

SERFF Tracking Number: HARL-128009585 State: Arkansas  
Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number:  
Company Tracking Number: HL-15884(12)  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: 2012 Temporary Insurance Agreement  
Project Name/Number: 2012 Temporary Insurance Agreement/HL-15884(12)

## Filing at a Glance

Company: Hartford Life and Annuity Insurance Company

Product Name: 2012 Temporary Insurance Agreement SERFF Tr Num: HARL-128009585 State: Arkansas

TOI: L08 Life - Other

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

Sub-TOI: L08.000 Life - Other

Co Tr Num: HL-15884(12)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jane Chapman, Roberta  
Chu, Barbara Warren

Disposition Date: 02/09/2012

Date Submitted: 02/03/2012

Disposition Status: Approved-

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2012 Temporary Insurance Agreement

Status of Filing in Domicile: Authorized

Project Number: HL-15884(12)

Date Approved in Domicile: 01/23/2012

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 02/09/2012

Deemer Date:

State Status Changed: 02/09/2012

Submitted By: Barbara Warren

Created By: Barbara Warren

Filing Description:

Corresponding Filing Tracking Number:

HL-15884(12) Temporary Insurance Agreement

We are submitting the subject form for your review and approval. The form is new and will not replace any form previously approved by the Department.

The Temporary Insurance Agreement will be used to provide insurance coverage under the policy applied for, for the amount and for the time specified in the agreement. The agreement is intended for use with variable and non-variable life insurance products approved or as may be approved by the Department.

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Variable text is enclosed in brackets and will vary based on issue specific information. Refer to the Statement of Variability for the description of the bracketing parameters. Additionally, changes in printing technology may periodically slightly alter form format. We reserve the right to make such changes without re-filing.

We are also providing any certifications or other documentation that may be required by your state.

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

Best Regards,

Barbara A. Warren  
Contract Analyst, ILD Forms & Rate Filings  
Phone: (800) 503-3150 or direct 860-843-6437  
Fax: (860) 392-3233  
E-Mail: Barbara.warren@hartfordlife.com

## Company and Contact

### Filing Contact Information

Barbara Warren, Contact Analyst                      barbara.warren@hartfordlife.com  
200 hopmeadow rd    860-843-6437 [Phone]  
Simsbury, CT 06089    860-843-5194 [FAX]

### Filing Company Information

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

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## Filing Fees

Fee Required?                      Yes  
Fee Amount:                              \$50.00

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Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Annuity Insurance Company	\$50.00	02/03/2012	56073912

SERFF Tracking Number: HARK-128009585 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/09/2012	02/09/2012

SERFF Tracking Number: HARL-128009585 State: Arkansas  
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Product Name: 2012 Temporary Insurance Agreement  
Project Name/Number: 2012 Temporary Insurance Agreement/HL-15884(12)

## Disposition

Disposition Date: 02/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HARL-128009585 State: Arkansas  
 Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number:  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	TIA SOV		Yes
Form	Temporary Insurance Agreement		Yes

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## Form Schedule

**Lead Form Number: HL-15884(12)**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	HL-15884(12)	Application/Temporary Insurance Enrollment Agreement Form	Initial		50.100	HL-15884(12).pdf



## Hartford Life and Annuity Insurance Company

[500 Bielenberg Drive, Woodbury, MN 55125  
P.O. Box 64271, St. Paul, MN 55164-0271]

### Temporary Insurance Agreement

**Subject to the terms and conditions of this Temporary Insurance Agreement (“TIA”) and for consideration received, We agree to provide You with a limited amount of temporary insurance coverage on the lives of the Proposed Insured and Other Proposed Insured. Such temporary coverage may be provided under Basic TIA Coverage or Approved TIA Coverage. The amounts and conditions of coverage will vary as described below.**

#### **DEFINITIONS**

The definitions in this section apply to the following words and phrases whenever and wherever they appear in this TIA:

**Application** means an Application for Life Insurance; **Request** means a Request for Insurance Application.

**We, Our or Us** means Hartford Life and Annuity Insurance Company.

**In Good Order** means We have everything that We need to properly process an absolute assignment of Your existing policy(ies) with the Surrendering Insurance Companies. This includes proper completion of all required forms, including valid instructions and authorization, in accordance with Our instructions.

