[1] [CV4] **Dependent Termination:** [CV8] *When does coverage for my [CV4] Dependent end?*]

Coverage for Your [CV4] Dependent] will end [2] on the earliest to occur of:

- 1) [3] the date] Your coverage ends;
- 2) [4] the date] the required premium is due but not paid;
- 3) [5] the date] You are no longer eligible for [CV4] Dependent] coverage;
- 4) [6] the date] We or [CV1] the Employer] terminate [CV4] Dependent] coverage;
- 5) [7] the date] the [CV4] Dependent] no longer meets the definition of [CV4] Dependent];
- 6) for a Dependent Child, [7] the date] the Dependent Child [CV17] Critical Illness] Benefit is paid; or
- 7) [8] the date] Your Spouse attains age [9] 80]],

[10] unless continued in accordance with the Continuation Provisions].]

[CV16] GBD-1701 E18]

[1] [CV4] **Dependent Termination:** [CV8] [2] *When does my [CV4] Dependents] Coverage end?*]

Coverage for Your [CV4] Dependent] terminates [3] on the earliest to occur of:

- 1) [4] the date] The [CV6] Policy] terminates; or
- 2) the Premium Due Date on or next following [5] the date]] [6]:
 - a) with respect to Your [CV4] Dependent Child(ren)], he or she no longer meets the definition of [CV4] Dependent Child(ren)]; or when the Dependent Child [CV17] Critical Illness] Benefit is paid;]
 - b) with respect to Your Spouse, he or she no longer meets the definition of Spouse or attains [7] the [CV6] Policy] Age Limit]; or
 - c) the required premium is not paid, subject to the Individual Grace Period provision; or
- 3) [8] the date] Your coverage [9] terminates]].

However, if [CV4] Dependent] coverage would terminate because of Your death, coverage will continue until [10] the Premium Due Date on or next following Your death] [11] unless continued in accordance with the Spouse Continuation provision].]

[CV16] GBD-1701 E19]

[1] **Individual Grace Period:** [CV8] *What happens if I pay my premiums late?*]

You will be allowed an Individual Grace Period of [2] 31] days from the Premium Due Date for payment of each premium due after the initial premium. Your insurance will be continued during the Individual Grace Period.

The Individual Grace Period will not continue coverage beyond a date shown in the Termination provision.]]

[CV16] GBD-1701 E20]

[1] **Continuation Provisions:** [CV8] *Can my coverage [2] and my [CV4] Dependents] coverage] be continued beyond the date it would otherwise terminate?*]

Coverage [3] under The [CV6] Policy]] [4] may be continued, at [CV1] Your Employer's] option,] beyond a date shown in the Termination provision, [5] provided] [CV1] Your Employer] provides a plan of continuation which applies to all [CV2] employees] the same way.

The amount of continued coverage [6] applicable to You [CV4] or Your Dependents]] will be the amount of coverage in effect on the date immediately before coverage would otherwise have ended. Continued coverage [7]:

- 1) is subject to any reductions in The [CV6] Policy];
- 2) is subject to payment of premium;
- 3) may be continued up to the maximum time shown in the provisions; and
- 4) terminates if] [8]:
 - a) The [CV6] Policy] terminates;
 - b) [CV1] Your Employer] ceases to be a [CV12] Participating] [CV1] Employer]; or
 - c) You attain age [9] 80]].

The amount of insurance will not increase while coverage is being continued. The Continuation Provisions shown below may not be applied consecutively.

[10] In no event will coverage under the following Continuation Provisions, when combined, extend longer than 12 months from the date You were last Actively at Work: Leave of Absence, Lay Off, Status Change, Disability Insurance, Sickness or Injury, Family Medical Leave or Labor Dispute.]]

In all other respects, the terms of Your coverage [11] and coverage for Your [CV4] Dependents]] remain unchanged.

¹²Leave of Absence: If You are on a documented medical leave of absence, other than Family and Medical Leave or Military Leave of Absence, Your coverage (including [^{CV4}Dependent] coverage) may be continued until the last day of the month following the month in which the leave of absence commenced. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Military Leave of Absence: If You [^{CV4}or Your Dependent] enter active full-time military service and are granted a military leave of absence in writing, Your coverage (including [^{CV4}Dependent] coverage) may be continued for up to 12 weeks. If the leave ends prior to the agreed upon date, this continuation will cease immediately.

Spouse Military Leave of Absence: If Your Spouse enters active full-time military service outside of the continental United States, Hawaii, Puerto Rico or Alaska, his or her coverage may be continued for up to 12 weeks. If the leave ends prior to the agreed upon date, this continuation will cease immediately.

Lay Off: If You are temporarily laid off by [^{CV1}the Employer] due to lack of work, all of Your coverage (including [^{CV4}Dependent] coverage) may be continued until the last day of the month following the month in which the lay off commenced. If the lay off becomes permanent, this continuation will cease immediately.

Furlough: If You are not Actively at Work as the result of a work furlough, all of Your coverage (including [^{CV4}Dependent] coverage) may be continued for up to 30 days as determined by [^{CV1}the Employer] and Us. If the furlough ends, this continuation will cease immediately.

Status Change: If You are:

- 1) employed by [^{CV3}the Policyholder]; and
- 2) no longer in an Eligible Class due to a reduction in the number of scheduled hours You work;

Your coverage (including [^{CV4}Dependent] coverage) may be continued until the last day of the third consecutive month after the date Your scheduled hours were reduced.

Disability Insurance: If You:

- 1) are covered by; and
- 2) are approved for benefits under; and
- 3) meet the definition of disabled under;

a group disability Insurance [^{CV6}policy], issued by Us [¹³to [^{CV1}Your Employer]], Your coverage (including [^{CV4}Dependent] [^{CV17}Critical Illness] coverage) may be continued for a period of up to 12 consecutive months [¹⁴from the date You were last Actively at Work while You remain disabled].

Sickness or Injury: If You are not Actively at Work due to sickness or injury for a period of [¹⁵30] consecutive days, all of Your coverages (including [^{CV4}Dependent] [^{CV17}Critical Illness] coverage) may be continued:

- 1) for a period of [¹⁶90] consecutive days from the date You were last Actively at Work; or
- 2) if such absence results in a leave of absence in accordance with state or federal family and medical leave laws, then the combined continuation period will not exceed [¹⁶90] consecutive days].

Labor Dispute: If You are not Actively at Work as the result of a labor dispute, all of Your coverages (including [^{CV4}Dependent] coverage) may be continued during such dispute until the last day of the month in which the coverage terminated. If the labor dispute ends, this continuation will cease immediately.

Sabbatical: If You are on a documented paid sabbatical, Your coverage (including [^{CV4}Dependent] coverage) may be continued until the last day of the month in which the sabbatical commenced. If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately. Coverage continuation must be pre-approved by Us if the sabbatical leave is greater than [¹⁵30] days.

Severance: If Your employment terminates and continuation of [^{CV17}Critical Illness] Insurance is available to You [^{CV4}and Your Dependents] in a severance plan sponsored by [^{CV1}the Employer], all of Your coverage (including [^{CV4}Dependent] [^{CV17}Critical Illness] coverage) may be continued. Your coverage will continue until the earliest of:

- 1) the date The [^{CV6}Policy] terminates [¹⁷or [^{CV1}the Employer] ceases to be a [^{CV12}Participating] [^{CV1}Employer]];
- 2) the date You become covered under another group [^{CV17}critical illness] insurance policy;
- 3) the date specified in Your severance plan; or
- 4) 12 months from the date Your employment terminates.

Coverage for [^{CV4}Your Dependents] will continue until the earliest of:

- 1) the date Your [^{CV4}Dependents] no longer meet the definition of [^{CV4}Dependents];
- 2) the date We or [^{CV1}Your Employer] terminate [^{CV4}Dependent] coverage; or
- 3) the date Your coverage terminates.]

¹⁸**Family and Medical Leave:** If You are granted a leave of absence, in writing, according to the Family and Medical Leave Act of 1993, or other applicable state or local law, Your coverage(s) [¹⁹(including [^{CV4}Dependent] coverage)] may be continued for up to [²⁰12] weeks, or 26 weeks if You qualify for Family Military Leave, or longer if required by other applicable law, following the date Your leave commenced. If the leave of absence ends prior to the agreed upon date, this continuation will cease immediately.]]

[^{CV16}GBD-1701 E21]

¹**Spouse Continuation:** [^{CV8}Can coverage for my Spouse be continued in the event of my death?]

If You die while Your Spouse is covered under The [^{CV6}Policy], Your surviving Spouse may continue:

- 1) his or her coverage²; and
- 2) coverage of Your [^{CV4}Dependent Child(ren)] who were covered by The [^{CV6}Policy] on the date of Your death].

³[We] must receive Your Spouse's written request and the required premium to continue the coverage within [⁴30] days of the Premium Due Date next following the date of Your death.

Your Spouse's⁵ or any of the [^{CV4}Dependent Child(ren)'s]] coverage will not continue beyond⁶:

- 1) a date the coverage would otherwise have ended under the [^{CV4}Dependent] Termination Provision; or
- 2) the Premium Due Date next following the date Your Spouse remarries].]

[^{CV16}GBD-1701 E22]

¹[^{CV4}Dependent] Continuation: [^{CV8}Can coverage for my [^{CV4}Dependents] be continued if I die?]

If You die while [²covered] under The [^{CV6}Policy], [³the [^{CV17}Critical Illness] Insurance coverage] for Your [^{CV4}Dependents] in force at the time of Your death may be continued, until [⁴the earliest of]:

- 1) [⁶the date] the coverage would otherwise have ended under the [^{CV4}Dependent] Termination provision;
- 2) [⁷the date] Your Spouse remarries, dies, or obtains coverage under another group plan;
- 3) [⁸the date] Your Spouse attains age [⁹80]; or
- 4) [¹⁰5 years] from Your date of death.]

¹¹[Coverage continued under this provision will be Contributory Coverage and may not be increased.]]

[^{CV16}GBD-1701 E23]

¹**Reinstatement after Military Service:** [^{CV8}Can my coverage be reinstated after return from active military service?]

If:

- 1) Your coverage terminates because You enter active military service; and
- 2) You are rehired within [²12] months of the date You return from active military service;

then coverage for You [³and Your previously covered [^{CV4}Dependents]] may be reinstated, provided You request such reinstatement within [⁴30] days of the date You return to work.

The reinstated coverage will:

- 1) be the same coverage amounts in force on the date coverage terminated⁵; and
- 2) not be subject to [⁶any Eligibility Waiting Period for Coverage, Evidence of Insurability or Pre-existing Conditions Limitations];] and

be subject to all the terms and provisions of The [^{CV6}Policy].]

[^{CV16}GBD-1701 E24]

¹**Waiver of Premium:** [^{CV8}What is Waiver of Premium?]

Waiver of Premium allows You to continue [²Your [^{CV4}and Your Dependents']] coverage without paying premium, while Your coverage is continued in accordance with [³the Sickness and Injury Continuation Provision].

If You qualify for Waiver of Premium, the amount of continued coverage will⁴:

- 1) be the amount in force on the date You [⁵cease to be an Active [^{CV2}Employee]];
- 2) be subject to any reductions provided by The [^{CV6}Policy]; and
- 3) not increase.]

⁶[Only [^{CV4}Your Dependents] who were covered under The [^{CV6}Policy] when You [⁷were last Actively at Work] will be covered under Waiver of Premium.]]

[^{CV16}GBD-1701 E25]

¹**Conditions for Qualification:** [^{CV8}What conditions must I satisfy before I qualify for this Waiver of Premium?]

To qualify You must²:

- 1) be on an approved continuation and covered under The [^{CV6}Policy] in accordance with [³the Sickness and Injury

- Continuation Provision];
- 2) provide Proof of Loss that You have not been Actively at Work due to a sickness or injury for a period of [4]30] consecutive days starting on the date You were last Actively at Work; and
 - 3) provide such proof within [5]30] days of Your last day of work as an Active Employee.]

[6]In any event, You must have been Actively at Work under The [CV6]Policy] to qualify for Waiver of Premium.]]
[CV16]GBD-1701 E26]

[1]Waiver Begins: [CV8] *When will premiums be waived?*

We will waive premium payments and continue Your [CV5]and Your Dependents'] coverage when You have satisfied the Condition for Qualifications above.]

[CV16]GBD-1701 E27]

[1]Waiver Ceases: [CV8] *When will Waiver of Premium cease?*

We will waive premium payments until the earlier of:

- 1) [2]90] consecutive days; or
- 2) the date when Your coverage would end in accordance with the Termination provision, subject to any Continuation Provision.

[CV8] *What happens when Waiver of Premium ceases?*

When the Waiver of Premium ceases if:

- 1) You return to work in an Eligible Class, as an Active Employee, then You may again be eligible for coverage [3]for Yourself, [CV4]and Your Dependents]] as long as the premiums are paid when due; or
- 2) You do not return to work in an Eligible Class and Your [CV4]and Your Dependents'] coverage is in force under a Continuation Provision, then Your and [CV4]Your Dependents'] coverage will be extended in accordance with that Continuation Provision as long as the premiums are paid when due; or
- 3) You do not return to work in an Eligible Class and Your [CV4]and Your Dependents'] coverage is not being continued in accordance with a Continuation Provision, coverage will end [4]and You may be eligible to apply for coverage under the Portability Benefit].]

[CV16]GBD-1701 E28]

[1]Eligible Coverages: [CV8] *Which coverages are eligible under the Waiver of Premium provision?*

[2]The Waiver of Premium provision only applies to [CV17]Critical Illness] Insurance.]The entire premium You are paying for [3]Your coverage [CV4]and Your Dependents']] coverage will be waived.

[4]Waiver of Premium is not available if Your coverage is being continued under a certificate of insurance issued in accordance with the Portability provision.]]

[CV16]GBD-1701 E29]

[1]Strike or Labor Dispute Waiver of Premium Provision: [CV8] *Will my premiums be waived if my labor union goes on strike?*

In the event You:

- 1) participate in a lawful strike authorized by Your union; or
- 2) are locked out as the result of a labor dispute between Your union and Your employer;

We will waive premiums for Your coverage. You must be Actively at Work and covered under The [CV6]Policy] before the strike or lock-out begins. The Waiver of Premium begins on the Premium Due Date next following a [2]30] consecutive day waiting period, starting after the date the strike or lock-out begins. [3]This provision does not apply to Dependent Spouse coverage.]

You, or Your labor union, must give Us written notice and proof satisfactory to Us of the strike or lock out. This provision will not waive premiums for a strike or lock-out which began prior to [CV11]the [CV6]Policy] Effective Date]. Satisfactory proof of the status of the strike or lock-out must be given to Us when and as often as We may reasonably require, but in no event less than every [2]30] days.

You must notify Us:

- 1) as soon as the strike or lock-out is resolved;
- 2) when You return to work;
- 3) when You are offered the opportunity to return to work for Your employer; or
- 4) when Your employment is terminated.

Premiums will no longer be waived and premium payments must be made on the earliest to occur [4].

- 1) [⁵one year] from the date the waiver began;
- 2) [⁶the Premium Due Date next following the date] the strike or lock-out is resolved;
- 3) [⁷the Premium Due Date next following the date] You return to work or are offered the opportunity to return to work for Your employer; or at the conclusion of the strike or lock-out;
- 4) the date You or Your labor union fail to provide satisfactory proof of the status of the strike or lock-out; or
- 5) the date Your employment is terminated].

In no event will premiums be waived beyond the earlier of:

- 1) [⁸12] months from the date the Waiver of Premium began; or
- 2) the date coverage would normally end under the Termination provision of The [^{CV6}Policy].

If premiums are not paid when due, Your coverage will terminate.

Actively at Work, as used in this provision, means You are performing all the regular duties of Your occupation for Your employer on the date immediately preceding the date the strike or lock-out begins.]

[^{CV16}GBD-1701 E30]

BENEFITS

[¹/²Except for Portability Benefits,]the benefits below are not applicable to Dependent Children.]

[^{CV17}**Critical Illness] Benefit:** [^{CV8}When is the [^{CV17}Critical Illness] Benefit Payable?]

If You [^{CV5}or Your Spouse] have a Positive Diagnosis of [^{CV17}a Critical Illness] while covered under The [^{CV6}Policy], We will pay [³one of] the following benefit[⁴s, as applicable][⁵:

- 1) First Occurrence Benefit;
- 2) Recurrence Benefit;
- 3) Coronary Artery Bypass Surgery Benefit; and
- 4) Type B Cancer Benefit].

The benefit[⁶s] will be paid:

- 1) after We receive Proof of Loss; and
- 2) in accordance with the General Provisions.

The Positive Diagnosis must be made after the Benefit Suspension Period, if applicable.

[⁷No benefit will be payable if You [^{CV5}or Your Spouse] die within the [⁸30] day period immediately following a Positive Diagnosis of [^{CV17}a Critical Illness]. This limitation does not apply to the Hospital Benefit.]

The Amount of [^{CV17}Critical Illness] Insurance for You [^{CV5}and Your Spouse] is shown in the Schedule of Insurance.

[^{CV16}GBD-1701 F01]

[¹**First Occurrence Benefit:** [^{CV8}When is the First Occurrence Benefit payable?]

We will pay Your [^{CV5}or Your Spouse's] First Occurrence Benefit, for one Covered Condition [²per Category 1, Category 2 or Category 3], after:

- 1) We receive proof of a Positive Diagnosis of Your [^{CV5}or Your Spouse's] [^{CV17}Critical Illness]; and
- 2) the Benefit Suspension Period.

Your [^{CV5}and Your Spouse's] First Occurrence Benefit Amount and Benefit Suspension Periods are stated in the Schedule of Insurance.

We will not pay more than one First Occurrence Benefit [³per category of Covered Conditions] for You during Your lifetime. [⁴We will not pay more than one First Occurrence Benefit [³per category of Covered Conditions] for [^{CV5}Your Spouse] during [^{CV5}Your Spouse's] lifetime.] [⁵However, a subsequent occurrence of any Covered Condition [⁶within the same category] will be considered a recurrence.]]

[^{CV16}GBD-1701 F02]

[¹**Recurrence Benefit:** [^{CV8}When is the Recurrence Benefit payable?]

After:

- 1) the exhaustion of the First Occurrence Benefit for Covered Conditions[² in Category 1, Category 2 or Category 3]; and
- 2) the Benefit Suspension Period;

We will pay a Recurrence Benefit for You [^{CV5}or Your Spouse] if You [^{CV5}or Your Spouse] receive a Positive Diagnosis for a:

- 1) recurrence of a Covered Condition; or
- 2) first occurrence of another Covered Condition [³in the same category].

The Positive Diagnosis of a recurrence must occur after:

- 1) Your [CV5] or Your Spouse's] effective date of coverage [4] or any increase in coverage]; and
- 2) the applicable Benefit Suspension Period.

The Recurrence Benefit Amount is a percentage of the First Occurrence Benefit payable for a Covered Condition. Your [CV5] and Your Spouse's] percentage payable and Benefit Suspension Periods are shown in the Schedule of Insurance.

We will not pay more than one Recurrence Benefit [5] per category of Covered Conditions] for You during Your lifetime. [6] We will not pay more than one Recurrence Benefit [5] per category of Covered Conditions] for [CV5] Your Spouse] during [CV5] Your Spouse's] lifetime.]]

[CV16] GBD-1701 F03]

Covered Conditions: [CV8] *What conditions are considered to be Covered Conditions for purposes of the First Occurrence Benefit [1] and Recurrence Benefit]?*

The Covered Conditions are as follows:

Category 1

Type A Cancer
Bone Marrow Transplant

Category 2

Heart Attack
Heart Transplant
Stroke

Category 3

Kidney Failure
Major Organ Transplant
Loss of Sight
Loss of Hearing
Loss of Speech
Paralysis
Occupational HIV
Coma]

[3] For purposes of the First Occurrence Benefit [1] and Recurrence Benefit], [4] Coronary Artery Bypass Surgery and Type B Cancer] are not considered Covered Conditions.]

[CV16] GBD-1701 F04]

[1] Coronary Artery Bypass Surgery Benefit: [CV8] *When is the Coronary Artery Bypass Surgery Benefit payable?*

We will pay the Coronary Artery Bypass Surgery Benefit shown in the Schedule of Insurance if You [CV5] or Your Spouse] receive Coronary Artery Bypass Surgery. However, if the surgery is received during a Benefit Suspension Period, then no benefit is payable for that surgery during or after that Benefit Suspension Period.

We will not pay more than one Coronary Artery Bypass Surgery Benefit amount during Your [CV5] or Your Spouse's] lifetime.]

[CV16] GBD-1701 F05]

[1] Type B Cancer Benefit: [CV8] *When is the Type B Cancer Benefit payable?*

We will pay the Type B Cancer Benefit shown in the Schedule of Insurance if You [CV5] or Your Spouse] have a Positive Diagnosis of Type B Cancer. However, if the Positive Diagnosis is received during a Benefit Suspension Period, then no benefit is payable for that Positive Diagnosis of Type B Cancer during or after that Benefit Suspension Period.

We will not pay more than one Type B Cancer Benefit amount during Your [CV5] or Your Spouse's] lifetime.]

[CV16] GBD-1701 F06]

[1] Benefit Suspension Period: [CV8] *What is the Benefit Suspension Period and when does it occur?*

A Benefit Suspension Period is the period of time when We will not pay a benefit for any:

- 1) Covered Condition;
- 2) Type B Cancer; or
- 3) Coronary Artery Bypass Surgery.

The Benefit Suspension Period begins on the date of the Positive Diagnosis.

The length of the Benefit Suspension Period is as follows:

- 1) Each time a First Occurrence Benefit [2] or Recurrence Benefit] for Category 1 or the Type B Cancer Benefit is paid for You [CV5] or Your Spouse], a Benefit Suspension Period lasting:
 - a) 2 years for any Covered Condition in Category 1 or for Type B Cancer; or
 - b) 180 days for any Covered Condition in Category 2 or Category 3 or for Coronary Artery Bypass Surgery; begins for You [CV5] or Your Spouse].

- 2) Each time a First Occurrence Benefit [²or Recurrence Benefit] for Category 2 or Category 3 or the Coronary Artery Bypass Surgery Benefit is paid for You [^{CV5}or Your Spouse], a Benefit Suspension Period lasting 180 days begins for You [^{CV5}or Your Spouse] for all Covered Conditions, Type B Cancer and Coronary Artery Bypass Surgery.

During the Benefit Suspension Period, We will not pay a First Occurrence Benefit [²or Recurrence Benefit] for You [^{CV5}or Your Spouse] for any Covered Condition, whether in the same or a different category as the first Covered Condition. We also will not pay the Coronary Artery Bypass Surgery Benefit or Type B Cancer Benefit during this time.

