

Amendatory Rider



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

This rider forms a part of a Certificate given in connection with the Policy.

This rider becomes effective on January 1, 2020.

With respect to All Full-time and Part-time Active Employees, Your Certificate is amended as follows:

1. The following **Advanced Alzheimer's Disease** benefit shall be included under **Neurological Benefits** in the **Benefit Schedule** section of Your Certificate:

Advanced Alzheimer's Disease	100%
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2. The following **Advanced Alzheimer's Disease** definition shall be included in the **Definitions** section of Your Certificate:

Advanced Alzheimer's Disease means a condition Diagnosed as Alzheimer's disease that has progressed to a classification of Stage 6 or greater of the Functional Assessment Staging Test (FAST). Diagnosis must be made by a Physician who is a board-certified neurologist, and must be supported by neurological examination and cognitive testing for the involved condition/illness. There must be permanent clinical loss of the ability to do all of the following:

- 1) remember, reason, and perceive; and
- 2) understand, express and give effect to ideas.

Other types of dementia are not included in this definition. The initial Diagnosis of Alzheimer's disease must occur while the Covered Person is insured under the Policy.

3. The following **Confined, Confinement** definition shall be included in the **Definitions** section of Your Certificate:

Confined, Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours.

4. The following **Confined Elsewhere** definition shall be included in the **Definitions** section of Your Certificate:

Confined Elsewhere means an Employee or a Dependent is unable to perform, unaided, the normal functions of daily living, or leave his/her home or other place of residence without assistance.

5. The definition of **Critical Illness** shown in the **Definitions** section of Your Certificate is amended to read as follows:

Critical Illness means any of the conditions shown in the Benefit Schedule for which a Covered Person is Diagnosed after the effective date of coverage under the Policy for the Covered Person. This definition does not include the recurrence of an Invasive Cancer or Non-Invasive Cancer that was Diagnosed before the effective date of insurance for a Covered Person unless, after the previous Diagnosis and before the date of the subsequent Diagnosis, We

receive medical evidence that the Covered Person is considered to be in complete remission with no evidence of disease (NED) for the previous Diagnosis.

6. The definition of **Diagnosis** shown in the **Definitions** section of Your Certificate is amended to read as follows:

Diagnosed, Diagnosis means the definitive establishment of a Critical Illness through the use of clinical or pathological findings. We will accept a clinical Diagnosis only if a pathological Diagnosis cannot be made. The Diagnosis must be made by a Physician who is a board certified specialist where required in the Policy.

The date of Diagnosis under the Policy for a pathological Diagnosis is the date the tissue specimen, blood samples, titers, cultures or preparations are taken on which the eventual Diagnosis is based.

7. The following **Deferred Coverage Effective Date** provision shall be included in the **Eligibility and Effective Dates** section of Your Certificate:

Deferred Coverage Effective Date:

All coverage effective dates, Changes in Coverage effective dates and Reinstatement of Coverage effective dates for an Employee and any Dependent(s) will be deferred if an Employee is not Actively at Work on the day coverage would otherwise begin. If deferred, coverage will become effective on the first day of the month on or next following the day after the date the Employee has completed one full day of active work.

All coverage effective dates, Changes in Coverage effective dates, New Dependent Coverage effective dates and Reinstatement of Coverage effective dates for a Dependent will also be deferred if on the date the Dependent is to become covered, he or she is Confined or Confined Elsewhere. Such coverage will not start until the first day of the month on or next following the day after the Dependent:

- 1) is no longer Confined or Confined Elsewhere; and
- 2) has engaged in all of the normal and customary activities of a person of like age, gender and good health for at least 15 consecutive days.

In no event will Dependent insurance become effective before an Employee becomes insured.

This provision does not apply to:

- 1) Employees who are currently eligible for coverage under the Continuity from a Prior Policy provision;
- 2) any Dependent who was eligible and insured under the Prior Policy on the day before the Policy Effective Date, except when coverage is being reinstated;
- 3) any newborn Dependent Child, regardless of Confinement; or
- 4) any disabled child who qualifies under the definition of Dependent Child(ren).

8. The **Changes in Coverage** provision shown in the **Eligibility and Effective Dates** section of Your Certificate is amended to read as follows:

Changes in Coverage:

An Employee may:

- 1) elect, increase, decrease, drop or otherwise change coverage during an Annual Enrollment Period or any additional enrollment event; or
- 2) increase, decrease, drop or otherwise change coverage within 31 days of a Change in Family Status.

Any change in coverage requested by an Employee will become effective on:

- 1) the Policy anniversary following the last day of an Annual Enrollment Period, if the change is requested during such period;
- 2) the first day of the month following the last day of an additional enrollment event, if the change is requested during such event; or
- 3) the first day of the month following the date on which the change is requested following a Change in Family Status;

subject to the Deferred Coverage Effective Date provision.

An initial period of coverage for a new Dependent may be available under the New Dependent Coverage provision.

Any change in coverage requested by the Policyholder or as a result of a change in the terms of the Policy will become effective on the first day of the month on or next following the date of the request or change.

9. The **Newborn and Newly Adopted Child Coverage** provision shown in the **Eligibility and Effective Dates** section of Your Certificate is removed in its entirety and replaced with the following:

New Dependent Coverage:

If You:

- 1) marry or enter a partnership with an individual who satisfies the definition of Spouse; or
- 2) acquire a child who satisfies the definition of Dependent Child(ren);

while covered under the Policy, the new Dependent will be automatically covered under the Policy for 31 days from the date of marriage, partnership or acquisition, subject to the Deferred Coverage Effective Date provision.