**In Writing** means in a written form satisfactory to Us.

**Other Proposed Insureds** means proposed other insureds named in the Application or Request for coverage under term insurance riders and child riders.

**Proposed Insured** means “Proposed Insured 1” named in the Application or Request or “Proposed Insured 1” and “Proposed Insured 2” named in the Application or Request for a survivorship policy.

**Surrendering Insurance Company** means Your existing insurance company(ies) who issued the insurance policy(ies) You are proposing to exchange for a policy issued by Us.

**Supplemental Benefits** means (a) coverage for Other Proposed Insureds, and (b) coverage for other benefits applied for on the Application or Request, including but not limited to, Riders providing accelerated death benefits, disability income benefits, or accidental death benefits.

**Underwriting Decision** means:

1. We have completed our underwriting assessment of the Proposed Insured and Other Proposed Insureds;
2. We have documented in writing in Our underwriting approval form Our final unconditional underwriting approval of the amount, type of coverage, insurance class, and any substandard ratings We will offer in response to the Application.

**You, Your** means the individual, or individuals in the case of survivorship policies, applying for the life insurance policy.

#### **BASIC TIA COVERAGE**

##### **CONDITIONS FOR BASIC TIA COVERAGE**

Subject to the Limitations of Coverage provision of this TIA, Basic TIA Coverage will be available for the amounts described below if each of the following conditions is satisfied:

1. an Application or Request has been completed as of the same date this TIA is signed;
2. the answers to the Health Questions below are “No”;
3. the Proposed Insured is less than age [71] as of the effective date of this TIA; and
4. the total death benefit amount as applied for in the Application or Request together with the total death benefit amount under any other policies applied for or in-force with Us or any affiliated company on the life of the Proposed Insured, is less than [\$5,000,000].

### **WHEN BASIC TIA COVERAGE BEGINS**

If each Condition For Basic TIA Coverage is satisfied, Basic TIA Coverage will become effective when (1) You sign this TIA; and (2) We receive no less than the first full modal premium for the mode selected on the Application or Request or such other consideration as may be acceptable to Us. For purposes of (2):

- If You submit the premium in the form of a check, draft, or ACH ("Cash") instruction, the date We receive the premium will be the date, We, or Our agent, receives the Cash.
- If You submit the premium payment by providing Us an absolute assignment of another insurance policy or policies, provided such absolute assignment is In Good Order, the date We receive the premium will be the date that We receive the absolute assignment form In Good Order.

### **AMOUNT OF BASIC TIA COVERAGE**

Basic TIA Coverage is equal to the lesser of:

1. The death benefit applied for on the Proposed Insured in the Application or Request; or
2. \$1,000,000.

Basic TIA Coverage does **NOT** include Supplemental Benefits.

### **APPROVED TIA COVERAGE**

#### **CONDITIONS FOR APPROVED TIA COVERAGE**

Subject to the Limitations of Coverage provision of this TIA, Approved TIA Coverage will be available for the amounts described below if each of the following conditions is satisfied:

1. an Application or Request has been completed as of the same date this TIA is signed; and
2. We have documented Our Underwriting Decision prior to the Proposed Insured's death (or the death of the surviving Proposed Insured under a survivorship policy) or prior to Our receipt of a claim for non-death related Supplemental Benefits.

### **WHEN APPROVED TIA COVERAGE BEGINS**

If each of the Conditions for Approved TIA Coverage is satisfied, Approved TIA coverage will become effective when (1) You sign this TIA; and (2) We receive no less than the first full modal premium for the mode selected on the Application or Request or such other consideration as may be acceptable to Us. For purposes of (2):

- If You submit the premium in the form of a check, draft, or ACH ("Cash") instruction, the date We receive the premium will be the date, We, or Our agent, receives the Cash.
- If You submit the premium payment by providing Us an absolute assignment of another insurance policy or policies, provided such absolute assignment is In Good Order, the date We receive the premium will be the date that We submit all absolute assignment forms and surrender requests to the Surrendering Insurance Company(ies).