If You [^{CV5}or Your Spouse]:

- 1) receive a Positive Diagnosis of a Covered Condition during a Benefit Suspension Period;
- 2) continue to have the Covered Condition after the Benefit Suspension Period ends; and
- 3) receive another Positive Diagnosis of the same Covered Condition after the Benefit Suspension Period ends;

We will consider the Positive Diagnosis after the Benefit Suspension Period ends to be the first occurrence of that Covered Condition. [³If You [^{CV5}or Your Spouse] have already received a First Occurrence Benefit for that Covered Condition, We will consider the Positive Diagnosis after the Benefit Suspension Period to be a recurrence of that Covered Condition.]]

[^{CV16}GBD-1701 F07]

[¹Benefit Suspension Period: [^{CV8}What is the Benefit Suspension Period and when does it occur?]

A Benefit Suspension Period is the period of time when We will not pay a benefit for:

- 1) any Covered Condition; or
- 2) Type B Cancer.

Each time a First Occurrence Benefit [²or Recurrence Benefit] for a Covered Condition or the Type B Cancer Benefit is paid for You [^{CV5}or Your Spouse], a Benefit Suspension Period lasting 2 years begins for You [^{CV5}or Your Spouse]. The Benefit Suspension Period begins on the date of the Positive Diagnosis.

During the Benefit Suspension Period, We will not pay a First Occurrence Benefit [²or Recurrence Benefit] for You [^{CV5}or Your Spouse] for any Covered Condition. We will also not pay the Type B Cancer Benefit during this time.

If You [^{CV5}or Your Spouse]:

- 1) receive a Positive Diagnosis of a Covered Condition during a Benefit Suspension Period;
- 2) continue to have the Covered Condition after the Benefit Suspension Period ends; and
- 3) receive another Positive Diagnosis of the same Covered Condition after the Benefit Suspension Period ends;

We will consider the Positive Diagnosis after the Benefit Suspension Period ends to be the first occurrence of that Covered Condition. [³If You [^{CV5}or Your Spouse] have already received a First Occurrence Benefit for that Covered Condition, We will consider the Positive Diagnosis after the Benefit Suspension Period to be a recurrence of that Covered Condition.]]

[^{CV16}GBD-1701 F08]

[¹Benefit Suspension Period: [^{CV8}What is the Benefit Suspension Period and when does it occur?]

A Benefit Suspension Period is the period of time when We will not pay a benefit for:

- 1) any Covered Condition; or
- 2) Coronary Artery Bypass Surgery.

Each time a First Occurrence Benefit [²or Recurrence Benefit] for a Covered Condition or the Coronary Artery Bypass Surgery Benefit is paid for You [^{CV5}or Your Spouse], a Benefit Suspension Period lasting 180 days begins for You [^{CV5}or Your Spouse]. The Benefit Suspension Period begins on the date of the Positive Diagnosis.

During the Benefit Suspension Period, We will not pay a First Occurrence Benefit [²or Recurrence Benefit] for You [^{CV5}or Your Spouse] for any Covered Condition or for a Coronary Artery Bypass Surgery Benefit during this time.

If You [^{CV5}or Your Spouse]:

- 1) receive a Positive Diagnosis of a Covered Condition during a Benefit Suspension Period;
- 2) continue to have the Covered Condition after the Benefit Suspension Period ends; and
- 3) receive another Positive Diagnosis of the same Covered Condition after the Benefit Suspension Period ends;

We will consider the Positive Diagnosis after the Benefit Suspension Period ends to be the first occurrence of that Covered Condition. [³If You [^{CV5}or Your Spouse] have already received a First Occurrence Benefit for that Covered Condition, We will consider the Positive Diagnosis after the Benefit Suspension Period to be a recurrence of that Covered Condition.]]

[^{CV16}GBD-1701 F09]

[¹Wellness Screening Benefit: [^{CV8}When is the Wellness Screening Benefit payable?]

If You [[CV5](#) or Your Spouse] have one or more of the screening tests listed below during a calendar year, We will pay the annual Wellness Screening Benefit stated in the Schedule. The amount stated is the total amount payable in any calendar year regardless of the number of tests during that calendar year.

- 1) [[2](#)]bone marrow testing;
- 2) CA15-e (cancer antigen 15-3 blood test for breast cancer);
- 3) CA125 (cancer antigen 125 blood test for ovarian cancer);
- 4) CEA (carcinoembryonic antigen blood test for colon cancer);
- 5) Chest x-ray;
- 6) Colonoscopy;
- 7) Flexible sigmoidoscopy;
- 8) Hemocult stool analysis;
- 9) Mammography; including Breast Ultrasound;
- 10) Pap smear; including ThinPrep Pap Test;
- 11) PSA (prostate specific antigen blood test for prostate cancer);
- 12) Serum Protein Electrophoresis (test for myeloma);
- 13) Biopsy for skin cancer;
- 14) Blood test for triglycerides;
- 15) HPV (Human Papillomavirus) Vaccination;
- 16) Lipid Panel (total cholesterol count);
- 17) Doppler screening for carotids;
- 18) Doppler screening for peripheral vascular disease;
- 19) Thermography;
- 20) Echocardiogram;
- 21) Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms;
- 22) EKG;
- 23) Stress test on bike or treadmill;
- 24) Fasting blood glucose test;
- 25) Serum cholesterol to determine level of HDL and LDL.]

We will pay:

- 1) regardless of the result of any test; and
- 2) provided the test was conducted while You [[CV5](#) or Your Spouse] were covered under The [[CV6](#)Policy].] [[CV16](#)GBD-1701 F10]

[[1](#)]**Hospital Benefit:** [[CV8](#) *When is the Hospital Benefit payable?*]

[[2](#)This is an optional benefit. We provide coverage for this benefit only if You have elected this coverage at the time of enrollment.]

If You [[CV5](#) or Your Spouse]:

- 1) completed the Benefit Waiting Period prior to Confinement in a Hospital; and
- 2) are discharged from a Hospital Confinement; or
- 3) die during a Hospital Confinement;

We will pay a Hospital Benefit provided You [[CV5](#) or Your Spouse] had been Confined in a Hospital after a Positive Diagnosis of Your [[CV5](#) or Your Spouse's] occurrence of a Covered Condition.

We will not pay a Hospital Benefit for Confinement resulting from[[3](#):

- 1) Type B Cancer; or
- 2) Coronary Artery Bypass Surgery.]

[[4](#)The Hospital Benefit Amount payable per Period of Confinement and the Benefit Waiting Period are shown in the Schedule of Insurance].

[[5](#)The Hospital Benefit Amount and Benefit Waiting Period are shown in the Schedule of Insurance. The Hospital Benefit is a daily benefit amount for each day of Your [[CV5](#) or Your Spouse's] [[6](#)Period of] Confinement in a Hospital.]

Excluded Confinements: These exclusions apply in lieu of those in the Exclusions and Limitations provision. The Hospital Benefit does not cover any Confinements[[7](#):

- 1) for intentionally self-inflicted injuries, suicide or attempted suicide, whether sane or insane;
- 2) in a Veterans Administration or any other National Government owned or operated Hospital; or
- 3) for any conditions other than a Covered Condition; or

- 4) for any Covered Condition which is contracted during, contributed to by, or the result of:
 - a) war or act of war, whether declared or not;
 - b) full-time active duty as a member of the armed forces (land, water, air) of any country or international authority;
 - c) participation in a felony, riot or insurrection; or
 - d) engaging in any illegal occupation.]

The Confinement must⁸:

- 1) be Medically Necessary;
- 2) be due to a Covered Condition;
- 3) begin while You [^{CV5}or Your Spouse] are covered under the [^{CV6}Policy]; and
- 4) begin after Positive Diagnosis of Your [^{CV5}or Your Spouse's] occurrence of a Covered Condition.]

Confined or Confinement means being an inpatient in a Hospital due to a Covered Condition.

[⁹**Day of Confinement** means a day of inpatient Confinement in a Hospital for which a daily room and board charge is made for a full day of Confinement.]

Hospital means an institution which:

- 1) operates pursuant to law;
- 2) primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis;
- 3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- 4) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

- 1) a nursing home;
- 2) convalescent home;
- 3) skilled nursing facility;
- 4) a place for:
 - a) rest;
 - b) education;
 - c) rehabilitative care;
 - d) custodial care; or
 - e) for the aged; or
- 5) a clinic;
- 6) a place for the treatment of:
 - a) mental illness;
 - b) alcoholism; or
 - c) substance abuse; or
- 7) a hospice, hospice center or any designated area of a hospital for hospice care.

However, a place for the treatment of mental illness, alcoholism or substance abuse will be regarded as a Hospital if:

- 1) it is part of an institution that meets the above requirements; and
- 2) it is listed in the American Hospital Association Guide as a general hospital.

[¹⁰**Period of Confinement** means an interval of time during which You [^{CV5}or Your Spouse] is Confined. A Period of Confinement begins on the date You [^{CV5}or Your Spouse] are admitted to the Hospital.]

[¹¹Successive Confinements:

- 1) due to a Covered Condition; and
- 2) separated by less than [¹²90] days;

are part of the same Period of Confinement.

A new covered Period of Confinement begins when You [^{CV5}or Your Spouse] are readmitted to a Hospital [¹³:

- 1) due to a Covered Condition; [¹⁴and]
- 2) after You [^{CV5}or your Spouse] have been free of Hospital Confinement for [¹⁵90] days or more.]]

[^{CV16}GBD-1701 F11]

¹Portability Benefits: ^[CV8]*What is Portability?*

Portability allows You ^[CV4]or Your Spouse] to continue coverage under a group portability policy when coverage ends under The ^[CV6]Policy] due to a Qualifying Event. If You ^[CV4]or Your Spouse] qualify for, and elect Portability as stated in this provision, coverage will continue under the group Portability policy subject to the Limitations provision, without interruption with respect to all benefits and periods as stated in The ^[CV6]Policy].

The terms, conditions and premium rates of the Portability coverage will be governed by the Portability policy. Your ^[CV4]and Your Spouse's] coverage under the Portability policy will not continue past ^[2]the earlier of^[3]:

- 1) Your attainment of age ^[4]80]; or
- 2) 5 years from the effective date of coverage under the Portability policy].]

^[5]If the Qualifying Event is Your death, Your Spouse's coverage under the Portability policy will not continue past ^[6]the earlier of^[7]:

- 1) his or her attainment of age ^[8]80]; or
- 2) 5 years from the effective date of coverage under the Portability policy].]

^[CV16]GBD-1701 F12]

¹Qualifying Events: ^[CV8]*What are Qualifying Events?*

Qualifying Event for You is any termination of coverage under The ^[CV6]Policy], prior to age ^[2]80], in accordance with the Termination provision for any reason, except:

- 1) non-payment of premium; or
- 2) termination of The ^[CV6]Policy] ^[3]or termination of ^[CV1]Your Employer] as a ^[CV12]Participating] ^[CV1]Employer] under The ^[CV6]Policy]].

^[4]Qualifying Event for Your ^[CV4]Spouse] is Your death while You are insured under The ^[CV6]Policy]. The Qualifying Event must occur prior to Your ^[CV4]Spouse's] attainment of age ^[5]80]].

^[6]For ^[CV4]Dependent Child(ren)] coverage to be continued, You ^[CV5]or Your Spouse] must elect to continue coverage due to Your ^[CV5]or Your Spouse's] own Qualifying Event.]]

^[CV16]GBD-1701 F13]

¹Electing Portability: ^[CV8]*How do I elect Portability?*

You may elect Portability if Your ^[CV17]Critical Illness] Insurance ends ^[2]due to] a Qualifying Event. ^[3]You may also elect Portability for Your ^[CV4]Dependent] coverage if Your coverage ends ^[4]due to] Your own Qualifying Event. ^[5]The ^[CV6]Policy] must still be in force ^[6]and ^[CV1]the Employer] must continue to be a ^[CV12]Participating] ^[CV1]Employer]] for Portability to be available]. ^[7]Portability will not be available to You ^[CV4]or Your Dependents] unless You have been Actively at Work under The ^[CV6]Policy].]

^[8]Your Spouse may elect Portability if Your coverage under The ^[CV6]Policy] ends due to Your death, if Your Spouse is under age ^[9]80] at the time of the Qualifying Event.]

To elect Portability, You ^[10]or Your Spouse if coverage ends due to Your death] must:

- 1) complete and have ^[CV1]Your Employer] sign a Portability application;
- 2) submit the application ^[11]to Us,] with the required premium^[12], and
- 3) provide Evidence of Insurability, if required].

This must be received within:

- 1) ^[13]31] days after ^[CV17]Critical Illness] Insurance terminates^[14], or
- 2) ^[15]15] days from the date ^[CV1]Your Employer] signs the application;]

^[16]whichever is later]. ^[17]However, Portability requests will not be accepted if they are received more than ^[18]91] days after ^[CV17]Critical Illness] Insurance terminates.].

After ^[19]We] verify eligibility for coverage, We will issue a certificate of insurance under a Portability policy. The Portability coverage will be:

- 1) ^[20]issued without Evidence of Insurability;]
- 2) issued on one of the forms then being issued by Us for Portability; and
- 3) effective on the day following the date Your ^[CV4]or Your Dependents'] coverage ends, such that there is no interruption in coverage between The ^[CV6]Policy] and the Portability policy.].]

^[CV16]GBD-1701 F14]

¹Limitations: ^[CV8]*What limitations apply to this benefit?*

You may elect to continue ^[2]50%, 75% or 100%] of the amount of ^[CV17]Critical Illness] Insurance which is ending for You

[CV4 or Your Dependent]. This amount will be rounded to the next higher multiple of [3 \$1,000], if not already a multiple of [4 \$1,000]. [5 However, the amount of [CV17 Critical Illness] Insurance that may be continued will not exceed [6:

- 1) [7 \$50,000] for You;
- 2) [8 \$25,000] for Your [CV4 Spouse]; or
- 3) [9 \$5,000] for Your [CV4 Dependent Child(ren)].]

[10 If Your [CV4 Spouse] continues coverage due to Your death, he or she may elect to continue [11 50%, 75% or 100%] of the amount of [CV17 Critical Illness] Insurance which is ending for him or her [CV4 or Your Dependent Child(ren)]. This amount will be rounded to the next higher multiple of [12 \$1,000], if not already a multiple of [13 \$1,000]. [14 However, the amount of [CV17 Critical Illness] Insurance that may be continued will not exceed [15:

- 1) [16 \$25,000] for Your [CV4 Spouse]; or
- 2) [17 \$5,000] for Your [CV4 Dependent Child(ren)].]

[18 If You [CV4 or Your Spouse] elect to continue [19 50% or 75%] now, You [CV4 or Your Spouse] may not continue any portion of the remaining amount under this Portability provision at a later date.] [20 In no event will You [CV4 or Your Spouse] be able to continue an amount of [CV17 Critical Illness] Insurance which is less than [21 \$5,000].]

Portability is not available for any amount of [CV17 Critical Illness] Insurance for which You [CV4 or Your Dependents] were not eligible and covered.

[22 In addition, Portability is not available if You [CV4 or Your Dependents] are entering active military service.]]

[CV16 GBD-1701 F15]

EXCLUSIONS AND LIMITATIONS

Exclusions: [CV8 *What are the Exclusions of The [CV6 Policy]?*]

The Benefits provided under The [CV6 Policy] will not be payable[1:

- 1) during any Benefit Suspension Period;
- 2) if payment was already made for Your [CV4 or Your Dependents'] [CV17 Critical Illness] Benefit, except as specifically provided under The [CV6 Policy];
- 3) for [CV17 a Critical Illness] which was Positively Diagnosed prior to Your [CV4 or Your Dependents'] effective date of coverage under The [CV6 Policy], except as specifically provided under The [CV6 Policy];
- 4) for any disease, sickness or injury, except as specifically provided under The [CV6 Policy];
- 5) for [CV17 a Critical Illness] which is diagnosed by You or any person Related to You; or
- 6) for [CV17 a Critical Illness] which is contracted during, contributed to by, or as a result of[2:
 - a) war or act of war, whether declared or not;
 - b) full-time active duty as a member of the armed forces (land, water, air) of any country or international authority;
 - c) participation in a felony, riot or insurrection;
 - d) engaging in any illegal occupation; or
 - e) suicide or attempted suicide, whether sane or insane.]]

[CV8 *What Proof of [CV17 Critical Illness] and Examinations is required?*]

We reserve the right to require proof of [CV17 Critical Illness].

If You fail to submit proof satisfactory to Us that You have [CV17 a Critical Illness], or refuse to be examined by a Physician as may be required by Us, We will not pay the [CV17 Critical Illness] Benefit.

[CV16 GBD-1701 G01]

[1 **Refund for Service in the Armed Forces:** We will refund the pro rata portion of any premium paid for You while You are in the armed forces on full-time active duty for a period of two months or more. [2 Written] notice must be given to Us within 12 months of the date You enter the armed forces.]

[CV16 GBD-1701 G02]

[1 **Pre-existing Condition Limitation:** [CV8 *Are benefits limited for Pre-existing Conditions?*]

We will not pay a benefit or any increase in benefits for any [CV17 Critical Illness] for a Pre-existing Condition[2, unless at the time of a Positive Diagnosis You [CV4 or Your Spouse] have been continuously insured under The [CV6 Policy] for [3 12 consecutive months]].

Pre-existing Condition, as used in this limitation, means any [CV17 Critical Illness] for which Medical Care is received by You [CV4 or Your Spouse]:

- 1) within the [4 12 month] period prior to Your [CV4 or Your Spouse's] effective date of insurance; or
- 2) with respect to the limitation for increase in coverage, within the [4 12 month] period prior to the effective date of Your [CV4 or Your Spouse's] increase in coverage.

For the purposes of this limitation, We will consider:

- 1) Medical Care for a [CV17 Critical Illness] received when:
 - a) a Physician is consulted and medical advice is given in connection with manifestations, symptoms or findings; or
 - b) Treatment is recommended or prescribed by or received from a Physician related to the manifestations, symptoms or findings of [CV17 a Critical Illness].
- 2) Treatment to include, but not be limited to, any:
 - a) medical examination;
 - b) test;
 - c) attendance;
 - d) observation;
 - e) Medical:
 - i) services;
 - ii) supplies; or
 - iii) equipment;including their prescription or use; or
 - f) prescribed drugs or medicines, including their prescription or use.

We will not consider an annual or routine medical examination, test, attendance, observation or screening to be Treatment unless it indicates the presence of [CV17 a Critical Illness] or leads to follow up examinations, tests, attendance, observation or screening which results in the diagnosis of [CV17 a Critical Illness].

All manifestations, symptoms, or findings which result:

- 1) from the same or related [CV17 Critical Illness]; or
- 2) from any aggravations of [CV17 a Critical Illness];

are considered to be the same [CV17 Critical Illness] for the purpose of determining a Pre-existing Condition.

[5 Health Waiver and Application Modification Form

If Your [CV4 or Your Spouse's] Pre-existing Condition was excluded or limited by name or specific description on a Health Waiver and Application Modification form attached to Your certificate, then such Pre-existing Condition will not be covered under The [CV6 Policy] at any time, unless You complete an Application Requesting Removal of Waiver, and We agree in writing to remove the limitation on that condition.]]

[CV16 GBD-1701 G03]

GENERAL PROVISIONS

Notice of Claim: [CV8 *When should We be notified of a claim?*]

You must give Us [1, or Our representative,] [2 written] notice of a claim within [3 30] days after a:

- 1) Confinement ends;
- 2) Wellness Screening; or
- 3) Positive Diagnosis of [CV17 a Critical Illness].

If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Such notice must include Your name, address, [4 account number,] and the [CV6 Policy] Number.

[CV16 GBD-1701 H01]

Claim Forms: [CV8 *Are special forms required to file a claim?*]

We [1 or Our representative] will send forms to You to provide Proof of Loss, within 15 days of receiving a Notice of Claim. If We do not send the forms within 15 days, You may submit any other [2 written] proof which fully describes the nature and extent of Your claim.

[3 Proof of Loss is typically provided by telephone; however, if forms are required, they will be sent to You for providing Proof of Loss within 15 days after We receive a notice of claim.]

[CV16 GBD-1701 H02]

Proof of Loss: [CV8 *What is Proof of Loss?*]

Proof of Loss may include, but is not limited to, the following^[1]:

- 1) documentation of:
 - a) the date Your ^[CV17]Critical Illness began;
 - b) the cause of Your ^[CV17]Critical Illness;
 - c) the prognosis of Your ^[CV17]Critical Illness and
 - d) evidence that You are under the Regular Care of a Physician;
- 2) any and all medical information, including x-ray films and photocopies of medical records, including histories, physical, mental or diagnostic examinations and treatment notes;
- 3) the names and addresses of all:
 - a) Physicians or other qualified medical professionals You have consulted;
 - b) hospitals or other medical facilities in which You have been treated; and
 - c) pharmacies which have filled Your prescriptions within the past three years;
- 4) Your signed authorization for Us to obtain and release:
 - a) medical, employment and financial information; and
 - b) any other information We may reasonably require].

All proof submitted must be satisfactory to Us.

^[CV16]GBD-1701 H03]

Sending Proof of Loss: ^[CV8]*When must Proof of Loss be given?*

Written Proof of Loss should be sent to Us^[1] or Our representative within ^[2]90 days following Confinement, a Wellness Screening or a Positive Diagnosis of ^[CV17]a Critical Illness].

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

- 1) it was not reasonably possible to give proof within the required time; and
- 2) proof is given as soon as reasonably possible; but
- 3) not later than ^[3]1 year after it is due unless You are not legally competent.

^[CV16]GBD-1701 H04]

Claim Payment: ^[CV8]*When are benefit payments issued?*

When We determine that benefits are payable, We will pay the benefits in accordance with the Claims to be Paid provision, but not more than ^[1]30 days after such Proof of Loss is received.

Benefits may be subject to interest payments as required by applicable law.

^[CV16]GBD-1701 H05]

Claims to be Paid: ^[CV8]*To whom will ^[1]benefits for my claim be paid?*

All payments are payable to You. Any payments owed 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 ^[2]\$1,000 to a person who is Related to You and who, at Our sole discretion, is entitled to it. Any such payment shall fulfill Our responsibility for the amount paid.

^[CV16]GBD-1701 H06]

^[1]Claim Denial: ^[CV8]*What notification will I receive if my claim is denied?*

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

- 1) give the specific reason(s) for the denial;
- 2) make specific reference to The ^[CV6]Policy provisions on which the denial is based;
- 3) provide a description of any additional information necessary to perfect a claim and an explanation of why it is necessary; and
- 4) provide an explanation of the review procedure.]

^[CV16]GBD-1701 H07]

^[1]Claim Appeal: ^[CV8]*What recourse do I have if my claim is denied?*

On any claim, You or Your representative may appeal to Us for a full and fair review. To do so You:

- 1) must request a review upon written application within:
 - a) ^[2]180 days of receipt of claim denial if the claim requires Us to make a determination of ^[CV17]a Critical Illness];
 - or
 - b) ^[3]60 days of receipt of claim denial if the claim does not require Us to make a determination of ^[CV17]a Critical Illness]; and

- 2) may request copies of all documents, records, and other information relevant to Your claim; and
- 3) may submit written comments, documents, records and other information relating to Your claim.

