

## 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, 2019.

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

1. The definition of **Critical Illness** shown in the **Definitions** section of the **Critical Illness Insurance** portion of Your certificate is amended to read as follows:

**Critical Illness** means any of the conditions shown in the Benefit Schedule. This definition does not include the recurrence of a cancer that was previously diagnosed before the effective date of insurance for a Covered Person unless, after the previous Diagnosis and before the date of the subsequent Diagnosis, the Covered Person is free of any treatment of the cancer during the 12 consecutive months prior to the effective date of insurance under the Policy for the Covered Person, or any 12 consecutive months thereafter.

2. The **Changes in Coverage** provision shown in the **Eligibility and Effective Dates** section of the **Critical Illness Insurance** portion of Your certificate is amended to read as follows:

**Changes in Coverage:**

You may change Your benefit option only:

- 1) during an Annual Enrollment Period or the first day of the month following the last day of the month following the last day of the additional enrollment event; or
- 2) within 31 days of a Change in Family Status.

At such time You may decrease coverage, or increase coverage to a higher option

If You enroll for a change in benefit option during an Annual Enrollment Period or any additional enrollment event, the change will take effect on the later of the Policy Anniversary Date following the Annual Enrollment Period or the additional enrollment event.

If You enroll for a change in benefit option within 31 days following a Change in Family Status, the change will take effect on the later of:

- 1) the first day of the month following the date You enroll for the change; or
- 2) the first day of the month following the date We approve Your Evidence of Insurability if You are required to submit Evidence of Insurability.

3. The **Critical Illness Benefit** shown in the **Critical Illness Benefits** section of the of the **Critical Illness Insurance** portion 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. Following the payment of any benefit at 100% of the applicable Coverage Amount, a period of 6 months must be satisfied before payment of any other benefit under the Policy. Following the payment of any benefit at 25% or 50% of the applicable Coverage Amount, there is no period of time to be satisfied before payment of any other benefit.

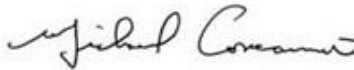
- 4. The **Pre-existing Condition Limitation** provision shown in the **Limitations and Exclusions** section of the **Critical Illness Insurance** portion of Your certificate is removed in its entirety.

In all other respects the Certificate remains the same.

Signed for Hartford Life and Accident Insurance Company



Lisa Levin, *Secretary*



Michael Concannon, *President*

This is agreed to by the Policyholder on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name