### **AMOUNT OF APPROVED TIA COVERAGE**

If We have documented Our Underwriting Decision in Our files prior to the Proposed Insured's death (or the death of the surviving Proposed Insured under a survivorship policy) or prior to Our receipt of a claim for non-death related Supplement Benefits, **AND**:

1. the amount of coverage (including Supplemental Benefits) We will offer as documented in Our Underwriting Decision **is the same or greater** than as applied for by You, then TIA Coverage is equal to the amount We approved and have documented in Our Underwriting Decision; or
2. the amount of coverage (including Supplemental Benefits) We will offer as documented in Our Underwriting Decision **is not the same or greater** than as applied for by You, then TIA Coverage is equal to Basic TIA Coverage described above; PROVIDED however, upon Our receipt of Your written acceptance of Our Underwriting Decision, Approved TIA Coverage will be equal to the amount We approved and have documented in such Decision and that You accept In Writing.

## HEALTH QUESTIONS

The answers to the questions below apply to the Proposed Insured. In the event a survivorship policy is applied for, this means "Proposed Insured 1" and "Proposed Insured 2" named in the Application.

### Has the Proposed Insured:

- Yes  No Within the past 90 days, other than for pregnancy or childbirth, been admitted to or treated at a hospital or other medical facility, or been advised to be admitted by a health care provider, or had surgery performed or recommended by a health care provider?
- Yes  No Within the past 2 years had or been treated for heart disease, chest pain, stroke, cancer, alcohol or drug use, immune system disorder or had such treatment recommended by a health care provider

**NOTE: IF EITHER QUESTION #1 OR #2 ABOVE IS ANSWERED "YES" OR LEFT BLANK, NO COVERAGE WILL TAKE EFFECT UNDER THIS TIA AND THE TOTAL PREMIUM PAID FOR THE POLICY WILL BE REFUNDED.**

## GENERAL PROVISIONS

### Limitations of Coverage

1. If benefits are payable under this TIA, then no benefit relating to that loss will be payable under the applied for policy. If benefits are payable under the applied for policy, then no benefit relating to that loss will be payable under this TIA.
2. **Material misrepresentations or fraud in the answers to the Health Questions set forth above or in the Application will invalidate this TIA and Our liability will be limited to a refund of the premium paid for the Policy.** However, if You have assigned a policy or policies to Us, Our liability will be limited to the cancellation and release of the absolute assignment(s), unless We have already surrendered the assigned policy(ies) to the Surrendering Insurance Company(ies). In this event, Our liability will be limited to a refund of the proceeds received from such surrender(s).
3. This TIA does not provide coverage in the event of death of only one Proposed Insured for survivorship policies.
4. There is no coverage under this TIA if the Proposed Insured or Other Proposed Insured dies by suicide. In that event, Our liability will be limited to a refund of the premium payment. However, if You have assigned a policy or policies to Us, Our liability will be limited to the cancellation and release of the absolute assignment(s), unless We have already surrendered the assigned policy(ies) to the Surrendering Insurance Company(ies). In this event, Our liability will be limited to a refund of the proceeds received from such surrender(s).
5. There is no coverage under this TIA if any of the events set forth below occurs:
  - (a) a check, wire or ACH is not honored by the bank due to insufficient funds or other reasons; or
  - (b) an absolute assignment is not valid or accepted by the Surrendering Insurance Company; or
  - (c) We are unable to obtain funds equal to the first full modal premium for any reason.
6. The only way this TIA may be modified is by a written agreement signed by Our President, or one of Our Vice Presidents, Secretaries or Assistant Secretaries.

### When Temporary Insurance Coverage Terminates

If temporary insurance takes effect under this TIA, it will terminate on the earliest of the following:

1. [30 ]days from the effective date of this TIA if a required and requested medical exam, lab test, or application interview has not been received by Us;
2. [120 ]days from the effective date of this TIA, unless We agree, In Writing, to extend coverage under this TIA;
3. The date the applied for policy issued by Us takes effect, in which case Your initial premium payment will be applied to the policy as of the policy's effective date;
4. The date We mail a notice of termination of this TIA to the Proposed Policyowner or any subsequently named Policyowner at the address set forth in the Application or Request; or
5. The date of death of the Proposed Insured, or the surviving Proposed Insured under a survivorship policy, in which case We will pay the death benefit to the beneficiary designated in the Application.

