

**Amendatory Rider**



**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**  
**200 Hopmeadow Street**  
**Simsbury, Connecticut 06089**  
**(A stock Insurance company)**

This rider forms a part of a certificate given in connection with Policy Number 033731, issued to City of Madison where 033731 is the Policy Number and City of Madison is the Policyholder.

**Eligible Class(es) For Coverage:** All Active Employees who are permanent, limited term employees who work at least 50% of a regularly established full-time work week who are citizens or legal residents of the United States, its territories and protectorates, excluding temporary, leased or seasonal employees.

This rider becomes effective October 1, 2013.

The **Increase in Amount of Life Insurance** provision in the **Period of Coverage** section of Your certificate is hereby deleted in its entirety and replaced with the following **Increase in Amount of Life Insurance** provision.

**Increase in Amount of Life Insurance:** *If I request an increase in the Amount of Life Insurance for myself or my Dependents, must We provide Evidence of Insurability?*

If You are:

- 1) already enrolled for an Amount of Basic or Supplemental Life Insurance under The Policy, then You must provide Evidence of Insurability for any increase, except for an increase of one level within 31 days of a Change in Family Status.
- 2) not already enrolled for an Amount of Basic or Supplemental Life Insurance under The Policy, then You must provide Evidence of Insurability for any amount of Basic or Supplemental Life Insurance, except for an increase of one level within 31 days of a Change in Family Status.

If Your Dependents are:

- 1) already enrolled for an Amount of Dependent Life Insurance under The Policy, then Your Dependents must provide Evidence of Insurability for any increase.
- 2) not already enrolled for an Amount of Dependent Life Insurance under The Policy, then Your Dependents must provide Evidence of Insurability for any amount of Dependent Life Insurance.

If Your Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.

If Your Dependents' Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance they had in effect on the date immediately prior to the date You requested the increase will not change.

The following **Disability Extension** provision shall be included in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate.

**Disability Extension:** *Does coverage continue if I am Disabled?*

If You become Disabled, You may qualify for Disability Extension. To qualify for Disability Extension, You must be Disabled prior to age 65. If You qualify for Disability Extension, You may continue Your coverage while You are Disabled provided the required premium payments are made.

If You qualify for Disability Extension, the amount of continued coverage:

- 1) will be the amount in force on the date You cease to be an Active Employee or the date You became insured under The Policy if You were never an Active Employee under The Policy;
- 2) will be subject to any reductions provided by The Policy; and

- 3) will not increase.

**Eligible Coverages:** *What coverages are eligible under this provision?*

This provision applies only to:

- 1) Your Basic Life Insurance; and
- 2) Your Supplemental Life Insurance.

**Disabled:** *What does Disabled mean?*

Disabled means You are prevented by injury or sickness from doing any work for which You are, or could become, qualified by:

- 1) education;
- 2) training; or
- 3) experience.

In addition, You will be considered Disabled if You have been diagnosed with a life expectancy of 12 months or less.

**Conditions for Qualification:** *What conditions must I satisfy before I qualify for this provision?*

To qualify for Disability Extension You must:

- 1) be covered under The Policy and be under age 65 when you become Disabled;
- 2) be Disabled and provide Proof of Loss that You have been Disabled; or
- 3) Your coverage must have been continued under a Disability Extension provision of the Prior Policy.

You will also be considered eligible if you are an employee who qualifies for a WRS disability annuity, Short Term or Long Term Disability provided by Your Employer, or Duty Disability benefits under Wisconsin statute 40.65 and You have coverage in force when the annuity or Short Term / Long Term Disability insurance benefit becomes effective.

You must also provide continued Proof of Loss, including current address verification, as requested by Your Employer.

In any event, You must have been Actively at Work under The Policy to qualify for Disability Extension.

**Disability Extension Ceases:** *When will the Disability Extension cease?*

We will continue Your coverage while You remain Disabled until the earliest of the date:

- 1) The Policy terminates;
- 2) the required premium for coverage is due but not paid;
- 3) You attain age 65; or
- 4) You are no longer in an Eligible Class, or the class is cancelled.
- 5) the date you fail to provide Proof of Loss as verified under Conditions for Qualification

*What happens when the Disability Extension ceases?*

When the Disability Extension ceases:

- 1) if You return to work in an Eligible Class, as an Active Employee, then You may again be eligible for coverage as long as premiums are paid when due;  
or
- 2) if You do not return to work in an Eligible Class, coverage will end and You may be eligible to exercise the Conversion Right if You do so within the time limits described in such provision. The Amount of Life Insurance that may be converted will be subject to the terms and conditions of the Conversion Right. Portability will not be available.

The **Dependent Child(ren)** definition in the **Definitions** section of Your certificate is hereby deleted in its entirety and replaced with the following **Dependent Child(ren)** definition.

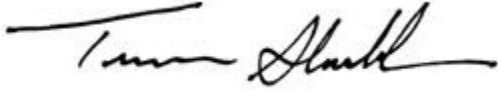
**Dependent Child(ren)** means:

- 1) Your unmarried children, stepchildren, legally adopted children; or
- 2) any other children related to You by blood or marriage who:
  - a) live with You in a regular parent-child relationship; and/or
  - b) You claimed as a dependent on Your last filed federal income tax return;

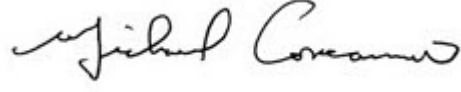
provided such children are primarily dependent upon You for financial support and maintenance and are under age 21, or under age 25 and in full-time attendance at an accredited institution of learning. If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student continues to qualify as a Dependent.

In all other respects the Certificate of Insurance remains the same.

Signed for Hartford Life and Accident Insurance Company

A handwritten signature in black ink, appearing to read "Terence Shields". The signature is fluid and cursive, with a long horizontal stroke at the beginning.

**Terence Shields, Secretary**

A handwritten signature in black ink, appearing to read "Michael Concannon". The signature is cursive and somewhat stylized.

**Michael Concannon, Executive Vice President**