We will respond to You in writing with Our final decision on the claim.]

[CV16]GBD-1701 H08]

[1]Overpayment: [CV8] *When does an overpayment occur?*

An overpayment occurs:

- 1) when We determine that the total amount We have paid in benefits is more than the amount that was due to You under The [CV6]Policy]; or
- 2) when payment is made by Us that should have been made under another group [CV6]policy].

This includes, but is not limited to, overpayments resulting from:

- 1) misstatement;
- 2) fraud; or
- 3) any error We may make.]

[CV16]GBD-1701 H09]

[1]Overpayment Recovery: [CV8] *How do We exercise the right to recover overpayments?*

We have the right to recover from You any amount that We determine to be an overpayment. You have the obligation to refund to Us any such amount.

If benefits are overpaid on any claim, You must reimburse Us within [2]30] days.

If reimbursement is not made in a timely manner, We have the right to:

- 1) recover such overpayments from:
 - a) [3]You;
 - b) any other organization;
 - c) any other insurance company;
 - d) any other person to or for whom payment was made; and
 - e) Your estate];
- 2) refer Your unpaid balance to a collection agency; and
- 3) pursue and enforce all legal and equitable rights in court.]

[CV16]GBD-1701 H10]

Insurance Fraud: [CV8] *How do We deal with fraud?*

Insurance fraud occurs when You, [CV4]Your Dependents] and/or [CV1]Your Employer] provide Us with false information or file a claim for benefits that contains any false, incomplete or misleading information with the intent to injure, defraud or deceive Us. It is a crime if You, [CV4]Your Dependents] and/or [CV1]Your Employer] commit insurance fraud. We will use all means available to Us to detect, investigate, deter and prosecute those who commit insurance fraud. We will pursue all available legal remedies if You, [CV4]Your Dependents] and/or [CV1]Your Employer] perpetrate insurance fraud.

[CV16]GBD-1701 H11]

Legal Actions: [CV8] *When can legal action be taken against Us?*

Legal action cannot be taken against Us:

- 1) sooner than 60 days after the date Proof of Loss is furnished; or
- 2) more than [4]3] years after the date Proof of Loss is required to be furnished according to the terms of The [CV6]Policy].

[CV16]GBD-1701 H12]

Misstatements: [CV8] *What happens if facts are misstated?*

If material facts about You [CV4]or Your Dependents] were not stated accurately:

- 1) the premium may be adjusted; and
- 2) the true facts will be used to determine if, and for what amount, coverage should have been in force.

No statement, except fraudulent misstatements, made by You relating to Your 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 Your lifetime. To be used, the statement must be in writing and signed by You.

All statements made by [CV3]the Policyholder], [CV1]the Employer] or You [CV4]or Your Dependents] under The [CV6]Policy] will be deemed representations and not warranties. No statement made to effect this insurance will be used in any contest

unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary or Your representative.

[CV16]GBD-1701 H13]

[1]CV6 **Policy Interpretation:** [CV8]Who interprets the terms and conditions of The [CV6]Policy?]

We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of The [CV6]Policy. [2]This provision applies where the interpretation of The [CV6]Policy is governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA).]

[CV16]GBD-1701 H14]

Physical Examinations and Autopsy: [CV8]Will I be examined during the course of my claim?]

While a claim is pending We have the right at Our expense:

- 1) to have the person who has a loss examined by a Physician when and as often as reasonably necessary; and
- 2) to make an autopsy in case of death where it is not forbidden by law.

[CV16]GBD-1701 H15]

DEFINITIONS

[1]Active [CV2]Employee means [CV2]an employee who works for [CV1]the Employer on a regular basis in the usual course of [CV1]the Employer's business. This must be at least the number of hours shown in the Schedule of Insurance.]

[CV16]GBD-1701 C01]

[1]Actively at Work means at work with [CV1]Your Employer on a day that is one of [CV1]Your Employer's scheduled workdays. On that day, You must be performing for wage or profit all of the regular duties of Your job:

- 1) in the usual way; and
- 2) for Your usual number of hours.

We will also consider You to be Actively At Work:

- 1) on any regularly scheduled vacation day;
- 2) paid time off day;
- 3) personal day; or
- 4) holiday;

only if You were Actively At Work on the preceding scheduled work day.]

[CV16]GBD-1701 C02]

[1]Actively at Work means You are performing all the regular duties of Your occupation on a [2]full-time basis (at least 30 hours per week) [3]or part-time basis (at least 20 hours per week)] at Your customary place of employment or in the usual way.]

[CV16]GBD-1701 C03]

[1]Age means Your [CV5]or Your Spouse's attained age [2]as of January 1 of each year.]]

[CV16]GBD-1701 C04]

[1]Benefit Waiting Period means the period [1]immediately following Your [CV5]or Your Spouse's effective date of coverage [2]or increase in coverage].]

[CV16]GBD-1701 C05]

[1]Bone Marrow Transplant means the replacement of Your [CV5]or Your Spouse's bone marrow with bone marrow from You [CV5]or Your Spouse], or another human donor. Your [CV5]or Your Spouse's Physician must have determined the replacement is Medically Necessary.

Bone Marrow Transplant does not involve bone marrow received from nonhuman donors.]

[CV16]GBD-1701 C06]

[1]Coma means a continuous state of profound unconsciousness which is expected to be permanent. The Coma must be diagnosed after the effective date of coverage under The [CV6]Policy and last for a period of thirty or more consecutive days. The Coma must be rated/classified by at least one of the following scales:

- 1) Rancho Los Amigos Scale (RLAS) as a level I or II;
- 2) Glasgow Coma Scale values of 3 through 5; or
- 3) the disability rate scale with values of 22 through 29.

The condition must require mechanical ventilation for respiratory assistance.]

[[CV16](#)GBD-1701 C07]

[¹Contributory Coverage means coverage for which You are required to contribute toward the cost. Contributory Coverage is shown in the Schedule of Insurance.]

[[CV16](#)GBD-1701 C08]

[¹Coronary Artery Bypass Surgery means heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a cardiologist licensed and practicing in the United States of America or performed emergently. Coronary Artery Bypass Surgery does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques.

Coronary Artery Bypass Surgery does not include a bypass graft which is or was performed outside the United States of America.]

[[CV16](#)GBD-1701 C09]

[¹Critically Ill or Critical Illness means[²:

- 1) Type A Cancer;
- 2) Type B Cancer;
- 3) Bone Marrow Transplant;
- 4) Heart Attack;
- 5) Coronary Artery Bypass;
- 6) Stroke;
- 7) Heart Transplant;
- 8) Kidney Failure;
- 9) Major Organ Transplant;
- 10) Loss of Sight;
- 11) Loss of Hearing;
- 12) Loss of Speech;
- 13) Paralysis;
- 14) Occupational HIV; and
- 15) Coma].]

[[CV16](#)GBD-1701 C10]

[¹Dependent Child(ren) means:

Your [²unmarried] children, stepchildren, legally adopted children, or any other children related to You by blood or marriage [³or domestic partnership] [⁴who:

- 1) live with You in a regular parent-child relationship; and/or
- 2) You claimed as a dependent on Your last filed federal income tax return];

provided such children [⁵are primarily dependent upon You for financial support and maintenance and] are[⁶:

- 1) [⁷at least 15 days old but not yet age [⁸19]];
- 2) age [⁹19], but not yet age [¹⁰21], and in full-time attendance for at least [¹¹12] course credit hours per semester at an accredited institution of learning. (If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student continues to qualify as a Dependent); or
- 3) age [¹²19] or older and disabled. Such children must have become disabled before attaining age [¹²19]. You must submit proof, satisfactory to Us, of such children's disability.]]

[[CV16](#)GBD-1701 C11]

[¹Dependents means [²Your Spouse and Your Dependent Child(ren)]. A dependent must be a citizen or legal resident of the United States of America, its territories and protectorates.]

[[CV16](#)GBD-1701 C12]

[[CV1](#)**Employer**] means [[CV3](#)the Policyholder].

[[CV16](#)GBD-1701 C13]

[¹Evidence of Insurability means evidence satisfactory to Us and may include, but will not be limited to[²:

- 1) a completed and signed application approved by Us;
- 2) a medical examination[³, if requested];
- 3) attending Physicians' statements; and
- 4) any additional information We may require].]

[[CV16](#)GBD-1701 C14]

¹**Guaranteed Issue Amount** means the Amount of [^{CV17}Critical Illness] Insurance for which We do not require Evidence of Insurability on initial enrollment. [²The Guaranteed Issue Amount is shown in the Schedule of Insurance.]]
[^{CV16}GBD-1701 C15]

¹**Heart Attack** means acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The diagnosis must be made by a board certified Physician. Significant electrocardiogram (EKG) changes must be seen and the diagnosis of an acute myocardial infarction (heart attack) with resulting loss of normal heart function must be confirmed by one or both of the following:

- 1) a clinical picture of myocardial infarction with cardiac enzyme changes found in blood (elevated DK-MB isoenzyme fraction or elevated troponins);
- 2) confirmatory imaging tests such as a nuclear imaging test or echocardiogram that is consistent with a myocardial infarction.

Heart Attack does not include:

- 1) established (old) myocardial infarction;
- 2) congestive heart failure;
- 3) atherosclerotic;
- 4) angina;
- 5) coronary artery disease;
- 6) or any other dysfunction of the cardiovascular system;
- 7) cardiac arrest not caused by a myocardial infarction; or
- 8) heart attacks that occur during clinical procedures.]

[^{CV16}GBD-1701 C16]

¹**Heart Transplant** means:

- 1) You [^{CV5}or Your Spouse] have been placed on a national transplant list such as UNOS; and
- 2) the irreversible failure of Your [^{CV5}or Your Spouse's] heart for which a Physician has determined that the replacement of such organ with a human donor heart is Medically Necessary, and such transplant procedure has been performed.

Heart Transplant may include a simultaneous transplant of other organs.

Heart Transplant does not include a heart transplant:

- 1) performed outside the United States of America;
- 2) involving a heart received from non-human donors;
- 3) involving implantation of mechanical devices or mechanical organs; or
- 4) involving stem cell generated transplants.]

[^{CV16}GBD-1701 C17]

¹**Kidney Failure** means permanent and irreversible failure of both kidneys (end stage renal disease) from any cause requiring regular treatment by either hemodialysis or peritoneal dialysis on a no less than weekly basis, or necessitating kidney transplantation. Kidney transplantation may include simultaneous transplant of other organs]

[^{CV16}GBD-1701 C18]

¹**Loss of Sight, Speech or Hearing** means the irreversible loss of sight in both eyes, the irreversible loss of the ability to speak or the irreversible loss of hearing for all sounds in both ears. The diagnosis of irreversible loss of:

- 1) sight, speech or hearing must be made by a licensed professional or specialist in the applicable field of medicine;
- 2) sight must indicate that corrective visual acuity is equal to or worse than 20/200 in both eyes or the field of vision is less than 20 degrees in both eyes;
- 3) speech must include documented evidence of the loss for the continuous 12-month period prior to the diagnosis;
- 4) hearing must be established by an audiometric and auditory threshold test. The auditory threshold cannot be more than 90 decibels while utilizing a hearing aid.]

The irreversible loss of sight, speech or hearing must occur after Your [^{CV5}or Your Spouse's] effective date of coverage under The [^{CV6}Policy].

[^{CV16}GBD-1701 C19]

¹**Major Organ Transplant** means:

- 1) You [^{CV5}or Your Spouse] have been placed on a national transplant list such as UNOS; and

- 2) the irreversible failure of Your [CV5 or Your Spouse's] lung, pancreas or any combination thereof, for which a Physician has determined that the complete replacement of such organ with an entire organ from a human donor is Medically Necessary, and such transplant procedure has been performed; or
- 3) the irreversible failure of Your [CV5 or Your Spouse's] liver for which a Physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is Medically Necessary and such procedure has been performed. For this type of transplant, the requirement of placement on a national transplant list, such as UNOS, is specifically null in cases of live donor transplant.

A Major Organ Transplant does not include a transplant:

- 1) performed outside the United States of America;
- 2) involving organs received from non-human donors;
- 3) involving implantation of mechanical devices or mechanical organs;
- 4) involving stem cell generated transplants ;
- 5) involving islet cell transplants; or
- 6) involving a heart being transplanted in combination with any other organ.

Organs transplanted simultaneously with the heart are covered under Heart Transplant.]

[CV16 GBD-1702 C20]

[1]Medically Necessary means:

- 1) recommended by a Physician acting within the scope of his or her license;
- 2) consistent with currently accepted medical practice; and
- 3) generally considered by United States physicians to be appropriate for a given medical condition.]

[CV16 GBD-1701 C21]

[1]Non-Contributory Coverage means coverage for which You are not required to contribute toward the cost. Non-Contributory Coverage is shown in the Schedule of Insurance.]

[CV16 GBD-1701 C22]

[1]Occupational HIV Infection means infection with the human immunodeficiency virus (HIV) contracted by exposure during the course of Your [CV5 or Your Spouse's] normal occupation. A diagnosis of HIV infection must be made by a Physician. To qualify for the [CV17 Critical Illness] Benefit, You [CV5 or Your Spouse] must satisfy all of the following:

- 1) report the exposure to Your [CV1 Employer] [CV5 or Your Spouse's employer] in writing within 14 days of its occurrence;
- 2) an HIV test must be taken within 14 days following the exposure and the result must be negative;
- 3) a follow-up HIV test must be taken between 90 and 180 days following the exposure and the result must be positive; and
- 4) the exposure has been reported, investigated and documented in accordance with prudent workplace practices and any applicable legislation, regulations or guidelines.

The exposure must occur after Your [CV5 or Your Spouse's] effective date of coverage under The [CV6 Policy].

Occupational HIV infection does not include an infection:

- 1) resulting from or transmitted by any other means, including but not limited to sexual activity or intravenous drug use;
- 2) for which You [CV5 or Your Spouse] elected not to take any available vaccine before becoming infected; or
- 3) for which a cure for HIV has become available prior to the exposure.]

[CV16 GBD-1701 C23]

[1]Paralysis means complete and permanent loss of function of two or more limbs. Paralysis as a result of Stroke is excluded. The diagnosis of Paralysis must include documented evidence of the illness or injury that caused the Paralysis. As used herein, "limb" means an arm or leg.

The loss of function must occur after Your [CV5 or Your Spouse's] effective date of coverage under The [CV6 Policy]]

[CV16 GBD-1701 C24]

[1]CV12 Participating [CV1 Employer] means [2 an [CV1 Employer] who agrees to participate in the Trust, pays the required contribution for the Active [CV2 Employees] and is a participant in accordance with the provisions of The [CV6 Policy]].]

[CV16 GBD-1701 C25]

[1]Physician means a person who is:

- 1) a doctor of medicine, osteopathy or psychology; or
- 2) another legally qualified practitioner of a healing art that We recognize or are required by law to recognize; and
- 3) licensed to practice in the jurisdiction where care is being given;
- 4) practicing within the scope of that license; and
- 5) not You [CV5 or Your Spouse] or Related to You [CV5 or Your Spouse] by blood or marriage.]

[CV16]GBD-1701 C26]

[1Physician means a legally qualified physician or surgeon other than a physician or surgeon Related to You [CV5 or Your Spouse] by blood or marriage.]

[CV16]GBD-1701 C27]

[1Positive Diagnosis means a diagnosis of [CV17 a Critical Illness] by a Physician. [2With respect to Type A Cancer or Type B Cancer diagnosis, positive diagnosis is based on a microscopic examination of fixed tissue or preparation from the hemic system (except for skin cancer). If a pathological diagnosis cannot be made, We will accept clinical diagnosis of cancer as evidence that cancer existed. The evidence must substantially document the diagnosis.] [3With respect to Bone Marrow Transplant, Major Organ Transplant or Heart Transplant, Positive Diagnosis means a Physician's recommendation that You [CV5 or Your Spouse] undergo such procedure].]

[CV16]GBD-1701 C28]

[1Prior [CV6 Policy] means [2the group [CV17 critical illness] insurance [CV6 policy] carried by [CV1 the Employer] on the day before [3[CV11 the Policy Effective Date]]] [4and will only include the coverage which is transferred to Us].]

[CV16]GBD-1701 C29]

[1Regular Care of a Physician means that You [CV5 or Your Dependents] are being treated by a Physician:

- 1) whose medical training and clinical experience are suitable to treat Your [CV5 Dependents'] [CV17 Critical Illness]; and
- 2) whose treatment is:
 - a) consistent with the diagnosis of the [CV17 Critical Illness];
 - b) according to guidelines established by medical, research, and rehabilitative organizations; and
 - c) administered as often as needed; to achieve the maximum medical improvement.]

[CV16]GBD-1701 C30]

[1Related means Your Spouse, [2or someone in a similar relationship in law to You,] or other adult living with You, or Your sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild.]

[CV16]GBD-1701 C31]

[1Simplified Issue Amount [2and] [3Supplemental Amount] means the Amount of [CV17 Critical Illness] Insurance for which We require Evidence of Insurability on initial enrollment. [4The Simplified Issue Amount [2and] [3Supplemental Amount] is shown in the Schedule of Insurance].]

[CV16]GBD-1701 C32]

[1Spouse means Your spouse who[2:

- 1) is under age[380]; and
- 2) is a citizen or legal resident of the United States of America [4its territories and protectorates]; and
- 3) is not legally separated or divorced from You; and
- 4) is not in active full-time military service [5outside the continental United States, Hawaii, Puerto Rico or Alaska].]

[6Spouse will include Your domestic partner provided You:

- 1) have executed a domestic partner affidavit satisfactory to Us, establishing that You and Your partner are domestic partners for purposes of The [CV6 Policy]; or
- 2) have registered as domestic partners with a government agency or office where such registration is available [7and provide proof of such registration unless requiring proof is prohibited by law].

You will continue to be considered domestic partners provided You continue to meet the requirements [8described in the [9domestic partner affidavit]] [10or required by law].]

[CV16]GBD-1701 C33]

[1Stroke means a cerebrovascular accident which:

- 1) results in paralysis lasting more than 24 hours; and
- 2) produces measurable, objective neurological deficit(s) persisting for at least 30 days following the occurrence of the Stroke.

Stroke does not mean a head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

Stroke does not include a diagnosis of Stroke for:

- 1) cerebral symptoms due to migraine;
- 2) cerebral injury resulting from trauma or hypoxia; or
- 3) vascular disease affecting the eye or optic nerve or vestibular functions.]

[CV16]GBD-1701 C34]

The [CV6]Policy means the [CV6]policy which We issued to [1-CV3]the Policyholder]] under [2]the [CV6]Policy] Number][3] shown on the face page].

[CV16]GBD-1701 C35]

[1]Trust means [2]the trust fund established by ABC Policyholder].]

[CV16]GBD-1701 C36]

[1]Type A Cancer means the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a Physician, who is board certified in the medical specialty that is appropriate for the type of cancer involved, has determined that:

- 1) surgery, radiotherapy or chemotherapy is Medically Necessary; or
- 2) the patient has terminal cancer, is expected to die within 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

Type A Cancer includes any cancer classified as Stage 1 through 4, or its equivalent, except the following:

- 1) cancer of the prostate is included only if classified as Stage 1b, 1c, 2, 3 or 4 or Gleason Score 7 through 10; and
- 2) cancer of the thyroid is included only if classified as Stage 2, 3 or 4.

Type A Cancer does not include a diagnosis of Type A Cancer for:

- 1) any tumor in the presence of human immuno-deficiency virus;
- 2) any non-melanoma skin cancer unless there is metastasis;
- 3) any condition that is considered a Type B Cancer condition; or
- 4) any malignant melanomas that are less than 0.75mm thick.]

[CV16]GBD-1701 C37]

[1]Type B Cancer means:

- 1) a cancer not specifically included in the Type A Cancer definition; or
- 2) carcinoma in situ classified as TisN0M0,

for which radiotherapy, chemotherapy, or surgical procedures are required to control or cure the disease.

Type B Cancer does not include a diagnosis of Type B Cancer for:

- 1) any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- 2) any tumor in the presence of human immuno-deficiency virus;
- 3) any non-melanoma skin cancer; or
- 4) any melanoma in situ classified as TisN0M0 under TNM staging.]

[CV16]GBD-1701 C38]

We, Our, or Us means the [1]insurance company named on the face page of The [CV6]Policy]].

[CV16]GBD-1701 C39]

You or Your means the person to whom this certificate is issued.

[CV16]GBD-1701 C40]



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
[⁴200 Hopmeadow Street
Simsbury, Connecticut 06089]
(A stock insurance company)

[⁵This rider forms a part of a certificate given in connection with The [^{CV6}Policy].

This rider becomes effective on the later to occur of:

- 1) the Effective Date of The [^{CV6}Policy] or, if later, the Effective Date of the certificate to which this rider is attached; or
- 2) [⁶the first day of the month on or next following] the date We accept Your application and required premium.]

[⁷The certificate to which this rider is attached is amended to add the following with respect to Dependent Child(ren) only]:

Limited Child Critical Illness Insurance Plan

Amount of Child Critical Illness Insurance: - \$5,000 (Guaranteed Issue)

Child Critical Illness Benefit: [^{CV8}When is the Child Critical Illness Benefit payable?]

If Your Dependent Child has a Positive Diagnosis of a Covered Condition while covered under The [^{CV6}Policy], We will pay the Child Critical Illness Benefit:

- 1) after We receive Proof of Loss; and
- 2) in accordance with the General Provisions of The [^{CV6}Policy].

You may receive only one Child Critical Illness Benefit payment under The [^{CV6}Policy]. When the benefit is paid, Your Dependent Child Critical Illness Benefit will terminate.

Positive Diagnosis means a diagnosis of a Critical Illness by a Physician. With respect to cancer diagnosis, positive diagnosis is based on a microscopic examination of fixed tissue or preparation from the hemic system (except for skin cancer). If a pathological diagnosis cannot be made, We will accept clinical diagnosis of cancer as evidence that cancer existed. The evidence must substantially document the diagnosis. With respect to Bone Marrow Transplant, Major Organ Transplant or Heart Transplant, Positive Diagnosis means a Physician's recommendation that Your Dependent Child undergo such procedure.

Covered Conditions

The Covered Conditions in the Limited Child Critical Illness Insurance Plan are as listed and defined below. These definitions supersede those which may appear in the certificate.

Bone Marrow Transplant means the replacement of Your Dependent Child's bone marrow with bone marrow from him or her or another human donor. Your Dependent Child's Physician must have determined the replacement is Medically Necessary.

Bone Marrow Transplant does not involve bone marrow received from nonhuman donors.

Coma means a continuous state of profound unconsciousness which is expected to be permanent. The Coma must be diagnosed after the effective date of coverage under The [^{CV6}Policy] and last for a period of thirty or more consecutive days. The Coma must be rated/classified by at least one of the following scales:

- 1) Rancho Los Amigos Scale (RLAS) as a level I or II;
- 2) Glasgow Coma Scale values of 3 through 5; or
- 3) the disability rate scale with values of 22 through 29.