In the case of 1, 2, and 4, above, Our liability will be limited to a refund of the total premium paid for the policy.

**GENERAL PROVISIONS (Continued)**

**Claim for Benefits**

If benefits are payable under this TIA on the death of a Proposed Insured, or last surviving insured under a survivorship policy, benefits will be paid to the beneficiary designated in the Application or Request. If benefits are payable under this TIA for any approved Supplemental Benefits or if no beneficiary is designated, benefits will be paid to the Proposed Owner or (in the event of the Proposed Owner's death) to the Proposed Owner's estate.

**DECLARATIONS AND SIGNATURES**

Each of the undersigned declares, understands and agrees that:

- The answers provided above are complete and true to the best of his/her knowledge and belief.
- If the answers to the Health Questions contained in this TIA or the Application or Request are incorrect, incomplete or untrue, We will have the right to deny benefits under this TIA and the applied-for policy.

X \_\_\_\_\_  
**Signature of Proposed Insured 1**

**Date Signed:** \_\_\_\_\_  
Month/Day/Year

X \_\_\_\_\_  
**Signature of Proposed Insured 2**

**Date Signed:** \_\_\_\_\_  
Month/Day/Year

X \_\_\_\_\_  
**Signature of Proposed Policy Owner (if other than the Proposed Insured(s))**

**Date Signed:** \_\_\_\_\_  
Month/Day/Year

**RECEIPT OF PAYMENT**

A premium payment of \$\_\_\_\_\_ has been submitted with the Application or Request. Additional premium may be required upon Policy delivery.

Any check or draft is received subject to collection. All premium checks must be made payable to Hartford Life and Annuity Insurance Company. Do not make check(s) payable to the Producer or leave the payee blank.

X \_\_\_\_\_  
**Signature of Licensed Insurance Producer**

**Date Signed:** \_\_\_\_\_  
Month/Day/Year

**DETACH OWNER'S COPY AT TIME OF APPLICATION**

**HOME OFFICE COPY**



## Hartford Life and Annuity Insurance Company

[500 Bielenberg Drive, Woodbury, MN 55125  
P.O. Box 64271, St. Paul, MN 55164-0271]

### Temporary Insurance Agreement

**Subject to the terms and conditions of this Temporary Insurance Agreement (“TIA”) and for consideration received, We agree to provide You with a limited amount of temporary insurance coverage on the lives of the Proposed Insured and Other Proposed Insured. Such temporary coverage may be provided under Basic TIA Coverage or Approved TIA Coverage. The amounts and conditions of coverage will vary as described below.**

#### DEFINITIONS

The definitions in this section apply to the following words and phrases whenever and wherever they appear in this TIA:

**Application** means an Application for Life Insurance; **Request** means a Request for Insurance Application.

**We, Our or Us** means Hartford Life and Annuity Insurance Company.

**In Good Order** means We have everything that We need to properly process an absolute assignment of Your existing policy(ies) with the Surrendering Insurance Companies. This includes proper completion of all required forms, including valid instructions and authorization, in accordance with Our instructions.

**In Writing** means in a written form satisfactory to Us.

**Other Proposed Insureds** means proposed other insureds named in the Application or Request for coverage under term insurance riders and child riders.

**Proposed Insured** means “Proposed Insured 1” named in the Application or Request or “Proposed Insured 1” and “Proposed Insured 2” named in the Application or Request for a survivorship policy.

**Surrendering Insurance Company** means Your existing insurance company(ies) who issued the insurance policy(ies) You are proposing to exchange for a policy issued by Us.

**Supplemental Benefits** means (a) coverage for Other Proposed Insureds, and (b) coverage for other benefits applied for on the Application or Request, including but not limited to, Riders providing accelerated death benefits, disability income benefits, or accidental death benefits.

