



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

This rider is attached to a certificate given in connection with Policy Number GL-803582, issued to ARLINGTON COUNTY GOVERNMENT.

This rider becomes effective July 1, 2019.

The certificate is hereby amended in the following manner:

With respect to All Retirees who are retirees age 65 and over as of April 1<sup>st</sup> every year, who worked 30 to 40 hours per week prior to date of retirement Your certificate is amended as follows:

1. The **Amount of Life Insurance** provision shown in **Schedule of Insurance** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

**Amount of Life Insurance**

Supplemental Amount of Life Insurance

**Maximum Amount**

\$10,000

2. The **Eligibility for Coverage** provision shown in the **Eligibility and Enrollment** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

**Eligibility for Coverage:** When will I become eligible?

You are eligible for Retiree coverage on the later of:

- 1) the date You meet the definition of Retiree; or
- 2) the Policy Effective Date.

3. The **Effective Date** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

**Effective Date:** When does my Retiree Coverage start?

Contributory Coverage will start on the date You become eligible if You enroll on or before that date.

Deferred Effective Date provisions will only apply to increases in coverage or new benefits.

4. The **Deferred Effective Date** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

**Deferred Effective Date:** *When will my effective date for coverage or a change in my coverage be deferred?*

With respect to Retirees, if, on the date You are to become covered:

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

You are:

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

such coverage will not start until You:

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

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

**Confined Elsewhere** means You are unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.

5. The **Termination** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

**Retiree Coverage Termination:** When will my Retiree Coverage End?

Your coverage will end on the earliest of the following:

- 1) the date The Policy Terminates;
- 2) the date You are no longer in a class eligible for coverage, or the class is cancelled; or
- 3) the required premium is due but not paid.

6. The following Definition of a Retiree shall apply to You:

**Retiree** means a former Active Full-time Employee of the Employer who has attained Retiree status according to the Employer's retiree eligibility policy.

7. The following Provisions found in the **Life Insurance** portion of Your certificate will not apply to You:

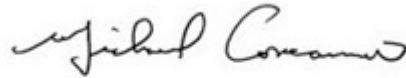
1. Dependent Life Insurance Benefit;
2. Accidental Death and Dismemberment Benefit;
3. Additional Accidental Death and Dismemberment Benefits;
4. Reduction in Coverage Due to Age;
5. Continuity from a Prior Policy;
6. Continuation Provisions
7. Waiver of Premium; and
8. Accelerated Benefit.
9. Portability

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company



**Lisa Levin, Secretary**



**Michael Concannon, President**