The condition must require mechanical ventilation for respiratory assistance.

Coronary artery bypass surgery means heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a cardiologist licensed and practicing in the United States of America or performed emergently. Coronary Artery Bypass Surgery does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques.

Coronary Artery Bypass Surgery does not include a bypass graft which is or was performed outside the United States of America.

Heart Attack means acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The diagnosis must be made by a board certified Physician. Significant electrocardiogram (EKG) changes must be seen and the diagnosis of an acute myocardial infarction (heart attack) with resulting loss of normal heart function must be confirmed by one or both of the following:

- 1) a clinical picture of myocardial infarction with cardiac enzyme changes found in blood (elevated CK-MB isoenzyme fraction or elevated troponins);
- 2) confirmatory imaging tests such as a nuclear imaging test or echocardiogram that is consistent with a myocardial infarction.

Heart Attack does not include:

- 1) established (old) myocardial infarction;
- 2) congestive heart failure;
- 3) atherosclerotic;
- 4) angina;
- 5) coronary artery disease;
- 6) or any other dysfunction of the cardiovascular system;
- 7) cardiac arrest not caused by a myocardial infarction; or
- 8) heart attacks that occur during clinical procedures.

Heart Transplant means:

- 1) Your Dependent Child has been placed on a national transplant list such as UNOS; and
- 2) the irreversible failure of Your Dependent Child's heart for which a Physician has determined that the replacement of such organ with a human donor heart is Medically Necessary, and such transplant procedure has been performed.

Heart Transplant may include a simultaneous transplant of other organs.

Heart Transplant does not include a heart transplant:

- 1) performed outside the United States of America;
- 2) involving a heart received from non-human donors;
- 3) involving implantation of mechanical devices or mechanical organs; or
- 4) involving stem cell generated transplants.

Kidney failure means permanent and irreversible failure of both kidneys (end stage renal disease) from any cause requiring regular treatment by either hemodialysis or peritoneal dialysis on a weekly basis, or necessitating kidney transplantation. Kidney transplantation may include simultaneous transplant of other organs.

Loss of Sight, Speech or Hearing means the irreversible loss of sight in both eyes, the irreversible loss of the ability to speak or the irreversible loss of hearing for all sounds in both ears. The diagnosis of irreversible loss of:

- 1) sight, speech or hearing must be made by a licensed professional or specialist in the applicable field of medicine;
- 2) sight must indicate that corrective visual acuity is equal to or worse than 20/200 in both eyes or the field of vision is less than 20 degrees in both eyes;
- 3) speech must include documented evidence of the loss for the continuous 12-month period prior to the diagnosis;
- 4) hearing must be established by an audiometric and auditory threshold test. The auditory threshold cannot be more than 90 decibels while utilizing a hearing aid.

The irreversible loss of sight, speech or hearing must occur after Your Dependent Child's effective date of coverage under The [CV6](#) Policy].

Major Organ Transplant means:

- 1) Your Dependent Child has been placed on a national transplant list such as UNOS; and
- 2) the irreversible failure of Your Dependent Child's lung, pancreas, or any combination thereof, for which a Physician has determined that the complete replacement of such organ with an entire organ from a human donor is Medically Necessary, and such transplant procedure has been performed; or
- 3) the irreversible failure of Your Dependent Child's liver for which a Physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is Medically Necessary and such procedure has been performed. For this type transplant, the requirement for placement on a national transplant list, such as UNOS, is specifically null in cases of live donor transplant.

A Major Organ Transplant does not include a transplant:

- 1) performed outside the United States of America;
- 2) involving organs received from non-human donors;
- 3) involving implantation of mechanical devices or mechanical organs;
- 4) involving stem cell generated transplants;
- 5) involving islet cell transplants; or
- 6) involving a heart being transplanted in combination with any other organ.

Organs transplanted simultaneously with the heart are covered under Heart Transplant.

Paralysis means complete and permanent loss of function of two or more limbs. Paralysis as a result of Stroke is excluded. The diagnosis of Paralysis must include documented evidence of the illness or injury that caused the Paralysis. As used herein, "limb" means an arm or leg.

The loss of function must occur after Your Dependent Child's effective date of coverage under The [\[CV6 Policy\]](#).

Stroke means a cerebrovascular accident which:

- 1) results in paralysis lasting more than 24 hours; and
- 2) produces measurable, objective neurological deficit(s) persisting for at least 30 days following the occurrence of the Stroke.

Stroke does not mean a head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

Stroke does not include a diagnosis of Stroke for:

- 1) cerebral symptoms due to migraine;
- 2) cerebral injury resulting from trauma or hypoxia; or
- 3) vascular disease affecting the eye or optic nerve or vestibular functions.

Type A Cancer means the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a Physician, who is board certified in the medical specialty that is appropriate for the type of cancer involved, has determined that:

- 1) surgery, radiotherapy or chemotherapy is Medically Necessary; or
- 2) the patient has terminal cancer, is expected to die within 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

Type A Cancer includes any cancer classified as Stage 1 through 4, or its equivalent, except the following:

- 1) cancer of the prostate is included only if classified as Stage 1b, 1c, 2, 3 or 4 and/or Gleason Score 7 through 10; and
- 2) cancer of the thyroid is included only if classified as Stage 2, 3 or 4.

Type A Cancer does not include a diagnosis of Type A Cancer for:

- 1) any tumor in the presence of human immuno-deficiency virus;
- 2) any non-melanoma skin cancer unless there is metastasis;
- 3) any condition that is considered a Type B Cancer condition; or
- 4) any malignant melanomas that are less than 0.75mm thick.

Type B Cancer means:

- 1) a cancer not specifically included in the Type A Cancer definition; or
- 2) carcinoma in situ classified as TisN0M0,

for which radiotherapy, chemotherapy, or surgical procedures are required to control or cure the disease.

Type B Cancer does not include a diagnosis of Type B Cancer for:

- 1) any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- 2) any tumor in the presence of human immuno-deficiency virus;
- 3) any non-melanoma skin cancer; or
- 4) any melanoma in situ classified as TisN0M0 under TNM staging.

]

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company

[⁸



Ricardo A. Anzaldúa, Secretary



Juan Andrade, President

]



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
[4]200 Hopmeadow Street
Simsbury, Connecticut 06089
(A stock insurance company)

[5]This rider forms a part of a certificate given in connection with The [CV6]Policy].

This rider becomes effective on the later to occur of:

- 1) the Effective Date of The [CV6]Policy] or, if later, the Effective Date of the certificate to which this rider is attached; or
- 2) [6]the first day of the month on or next following] the date We accept Your application and required premium.]

[7]The certificate to which this rider is attached is amended to add the following with respect to Dependent Child(ren) only]:

Limited Child Cancer Insurance Plan

Amount of Child Cancer Insurance: - \$5,000 (Guaranteed Issue)

Child Cancer Benefit: [CV8]When is the Child Cancer Benefit payable?]

If Your Dependent Child has a Positive Diagnosis of a Covered Condition while covered under The [CV6]Policy], We will pay the Child Cancer Benefit:

- 1) after We receive Proof of Loss; and
- 2) in accordance with the General Provisions of The [CV6]Policy].

You may receive only one Child Cancer Benefit payment under The [CV6]Policy]. When the benefit is paid, Your Dependent Child Cancer Benefit will terminate.

Positive Diagnosis means a diagnosis of a Covered Condition by a Physician. With respect to cancer diagnosis, the positive diagnosis is based on a microscopic examination of fixed tissue or preparation from the hemic system (except for skin cancer). If a pathological diagnosis cannot be made, We will accept clinical diagnosis of cancer as evidence that cancer existed. The evidence must substantially document the diagnosis. With respect to Bone Marrow Transplant, Positive Diagnosis means a Physician's recommendation that Your Dependent Child undergo such procedure.

Covered Conditions

The Covered Conditions in the Limited Child Cancer Insurance Plan are as listed and defined below. These definitions supersede those which may appear in the certificate.

Bone Marrow Transplant means the replacement of Your Dependent Child's bone marrow with bone marrow from him or her or another human donor. Your Dependent Child's Physician must have determined the replacement is Medically Necessary.

Bone Marrow Transplant does not involve bone marrow received from nonhuman donors.

Type A Cancer means the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- 1) surgery, radiotherapy or chemotherapy is Medically Necessary; or
- 2) the patient has terminal cancer, is expected to die within 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

Type A Cancer includes any cancer classified as Stage 1 through 4, or its equivalent, except the following:

- 1) cancer of the prostate is included only if classified as Stage 1b, 1c, 2, 3 or 4 and/or Gleason Score 7 through 10; and
- 2) cancer of the thyroid is included only if classified as Stage 2, 3 or 4.

Type A Cancer does not include a diagnosis of Type A Cancer for:

- 1) any tumor in the presence of human immuno-deficiency virus;
- 2) any non-melanoma skin cancer unless there is metastasis;
- 3) any condition that is considered a Type B Cancer condition; or
- 4) any malignant melanomas that are less than 0.75mm thick.

Type B Cancer means:

- 1) a cancer not specifically included in the Type A Cancer definition; or
- 2) carcinoma in situ classified as TisN0M0,

for which radiotherapy, chemotherapy, or surgical procedures are required to control or cure the disease.

Type B Cancer does not include a diagnosis of Type B Cancer for:

- 1) any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- 2) any tumor in the presence of human immuno-deficiency virus;
- 3) any non-melanoma skin cancer; or
- 4) any melanoma in situ classified as TisN0M0 under TNM staging.

]

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company

[⁸



Ricardo A. Anzaldúa, Secretary



Juan Andrade, President

]



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
[4]200 Hopmeadow Street
Simsbury, Connecticut 06089
(A stock insurance company)

[5]This rider forms a part of a certificate given in connection with The [CV6]Policy].

This rider becomes effective on the later to occur of:

- 1) the Effective Date of The [CV6]Policy] or, if later, the Effective Date of the certificate to which this rider is attached;
or
- 2) the first day of the month on or next following the date We accept Your application and required premium.

]

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company

[6]

Ricardo A. Anzaldúa, Secretary

Juan Andrade, President

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

[¹ 200 Hopmeadow Street
Simsbury, Connecticut 06089]

[²



]

GROUP INSURANCE APPLICATION

Application is hereby made to Hartford Life and Accident Insurance Company ("HLA") based on the information provided below, the group risk specifications, the enrollment data, and available experience data. The application in its entirety, and any required additional information, is subject to Home Office approval before insurance can become effective.

If this application is approved by HLA's Home Office, it will be attached to and made part of the group policy(ies). Insurance will become effective on the requested effective date shown below, unless HLA sends written notice of a different effective date.

If this application is not approved by HLA's Home Office, no insurance is in effect at any time, and any deposit premium HLA has received will be returned.

This application is made with the following deposit premium. The premium amount is estimated, as the amount due for the first month, and will be applied toward the first premium on the proposed group policy(ies):

\$ _____

COVERAGES BEING APPLIED FOR AND REQUESTED EFFECTIVE DATE:

<input type="checkbox"/> ³ Life	<input type="checkbox"/> AD&D	<input type="checkbox"/> Short Term Disability	<input type="checkbox"/> Long Term Disability	<input type="checkbox"/> ⁴ Critical Illness]
<input type="checkbox"/> Other: [⁵ _____]]			Requested Effective Date: _____	

W-2 Services Option (for Short Term Disability and Long Term Disability coverage only)

Option 1: Withhold state and federal income taxes, and the employee's portion of FICA. Prepare and file W-2 Forms.

Option 2: Withhold federal income taxes, and the employee's portion of FICA. Applicant waives W-2 Forms services.

A detailed description of the W-2 services elected by the applicant pursuant to this application will be sent to the applicant by mail. Such services will be performed in accordance with the above election and established standard procedures.

Is the benefit plan, for which insurance is being requested, subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended?

Yes

No

If Yes, state the Plan Number: _____

Applicant: _____

Legal Name of Entity

Facsimile Counterparts: The applicant and HLA agree that this Group Insurance Application may be executed by the applicant and transmitted via facsimile or other form of electronic transmission such as a scanned PDF document, from the applicant to HLA. Any signature or information contained in such Facsimile Counterparts or other electronic document will be considered by HLA to be true, legal and will constitute one and the same instrument as the original paper Group Insurance Application.

State notices: I have read the State Notices on page 2 of this application.

Signature: _____

Date Signed: _____

Contact Name: _____

Address: _____

Occupation/Industry (type): _____

Years in business: _____

Employer Tax ID Number: _____

Telephone number: _____

For Florida Applicants only: I understand that replacement of existing life insurance is / is not involved in this transaction.

Sales Representative for HLA:	Regional Office:
Name of Agent/Broker:	
For Florida Agents only: I understand that replacement of existing life insurance <input type="checkbox"/> is / <input type="checkbox"/> is not involved in this transaction.	
Signature of Agent/Broker:	
Date Signed:	For Florida & California Agents Only License/ID Number :

STATE NOTICES- for applicants in:

⁹**[All states EXCEPT California, Colorado, Florida, Kentucky, Maine, New Jersey, New York, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder, participating employer or claimant for the purpose of defrauding or attempting to defraud the policyholder, participating employer or claimant with regard to a settlement award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York (Applicable to Health Insurance Only): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that the insurer relied upon is subject to a denial in insurance benefits and may be subject to any civil penalties available.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.]

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

[¹ 200 Hopmeadow Street
Simsbury, Connecticut 06089]

[²



]

GROUP INSURANCE APPLICATION AND REQUEST FOR PARTICIPATION

Application is hereby made to Hartford Life and Accident Insurance Company ("HLA") based on the information provided below; the group risk specifications, the enrollment data, and available experience data. The application in its entirety, and any required additional information, is subject to Home Office approval before insurance can become effective.

If this application is approved by HLA's Home Office, it will be attached to and made part of the group policy(ies). Insurance will become effective on the requested effective date shown below, unless HLA sends written notice of a different effective date.

If this application is not approved by HLA's Home Office, no insurance is in effect at any time, and any deposit premium HLA has received will be returned.

This application is made with the following deposit premium. The premium amount is estimated, as the amount due for the first month, and will be applied toward the first premium on the proposed group policy(ies): \$ _____

APPLICANT INFORMATION

Legal Name of Employer:	Contact Name:
Address:	
Occupation/Industry (type):	Years in Business:
Employer Tax ID Number:	Telephone Number:

For Florida Applicants only: I understand that replacement of existing life insurance is / is not involved in this transaction.

COVERAGES BEING APPLIED FOR AND REQUESTED EFFECTIVE DATE:

<input type="checkbox"/> [³ Life	<input type="checkbox"/> AD&D	<input type="checkbox"/> Short Term Disability	<input type="checkbox"/> Long Term Disability	<input type="checkbox"/> [⁴ Critical Illness]
<input type="checkbox"/> Other: [⁵ _____]]				Requested Effective Date: _____

W-2 Services Option (for Short Term Disability and Long Term Disability coverage only)

Option 1: Withhold state and federal income taxes, and the employee's portion of FICA. Prepare and file W-2 Forms.

Option 2: Withhold federal income taxes, and the employee's portion of FICA. Applicant waives W-2 Forms services.

A detailed description of the W-2 services elected by the applicant pursuant to this application will be sent to the applicant by mail. Such services will be performed in accordance with the above election and established standard procedures.

Is the benefit plan, for which insurance is being requested, subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended? Yes No If Yes, state the Plan Number: _____

Request is hereby made to the Trustees of The Hartford Single Industry Trust For Employers in:

<input type="checkbox"/> [⁶ Agriculture, Forestry and Fishing Industries	<input type="checkbox"/> General Services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Educational Services
<input type="checkbox"/> Hospitality Services	<input type="checkbox"/> Finance, Insurance and Real Estate Industries	<input type="checkbox"/> Manufacturing Industries	<input type="checkbox"/> Mining Industries
<input type="checkbox"/> Retail Trade Industries	<input type="checkbox"/> Transportation, Communications, Electric, Gas and Sanitary Services Industries	<input type="checkbox"/> Wholesale Trade Industries	<input type="checkbox"/> Public Administration
<input type="checkbox"/> Construction Industries]			

that eligible employees of the undersigned Applicant can be insured under the group insurance policy(ies) issued to the Trustees by HLA.

In consideration of the granting of this request, Applicant hereby agrees to be bound by the terms, conditions and provisions of the policy(ies) and by the terms and provisions of the trust agreement, and amendments or supplements to them and to assume all obligations of a participating employer in the trust.

GROUP INSURANCE APPLICATION AND REQUEST FOR PARTICIPATION AGREEMENT (continued)

IT IS UNDERSTOOD THAT:

1. The group policies may be amended or discontinued by the Trustee or HLA.
2. Premiums are payable monthly in advance by the Trustee and that the undersigned Applicant, in order that the insurance be continued in force, must make in advance the monthly payments required by the Trustee to cover the costs of coverage. Failure to pay premium as due to the Trustee will result in termination of insurance for the Applicant thirty days from the date when premium is due to the Trustee but not paid.

Facsimile Counterparts: The applicant and HLA agree that this Group Insurance Application may be executed by the applicant and transmitted via facsimile or other form of electronic transmission such as a scanned PDF document, from the applicant to HLA. Any signature or information contained in such Facsimile Counterparts or other electronic document will be considered by HLA to be true, legal and will constitute one and the same instrument as the original paper Group Insurance Application.

State notices: I have read the State Notices below.

Signature of Applicant: _____ Date Signed: _____

Name and Title of Authorized Signer: _____

Sales Representative for HLA: _____ Regional Office: _____

Name of Agent/Broker: _____

For Florida Agents only: I understand that replacement of existing life insurance is / is not involved in this transaction.

Signature of Agent/Broker: _____ For Florida & California Agents Only

Date Signed: _____ License/ID Number: _____

STATE NOTICES – for applicants in:

[² All states EXCEPT California, Colorado, Florida, Kentucky, Maine, New Jersey, New York, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder, participating employer or claimant for the purpose of defrauding or attempting to defraud the policyholder, participating employer or claimant with regard to a settlement award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York (Applicable to Health Insurance Only): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that the insurer relied upon is subject to a denial in insurance benefits and may be subject to any civil penalties available.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.]

SERFF Tracking Number: HARL-127785708 State: Arkansas
 Filing Company: Hartford Life and Accident Insurance Company State Tracking Number: 50544
 Company Tracking Number: GCF_1700_GCF_CI_2011_12
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: GCF_AR_HLA_CI_GBD-1700 A_2011_Original
 Project Name/Number: /3018

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	01/12/2012
Comments: Please see the attached readability certification.		

Also attached is the consumer information notice and the guaranty notice to show our compliance with the Consumer Information Notice requirement (ACA 23-79-138 and Bulletin 11-88) and Guaranty Association Notice requirement (Rule & Regulation 49) above.

Attachments:

Arkansas Notice PA-7597.pdf
 AR_Readability Certification.pdf
 guarantee notice.pdf

	Item Status:	Status Date:
Satisfied - Item: Application	Approved	01/12/2012
Comments: Attached is the general use master application that will be used for issuance of a group pollicy providing critical illness.		

Also attached is the general use participating employer application for issuance of group coverage providing critical illness through a trust.

Attachments:

AR_Trust Application_SOVL_PA-9592.pdf
 AR_Master Application_SOVL_PA-9591.pdf

	Item Status:	Status Date:
Satisfied - Item: Cover Letter and Forms/Module Lists	Approved	01/12/2012
Comments: Attached is a cover letter describing this filing and lists of forms and modules.		

SERFF Tracking Number: HARL-127785708 State: Arkansas
Filing Company: Hartford Life and Accident Insurance Company State Tracking Number: 50544
Company Tracking Number: GCF_1700_GCF_CI_2011_12
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: GCF_AR_HLA_CI_GBD-1700 A_2011_Original
Project Name/Number: /3018

Attachments:

AR_CI_Cover Letter_Filing Description.pdf
AR_Forms List_CI POI_GBD-1700_HLA.pdf
AR_Module List_CI_GBD-1701_HLA.pdf

	Item Status:	Status
Satisfied - Item: Statement of Variable Language	Approved	Date: 01/12/2012
Comments:		
Attachments:		
AR_SOVL_CERT.pdf		
AR_SOVL_POI.pdf		



Hartford Life

IMPORTANT NOTICE

ARKANSAS INSURED'S ACCESS TO INSURER INFORMATION

This notice is to comply with Arkansas House Bill 1221. We are required by law to notify you of the complete addresses and phone number of the Arkansas Insurance Department, the insurance company's servicing office, and the agent. Below is this information:

Arkansas Insurance Department
Consumer Services Division
1200 W. Third Street
Little Rock, AR 72201-1904
Telephone: (501) 371-2640 or (800) 852-5494

Servicing Office:
[The Hartford
Group Benefits Division Policyholder Services
P.O. Box 2999
Hartford, CT 06104-2999
Telephone: (800) 572-9047]

Agent:
[Name:
Address:
Telephone:]

CERTIFICATION OF READABILITY

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Certification of Readability for the forms listed below.

<u>Form No.</u>	<u>Score</u>
Form GBD-1700 A, et al.	52.9
Form GBD-1701	50.1
Form PA-9452	50.0
Form PA-9454	50.8
Form PA-9456	59.6
Form PA-9591	51.1
Form PA-9592	50.2

We hereby certify that the above forms meet the minimum Flesch Reading Ease Base Score.



12/20/11

Dana S. MacKinnon
Vice President

Date

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain 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 policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the members through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("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 the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance Companies or their agents are required by law to provide you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; 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 Arkansas Life and Disability Insurance Guaranty Association if they live in this state and hold a life or disability 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 nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, 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 non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends and voting rights and experience rating credits;
- credits given in connection with the administration of a policy by a group contract holder,
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals);
- unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

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 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 health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 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. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Hartford Life and Accident Insurance Company

Statement of Variable Language Group Insurance Application and Request for Participation Form PA 9592 December 21, 2011

GENERAL INFORMATION

Form Number

When the application form is produced, the form number will appear on the lower left corner of the first and second pages of the form.

Formatting of Application When Issued

The application will be created in 8.5" x 11" format. We reserve the right to adjust margins, spaces, indentation, and alignment. When using the form, the font size will not be less than 10 point. Arial is the font style of type that will be used; however, we reserve the right to use a different font style. Commonly accepted rules of grammar, punctuation and formatting will be applied to the application form.

Variables

All open areas of the application requiring fill-in information will be completed by the applicant, broker or agent, as applicable. Areas of text that are variable are individually bracketed and labeled to correlate to the Statement of Variable Language below. Each set of brackets containing variables is labeled after the first bracket with a superscript identifier (Example: []³). When the application form is issued, the brackets and superscript identifiers will not be included and the space that they occupy will be closed.

STATEMENT OF VARIABLE LANGUAGE

Form PA-9592 - Application

Variability:

- 1 Address may change if home office is moved. Any change in the home office address will be submitted to the Department in an informational filing prior to use.
- 2 Logo may change when corporate logo is redesigned or updated.
- 3 Coverages may be added to or deleted.
- 4 Text may be changed to "Heart Attack", "Cancer", "Major Organ Transplant" or other description consistent with the insurance contract.
- 5 Other products may be inserted with which the application may be used.
- 6 Trusts may be deleted, added to, or revised.
- 7 Text may change, based on state requirements.