**Underwriting Decision** means:

3. We have completed our underwriting assessment of the Proposed Insured and Other Proposed Insureds;
4. We have documented in writing in Our underwriting approval form Our final unconditional underwriting approval of the amount, type of coverage, insurance class, and any substandard ratings We will offer in response to the Application.

**You, Your** means the individual, or individuals in the case of survivorship policies, applying for the life insurance policy.

#### BASIC TIA COVERAGE

##### CONDITIONS FOR BASIC TIA COVERAGE

Subject to the Limitations of Coverage provision of this TIA, Basic TIA Coverage will be available for the amounts described below if each of the following conditions is satisfied:

1. an Application or Request has been completed as of the same date this TIA is signed;
2. the answers to the Health Questions below are “No”;
3. the Proposed Insured is less than age [71] as of the effective date of this TIA; and
4. the total death benefit amount as applied for in the Application or Request together with the total death benefit amount under any other policies applied for or in-force with Us or any affiliated company on the life of the Proposed Insured, is less than [\$5,000,000].

### **WHEN BASIC TIA COVERAGE BEGINS**

If each Condition For Basic TIA Coverage is satisfied, Basic TIA Coverage will become effective when (1) You sign this TIA; and (2) We receive no less than the first full modal premium for the mode selected on the Application or Request or such other consideration as may be acceptable to Us. For purposes of (2):

- If You submit the premium in the form of a check, draft, or ACH ("Cash") instruction, the date We receive the premium will be the date, We, or Our agent, receives the Cash.
- If You submit the premium payment by providing Us an absolute assignment of another insurance policy or policies, provided such absolute assignment is In Good Order, the date We receive the premium will be the date that We receive the absolute assignment form In Good Order.

### **AMOUNT OF BASIC TIA COVERAGE**

Basic TIA Coverage is equal to the lesser of:

1. The death benefit applied for on the Proposed Insured in the Application or Request; or
2. \$1,000,000.

Basic TIA Coverage does **NOT** include Supplemental Benefits.

### **APPROVED TIA COVERAGE**

#### **CONDITIONS FOR APPROVED TIA COVERAGE**

Subject to the Limitations of Coverage provision of this TIA, Approved TIA Coverage will be available for the amounts described below if each of the following conditions is satisfied:

1. an Application or Request has been completed as of the same date this TIA is signed; and
2. We have documented Our Underwriting Decision prior to the Proposed Insured's death (or the death of the surviving Proposed Insured under a survivorship policy) or prior to Our receipt of a claim for non-death related Supplemental Benefits.

#### **WHEN APPROVED TIA COVERAGE BEGINS**

If each of the Conditions for Approved TIA Coverage is satisfied, Approved TIA coverage will become effective when (1) You sign this TIA; and (2) We receive no less than the first full modal premium for the mode selected on the Application or Request or such other consideration as may be acceptable to Us. For purposes of (2):

- If You submit the premium in the form of a check, draft, or ACH ("Cash") instruction, the date We receive the premium will be the date, We, or Our agent, receives the Cash.
- If You submit the premium payment by providing Us an absolute assignment of another insurance policy or policies, provided such absolute assignment is In Good Order, the date We receive the premium will be the date that We submit all absolute assignment forms and surrender requests to the Surrendering Insurance Company(ies).

#### **AMOUNT OF APPROVED TIA COVERAGE**

If We have documented Our Underwriting Decision in Our files prior to the Proposed Insured's death (or the death of the surviving Proposed Insured under a survivorship policy) or prior to Our receipt of a claim for non-death related Supplement Benefits, **AND**:

1. the amount of coverage (including Supplemental Benefits) We will offer as documented in Our Underwriting Decision **is the same or greater** than as applied for by You, then TIA Coverage is equal to the amount We approved and have documented in Our Underwriting Decision; or
2. the amount of coverage (including Supplemental Benefits) We will offer as documented in Our Underwriting Decision **is not the same or greater** than as applied for by You, then TIA Coverage is equal to Basic TIA Coverage described above; PROVIDED however, upon Our receipt of Your written acceptance of Our Underwriting Decision, Approved TIA Coverage will be equal to the amount We approved and have documented in such Decision and that You accept In Writing.