If Dependent coverage requires an election under the Policy, You must enroll the Dependent for coverage subject to the Changes in Coverage provision in order for the Dependent to remain insured beyond the initial 31 day period.

10. The following **Reinstatement of Coverage** section shall be included in Your Certificate, immediately following the **Termination of Insurance** section:

Reinstatement of Coverage:

Coverage for an Employee and any previously insured Dependent(s) under the Policy may be reinstated after it ends if:

- 1) the Employee returns to an Eligible Class for Coverage within 12 months from the date coverage ended; and
- 2) reinstatement is requested within 31 days from his/her return to an Eligible Class for Coverage, if coverage requires an election under the Policy;
- 3) except for coverage that ended due to non-payment of premium or voluntary termination of coverage by an Employee.

Reinstated coverage will become effective on the first day of the month on or next following the date on which the Employee returns to an Eligible Class for Coverage, subject to the Deferred Coverage Effective Date.

Reinstated coverage is subject to all other terms and provisions of the Policy.

If coverage ended due to non-payment of premium or voluntary termination of coverage by an Employee, reinstatement is not available. The Employee may not re-enroll until the next Annual Enrollment Period or additional enrollment event occurs.

Reinstatement is also not available for coverage that an Employee or any Dependent(s) continued under the Portability provision; unless such coverage is cancelled or surrendered.

11. The **Critical Illness Benefit** provision shown in the **Critical Illness Benefits** section of Your Certificate is amended to read as follows:

Critical Illness Benefit:

If a Covered Person is Diagnosed with a Critical Illness while covered under the Policy, We will pay a Critical Illness Benefit. The Critical Illness Benefit is equal to the Coverage Amount multiplied by the Percentage of Coverage Amount for the Critical Illness, as shown in the Benefit Schedule for each Covered Person.

Subject to the Coverage Maximums shown in the Benefit Schedule, each benefit shown in the Benefit Schedule will be paid once for each Covered Person, unless a Recurrence Benefit is available. After the Diagnosis of a Critical Illness for which benefits are paid under the Policy, We will pay benefits for the Diagnosis of each subsequent, different Critical Illness under the Policy subject to the following:

- 1) the date of Diagnosis for the new Critical Illness is separated from the date of Diagnosis for the prior, different Critical Illness by at least 6 months; and
- 2) the new Critical Illness is not caused or affected by a Critical Illness for which benefits have previously been paid under the Policy.

The 6 month separation period noted above applies to the Diagnosis of any Critical Illness with a Percentage of Coverage Amount of 100%. Following the Diagnosis of any Critical Illness with a Percentage of Coverage Amount of 25% or 50%, there is no period of time to be satisfied before Diagnosis of any other Critical Illness.

12. The **Pre-existing Condition Limitation** provision shown in the **Limitations and Exclusions** section of Your Certificate will no longer apply, and is removed in its entirety.

13. The **Pre-existing Condition Limitation** provision shown in the **Outline of Coverage** is removed in its entirety.

14. The **Payment of Claims** provision shown in the **Claim Provisions** section of Your Certificate is amended to read as follows:

Payment of Claims:

All benefits are payable to You. Any benefits unpaid at the time of Your death will be paid to:

- 1) Your designated beneficiary(ies); or if none, then to
- 2) Your estate.

Where required by law, benefits paid on behalf of a Covered Person under this Certificate shall be paid to the applicable human services department when:

- 1) the human services department has paid or is paying benefits on behalf of the Covered Person under a state's Medicaid program pursuant to Title XIX of the federal Social Security Act, 42 U.S.C. 1396, et seq.; or
- 2) payment for the services in question has been made by the human services department to a Medicaid provider; and
- 3) We are notified that the Covered Person receives benefits under the Medicaid program.

15. The following **Beneficiary Designation** and **Change of Beneficiary** provisions shall be included in the **Claim Provisions** section of Your Certificate following the **Payment of Claims** provision:

Beneficiary Designation:

In the event of Your death, You should designate one or more beneficiaries to receive any benefits under the Policy that are unpaid at the time of Your death. Beneficiary records will be kept by the Policyholder, plan administrator or the office/system where beneficiary records for the Policy are kept. The most current beneficiary designation in effect under a Prior Policy will be accepted as a beneficiary designation under the Policy until changed (if applicable).

Certain states are community property states. If You live in a community property state and designate someone other than Your Spouse as a beneficiary, state law may require that Your Spouse consent to such designation. If spousal consent to the designation is not obtained, then such designation may not be effective. Community property states as of the Policy Effective Date include: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

Change of Beneficiary:

The beneficiary may be changed at any time by You or Your assignee (if You assigned this insurance). To make a change, a request should be provided to the Policyholder, plan administrator or to the office/system where beneficiary records for the Policy are kept. If it is not known where the records are kept, then the request may be provided to Us. When received by the Policyholder, plan administrator, office/system where beneficiary records for the Policy are kept or Us, the change will take effect as of the date the request is signed. The change will not apply to any payments or other action taken by Us before the request was received.

The right to change of beneficiary is reserved to You, and the consent of the beneficiary or beneficiaries shall not be requisite to any change in beneficiary, unless the current beneficiary designation is irrevocable.

In all other respects the Certificate remains the same.

Signed for Hartford Life and Accident Insurance Company



Lisa Levin, Secretary



Jonathan Bennett, President