Hartford Life and Accident Insurance Company

Statement of Variable Language

Group Insurance Application

Form PA 9591

December 20, 2011

GENERAL INFORMATION

Form Number

When the application form is produced, the form number will appear on the lower left corner of the first and second pages of the form.

Formatting of Application When Issued

The application will be created in 8.5" x 11" format. We reserve the right to adjust margins, spaces, indentation, and alignment. When using the form, the font size will not be less than 10 point. Arial is the font style of type that will be used; however, we reserve the right to use a different font style. Commonly accepted rules of grammar, punctuation and formatting will be applied to the application form.

Variables

All open areas of the application requiring fill-in information will be completed by the applicant, broker or agent, as applicable. Areas of text that are variable are individually bracketed and labeled to correlate to the Statement of Variable Language below. Each set of brackets containing variables is labeled after the first bracket with a superscript identifier (Example: [³]). When the application form is issued, the brackets and superscript identifiers will not be included and the space that they occupy will be closed.

STATEMENT OF VARIABLE LANGUAGE

Form PA-9591 - Application

Variability:

- 1 Address may change if home office is moved. Any change in the home office address will be submitted to the Department in an informational filing prior to use.
- 2 Logo may change when corporate logo is redesigned or updated.
- 3 Coverages may be added to or deleted.
- 4 Text may be changed to "Heart Attack", "Cancer", "Major Organ Transplant" or other description consistent with the insurance contract.
- 5 Other products may be inserted with which the application may be used.
- 6 Text may change, based on state requirements



December 15, 2011

Arkansas Department of Insurance
Life & Health Division
1200 West Third Street
Little Rock, AR 72201-1904

Hartford Life and Accident Insurance Company NAIC #: 70815

FEIN #: 06-0838648

RE: New Submission

**Form GBD-1700 A, et al.
Form GBD-1701**

**Group Critical Illness Policy of Incorporation
Group Critical Illness Certificate of Insurance**

Form PA-9452

Amendatory Rider (Limited Child Critical Illness Insurance Plan)

**Form PA-9454
Form PA-9456**

**Amendatory Rider (Limited Child Cancer Insurance Plan)
Amendatory Rider (for use with Certificate of Insurance)**

**Form PA-9591
Form PA-9592**

**Group Insurance Application
Group Insurance Application and Request for Participation**

Dear Sir or Madam:

We are submitting the enclosed group insurance forms for your review and approval on a general use basis. These submitted forms are new and not intended to replace any forms on file with your Department. Our domiciliary state of Connecticut granted approval for out-of-state filings on June 21, 2011.

The forms included in this filing are intended for use with eligible group policyholders, including but not limited to employer-employee groups, association/affinity groups and union groups as defined and allowed by the laws and regulations of your state. To assist you in your review, a list of the forms and modules is included.

The coverage provided under Form GBD-1700 A, et al. and Form GBD-1701 is group critical illness (specified disease) insurance. These forms allow for coverage of a combination of specified diseases or for single specified disease coverage such as cancer. Amendatory Rider Form PA-9452 providing limited critical illness insurance for children and Amendatory Rider Form PA-9454 providing limited cancer insurance for children are included in this filing.

Application Form PA-9591 will be used to contract group insurance by eligible group policyholders and Application Form PA-9592 by participating employers or other entities in conjunction with the submitted group critical illness forms and may be used with any of our life and health policy forms currently on file or which may be approved in the future.

The Hartford – Group Benefits Compliance
200 Hopmeadow Street
Simsbury, CT 06089

The Policy of Incorporation (POI) consists of a face page and insert pages. Each page comprising the POI is identified by a form number in the bottom left hand corner. When the Policy of Incorporation is assembled, it will retain the form number on the bottom of each page. The Certificate of Insurance and Amendatory Riders will be incorporated into and made part of the POI.

The Certificate of Insurance is presented for filing in modular format with each module assigned a separate number. We reserve the right to change the order of the modules and placement of the sections so that they may appear in a different order from what is filed. Additionally, we reserve the right to relocate modules from the Definitions section to another section within the Certificate of Insurance. When the Certificate of Insurance is assembled, the basic form number will appear on the face page of the Certificate of Insurance and the pages will be run in continuous text, without the module numbers. When an Amendatory Rider as referenced in the forms listing above is produced, the form number will appear on the lower left corner on the first page of the Amendatory Rider.

Variable language in the forms is indicated by brackets. Language within brackets may or may not be included or we may make additions to, deletions from, or otherwise change the language within the brackets as defined and allowed by the laws and regulations of your state.

Commonly accepted rules of grammar, punctuation and formatting will be applied to the Certificate of Insurance and Amendatory Riders. Words that are defined terms will be capitalized throughout the Certificate of Insurance and Amendatory Riders where appropriate. If a definition is not used, the corresponding words will not be capitalized. Items in a list may be expressed in alpha or numeric format. Items in a list will be renumbered/relettered and moved to the appropriate location within the list. When text within the bracketed areas is deleted, spacing will be appropriately adjusted. When variable text from a page or pages is not included in the Certificate of Insurance, which would cause a blank page or blank pages to print, the blank page(s) will be removed from the Certificate of Insurance.

Amendatory Rider Form PA-9456 as referenced in the forms listing above amends Certificates of Insurance as defined and allowed by the laws and regulations of your state. These amendments include but are not limited to accommodations of policyholder plan features and changes, or providing state specific requirements. For policies issued in your state insuring residents of other states, the Amendatory Rider provides state specific requirements mandated by those other states for their residents. For policies *not* issued in your state, the Amendatory Rider provides state specific requirements mandated by your state for your residents when insured under a policy issued in another state.

When policies are issued in the state of New York, the Amendatory Rider, Certificates of Insurance and Policy of Incorporation will be issued by our New York underwriting company, Hartford Life Insurance Company.

Flesch Test. The forms have been tested for readability. They achieve the scores stated in the enclosed readability certification.

Please be advised that we reviewed the Arkansas Code and Arkansas Rules and Regulations as they relate to group accident and health insurance. We would like to draw your attention to §23-86-108 (6)(A) and the Claim Payment provision appearing on page 25 of the attached certificate. We believe our provision complies in that we provide payment within a time frame that is "immediate". The time period stated in the form is 30 days following receipt of proof of loss. It is bracketed to indicate variability. The time period that will appear within brackets will not exceed 90 days.

If you have any questions or comments, please contact Harold Ekart at 860-843-3887 or Kimberly (Kim) Pavlik at 860-843-5138. If it would be more convenient to fax or email your comments, Harold's and

Kim's fax number is 860-843-3608 and their email address is Harold.Ekart@thehartford.com and Kimberly.Pavlik@thehartford.com, respectively.

Thank you in advance for your consideration. We look forward to your approval in the near future.

Sincerely,



Faristine Moore
Compliance Specialist
Group Benefits Compliance

GROUP POLICY OF INCORPORATION FORMS LIST	
Form #	Description
Form GBD-1700 A	Policy Face Page
Form GBD-1700 B.1	Schedule of Insurance - Eligibility
Form GBD-1700 C.1	Schedule of Insurance - Benefits
Form GBD-1700 C.2	Schedule of Insurance
Form GBD-1700 D.1	Premium Provisions
Form GBD-1700 D.2	Premium Provisions
Form GBD-1700 D.3	Premium Provisions
Form GBD-1700 D.4	Premium Schedule
Form GBD-1700 E.1	Participating Entities
Form GBD-1700 E.2	Participating Entities
Form GBD-1700 F.1	Policy Provisions
Form GBD-1700 F.2	Policy Provisions
Form GBD-1700 G.1	Incorporation Provision
Form GBD-1700 G.2	Policy Modification
APPLICATION FORMS LIST	
	Description
Form PA-9591	Group Insurance Application
Form PA-9592	Group Insurance Application and Request for Participation

GROUP CRITICAL ILLNESS FORM and MODULE LIST	
Form #	Description
Form GBD-1701	Face page
Form PA-9452	Amendatory Rider (Limited Child Critical Illness Plan)
Form PA-9454	Amendatory Rider (Limited Child Cancer Plan)
Form PA-9456	Amendatory Rider
Module #	
GBD-1701 A01	Table of Contents
GBD-1701 B01	Schedule of Insurance
GBD-1701 B02	Schedule of Insurance
Module #	Eligibility and Enrollment
GBD-1701 D01	Eligible Persons
GBD-1701 D02	Eligibility for Coverage
GBD-1701 D03	Eligibility for Dependent Coverage
GBD-1701 D04	Enrollment
GBD-1701 D05	Enrollment
GBD-1701 D06	Evidence of Insurability Requirements
GBD-1701 D07	Dependent Evidence of Insurability Requirements
GBD-1701 D08	Change in Family Status
Module #	Period of Coverage
GBD-1701 E01	Effective Date
GBD-1701 E02	Effective Date
GBD-1701 E03	Deferred Effective Date
GBD-1701 E04	Deferred Effective Date
GBD-1701 E05	Continuity from a Prior Policy
GBD-1701 E06	Dependent Effective Date
GBD-1701 E07	Dependent Effective Date
GBD-1701 E08	Dependent Deferred Effective Date
GBD-1701 E09	Dependent Deferred Effective Date
GBD-1701 E10	Change in Coverage
GBD-1701 E11	Effective Date for Changes in Coverage
GBD-1701 E12	Request for Change in Coverage
GBD-1701 E13	Effective Date for Changes in Coverage
GBD-1701 E14	Increase in Amount of Life Insurance
GBD-1701 E15	Termination
GBD-1701 E16	Termination
GBD-1701 E17	Reinstatement
GBD-1701 E18	Dependent Termination
GBD-1701 E19	Dependent Termination
GBD-1701 E20	Individual Grace Period
GBD-1701 E21	Continuation Provisions
GBD-1701 E22	Spouse Continuation
GBD-1701 E23	Dependent Continuation
GBD-1701 E24	Reinstatement after Military Service
GBD-1701 E25	Waiver of Premium
GBD-1701 E26	Conditions for Qualification
GBD-1701 E27	Waiver Begins
GBD-1701 E28	Waiver Ceases
GBD-1701 E29	Eligible Coverages
GBD-1701 E30	Strike or Labor Dispute Waiver of Premium Provision
Module #	Benefits
GBD-1701 F01	Critical Illness Benefit
GBD-1701 F02	First Occurrence Benefit
GBD-1701 F03	Recurrence Benefit
GBD-1701 F04	Covered Conditions

GBD-1701 F05	Coronary Artery Bypass Surgery Benefit
GBD-1701 F06	Type B Cancer Benefit
GBD-1701 F07	Benefit Suspension Period
GBD-1701 F08	Benefit Suspension Period
GBD-1701 F09	Benefit Suspension Period
GBD-1701 F10	Wellness Screening Benefit
GBD-1701 F11	Hospital Benefit
GBD-1701 F12	Portability Benefits
GBD-1701 F13	Qualifying Events
GBD-1701 F14	Electing Portability
GBD-1701 F15	Limitations
Module #	Exclusions and Limitations
GBD-1701 G01	Exclusions
GBD-1701 G02	Refund for Service in the Armed Forces
GBD-1701 G03	Pre-existing Condition Limitation
Module #	General Provisions
GBD-1701 H01	Notice of Claim
GBD-1701 H02	Claim Forms
GBD-1701 H03	Proof of Loss
GBD-1701 H04	Sending Proof of Loss
GBD-1701 H05	Claim Payment
GBD-1701 H06	Claims to be Paid
GBD-1701 H07	Claim Denial
GBD-1701 H08	Claim Appeal
GBD-1701 H09	Overpayment
GBD-1701 H10	Overpayment Recovery
GBD-1701 H11	Insurance Fraud
GBD-1701 H12	Legal Actions
GBD-1701 H13	Misstatements
GBD-1701 H14	Policy Interpretation
GBD-1701 H15	Physical Examination and Autopsy
Module #	Definitions
GBD-1701 C01	Active Employee
GBD-1701 C02	Actively at Work
GBD-1701 C03	Actively at Work
GBD-1701 C04	Age
GBD-1701 C05	Benefit Waiting Period
GBD-1701 C06	Bone Marrow Transplant
GBD-1701 C07	Coma
GBD-1701 C08	Contributory Coverage
GBD-1701 C09	Coronary Artery Bypass Surgery
GBD-1701 C10	Critically Ill or Critically Illness
GBD-1701 C11	Dependent Child(ren)
GBD-1701 C12	Dependents
GBD-1701 C13	Employer
GBD-1701 C14	Evidence of Insurability
GBD-1701 C15	Guaranteed Issue Amount
GBD-1701 C16	Heart Attack
GBD-1701 C17	Heart Transplant
GBD-1701 C18	Kidney Failure
GBD-1701 C19	Loss of Sight, Speech or Hearing
GBD-1701 C20	Major Organ Transplant
GBD-1701 C21	Medically Necessary
GBD-1701 C22	Non-Contributory Coverage
GBD-1701 C23	Occupational HIV Infection

GBD-1701 C24	Paralysis
GBD-1701 C25	Participating Employer
GBD-1701 C26	Physician
GBD-1701 C27	Physician
GBD-1701 C28	Positive Diagnosis
GBD-1701 C29	Prior Policy
GBD-1701 C30	Regular Care of a Physician
GBD-1701 C31	Related
GBD-1701 C32	Simplified Issue Amount and Supplemental Amount
GBD-1701 C33	Spouse
GBD-1701 C34	Stroke
GBD-1701 C35	The Policy
GBD-1701 C36	Trust
GBD-1701 C37	Type A Cancer
GBD-1701 C38	Type B Cancer
GBD-1701 C39	We, Our, or Us
GBD-1701 C40	You or Your

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Statement of Variable Language Group Critical Illness Insurance

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December 20, 2011

GENERAL INFORMATION

Modules and Form Numbers

The above referenced certificate form is in a modular format with an internal identification number on the lower right hand corner of each module. When the certificate is produced, the form number will appear on the lower left corner of the face page of the certificate. We reserve the right to change the order of the modules and placement of the sections so that they may appear in a different order from what is filed. Additionally, we reserve the right to relocate modules from the Definitions section to another section within the certificate. When the above referenced riders are produced, the form number will appear on the lower left corner on the first page of each rider.

Formatting of Certificate and Riders When Issued

The certificate and riders will be issued in 8.5" x 11" or 5.5" x 8.5" format. We reserve the right to adjust margins, spaces, indentation, and alignment. The certificate is presented for filing in modular format. When the certificate is issued, the module numbers will be deleted and the modules will be repositioned to avoid blank spaces. When issuing our certificate and riders, we will use a font size of no less than 10 point. Arial is the font style of type that will be used; however, we reserve the right to use a different font style. Commonly accepted rules of grammar, punctuation and formatting will be applied to the certificate and riders. There will be one header for each section within the certificate. If a section does not appear, the section header will be removed. Therefore, no blank lines or pages should appear. Certificate and rider pages may be numbered. Words that are defined terms will be capitalized throughout the certificate and riders where appropriate. If a definition is not used, the corresponding words will not be capitalized. When specific provisions of the certificate are mentioned, they will be capitalized. Whenever there is a term that may be either singular or plural based on a chosen option, such as "1 week" or "2 weeks", the "s" may appear as "(s)". For example: "1 week(s)".

Constant Variables

Certain terminology, such as "Policy" or "Policyholder", appears throughout the text of the forms. So that the variability of this terminology may be applied consistently throughout all areas of the form, each term has been individually bracketed and labeled to correlate to the Constant Variable Statement of Variable Language beginning on page 3. Each set of brackets containing constant variables is labeled after the first bracket with a superscript identifier (Example: [^{CV3}]). When the certificate and riders are issued, the brackets and superscript identifiers will not be included and the space that they occupy will be closed.

Variables

Areas of text that are variable are individually bracketed and labeled to correlate to the Statement of Variable Language beginning on page 5. Each set of brackets containing variables is labeled after the first bracket with a superscript identifier (Example: []³). When the certificate and riders are issued, the brackets and superscript identifiers will not be included and the space that they occupy will be closed. When text within the bracketed areas is deleted, spacing will be appropriately adjusted. When variable text from a page or pages is not included in the certificate, which would cause a blank page or blank pages to print, the blank page(s) will be removed from the certificate.

Itemized List Reformat

If items are deleted or new items are added, the list will be renumbered/relettered and any conjunctions (such as "and" or "or") will either be removed entirely or moved to the appropriate location within the list. If only one item in the list remains, the numbers/letters and preceding punctuation may be removed entirely and the sentence will appear in continuous format. Terms such as "greater of", "lesser of", "earlier of" and "earliest of" may be removed if only one item in the list remains.

Word Tenses

Noun and verb tenses may be revised for grammatical purposes (Example: "He/She is" may be revised to "You are"). Numbers may be expressed in alpha or numeric format.

Multiple Classes or Multiple Plan Options

A certificate may be issued with multiple classes or multiple plan options. In this situation, a certificate may reflect more than one version of a provision, benefit, definition or exclusion; or may indicate that all versions will appear on riders. The versions will be in accordance with the approved variability within the Statement of Variable Language. When more than one version of the same provision, benefit, definition or exclusion appears within a certificate, or if only one version appears, a differentiator will be included with each version. When all versions of a provision, benefit, definition or exclusion are to appear on riders, a statement such as "Please see Your certificate rider" will appear directly below the provision, benefit, definition or exclusion heading, and the remainder of the provision, benefit, definition or exclusion will not appear in the certificate.

CONSTANT VARIABLE STATEMENT OF VARIABLE LANGUAGE

- CV1** Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "Employer", "Policyholder", "Organization", "Union", "Entity", "Association", "Firm", "Participating Employer", "Participating Entity", "Trustee", "Participant Employer", "Participating Firm", "Participating Association", "Participating Organization". In some instances, words such as "the", "Your" and "an" precede the term. These words may be deleted or changed to appropriately correspond to the substituted term.
- CV2** Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "Employee", "Member", "Insured Person", "Participant", "Accountholder", "Customer", "Associate", "Retiree". In some instances words such as "an" and "a" precede the term. These words may be deleted or changed to appropriately correspond to the substituted term.
- CV3** Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "Policyholder", "Your Employer", "Employer", "the Employer", "the Policyholder", "Contractholder", "Organization", "Union", "Entity", "Association", "Firm", "Participating Employer", "Participant Employer", "Participating Entity", "Trustee", "Participating Firm", "Participating Association", "Participating Organization", "Participating Firm". In some instances words such as "an", "the" and "a" precede the term. These words may be deleted or changed to appropriately correspond to the substituted term.
- CV4** Any occurrence of the bracketed terms may be deleted including those which are preceded by the words "the", "Your", "or Your", "and Your" or other similar term. References to "Dependent" may be replaced or enhanced with more specific references to "Spouse" and/or "Child". References to "Dependent Spouse" or "Dependent Children", or similar term, may be replaced with a general reference to "Dependents" as a whole.
- CV5** Text may be deleted.
- CV6** Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "Policy", "Plan", "Certificate", "Participant Employer", "Participating Employer's coverage under The Policy", "Participating Employer", or "Program".
- CV8** Text may be deleted.
- CV11** Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "Policy Effective Date", "Plan Effective Date", "Participating Employer Effective Date", "Participating Association Effective Date", "Participating Organization Effective Date", "Participant Employer Effective Date", "Participating Firm Effective Date", "Participating Employer Plan Effective Date", "Participating Association Plan Effective Date", "Participating Organization Plan Effective Date", "Participant Employer Plan Effective Date", "Program Effective

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Date", or "Participating Firm Plan Effective Date". In some instances words such as "the" precede the term. These words may be deleted or changed to appropriately correspond to the substituted term.

CV12 Text may be deleted. Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "Participating" or "Participant". In some instances words such as "the" and "a" precede the term. These words may be deleted or changed to appropriately correspond to the substituted term.

CV16 Text may be deleted.

CV17 Any occurrence of the bracketed term may be changed to "Cancer", "Heart Related", "Heart" "a heart related condition", "heart related condition", "Type A or Type B Cancer".

STATEMENT OF VARIABLE LANGUAGE

Form GBD-1701 - Face Page

Variability:

- 1 Logo may change when corporate logo is redesigned or updated.
- 2 Address may change if home office is moved. Any change in the home office address will be submitted to the Department in an informational filing prior to use.
- 3 Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 4 Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 5 Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 6 Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 7 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 8 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 9 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 10 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 11 Text may be deleted.
- 12 Text may be deleted.
- 13 Text may be changed to "the [CV6Policy] Number and the Account Number".
- 14 Officer signatures will change when officers and titles change. In the event the title of an officer signing the contract form changes, any new title utilized will be the title of an officer of the company.
- 15 Paragraph is included for policies issued to a Non-Employer Group upon the request of the Association. Paragraph is included for policies issued to an Employer Group for voluntary plans upon the request of the Policyholder, otherwise this provision does not appear.
- 16 Text may be changed to "45", "60", "90" or "180".
- 17 May be deleted entirely if the Table of Contents shown under GBD-1701 A01 is included instead.
- 18 Text may be changed to "**Sequence of Contents**".
- 19 Any section, benefit and/or provision heading appearing throughout the certificate may appear in the table of contents list.
- 20 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 21 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.

GBD-1701 A01 – Table of Contents

Variability:

- 1 May be deleted entirely when Table of Contents appears on the Face Page instead.
- 2 Text may be changed to "**Sequence of Contents**".
- 3 Any section, benefit and/or provision heading appearing throughout the certificate may appear in the table of contents list on the left margin with the corresponding page number on the right margin. The benefit and/or provision heading on the left margin will be connected to the corresponding page numbers on the right margin by a dotted line.

GBD-1701 B01 – Schedule of Insurance

Variability:

- 1 The entire Schedule of Insurance is illustrative and may be revised. We reserve the right to change the order of the benefits and/or provisions contained in the Schedule of Insurance, so that they may appear in a different order from what is filed. This Schedule of Insurance may be deleted if module GBD-1701 B02 is included.

GBD-1701 B02 – Schedule of Insurance

Variability:

- 1 The entire Schedule of Insurance is illustrative and may be revised. We reserve the right to change the order of the benefits and/or provisions contained in the Schedule of Insurance, so that they may appear in a different order from what is filed. This Schedule of Insurance may be deleted if module GBD-1701 B01 is included.

ELIGIBILITY AND ENROLLMENT

GBD-1701 D01 - Eligible Persons

Variability:

- 1 Text may be deleted.
- 2 Text may be revised or deleted.

GBD-1701 D02 - Eligibility for Coverage

Variability:

- 1 Text may be revised or deleted.
- 2 Text may be revised
- 3 Items in list may be deleted or revised.
- 4 Text may be revised.
- 5 Text may be deleted.