## HEALTH QUESTIONS

The answers to the questions below apply to the Proposed Insured. In the event a survivorship policy is applied for, this means "Proposed Insured 1" and "Proposed Insured 2" named in the Application.

### Has the Proposed Insured:

- Yes  No Within the past 90 days, other than for pregnancy or childbirth, been admitted to or treated at a hospital or other medical facility, or been advised to be admitted by a health care provider, or had surgery performed or recommended by a health care provider?
- Yes  No Within the past 2 years had or been treated for heart disease, chest pain, stroke, cancer, alcohol or drug use, immune system disorder or had such treatment recommended by a health care provider

**NOTE: IF EITHER QUESTION #1 OR #2 ABOVE IS ANSWERED "YES" OR LEFT BLANK, NO COVERAGE WILL TAKE EFFECT UNDER THIS TIA AND THE TOTAL PREMIUM PAID FOR THE POLICY WILL BE REFUNDED.**

## GENERAL PROVISIONS

### Limitations of Coverage

1. If benefits are payable under this TIA, then no benefit relating to that loss will be payable under the applied for policy. If benefits are payable under the applied for policy, then no benefit relating to that loss will be payable under this TIA.
2. **Material misrepresentations or fraud in the answers to the Health Questions set forth above or in the Application will invalidate this TIA and Our liability will be limited to a refund of the premium paid for the Policy.** However, if You have assigned a policy or policies to Us, Our liability will be limited to the cancellation and release of the absolute assignment(s), unless We have already surrendered the assigned policy(ies) to the Surrendering Insurance Company(ies). In this event, Our liability will be limited to a refund of the proceeds received from such surrender(s).
3. This TIA does not provide coverage in the event of death of only one Proposed Insured for survivorship policies.
4. There is no coverage under this TIA if the Proposed Insured or Other Proposed Insured dies by suicide. In that event, Our liability will be limited to a refund of the premium payment. However, if You have assigned a policy or policies to Us, Our liability will be limited to the cancellation and release of the absolute assignment(s), unless We have already surrendered the assigned policy(ies) to the Surrendering Insurance Company(ies). In this event, Our liability will be limited to a refund of the proceeds received from such surrender(s).
5. There is no coverage under this TIA if any of the events set forth below occurs:
  - (a) a check, wire or ACH is not honored by the bank due to insufficient funds or other reasons; or
  - (b) an absolute assignment is not valid or accepted by the Surrendering Insurance Company; or
  - (c) We are unable to obtain funds equal to the first full modal premium for any reason.
6. The only way this TIA may be modified is by a written agreement signed by Our President, or one of Our Vice Presidents, Secretaries or Assistant Secretaries.

### When Temporary Insurance Coverage Terminates

If temporary insurance takes effect under this TIA, it will terminate on the earliest of the following:

1. [30 ]days from the effective date of this TIA if a required and requested medical exam, lab test, or application interview has not been received by Us;
2. [120 ]days from the effective date of this TIA, unless We agree, In Writing, to extend coverage under this TIA;
3. The date the applied for policy issued by Us takes effect, in which case Your initial premium payment will be applied to the policy as of the policy's effective date;
4. The date We mail a notice of termination of this TIA to the Proposed Policyowner or any subsequently named Policyowner at the address set forth in the Application or Request; or
5. The date of death of the Proposed Insured, or the surviving Proposed Insured under a survivorship policy, in which case We will pay the death benefit to the beneficiary designated in the Application.

In the case of 1, 2, and 4, above, Our liability will be limited to a refund of the total premium paid for the policy.

**GENERAL PROVISIONS (Continued)**

**Claim for Benefits**

If benefits are payable under this TIA on the death of a Proposed Insured, or last surviving insured under a survivorship policy, benefits will be paid to the beneficiary designated in the Application or Request. If benefits are payable under this TIA for any approved Supplemental Benefits or if no beneficiary is designated, benefits will be paid to the Proposed Owner or (in the event of the Proposed Owner's death) to the Proposed Owner's estate.

**DECLARATIONS AND SIGNATURES**

Each of the undersigned declares, understands and agrees that:

- The answers provided above are complete and true to the best of his/her knowledge and belief.
- If the answers to the Health Questions contained in this TIA or the Application or Request are incorrect, incomplete or untrue, We will have the right to deny benefits under this TIA and the applied-for policy.

X \_\_\_\_\_  
Signature of Proposed Insured 1

Date Signed: \_\_\_\_\_  
Month/Day/Year

X \_\_\_\_\_  
Signature of Proposed Insured 2

Date Signed: \_\_\_\_\_  
Month/Day/Year

X \_\_\_\_\_  
Signature of Proposed Policy Owner (if other than the Proposed Insured(s))

Date Signed: \_\_\_\_\_  
Month/Day/Year

**RECEIPT OF PAYMENT**

A premium payment of \$\_\_\_\_\_ has been submitted with the Application or Request. Additional premium may be required upon Policy delivery.

Any check or draft is received subject to collection. All premium checks must be made payable to Hartford Life and Annuity Insurance Company. Do not make check(s) payable to the Producer or leave the payee blank.

X \_\_\_\_\_  
Signature of Licensed Insurance Producer

Date Signed: \_\_\_\_\_  
Month/Day/Year

**DETACH OWNER'S COPY AT TIME OF APPLICATION**

**OWNER'S COPY**

SERFF Tracking Number: HARL-128009585 State: Arkansas  
 Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number:  
 Company Tracking Number: HL-15884(12)  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: 2012 Temporary Insurance Agreement  
 Project Name/Number: 2012 Temporary Insurance Agreement/HL-15884(12)

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> CW Read Cert.pdf AR Cert Rule 19.pdf		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> This is not a policy submission. <b>Comments:</b>		
<b>Satisfied - Item:</b> TIA SOV <b>Comments:</b> <b>Attachment:</b> TIA SOV.pdf		

## Readability Certificate

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

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

Form Number  
HL-15884(12)

Flesch Score  
50.1

Hartford Life and Annuity Insurance Company  
NAIC Number 71153-091



\_\_\_\_\_  
Signature of Insurance Company Officer

Lenore Paoli, AVP and Chief Compliance Officer, IL Compliance

Typed Name and Title

**ARKANSAS  
POLICY FORM CERTIFICATION**

**HARTFORD LIFE AND ANNUITY INSURANCE COMPANY**

Form Number(s): HL-15884(12)

Form Title(s): Temporary Insurance Agreement

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

Signed:

  
Signature not verified!

Lenore  
Paoli

Digitally signed by Lenore Paoli  
DN: CN = Lenore Paoli C = US O = The  
Hartford GU = ILD Compliance  
Date: 2012.02.03 15:45:41 -05'00'  
Reason: I am approving this document

Lenore Paoli, AVP and Chief Compliance

**Hartford Life and Annuity Insurance Company  
Statement of Variability for:**

**Temporary Insurance Agreement (“TIA”)  
HL-15884(12)**

**Variable Text Denoted by Square Brackets**

**January 19, 2012**

Changes in variable text will be administered by the Company pursuant to the information provided below in a uniform and non-discriminatory manner.

Page 1	Administrative Office	Will vary based on changes in future company operations.
Page 1	Conditions For Basic TIA Coverage, item 3.	We may change the maximum age anywhere from age 60 to age 85. Any change will be applied to new Agreements only on a non-discriminatory basis
Page 1	Conditions For Basic TIA Coverage, item 4.	We may change the maximum Death Benefit anywhere from \$500,000 to \$10,000,000. Any change will be applied to new Agreements only on a non-discriminatory basis.
Page 3	When Temporary Insurance Coverage Terminates – item 1	We reserve our right to change the time period from 30-90 days from the effective date of the TIA. Any change will be applied to new Agreements only on a non-discriminatory basis.
Page 3	When Temporary Insurance Coverage Terminates, item 2	We reserve our right to change the time period from 90-120 days from the effective date of the TIA. Any change will be applied to new Agreements only on a non-discriminatory basis