GBD-1701 D03 - Eligibility for Dependent Coverage

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Variability:

- 1 Text may be revised or deleted.
- 2 Items in list may be deleted or revised.
- 3 Text may be revised.
- 4 Text may be changed to "eligible".
- 5 Text may be revised.
- 6 Text may be deleted.
- 7 Text may be deleted.
- 8 Text may be deleted.
- 9 Text may be deleted.
- 10 Text may be changed to "eligible".
- 11 Items in list may be deleted.

GBD-1701 D04 - Enrollment

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Text may be deleted.
- 4 Text may be deleted.
- 5 Text may be deleted.
- 6 Text may be changed to "Option 2 or Option 3".
- 7 Text may be revised.
- 8 Text may be deleted.
- 9 Text may be deleted.
- 10 Text may be changed to "voice recording" or "electronically".
- 11 Text may be deleted.
- 12 Text may be changed to "Enrollment due to Change in Family Status may" or "Enrollment during an Annual Enrollment Period may".
- 13 Text may be deleted.
- 14 Text may be deleted, or text may be changed to "Your coverage" or "Your Dependents' coverage" or "coverage".
- 15 May be changed to a different number within a range of 30 through 90.
- 16 Text may be changed to "You may be required to give Us Evidence of Insurability satisfactory to Us, depending upon the coverage for which You enroll".
- 17 Items in list may be deleted. Text may be changed to "; and 2) You may enroll at any time.".
- 18 Text may be deleted, or text may be changed to "Your coverage" or "Your Dependents' coverage" or "coverage".
- 19 Text may be revised.
- 20 May be changed to a different number within a range of 30 through 90.
- 21 Text may be deleted.

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GBD-1701 D05 - Enrollment

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Text may be deleted.
- 4 Text may be changed to "Your Dependents" or "You".
- 5 Text may be deleted.
- 6 Items in list may be deleted or revised. Items may be added to the list.
- 7 Text may be deleted, or text may be changed to "Your Dependents" or "Your".
- 8 Text may be deleted.
- 9 Text may be changed to "voice recording" or "electronically".
- 10 Text may be deleted.
- 11 Text may be deleted, or text may be changed to "Your coverage" or "Your Dependents' coverage" or "coverage".
- 12 May be changed to a different number within a range of 30 through 90.
- 13 Text may be deleted.
- 14 Text may be changed to "You will not be covered under the Policy".
- 15 Text may be revised or deleted.
- 16 Items in list may be deleted. If both items are deleted then "only" will be deleted.
- 17 Text may be revised.
- 18 May be changed to a different number within a range of 30 through 90.
- 19 Text may be deleted.
- 20 Text may be changed to "Enrollment due to Change in Family Status may" or "Enrollment during an Annual Enrollment Period may".

GBD-1701 D06 - Evidence of Insurability Requirements

Variability:

- 1 Text may be revised or deleted.
- 2 Items in list may be deleted.
- 3 May be changed to a different number within a range of 30 through 90.
- 4 Text may be deleted.
- 5 Text may be changed to "an Amount of Supplemental [~~CV17~~Critical Illness] Insurance", "an Amount of [~~CV17~~Critical Illness] Insurance", "an Amount of Simplified and Supplemental [~~CV17~~Critical Illness] Insurance", "an Amount of Simplified [~~CV17~~Critical Illness] Insurance" or "coverage". "Supplemental" may be changed to "Optional", "Additional" or "Voluntary".
- 6 Text may be changed to an actual dollar amount or "combined Guaranteed Issue Amount and Simplified Issue Amount" or "Simplified Issue Amount" or "Optional Guaranteed Issue Amount" or "Additional Guaranteed Issue Amount" or "Voluntary Issue Amount".
- 7 Items in list may be deleted.

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- 8 Text may be changed to "Amount of [^{CV17}Critical Illness] Insurance" or "Amount of Supplemental [^{CV17}Critical Illness] Insurance" or "Amount of Simplified and Supplemental [^{CV17}Critical Illness] Insurance" or "Amount of Optional [^{CV17}Critical Illness] Insurance" or "Amount of Additional [^{CV17}Critical Illness] Insurance" or "Amount of Voluntary [^{CV17}Critical Illness] Insurance".
- 9 May be changed to a different number within a range of 30 through 90.
- 10 May be changed to a different number within a range of 30 through 90.

GBD-1701 D07 - Dependent Evidence of Insurability Requirements

Variability:

- 1 Text may be revised or deleted.
- 2 Items in list may be deleted.
- 3 May be changed to a different number within a range of 30 through 90.
- 4 Text may be deleted. Text may be changed to "except for electing initial coverage within [30] days after a Change in Family Status" if evidence is not required for late enrollment due to change in family status. (whereas "30" May be changed to a different number within a range of 30 through 90.)
- 5 Text may be changed to an actual dollar amount or "Amount of Supplemental [^{CV17}Critical Illness] Insurance", "Amount of [^{CV17}Critical Illness] Insurance", "Amount of Simplified and Supplemental [^{CV17}Critical Illness] Insurance", "Amount of Simplified [^{CV17}Critical Illness] Insurance" or "coverage". "Supplemental" may be changed to "Optional", "Additional" or "Voluntary".
- 6 Text may be deleted. Text may be changed to "However, no Evidence of Insurability will be required for Your [^{CV4}Dependent Child]."
- 7 Text may be changed to "the Amount of Simplified [^{CV17}Critical Illness] Insurance" or "the Amount of Simplified and Supplemental [^{CV17}Critical Illness] Insurance" or "the Amount of Optional [^{CV17}Critical Illness] Insurance" or "the Amount of Additional [^{CV17}Critical Illness] Insurance" or "the Amount of Voluntary [^{CV17}Critical Illness] Insurance".
- 8 Items in list may be deleted.
- 9 May be changed to a different number within a range of 30 through 90.
- 10 May be changed to a different number within a range of 30 through 90.

GBD-1701 D08 - Change in Family Status

Variability:

- 1 Text may be deleted.
- 2 Items in list may be deleted or revised. Items may be added to the list.
- 3 Text may be deleted.
- 4 Text may be changed to "divorce or legally separate".
- 5 Text may be deleted.
- 6 Text may be deleted.
- 7 Text may be deleted.

PERIOD OF COVERAGE

GBD-1701 E01 - Effective Date

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Text may be deleted. Text may be revised to list specific non-contributory coverages included in the plan.
- 4 Text may be deleted. Text may be changed to "for which Evidence of Insurability is required."
- 5 Reference to "the date" may be revised to "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6Policy] Anniversary Date on or next following the date" or "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month) or "the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).
- 6 Text may be deleted.
- 7 Text may be deleted. Text may be revised to list specific contributory coverages included in the plan.
- 8 Text may be deleted. Text may be changed to "for which Evidence of Insurability is required."
- 9 Text may be changed to "on" if only one item appears in the numbered list that follows.
- 10 Items in list may be deleted or revised.
- 11 Reference to "the date" may be revised to "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6Policy] Anniversary Date on or next following the date" or "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month) or "the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).
- 12 Reference to "the first day of the month on or next following the last day" may be revised to "the date immediately following the last day" or "the January 1st on or next following the last day" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6Policy] Anniversary Date on or next following the last day" or "the first day of the pay period on or next following the last day" (whereas "first" may be changed to reflect a different day of the pay period) or "the fifteenth day of the month on or next following the last day" (whereas "fifteenth" may be changed to reflect a different day of the month) or "the effective date of benefit changes on or next following the last day" or "the Monday on or next following the last day" (whereas "Monday" may be changed to reflect a different day of the week).
- 13 Text may be deleted.
- 14 Reference to "the date" may be revised to "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the

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calendar month) or "the [CV6 Policy] Anniversary Date on or next following the date" or "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month) or "the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).

15 May be changed to a different number within a range of 30 through 90.

16 Text may be deleted.

17 Items in list may be deleted or revised.

18 Reference to "the date" may be revised to "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6 Policy] Anniversary Date on or next following the date" or "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month) or "the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).

19 Reference to "the date" may be revised to "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6 Policy] Anniversary Date on or next following the date" or "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month) or "the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).

20 Text may be deleted.

GBD-1701 E02 - Effective Date

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to an actual calendar date.
- 3 Items in list may be deleted.

GBD-1701 E03 - Deferred Effective Date

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Items in list may be deleted.
- 4 Text may be deleted.
- 5 Phrase "the date You are Actively at Work" may be revised to state an actual date (Example: March 1, 2011) or "the January 1st on or next following the date You are Actively at Work." (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month)

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or "the [CV6 Policy] Anniversary Date on or next following the date You are Actively at Work." or "the first day of the pay period on or next following the date You are Actively at Work." (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date You are Actively at Work." (whereas "first" may be changed to reflect a different date of the month) or "the Monday on or next following the date You are Actively at Work" (whereas "Monday" may be changed to reflect a different day of the week).

GBD-1701 E04 - Deferred Effective Date

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to "for a new benefit". Text may be deleted.
- 3 Items in list may be deleted.
- 4 Items in list may be deleted.
- 5 Reference to "the first day of the month on or next following date" may be revised to "the date" or "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6 Policy] Anniversary Date on or next following the date" or "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month) or "the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).
- 6 May be changed to a different number within a range of 90 through 180.
- 7 Reference to "the first day of the month on or next following date" may be revised to "the date" or "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6 Policy] Anniversary Date on or next following the date" or "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month) or "the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).
- 8 May be changed to a different number within a range of 90 through 180.

GBD-1701 E05 - Continuity From A Prior [CV6 Policy]

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Items in list may be deleted.
- 4 Text may be deleted.
- 5 Text may be deleted.
- 6 Text may be deleted.
- 7 Text may be deleted.

GBD-1701 E06- Dependent Effective Date

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Text may be deleted.
- 4 Text may be deleted.
- 5 Text may be changed to "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6Policy] Anniversary Date on or next following the date" or "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month) or "the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).
- 6 Text may be deleted.
- 7 Text may be deleted. Text may be changed to list specific contributory coverages included in the plan.
- 8 Text may be deleted. Text may be changed to "for which Evidence of Insurability is required".
- 9 Text may be changed to "the later to occur of".
- 10 Items in list may be deleted.
- 11 Text may be changed to a different date description such as: "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6Policy] Anniversary Date on or next following the date" or "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month) or "the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).
- 12 Text may be changed to a different date description such as: "the date immediately following the last day" or "the January 1st on or next following the last day" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6Policy] Anniversary Date on or next following the last day" or "the first day of the pay period on or next following the last day" (whereas "first" may be changed to reflect a different day of the pay period) or "the fifteenth day of the month on or next following the last day" (whereas "fifteenth" may be changed to reflect a different day of the month) or "the effective date of benefit changes on or next following the last day" or "the Monday on or next following the last day" (whereas "Monday" may be changed to reflect a different day of the week).
- 13 Text may be changed to "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6Policy] Anniversary Date on or next following the date" or "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month) or

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"the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).

- 14 May be changed to a different number within a range of 30 through 90.
- 15 Text may be deleted.
- 16 Items in list may be deleted.
- 17 Text may be changed to "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6 Policy] Anniversary Date on or next following the date" or "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month) or "the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).
- 18 Text may be changed to "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month) or "the [CV6 Policy] Anniversary Date on or next following the date" or "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period) or "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month) or "the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).
- 19 Text may be deleted.
- 20 Text may be changed to "Simplified Spouse coverage" or "Supplemental Spouse coverage" or "Optional Spouse coverage" or "Additional Spouse coverage" or "Voluntary Spouse coverage". Text may be deleted.
- 21 Text may be changed to "insured for Simplified [CV17 Critical Illness] Insurance" or "insured for [CV17 Critical Illness] Insurance" or "insured for Supplemental [CV17 Critical Illness] Insurance" or "insured for Optional [Critical Illness] Insurance", "insured for Additional [CV17 Critical Illness] Insurance" or "insured for Voluntary [CV17 Critical Illness] Insurance" or "eligible" or "eligible for Simplified [CV17 Critical Illness] Insurance" or "eligible for [CV17 Critical Illness] Insurance" or "eligible for Supplemental [CV17 Critical Illness] Insurance" or "eligible for Optional [CV17 Critical Illness] Insurance" or "eligible for Additional [CV17 Critical Illness] Insurance" or "eligible for Voluntary [CV17 Critical Illness] Insurance".

GBD-1701 E07 - Dependent Effective Date

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to an actual calendar date.
- 3 Text may be deleted.
- 4 Text may be deleted. Items in list may be deleted.
- 5 Text may be deleted.

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- 6 Text may be changed to "[[CV4](#)Dependent] [[CV17](#)Critical Illness] Insurance" or "[[CV4](#)Dependent] Supplemental [[CV17](#)Critical Illness] Insurance" or "[[CV4](#)Dependent] Optional [[CV17](#)Critical Illness] Insurance", "[[CV4](#)Dependent] Additional [[CV17](#)Critical Illness] Insurance" or "[[CV4](#)Dependent] Voluntary [[CV17](#)Critical Illness] Insurance".
- 7 Text may be deleted.

GBD-1701 E08 - Dependent Deferred Effective Date

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Items in list may be deleted.
- 4 Items in list may be deleted.
- 5 Items in list may be deleted.
- 6 May be changed to a different number within a range of 1 through 90.
- 7 Text may be deleted.
- 8 Text may be deleted.

GBD-1701 E09 - Dependent Deferred Effective Date

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted. Text may be changed to "or covered for a new benefit under The [[CV6](#)Policy]".
- 3 Items in list may be deleted.
- 4 Items in list may be deleted.
- 5 Text may be changed to reflect a different date, such as, but not limited to: "the first day of the month following the date," or "the first day of the month that occurs on or next follows the date" or "the first of the month on or next following the date" .The "first day" may be changed to reflect a different day of the month, such as, but not limited to "the fifth day" or "the twenty-first day".
- 6 May be changed to a different number within a range of 1 through 180.
- 7 Text may be changed to reflect a different date, such as, but not limited to: "the first day of the month following the date," or "the first day of the month that occurs on or next follows the date" or "the first of the month on or next following the date" The "first day" may be changed to reflect a different day of the month such but not limited to as "the fifth day" or "the twenty-first day".
- 8 May be changed to a different number within a range of 1 through 180.

GBD-1701 E10 - Change in Coverage

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to "*my coverage*" or "*coverage for my Dependents*".
- 3 Text may be deleted.
- 4 Text may be deleted. Text may be changed to "for Your Dependents".

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- 5 Text may be deleted.
- 6 Items in list may be deleted. Text may be changed to "at any time".
- 7 May be changed to a different number within a range of 30 through 90.
- 8 Text may be deleted.
- 9 Text may be deleted.
- 10 Items in list may be deleted.

GBD-1701 E11 - Effective Date for Changes in Coverage

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to reflect a different date, such as, but not limited to: "first day of the month following the date of the change," or "first day of the month that occurs on or next following the date of the change" or "the first day of the pay period that occurs on or next follows the date of the change" or "the first of the month on or next following the date of the change" (whereas "first" may be changed to reflect a different date of the month and "month" may be amended to reflect a specific month or reflect "year", or "[[CV6](#)Policy] Anniversary Date" or another date).
- 3 Text may be changed to "the later of".
- 4 Items in list may be deleted. Items may be added to the list.
- 5 Text may be changed to reflect a different date, such as, but not limited to: "first day of the month following the date of the change," or "first day of the month that occurs on or next following the date of the change" or "the first day of the pay period that occurs on or next follows the date of the change" or "the first of the month on or next following the date of the change" (whereas "first" may be changed to reflect a different date of the month and "month" may be amended to reflect a specific month or reflect "year", or "[[CV6](#)Policy] Anniversary Date" or another date).

Variables 6 & 7:

Text may be changed to reflect a different date, such as, but not limited to: "first day of the month following the date of the change", "first day of the month that occurs on or next following the date of the change", "the first day of the pay period that occurs on or next following the date of the change" or "the first of the month on or next following the date of the change" (whereas "first" may be changed to reflect a different date of the month and "month" may be amended to reflect "year", or reflect a specific month, or reflect "[[CV6](#)Policy] Anniversary Date" or another date).

GBD-1701 E12 - Request for Change in Coverage

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to "a written request" or "a written application".
- 3 Text may be changed to "at any time".
- 4 Text may be changed to "the date"; changed to reflect a different date, such as, but not limited to: "the first day of the month following" or "the first day of the month that occurs on or next follows" or "the first day of the pay period

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next following" or "the first of the month on or next following"; "first" may be changed to reflect a different date of the month and "month" may be amended to reflect "year" or reflect a specific month, "[CV6 Policy] Anniversary Date" or another date description.

- 5 Text may be deleted. Text may be changed to "the earlier of" or "the latest of".
- 6 Items in list may be deleted.
- 7 Text may be changed to "written request" or "written application".

GBD-1701 E13 - Effective Date for Change in Coverage

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Text may be deleted.
- 4 Text may be changed to "the date", "the January 1st" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month), "the [CV6 Policy] Anniversary Date", "the first day of the pay period " (whereas "first" may be changed to reflect a different day of the pay period), "the first of the month" (whereas "first" may be changed to reflect a different date of the month) or "the Monday" (whereas "Monday" may be changed to reflect a different day of the week).
- 5 Text may be changed to "the January 1st on or next following the date" (whereas "January" may be changed to reflect a different calendar month; whereas "1st" may be changed to reflect a different date of the calendar month), "the [CV6 Policy] Anniversary Date on or next following the date", "the first day of the pay period on or next following the date" (whereas "first" may be changed to reflect a different day of the pay period), "the first of the month on or next following the date" (whereas "first" may be changed to reflect a different date of the month), "the first day of the month following the date" or "the Monday on or next following the date" (whereas "Monday" may be changed to reflect a different day of the week).
- 6 Text may be deleted.
- 7 May be changed to a different number within a range of 30 through 90.
- 8 Text may be deleted.
- 9 Text may be deleted.
- 10 Text may be deleted.
- 11 Items in list may be deleted.

GBD-1701 E14 - Increase in Amount of Insurance

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted. Text may be changed to "*for my Dependents*" or "*for myself or my Dependent Spouse*" or "*for my Dependent Spouse*".
- 3 Text may be changed to "I".
- 4 Text may be changed to "You" or "Your Dependents" or "Your Dependent Spouse" or "You or Your Dependent Spouse".

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- 5 Items in list may be deleted.
- 6 Text may be changed to "You" or "Your Dependents" or "Your Dependent Spouse" or "You or Your Dependent Spouse".
- 7 Text may be deleted. Text may be changed to "for an increase of more than one level" (whereas "one" may be "two", "three" or another level) (whereas the term "level" may be changed to option). Text may be changed to "for an increase over X amount" where "X" is a specified dollar amount. A reference to Guaranteed Issue Amount may be added to the phrase (Example: "for any increase that would result in an Amount of [^{CV17}Critical Illness] Insurance that is greater than the Guaranteed Issue Amount"). If a reference to Guaranteed Issue Amount is added, this term may be changed to one of the following terms: "Guaranteed Issue Limit", "Guarantee Issue Limit", "Evidence of Insurability Limit" or "Evidence of Good Health Limit".
- 8 Text may be changed to "You" or "Your Dependents" or "Your Dependent Spouse" or "You or Your Dependent Spouse".
- 9 Text may be deleted.
- 10 Text may be changed to "the Guaranteed Issue Amount" "the Simplified amount of [^{CV17}Critical Illness] Insurance", "the Supplemental Amount of [^{CV17}Critical Illness] Insurance", "the Simplified and Supplemental Amount of [^{CV17}Critical Illness] Insurance" or "the Optional Amount of [^{CV17}Critical Illness] Insurance" or "the Additional Amount of [^{CV17}Critical Illness] Insurance" or "the Voluntary Amount of [^{CV17}Critical Illness] Insurance" or "the Guaranteed Issue Limit" or "the Guarantee Issue Limit" or "the Evidence of Insurability Limit" or "the Evidence of Good Health Limit".
- 11 Text may be changed to "You" or "Your Dependents" or "Your Dependent Spouse" or "You or Your Dependent Spouse as applicable".
- 12 Text may be deleted.
- 13 Text may be deleted. Text may be changed to "Amount of Simplified" or "Amount of Optional" or "Amount of Simplified and Supplemental" or "Amount of Additional" or "Amount of Voluntary" or "Simplified" or "Optional" or "Simplified and Supplemental" or "Additional" or "Voluntary" or "Supplemental".
- 14 Text may be deleted.
- 15 Text may be deleted. Text may be changed to "Amount of Simplified" or "Amount of Optional" or "Amount of Simplified and Supplemental" or "Amount of Additional" or "Amount of Voluntary" or "Simplified" or "Optional" or "Simplified and Supplemental" or "Additional" or "Voluntary" or "Supplemental".

GBD-1701 E15 - Termination

Variability:

- 1 Text may be deleted.
- 2 Items in list may be deleted or revised.

Variables 3, 4, 6, 8, 9, 10 & 11:

Text may be revised.

- 5 Text may be changed to ", or The [^{CV6}Policy] no longer insures Your class".
- 7 Text may be changed to "the premium payment is due but not paid".
- 12 May be changed to a different age within a range of 60 through 95.

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- 13 Text may be deleted. Text may be changed to "unless continued in accordance with X" where X = specific continuation provisions that are included in the plan.
- 14 Text may be changed to "any one".

GBD-1701 E16 - Termination

Variability:

- 1 Text may be deleted.
- 2 Items in list may be deleted or revised.

Variables 3, 4, 6 & 7:

Text may be revised.

- 5 Text may be changed to "attain age X" whereas X may be changed to a different age within a range of 60 through 95.
- 8 Text may be deleted. Text may be changed to "unless continued in accordance with X" where X = specific continuation provisions that are included in the plan.
- 9 Text may be changed to "any one".

GBD-1701 E17 - Reinstatement

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Text may be deleted.
- 4 May be changed to a different duration within a range of 1 through 60. May be expressed in an equivalent range of days, weeks or years.
- 5 Text may be deleted.
- 6 Text may be deleted.
- 7 May be changed to a different number within a range of 30 through 90.
- 8 Text may be deleted.
- 9 Text may be deleted.
- 10 Text may be deleted.
- 11 Text may be changed to "Incontestability provision".
- 12 Text may be deleted.

GBD-1701 E18 - Dependent Termination

Variability:

- 1 Text may be deleted.
- 2 Items in list may be deleted. Items may be added to the list.

Variables 3, 4, 5, 6, 7 & 8:

Text may be revised.

- 9 May be changed to a different age within a range of 60 through 95.

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10 Text may be revised or deleted.

GBD-1701 E19 - Dependent Termination

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to "When does coverage for my [^{CV8}Dependent] end?"
- 3 Items in list may be revised or deleted.

Variables 4, 5 & 8:

- Text may be revised.
- 6 Text may be deleted.
- 7 Text may be changed to "age 80". Whereas "80" may be changed to a different age within a range of 60 through 95.
- 9 Text may be changed to "ends".
- 10 Text may be revised.
- 11 Text may be deleted.

GBD-1701 E20 - Individual Grace Period

Variability:

- 1 Text may be deleted.
- 2 May be changed to a different number within a range of 31 through 90.

GBD-1701 E21 - Continuation Provisions

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted. Text may be changed to "and coverage for my [^{CV4}Dependents]".
- 3 Text may be deleted.
- 4 Text may be changed to "can be continued by [^{CV1}Your Employer]".
- 5 Text may be changed to "if".
- 6 Text may be deleted.
- 7 Items in list may be deleted.
- 8 Items in list may be deleted.
- 9 May be changed to a different age within a range of 60 through 95.
- 10 Text may be revised or deleted.
- 11 Text may be deleted.
- 12 The specific types of continuations listed may be revised or deleted. Types of continuations may be added. We reserve the right to change the order of the types of continuations contained in this module, so that they may appear in a different order from what is filed.
- 13 Text may be deleted. Text may be changed to "to the trustees of a trust of which [^{CV1}Your Employer] is a [^{CV12}Participating] [^{CV1}Employer]".

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- 14 Text may be revised or deleted.
- 15 May be changed to a different duration within a range of 5 through 180. May be expressed in an equivalent range of weeks or months.
- 16 May be changed to a different duration within a range of 5 through 180. May be expressed in an equivalent range of weeks or months.
- 17 Text may be deleted.
- 18 Text may be deleted.
- 19 Text may be deleted.
- 20 May be changed to a different number within a range of 12 through 156.

GBD-1701 E22 - Spouse Continuation

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Text may be revised.
- 4 May be changed to a different duration within a range of 30 through 90.
- 5 Text may be deleted.
- 6 Items in list may be deleted.

GBD-1701 E23 - Dependent Continuation

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to "insured".
- 3 Text may be changed to "all coverage".
- 4 Items in list may be deleted.
- 5 Text may be changed to "the earlier of".

Variables 6, 7 & 8:

Text may be revised.

- 9 May be changed to a different age within a range of 60 through 95.
- 10 May be changed to a different duration within a range of 3 months through 15 years. May be expressed in an equivalent range of days, weeks, months or years.
- 11 Text may be deleted. Text may be changed to "Coverage continued under this provision will be Non-Contributory and may not be increased." or "Coverage continued under this provision will be Non-Contributory." or "Coverage continued under this provision will be Contributory.".

GBD-1701 E24 - Reinstatement after Military Service

Variability:

- 1 Text may be deleted.
- 2 May be changed to a different number within a range of 12 through 36.

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- 3 Text may be deleted.
- 4 May be changed to a different number within a range of 30 through 90.
- 5 Text may be deleted.
- 6 Text may be revised.

GBD-1701 E25 - Waiver of Premium

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Text may be revised by inserting another phrase such as “a Continuation Provision, except for Severance”.
- 4 Items in list may be deleted.
- 5 Text may be revised.
- 6 Text may be deleted.
- 7 Text may be revised.

GBD-1701 E26- Conditions for Qualification

Variability:

- 1 Text may be deleted.
- 2 Items in list may be deleted.
- 3 Text may be revised by inserting another phrase such as “a Continuation Provision, except for Severance”.
- 4 May be changed to a different duration within a range of 30 through 90.
- 5 May be changed to a different duration within a range of 30 through 365.
- 6 Text may be deleted.

GBD-1701 E27 - Waiver Begins

Variability:

- 1 Text may be deleted.

GBD-1701 E28 - Waiver Ceases

Variability:

- 1 Text may be deleted.
- 2 May be changed to a different number in a range of 30 through 180.
- 3 Text may be deleted.
- 4 Text may be deleted.

GBD-1701 E29 - Eligible Coverages

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.

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- 3 Text may be deleted.
- 4 Text may be deleted.

GBD-1701 E30 - Strike or Labor Dispute Waiver of Premium Provision

Variability:

- 1 Text may be deleted.
- 2 May be changed to a different number within a range of 30 through 180.
- 3 Text may be deleted.
- 4 Items in list may be deleted.
- 5 Text may be changed to "two years", "three years" or "four years".
- 6 Text may be changed to "the premium due date".
- 7 Text may be changed to "the premium due date".
- 8 May be changed to a different number within a range of 12 through 48.

BENEFITS

GBD-1701 F01 - Critical Illness Benefit

Variability:

- 1 Text may be deleted
- 2 Text may be deleted.
- 3 Text may be deleted.
- 4 Text may be deleted.
- 5 Items in list may be deleted.
- 6 Text may be deleted.
- 7 Text may be deleted.
- 8 May be changed to a different number within a range of 30 through 90.

GBD-1701 F02 - First Occurrence Benefit

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted or may be changed to "listed under the Covered Conditions provision" or to any combination of Category 1, Category 2 and Category 3 prefaced by "listed under", in which case the remaining categories will be renumbered consecutively.
- 3 Text may be deleted.
- 4 Text may be deleted.
- 5 Text may be deleted.
- 6 Text may be deleted.

GBD-1701 F03 - Recurrence Benefit

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted or may be changed to "listed under the Covered Conditions provision" or any combination of Category 1, Category 2 and Category 3, in which case the remaining two categories will be renumbered consecutively.
- 3 Text may be deleted.
- 4 Text may be deleted.
- 5 Text may be deleted.
- 6 Text may be deleted.

GBD-1701 F04 - Covered Conditions

Variability:

- 1 Text may be deleted.
- 2 Either one or two of the categories, including headings and the corresponding covered conditions, may be removed. If two categories remain, they will be renumbered successively. If two categories are removed, no category heading will appear.
- 3 Text may be revised or deleted.
- 4 Either Coronary Artery Bypass Surgery or Type B Cancer may be removed.

GBD-1701 F05 - Coronary Artery Bypass Surgery Benefit

Variability:

- 1 Text may be deleted.

GBD-1701 F06 - Type B Cancer Benefit

Variability:

- 1 Text may be deleted.

GBD-1701 F07 - Benefit Suspension Benefit

Variability

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Text may be deleted.

GBD-1701 F08 - Benefit Suspension Benefit

Variability

- 1 Text may be deleted.
- 2 Text may be deleted.

- 3 Text may be deleted.

GBD-1701 F09 - Benefit Suspension Benefit

Variability

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Text may be deleted.

GBD-1701 F10 - Wellness Screening Benefit:

Variability:

- 1 Text may be deleted.
- 2 Items in list may be deleted.

GBD-1701 F11 - Hospital Benefit

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Items in list may be deleted.
- 4 Text may be deleted.
- 5 Text may be deleted.
- 6 Text may be deleted.
- 7 Items in list may be deleted.
- 8 Items in list may be deleted.
- 9 Text may be deleted.
- 10 Text may be deleted.
- 11 Text may be deleted.
- 12 May be changed to a different number within a range of 60 through 180.
- 13 Items in list may be deleted.
- 14 Text may be changed to "or"
- 15 May be changed to a different number within a range of 60 through 180.

GBD-1701 F12 - Portability Benefits

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Item in list may be revised or deleted.
- 4 May be changed to a different age within a range of 60 through 95.
- 5 Text may be deleted.
- 6 Text may be deleted.

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- 7 Item in list may be revised or deleted.
- 8 May be changed to a different age within a range of 60 through 95.

GBD-1701 F13 - Qualifying Events

Variability:

- 1 Text may be deleted.
- 2 May be changed to a different age within a range of 60 through 95.
- 3 Text may be deleted.
- 4 Text may be deleted.
- 5 May be changed to a different age within a range of 60 through 95.
- 6 Text may be deleted.

GBD-1701 F14 - Electing Portability

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to "following".
- 3 Text may be deleted. Text may be changed to "You may also elect Portability for [[CV4](#)Your Dependent] coverage if [[CV4](#)Your Dependent] has a Qualifying Event."
- 4 Text may be changed to "following".
- 5 Text may be deleted.
- 6 Text may be deleted.
- 7 Text may be deleted.
- 8 Text may be deleted.
- 9 May be changed to a different age within a range of 60 through 95.
- 10 Text may be deleted.
- 11 Text may be changed to "to [[CV1](#)Your Employer]".
- 12 Item in list may be deleted.
- 13 May be changed to a different duration within a range of 31 through 90.
- 14 Item in list may be deleted.
- 15 May be changed to a different duration within a range of 15 through 90.
- 16 Text may be deleted.
- 17 Text may be deleted.
- 18 May be changed to a different duration within a range of 91 through 181.
- 19 Text may be revised.
- 20 Text may be deleted.

GBD-1701 F15 - Limitations

Variability:

- 1 Text may be deleted.

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Certificate Form GBD-1701 and Rider Form PA-9452, Form PA-9454 and Form PA-9456
Statement of Variable Language

- 2 May be changed to a single percentage within a range of 10% through 100%.
- 3 Text may be changed to "\$500".
- 4 Text may be changed to "\$500".
- 5 Text may be revised.
- 6 Items in list may be deleted.
- 7 May be changed to a different amount within a range of \$5,000 through \$100,000.
- 8 May be changed to a different amount within a range of \$2,500 through \$50,000.
- 9 May be changed to a different amount within a range of \$1,000 through \$5,000.
- 10 Text may be deleted.
- 11 May be changed to a single percentage within a range of 10% through 100%.
- 12 Text may be changed to "\$500".
- 13 Text may be changed to "\$500".
- 14 Text may be revised.
- 15 Items in list may be deleted.
- 16 May be changed to different amount within a range of \$2,500 through \$50,000.
- 17 May be changed to different amount within a range of \$1,000 through \$5,000.
- 18 Text may be revised or deleted.
- 19 May be changed to a single percentage within a range of 10% through 75%.
- 20 Text may be deleted.
- 21 May be changed to different amount within a range of \$1,000 through \$5,000.
- 22 Text may be deleted.

EXCLUSIONS AND LIMITATIONS

GBD-1701 G01 – Exclusions

Variability:

- 1 Items in list may be deleted.
- 2 Items in list may be deleted.

GBD-1701 G02 – Refund for Service in the Armed Forces

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted. Text may be changed to "Written, electronic or telephonic" or any variation thereof.

GBD-1701 G03 – Pre-existing Condition Limitation

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.

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Statement of Variable Language

- 3 May be changed to a different duration within a range of 3 through 24 months. May be expressed in an equivalent range of days
- 4 May be changed to a different duration within a range of 3 through 24 months. May be expressed in an equivalent range of days.
- 5 Text may be deleted.

GENERAL PROVISIONS

GBD-1701 H01 - Notice of Claim

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to "written, electronic or telephonic" or any variation thereof.
- 3 May be changed to a different duration within a range of 20 through 90.
- 4 Text may be deleted.

GBD-1701 H02 - Claim Forms

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted. Text may be changed to "written, electronic or telephonic" or any variation thereof.
- 3 Text may be deleted.

GBD-1701 H03 - Proof of Loss

Variability:

- 1 Items in list may be deleted. Items may be added to the list.

GBD-1701 H04 - Sending Proof of Loss

Variability:

- 1 Text may be deleted.
- 2 May be changed to a different duration within a range of 90 through 180.
- 3 May be changed to a different duration within a range of 1 through 2.

GBD-1701 H05 - Claim Payment

Variability:

- 1 May be changed to a different duration within a range of 30 through 90.

GBD-1701 H06 - Claims to be Paid

Variability:

- 1 Text may be deleted.

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Statement of Variable Language

- 2 May be changed to a different dollar amount within a range of \$1,000 through \$7,000.

GBD-1701 H07 - Claim Denial

Variability:

- 1 Text may be deleted.

GBD-1701 H08 - Claim Appeal

Variability:

- 1 Text may be deleted.
- 2 May be changed to a different number within a range of 180 through 365.
- 3 May be changed to a different number within a range of 60 through 180.

GBD-1701 H09 - Overpayment

Variability:

- 1 Text may be deleted.

GBD-1701 H10 - Overpayment Recovery

Variability:

- 1 Text may be deleted.
- 2 May be changed to a different number within a range of 30 through 90.
- 3 Items in list may be deleted. Items may be added to the list.

GBD-1701 H11 – Insurance Fraud

Variability:

No variables except for Constant Variables.

GBD-1701 H12 - Legal Actions

Variability:

- 1 May be changed to a different duration within a range of 3 through 6.

GBD-1701 H13 - Misstatements

Variability:

No variables except for Constant Variables.

GBD-1701 H14 - Policy Interpretation

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.

GBD-1701 H15 - Physical Examination and Autopsy

Variability:

No variables except for Constant Variables.

DEFINITIONS

GBD-1701 C01 - Active Employee

Variability:

- 1 Text may be revised or deleted.

GBD-1701 C02 - Actively at Work

Variability:

- 1 Text may be revised or deleted.

GBD-1701 C03 - Actively at Work

Variability:

- 1 Text may be revised or deleted.
- 2 Text may be changed to "full-time basis (at least 40 hours per week)".
- 3 Text may be deleted if no part-time employees.

GBD-1701 C04 - Age

Variability:

- 1 Text may be deleted.
- 2 Text may be revised or deleted.

GBD-1701 C05 - Benefit Waiting Period

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.

GBD-1701 C06 - Bone Marrow Transplant

Variability:

- 1 Text may be deleted.

GBD-1701 C07 - Coma

Variability:

- 1 Text may be deleted.

GBD-1701 C08 - Contributory Coverage

Variability:

- 1 Text may be deleted.

GBD-1701 C09 - Coronary Artery Bypass Surgery

Variability:

- 1 Text may be deleted.

GBD-1701 C10 - Critically Ill or Critical Illness

Variability:

- 1 Text may be deleted.
- 2 Text may be revised.

GBD-1701 C11 - Dependent Child(ren)

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Text may be deleted.
- 4 Items in list may be deleted or revised.
- 5 Text may be deleted.
- 6 Items in list may be deleted.
- 7 Text may be changed to "from live birth but not yet [19] years".
- 8 May be changed to a different age within a range of 19 through 26.
- 9 May be changed to a different age within a range of 19 through 26.
- 10 May be changed to a different age within a range of 21 through 30.
- 11 May be changed to a different number within a range of 10 through 25.
- 12 May be changed to a different age within a range of 19 through 26.

GBD-1701 C12 - Dependents

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to "Your Spouse" or "Your Dependent Child(ren)".

GBD-1701 C13 - Employer

Variability:

No variables except for Constant Variables.

GBD-1701 C14 - Evidence of Insurability

Variability:

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Statement of Variable Language

- 1 Text may be deleted.
- 2 Items in list may be deleted.
- 3 Text may be deleted.

GBD-1701 C15 - Guaranteed Issue Amount

Variability:

- 1 Text may be revised or deleted.
- 2 Text may be deleted.

GBD-1701 C16 - Heart Attack

Variability:

- 1 Text may be deleted.

GBD-1701 C17 - Heart Transplant

Variability:

- 1 Text may be deleted.

GBD-1701 C18 - Kidney Failure

Variability:

- 1 Text may be deleted.

GBD-1701 C19 - Loss of Sight, Speech or Hearing

Variability:

- 1 Text may be deleted.

GBD-1701 C20 - Major Organ Transplant

Variability:

- 1 Text may be deleted.

GBD-1701 C21 - Medically Necessary

Variability:

- 1 Text may be deleted.

GBD-1701 C22 - Non-Contributory Coverage

Variability:

- 1 Text may be deleted.

GBD-1701 C23 - Occupational HIV Infection

Variability:

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Statement of Variable Language

- 1 Text may be deleted.

GBD-1701 C24 - Paralysis

Variability:

- 1 Text may be deleted.

GBD-1701 C25 - Participating Employer

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to "which agrees to participate in the Trust and is a participant in accordance with the provisions of The [[CV6](#)Policy]".

GBD-1701 C26 - Physician

Variability:

- 1 Text may be deleted.

GBD-1701 C27 - Physician

Variability:

- 1 Text may be deleted.

GBD-1701 C28 - Positive Diagnosis

Variability:

- 1 Text may be deleted.
- 2 Text may be deleted.
- 3 Text may be deleted.

GBD-1701 C29 - Prior Policy

Variability:

- 1 Text may be deleted.
- 2 Text may be revised.
- 3 Text may be revised.
- 4 Text may be deleted.

GBD-1701 C30 - Regular Care of a Physician

Variability:

- 1 Text may be deleted.

GBD-1701 C31 - Related

Variability:

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Statement of Variable Language

- 1 Text may be deleted.
- 2 Text may be deleted.

GBD-1701 C32 – Simplified Issue Amount

Variability:

- 1 Text may be revised.
- 2 Text may be revised.
- 3 Text may be deleted.
- 4 Text may be revised.

GBD-1701 C33 - Spouse

Variability:

- 1 Text may be deleted.
- 2 Items in list may be deleted or revised. Items may be added to the list.
- 3 May be changed to a different age within a range of 60 through 95.

Variables 4, 5, 6, 7 & 8

- Text may be deleted.
- 9 Text may be revised.
 - 10 Text may be deleted.

GBD-1701 C34 - Stroke

Variability:

- 1 Text may be deleted.

GBD-1701 C35 - The Policy

Variability:

- 1 Text may be revised.
- 2 Text may be revised.
- 3 Text may be deleted.

GBD-1701 C36 - Trust

Variability:

- 1 Text may be deleted.
- 2 Text may be revised.

GBD-1701 C37 - Type A Cancer

Variability:

- 1 Text may be deleted.

Hartford Life and Accident Insurance Company
Certificate Form GBD-1701 and Rider Form PA-9452, Form PA-9454 and Form PA-9456
Statement of Variable Language

GBD-1701 C38 - Type B Cancer

Variability:

- 1 Text may be deleted.

GBD-1701 C39 - "We, Us or Our"

Variability:

- 1 Text may be changed to "Hartford Life and Accident Insurance Company".

GBD-1701 C40 - You or Your

Variability:

- No variables.

CERTIFICATE RIDERS

Form PA-9452 - Amendatory Rider -- Child Critical Illness Insurance Plan

Variability:

- 1 The entire rider may be deleted.
- 2 Text may be changed to "Voluntary".
- 3 The Hartford Logo may change when corporate logo is redesigned or updated.
- 4 Address may change or may be deleted in its entirety. Any change in the home office address will be submitted to the Department in an informational filing prior to use.
- 5 Text may be revised.
- 6 Text may be revised.
- 7 Text may be revised.
- 8 Signatures will change when officers change. In the event the title of an officer signing the rider form changes, any new title utilized will be the title of an officer of the company.
- 9 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 10 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.

Form PA-9454 - Amendatory Rider -- Child Cancer Insurance Plan

Variability:

- 1 The entire rider may be deleted.
- 2 Text may be changed to "Voluntary".
- 3 The Hartford Logo may change when corporate logo is redesigned or updated.
- 4 Address may change or may be deleted in its entirety. Any change in the home office address will be submitted to the Department in an informational filing prior to use.
- 5 Text may be revised.
- 6 Text may be revised.
- 7 Text may be revised.
- 8 Signatures will change when officers change. In the event the title of an officer signing the rider form changes, any new title utilized will be the title of an officer of the company.
- 9 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 10 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.

Form PA-9456 - Amendatory Rider

Variability:

- 1 The entire rider may be deleted.
- 2 Text may be changed to "Voluntary".

Hartford Life and Accident Insurance Company
Certificate Form GBD-1701 and Rider Form PA-9452, Form PA-9454 and Form PA-9456
Statement of Variable Language

- 3 The Hartford Logo may change when corporate logo is redesigned or updated.
- 4 Address may change or may be deleted in its entirety. Any change in the home office address will be submitted to the Department in an informational filing prior to use.
- 5 The entire Rider is illustrative and may be revised based on the policyholder's plan design. The Rider may be attached to a certificate in order to: 1) provide additional or optional benefits or provisions; 2) amend existing benefits or provisions; 3) for policies issued in this state insuring residents of other states, provide state specific requirements mandated by those other states for their residents; 4) for policies not issued in this state, provide state specific requirements mandated by this state for its residents when insured under a policy issued in another state; and/or 5) amend, waive or add benefits and/or provisions in order to provide continuity of coverage for insured persons when coverage is being transferred from another carrier.
- 6 Signatures will change when officers change. In the event the title of an officer signing the rider form changes, any new title utilized will be the title of an officer of the company.
- 7 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 8 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.

Hartford Life and Accident Insurance Company

Statement of Variable Language

Group Critical Illness Insurance

Policy Form GBD-1700 A, Form GBD-1700 B.1, Form GBD-1700 C.1, Form GBD-1700 C.2, Form GBD-1700 D.1, Form GBD-1700 D.2, Form GBD-1700 D.3, Form GBD-1700 D.4, Form GBD-1700 E.1, Form GBD-1700 E.2, Form GBD-1700 F.1, Form GBD-1700 F.2, Form GBD-1700 G.1, and Policy Modification Form GBD-1700 G.2

December 20, 2011

GENERAL INFORMATION

Insert Page Numbers and Form Numbers

The above referenced forms are in an insert page format. When the policy is assembled, the basic form number will appear on the lower left corner of the face page of the policy. The insert page number will appear on the lower left corner of the corresponding insert page, when such insert page is included. We reserve the right to change the order of the insert pages. When the Policy Modification form is issued, the insert page number will appear on the lower left corner of the first page of the form.

Formatting of Policy When Issued

The policy and Policy Modification form will be issued in 8.5" x 11" format. We reserve the right to adjust margins, spaces, indentation, and alignment. The policy is presented for filing in an insert page format. When issuing our policy and Policy Modification form, we will use a font size of no less than 10 point. Arial is the font style of type that will be used; however, we reserve the right to use a different font style. Commonly accepted rules of grammar, punctuation and formatting will be applied to the policy and Policy Modification form. There will be one header for each section within the policy. If a section does not appear, the section header will be removed. Therefore, no blank lines or pages should appear. Policy and Policy Modification form pages may be numbered. Words that are defined terms will be capitalized throughout the policy and Policy Modification form where appropriate. If a definition is not used, the corresponding words will not be capitalized. When specific provisions of the policy are mentioned, they will be capitalized. Whenever there is a term that may be either singular or plural based on a chosen option, such as "1 week" or "2 weeks", the "s" may appear as "(s)". For example: "1 week(s)".

Constant Variables

Certain terminology, such as "Policy" or "Policyholder", appears throughout the text of the forms. So that the variability of this terminology may be applied consistently throughout all areas of the form, each term has been individually bracketed and labeled to correlate to the Constant Variable Statement of Variable Language beginning on page 3. Each set of brackets containing constant variables has been specifically labeled after the first bracket with a superscript identifier (Example: [^{CV3}]). When the policy and Policy Modification form are issued, the brackets and superscript identifiers will not be included and the space that they occupy will be closed.

Hartford Life and Accident Insurance Company
Policy Form GBD-1700 A et al. and
Policy Modifications Form GBD-1700 G.2 - Statement of Variable Language

Variables

Areas of text that are variable are individually bracketed and labeled to correlate to the Statement of Variable Language beginning on page 4. Each set of brackets containing variables is labeled after the first bracket with a superscript identifier (Example: []³). When the policy and Policy Modifications form is issued, the brackets and superscript identifiers will not be included and the space that they occupy will be closed. When text within the bracketed areas is deleted, spacing will be appropriately adjusted. When variable text from a page or pages are not included in the policy, which would cause a blank page or blank pages to print, the blank pages will be removed from the policy.

Itemized List Reformat

If items are deleted or new items are added, the list will be renumbered/relettered and any conjunctions (such as "and" or "or") will either be removed entirely or moved to the appropriate location within the list. If only one item in the list remains, the numbers/letters and preceding punctuation may be removed entirely and the sentence will appear in continuous format. Terms such as "greater of", "lesser of", "earlier of" and "earliest of" may be removed if only one item in the list remains.

Word Tenses

Noun and verb tenses may be revised for grammatical purposes only (Example: "He/She is" may be revised to "You are"). Numbers may be expressed in alpha or numeric format.

CONSTANT VARIABLE STATEMENT OF VARIABLE LANGUAGE

- CV1** Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "Employer", "Policyholder", "Organization", "Union", "Entity", "Association", "Firm", "Participating Employer", "Participating Entity", "Trustee", "Participant Employer", "Participating Firm", "Participating Association", "Participating Organization". In some instances, words such as "the", "Your" and "an" precede the term. These words may be deleted or changed to appropriately correspond to the substituted term
- CV2** Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "Eligible Person", "Employee", "Member", "Insured Person", "Participant", "Accountholder", "Customer", "Associate". In some instances words such as "an" and "a" precede the term. These words may be deleted or changed to appropriately correspond to the substituted term.
- CV3** Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "Policyholder", "Your Employer", "Employer", "the Employer", "the Policyholder", "Contractholder", "Organization", "Union", "Entity", "Association", "Firm", "Participating Employer", "Participant Employer", "Participating Entity", "Trustee", "Participating Firm", "Participating Association", or "Participating Organization". In some instances words such as "an", "the" and "a" precede the term. These words may be deleted or changed to appropriately correspond to the substituted term.
- CV6** Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "Policy", "Plan", "Participant Employer", "Participating Employer", or "Program".
- CV11** Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "Policy Effective Date", "Plan Effective Date", "Participating Employer Effective Date", "Participating Association Effective Date", "Participating Organization Effective Date", "Participant Employer Effective Date", "Participating Firm Effective Date", "Participating Employer Plan Effective Date", "Participating Association Plan Effective Date", "Participating Organization Plan Effective Date", "Participant Employer Plan Effective Date", "Program Effective Date", or "Participating Firm Plan Effective Date". In some instances words such as "the" precede the term. These words may be deleted or changed to appropriately correspond to the substituted term.
- CV12** Text may be deleted. Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "Participating" or "Participant". In some instances words such as "the" and "a" precede the term. These words may be deleted or changed to appropriately correspond to the substituted term.
- CV14** Any occurrence of the bracketed terms are interchangeable and the options may be, but are not limited to: "weekly", "semi-monthly", "week", "semi-month", "monthly" or "month".

Hartford Life and Accident Insurance Company
Policy Form GBD-1700 A et al. and
Policy Modifications Form GBD-1700 G.2 - Statement of Variable Language

CV17 Any occurrence of the bracketed term may be changed to "Cancer", "Heart Related", "Heart" "a heart related condition", "heart related condition", "Type A or Type B Cancer".

STATEMENT OF VARIABLE LANGUAGE

POLICY FACE PAGE

Form GBD-1700 A - Policy Face Page

Variability:

- 1 The Hartford logo may change when corporate logo is redesigned or updated.
- 2 Address may change if home office is moved. Any change in the home office address will be submitted to the Department in an informational filing prior to use.
- 3 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes. Text may be moved to a different location on the page and may be shown in bold font.
- 4 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 5 Signatures will change when officers change. In the event the title of an officer signing the policy or contract form changes, any new title utilized will be the title of an officer of The Company.
- 6 Text may be deleted.
- 7 Text may be deleted.
- 8 Text may be changed to TEN, THIRTY, FORTY-FIVE, SIXTY, NINETY or ONE HUNDRED EIGHTY. Number must match what is chosen for variable 9.
- 9 Text may be changed to 10, 30, 45, 60, 90 or 180. Number must match what is chosen for variable 8.
- 10 Text may be deleted.
- 11 Text may be revised and may appear on a separate page.

SCHEDULE OF INSURANCE-ELIGIBILITY

Form GBD-1700 B.1 - Schedule of Insurance-Eligibility

Variability:

- 1 The entire Schedule of Insurance is illustrative. We reserve the right to change the order of the benefits and/or provisions contained in the Schedule of Insurance, so that they may appear in a different order from what is filed. This Schedule of Insurance may be deleted.

SCHEDULE OF INSURANCE-BENEFITS

Form GBD-1700 C.1 - Schedule of Insurance- Benefits

Variability:

- 1 The entire Schedule of Insurance is illustrative. We reserve the right to change the order of the benefits and/or provisions contained in the Schedule of Insurance, so that they may appear in a different order from what is filed. This Schedule of Insurance may be deleted.

SCHEDULE OF INSURANCE

Form GBD-1700 C.2 - Schedule of Insurance

Variability:

- 1 This Schedule of Insurance may be deleted.
- 2 Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 3 Items in list may be deleted or revised. Items may be added to the list.
- 4 Items in list may be deleted or revised.

PREMIUM PROVISIONS

Form GBD-1700 D.1 - Premium Provisions

Variability:

- 1 Page may be deleted.
- 2 Text may be deleted.
- 3 Text may be deleted.
- 4 Text may be changed to "Covered Person", "Insured Persons" or "Covered Persons".
- 5 Text may be revised to reflect the actual premium. When phrase "stated in the table on the following page(s)" is used, then an additional page will be inserted and entitled "Premium Schedule". Premium would be stated on this added page.
- 6 Text may be changed to "Covered Person's".
- 7 Items in list may be deleted or revised. Items may be added to the list.
- 8 Text may be changed to "on his or her effective date" or "at the time of application".
- 9 Text may be deleted. Text may be changed to "Premiums are mutually agreed upon between [[CV3](#) the Policyholder] and The Company."

Hartford Life and Accident Insurance Company
Policy Form GBD-1700 A et al. and
Policy Modifications Form GBD-1700 G.2 - Statement of Variable Language

- 10 Text may be changed to "annual", "semi-annual" or "monthly", or shown in any combination.
- 11 May be changed to a different number within a range of 55 through 75.
- 12 Text may be deleted.
- 13 Text may be deleted.
- 14 May be changed to a different number within a range of 31 through 90.
- 15 Text may be deleted.
- 16 Text may be deleted.
- 17 Text may be deleted.
- 18 Text may be changed to the calendar date that coincides with the Policy Effective Date, for example; "January 1, 2010".
- 19 Text may be deleted when premium mode is monthly. May be changed to a different number within a range of "second" through "twelfth" depending on premium mode.
- 20 Text may be deleted.
- 21 Text may be deleted.
- 22 May be one of the following: "on the first [[CV6](#)Policy] Anniversary and on any [[CV6](#)Policy] Anniversary Date thereafter" or "on each Premium Due Date".
- 23 Text may be revised or deleted.
- 24 May be changed to a different number within a range of 30 through 180.
- 25 Text may be deleted.
- 26 Text may be deleted.

Form GBD-1700 D.2 - Premium Provisions

Variability:

- 1 Page may be deleted.
- 2 Text may be deleted.
- 3 Text may be deleted.
- 4 Text may be changed to "The single premium to be charged is shown on the following page(s)".
- 5 Text may be revised or deleted.
- 6 Text may be changed to "single premium payment".
- 7 Text may be deleted if premium is paid in a single lump sum.
- 8 Text may be revised or deleted.
- 9 Items in list may be deleted or revised. Items may be added to the list.
- 10 Text may be deleted.
- 11 Text may be revised or deleted.
- 12 May be changed to a different number within a range of 31 through 120.
- 13 May be changed to a different number within a range of 31 through 120.
- 14 May be changed to a different number within a range of 31st through 120th.
- 15 Text may be deleted. Text may be changed to "[CV14](#)**Monthly** Premium Rate Guarantee

Hartford Life and Accident Insurance Company
Policy Form GBD-1700 A et al. and
Policy Modifications Form GBD-1700 G.2 - Statement of Variable Language

Rate Guarantees are on file with the [[CV3](#)the Policyholder.]"

- 16 Text may be revised or deleted. Rate Guarantee Periods may be changed to a different duration within a range of 3 through 36 months. May be expressed in an equivalent range of days/weeks/years. The Rate Guarantee Period may also reflect a specific date in lieu of a duration range. The word "until" may precede the specific date.
- 17 Text may be deleted.
- 18 May be changed to a different number within a range of 30 through 120.
- 19 Text may be deleted.
- 20 May be changed to a different number within a range of 10 through 25.

Form GBD-1700 D.3 - Premium Provisions

Variability:

- 1 Page may be deleted.
- 2 Text may be deleted if premium is paid in a single lump sum.
- 3 Text may be revised or deleted.
- 4 Text may be deleted.
- 5 Text may be changed to "**Payment**".
- 6 Text may be changed to "Premium payment is due and payable in full to a place designated by The Company or may be made to an authorized agent of The Company."
- 7 Text may be deleted if premium is paid in a single lump sum.
- 8 Text may be deleted.
- 9 Text may be deleted.
- 10 Text may be deleted.
- 11 Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.

PREMIUM SCHEDULE

Form GBD-1700 D.4 - Premium Schedule

Variability:

- 1 This page will be included if premiums are to be shown in the policy. If the optional language "on file at the offices of [CV3 the Policyholder]" is used in the Individual Premiums provision, this page will not be included.
- 2 Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.

PARTICIPATING ENTITIES

Form GBD-1700 E.1 – Participating Entities

Variability:

- 1 Page may be deleted.
- 2 Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 3 Text may be revised.
- 4 Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 5 Text may be revised.
- 6 Text may be changed to "[CV3 The Policyholder]" or any other entity.
- 7 Text may be revised.
- 8 Text may be deleted.
- 9 Items in list may be deleted or revised.
- 10 Text may be deleted.
- 11 Text may be deleted.
- 12 Items in list may be deleted or revised. Items may be added to the list
- 13 Text may be deleted.
- 14 Items in list may be deleted or revised.

Form GBD-1700 E.2 - Participating Entities

Variability:

- 1 Page may be deleted.
- 2 Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.

POLICY PROVISIONS

Form GBD-1700 F.1 - Policy Provisions

Variability:

- 1 Text may be deleted.
- 2 Text may be revised or deleted.
- 3 Text may be deleted.
- 4 Text may be deleted.
- 5 May be changed to a different number within a range of 6 through 36.
- 6 May be changed to a different number within a range of 30 through 120.
- 7 Text may be deleted.
- 8 May be changed to a different number within a range of 30 through 120.
- 9 Text may be deleted.
- 10 May be changed to a different number within a range of 30 through 120.
- 11 Items in list may be deleted.
- 12 May be changed to a different number within a range of 10 through 100.
- 13 May be changed to a different number within a range of 10 through 100.
- 14 May be changed to a different number within a range of 10 through 200.
- 15 May be changed to a different number within a range of 6 through 36.
- 16 May be changed to a different number within a range of 30 through 120.
- 17 Text may be deleted.
- 18 Items in list may be deleted or revised.
- 19 May be changed to a different number within a range of 10 through 200.
- 20 May be changed to a different number within a range of 25 through 85.
- 21 May be changed to a different number within a range of 30 through 120.

Form GBD-1700 F.2 - Policy Provisions

Variability:

- 1 Text may be deleted.
- 2 Text may be changed to "after the first [^{CV6}Policy] Anniversary Date".
- 3 Text may be deleted.
- 4 Items in list may be deleted or revised.
- 5 May be changed to a different number within a range of 30th through 120th.
- 6 Text may be deleted.
- 7 Items in list may be deleted or revised.
- 8 Text may be deleted.
- 9 Text may be deleted when the "Data Given by [^{CV12}Participating] [^{CV1}Entity]" provision is included on the Participating Entities page, Form GBD-1700 E.1".

Hartford Life and Accident Insurance Company
Policy Form GBD-1700 A et al. and
Policy Modifications Form GBD-1700 G.2 - Statement of Variable Language

- 10 May be changed to a different number within a range of 12 through 36.
- 11 Items in list may be deleted or revised.
- 12 Text may be deleted.
- 13 Text may be deleted if premium is paid in a single lump sum.
- 14 Text may be changed to "once each year," "once every 3 years," "once every 4 years," or "once every 5 years,".
- 15 May be changed to a different number within a range of 1 through 5.
- 16 Text may be deleted.
- 17 Text may be deleted.
- 18 Text may be changed to "may".
- 19 Items in list may be deleted.
- 20 Text may be deleted.

INCORPORATION PROVISION

Form GBD-1700 G.1 - Incorporation Provision

Variability:

- 1 The entire Incorporation Provision is illustrative. The Incorporation Provision will list the Certificate(s) of Insurance, Rider(s), [[CV6](#)Policy] Change(s), and/or any other applicable documents that may be a part of The Policy. It may or may not include effective dates, termination dates or any other information applicable to the documents. Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes. Page may be shown as a policy page or may be issued as a rider.
- 2 Section will be included if the Incorporation Provision is shown as a rider
- 3 The Hartford logo may change when corporate logo is redesigned or updated.
- 4 Address may change or may be deleted in its entirety. Any change in the home office address will be submitted to the Department in an informational filing prior to use.
- 5 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 6 Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 7 Section will be included if the Incorporation Provision is shown as a rider. Text may be deleted. When text is included, text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 8 Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 9 Signatures will change when officers change. In the event the title of an officer signing the policy or contract form changes, any new title utilized will be the title of an officer of the company.

POLICY MODIFICATIONS

Form GBD-1700 G.2 - Policy Modifications

Variability:

- 1 The Policy Modifications rider may be deleted. The rider may be attached to The Policy in order to provide modifications, additions, deletions or amendments to The Policy.
- 2 The Hartford logo may change when corporate logo is redesigned or updated.
- 3 Address may change or may be deleted in its entirety. Any change in the home office address will be submitted to the Department in an informational filing prior to use.
- 4 Text may be changed to "**AMENDATORY RIDER**".
- 5 Modifications, additions, deletions or amendments to The Policy will be inserted here. Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 6 Text will vary from case to case. It has been completed with hypothetical data for illustrative purposes.
- 7 Signatures will change when officers change. In the event the title of an officer signing the Policy Modifications form changes, any new title utilized will be the title of an officer of the company.

SERFF Tracking Number: HARL-127785708 State: Arkansas
 Filing Company: Hartford Life and Accident Insurance Company State Tracking Number: 50544
 Company Tracking Number: GCF_1700_GCF_CI_2011_12
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: GCF_AR_HLA_CI_GBD-1700 A_2011_Original
 Project Name/Number: /3018

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)
11/01/2011	Supporting Application Document		01/06/2012	AR_Trust Application_SOVL_PA-9592.pdf AR_Master Application_SOVL_PA-9591.pdf AR_Master Application_PA-9591.pdf (Superseded) AR_Trust Application_PA-9592.pdf (Superseded)

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

[¹ 200 Hopmeadow Street
Simsbury, Connecticut 06089]

[²



]

GROUP INSURANCE APPLICATION

Application is hereby made to Hartford Life and Accident Insurance Company ("HLA") based on the information provided below, the group risk specifications, the enrollment data, and available experience data. The application in its entirety, and any required additional information, is subject to Home Office approval before insurance can become effective.

If this application is approved by HLA's Home Office, it will be attached to and made part of the group policy(ies). Insurance will become effective on the requested effective date shown below, unless HLA sends written notice of a different effective date.

If this application is not approved by HLA's Home Office, no insurance is in effect at any time, and any deposit premium HLA has received will be returned.

This application is made with the following deposit premium. The premium amount is estimated, as the amount due for the first month, and will be applied toward the first premium on the proposed group policy(ies):

\$ _____

COVERAGES BEING APPLIED FOR AND REQUESTED EFFECTIVE DATE:

<input type="checkbox"/> ³ Life	<input type="checkbox"/> AD&D	<input type="checkbox"/> Short Term Disability	<input type="checkbox"/> Long Term Disability	<input type="checkbox"/> ⁴ Critical Illness]
<input type="checkbox"/> Other: [⁵ _____]]			Requested Effective Date: _____	

W-2 Services Option (for Short Term Disability and Long Term Disability coverage only)

Option 1: Withhold state and federal income taxes, and the employee's portion of FICA. Prepare and file W-2 Forms.

Option 2: Withhold federal income taxes, and the employee's portion of FICA. Applicant waives W-2 Forms services.

A detailed description of the W-2 services elected by the applicant pursuant to this application will be sent to the applicant by mail. Such services will be performed in accordance with the above election and established standard procedures.

Is the benefit plan, for which insurance is being requested, subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended?

Yes

No

If Yes, state the Plan Number: _____

Applicant: _____

Legal Name of Entity

Facsimile Counterparts: The applicant and HLA agree that this Group Insurance Application may be executed by the applicant and transmitted via facsimile or other form of electronic transmission such as a scanned PDF document, from the applicant to HLA. Any signature or information contained in such Facsimile Counterparts or other electronic document will be considered by HLA to be true, legal and will constitute one and the same instrument as the original paper Group Insurance Application.

State notices: I have read the State Notices on page 2 of this application.

Signature: _____

Date Signed: _____

Contact Name: _____

Address: _____

Occupation/Industry (type): _____

Years in business: _____

Employer Tax ID Number: _____

Telephone number: _____

For Florida Applicants only: I understand that replacement of existing life insurance is / is not involved in this transaction.

Sales Representative for HLA:	Regional Office:
Name of Agent/Broker:	
For Florida Agents only: I understand that replacement of existing life insurance <input type="checkbox"/> is / <input type="checkbox"/> is not involved in this transaction.	
Signature of Agent/Broker:	
Date Signed:	For Florida & California Agents Only License/ID Number :

STATE NOTICES- for applicants in:

⁹**[All states EXCEPT California, Colorado, Florida, Kentucky, Maine, New Jersey, New York, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder, participating employer or claimant for the purpose of defrauding or attempting to defraud the policyholder, participating employer or claimant with regard to a settlement award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York (Applicable to Health Insurance Only): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that the insurer relied upon is subject to a denial in insurance benefits and may be subject to any civil penalties available.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.]

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

[¹ 200 Hopmeadow Street
Simsbury, Connecticut 06089]

[²



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GROUP INSURANCE APPLICATION AND REQUEST FOR PARTICIPATION

Application is hereby made to Hartford Life and Accident Insurance Company ("HLA") based on the information provided below; the group risk specifications, the enrollment data, and available experience data. The application in its entirety, and any required additional information, is subject to Home Office approval before insurance can become effective.

If this application is approved by HLA's Home Office, it will be attached to and made part of the group policy(ies). Insurance will become effective on the requested effective date shown below, unless HLA sends written notice of a different effective date.

If this application is not approved by HLA's Home Office, no insurance is in effect at any time, and any deposit premium HLA has received will be returned.

This application is made with the following deposit premium. The premium amount is estimated, as the amount due for the first month, and will be applied toward the first premium on the proposed group policy(ies): \$ _____

APPLICANT INFORMATION

Legal Name of Employer:	Contact Name:
Address:	
Occupation/Industry (type):	Years in Business:
Employer Tax ID Number:	Telephone Number:

For Florida Applicants only: I understand that replacement of existing life insurance is / is not involved in this transaction.

COVERAGES BEING APPLIED FOR AND REQUESTED EFFECTIVE DATE:

<input type="checkbox"/> [³ Life	<input type="checkbox"/> AD&D	<input type="checkbox"/> Short Term Disability	<input type="checkbox"/> Long Term Disability	<input type="checkbox"/> [⁴ Critical Illness]
<input type="checkbox"/> Other: [⁵ _____]]				Requested Effective Date: _____

W-2 Services Option (for Short Term Disability and Long Term Disability coverage only)

Option 1: Withhold state and federal income taxes, and the employee's portion of FICA. Prepare and file W-2 Forms.

Option 2: Withhold federal income taxes, and the employee's portion of FICA. Applicant waives W-2 Forms services.

A detailed description of the W-2 services elected by the applicant pursuant to this application will be sent to the applicant by mail. Such services will be performed in accordance with the above election and established standard procedures.

Is the benefit plan, for which insurance is being requested, subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended? Yes No If Yes, state the Plan Number: _____

Request is hereby made to the Trustees of The Hartford Single Industry Trust For Employers in:

<input type="checkbox"/> [⁶ Agriculture, Forestry and Fishing Industries	<input type="checkbox"/> General Services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Educational Services
<input type="checkbox"/> Hospitality Services	<input type="checkbox"/> Finance, Insurance and Real Estate Industries	<input type="checkbox"/> Manufacturing Industries	<input type="checkbox"/> Mining Industries
<input type="checkbox"/> Retail Trade Industries	<input type="checkbox"/> Transportation, Communications, Electric, Gas and Sanitary Services Industries	<input type="checkbox"/> Wholesale Trade Industries	<input type="checkbox"/> Public Administration
<input type="checkbox"/> Construction Industries]			

that eligible employees of the undersigned Applicant can be insured under the group insurance policy(ies) issued to the Trustees by HLA.

In consideration of the granting of this request, Applicant hereby agrees to be bound by the terms, conditions and provisions of the policy(ies) and by the terms and provisions of the trust agreement, and amendments or supplements to them and to assume all obligations of a participating employer in the trust.

GROUP INSURANCE APPLICATION AND REQUEST FOR PARTICIPATION AGREEMENT (continued)

IT IS UNDERSTOOD THAT:

1. The group policies may be amended or discontinued by the Trustee or HLA.
2. Premiums are payable monthly in advance by the Trustee and that the undersigned Applicant, in order that the insurance be continued in force, must make in advance the monthly payments required by the Trustee to cover the costs of coverage. Failure to pay premium as due to the Trustee will result in termination of insurance for the Applicant thirty days from the date when premium is due to the Trustee but not paid.

Facsimile Counterparts: The applicant and HLA agree that this Group Insurance Application may be executed by the applicant and transmitted via facsimile or other form of electronic transmission such as a scanned PDF document, from the applicant to HLA. Any signature or information contained in such Facsimile Counterparts or other electronic document will be considered by HLA to be true, legal and will constitute one and the same instrument as the original paper Group Insurance Application.

State notices: I have read the State Notices below.

Signature of Applicant: _____ Date Signed: _____

Name and Title of Authorized Signer: _____

Sales Representative for HLA:

Regional Office:

Name of Agent/Broker:

For Florida Agents only: I understand that replacement of existing life insurance is / is not involved in this transaction.

Signature of Agent/Broker: _____

For Florida & California Agents Only

Date Signed:

License/ID Number:

STATE NOTICES – for applicants in:

[² All states EXCEPT California, Colorado, Florida, Kentucky, Maine, New Jersey, New York, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder, participating employer or claimant for the purpose of defrauding or attempting to defraud the policyholder, participating employer or claimant with regard to a settlement award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York (Applicable to Health Insurance Only): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that the insurer relied upon is subject to a denial in insurance benefits and may be subject to any civil penalties available.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.]