

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



**Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO
 Benefits Enrollment Form**

Instructions

Please enter all required information clearly so that there will be no question as to your meaning.

- Step 1:** Please **enter and/or check** your coverage elections. Make sure the coverage amount that you elect includes your existing coverage amount. You may only elect and will be covered for levels included in the contract with Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO.
- Step 2:** Please **sign, date and return** this form to Kling & Associates, Inc. / P.O. Box 398 / Slingerlands, NY 12159 / Phone 518-439-4839 / Fax 518-456-0770, Email Address: susan@klingassociates.com. Do not mail this form back to The Hartford's address indicated at the top of this form.

Information About You		
Member Name:	Member ID (If not available, then Social Security Number):	
Date of Birth:	Home Phone/preferred Phone:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Hire:	Home Address:	

Dependent Information			If more than 4 child(ren), attach additional sheet.		
Spouse Name (includes domestic partner):	Gender:	Spouse Date of Birth:	Date of Marriage or Eligible Partnership:		
	<input type="checkbox"/> M <input type="checkbox"/> F				
Child Name:	Gender:	Date of Birth:	Child Name:	Gender:	Date of Birth:
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
Disabled Dep: Y or N			Disabled Dep: Y or N		
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
Disabled Dep: Y or N			Disabled Dep: Y or N		

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 Form PA-9604 (NY)

Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO Generic
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Creation Date: 7/26/2016

Page 1 of 4

**Prepare today.
 Help protect tomorrow.**

Name: _____

Supplemental Life Insurance

Your cost may change when you move into a new age category.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	0.0580	0.0580	0.0620	0.0930	0.1430	0.2300	0.3900	0.6390	0.8530	1.3350	2.3240	3.9870

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Life Benefit Amount}}{\div \$1,000} = \frac{\quad}{\quad} \times \frac{\quad}{\text{Rate}} = \$ \frac{\quad}{\text{Monthly Cost}}$$

- I elect to **purchase** \$ _____ of life coverage.
- I **decline** to purchase life coverage.

Spouse Supplemental Life Insurance

Costs are based on the member's age. Your cost may change when the members moves into a new age category.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	0.0580	0.0580	0.0620	0.0930	0.1430	0.2300	0.3900	0.6390	0.8530	1.3350	2.3240	3.9870

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Life Benefit Amount}}{\div \$1,000} = \frac{\quad}{\quad} \times \frac{\quad}{\text{Rate}} = \$ \frac{\quad}{\text{Monthly Cost}}$$

- I elect to **purchase** \$ _____ of life coverage.
- I **decline** to purchase life coverage.

Child(ren) Supplemental Life Insurance

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Life Benefit Amount}}{\div \$1,000} = \frac{\quad}{\quad} \times \frac{\$0.0580}{\text{Rate}} \times \frac{\quad}{\text{Number of Covered Children}} = \$ \frac{\quad}{\text{Monthly Cost}}$$

- I elect to **purchase** \$ _____ of life coverage.
- I **decline** to purchase life coverage.

Beneficiary Designation

You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plans. Please make sure that you also name a contingent beneficiary – who would receive your benefit if your primary beneficiary dies first.

Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each beneficiary. Please provide **all** of the information requested below. If your beneficiary is not related either by blood or by marriage, insert the words, "Not Related" as their stated relationship. If you need assistance, contact your benefits administrator or your own legal advisor.

This beneficiary designation will be for ALL group life or accidental death insurance coverage issued by The Hartford for you. A primary beneficiary is the beneficiary or beneficiaries that you name to receive the benefits if they are living at the time of your

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Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO Generic
00065162
Creation Date: 7/26/2016
Page 2 of 4

Name: _____

death. The primary beneficiaries are the first in line to receive death benefits. Contingent beneficiaries, or secondary beneficiaries, are those named to receive the insurance proceeds if no primary beneficiary is alive at the time you die.

PRIMARY BENEFICIARY

Primary Beneficiary Name:	Social Security #:	Date of Birth:	Relationship:	Percentage:
Address:			Phone Number:	
Primary Beneficiary Name:	Social Security #:	Date of Birth:	Relationship:	Percentage:
Address:			Phone Number:	

CONTINGENT BENEFICIARY

Contingent Beneficiary Name:	Social Security #:	Date of Birth:	Relationship:	Percentage:
Address:			Phone Number:	
Contingent Beneficiary Name:	Social Security #:	Date of Birth:	Relationship:	Percentage:
Address:			Phone Number:	

The beneficiary for insurance on the lives of your dependents will automatically be you, if surviving. Otherwise, the beneficiary will be subject to policy provisions. A beneficiary for member life or accidental death insurance may be changed upon written request.

Consent For Community Property States Only: If you live in a community property state – **Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin** – you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. **Disclaimer:** Spousal consent does not apply to ERISA plans. Certain tribal jurisdictions may also require spousal consent. Please see your Benefits Administrator for details.

This will represent that, as spouse of the member named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of group life or accidental death insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Member's Spouse: _____ Date: _____

Confirmation

I acknowledge that I have been given the opportunity to enroll in the insurance coverage offered by my employer. I understand and agree that if I decline coverage now, but later decide to enroll, I may be required to provide evidence of insurability that is satisfactory to The Hartford and be approved for such coverage before it becomes effective. I understand my request for coverage may be denied by The Hartford.

I understand and agree that insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to my employer can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance coverage.

If I have life insurance coverage with The Hartford, I understand and agree that my life insurance benefit(s) reduce at a specified age(s) stated in the policy.

I authorize payroll deductions from my wages to cover my cost of coverage when applicable. I understand rates and benefits may be changed by the insurer.

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Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO Generic
00065162
Creation Date: 7/26/2016
Page 3 of 4

Name: _____

I understand that no insurance will be valid or in force if I am not eligible in accordance with the terms of the group policy as issued to my employer. I acknowledge and agree that if group participation requirements are required by The Hartford or by law and are not met, the policy will not be implemented and the coverage I have elected will not be in force.

Accelerated Death Benefit Notice

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable.

Fraud Notice(s)

For Residents of Louisiana and Maryland:

Any person who knowingly (knowingly or willfully in Maryland) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (knowingly or willfully in Maryland) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New York (Not applicable to Life Insurance):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Virginia:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signed _____

Date _____

Address _____

Supplemental Life Insurance



Benefit Highlights

Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO

<p>What is supplemental life insurance?</p>	<p>Supplemental life insurance is coverage that you pay for.</p> <p>Supplemental life insurance pays your beneficiary (please see below) a benefit if you die while you are covered.</p> <p>This highlight sheet is an overview of your supplemental life insurance. Once a group policy is issued to Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO, a certificate of insurance will be available to explain your coverage in detail.</p>
<p>Am I eligible?</p>	<p>You are eligible if you are an active full time member in good standing with Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO.</p>
<p>When can I enroll?</p>	<p>You can enroll during your scheduled enrollment period, within 60 days of the date you have a change in family status, or within 60 days of the completion of your eligibility waiting period as stated in your group policy.</p>
<p>When is it effective?</p>	<p>Coverage goes into effect subject to the terms and conditions of the policy. You must be actively at work with Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO on the day your coverage takes effect.</p>
<p>How much supplemental life insurance can I purchase?</p>	<p>You can purchase supplemental life insurance in increments of \$25,000.</p>
<p>Am I guaranteed coverage?</p>	<p>If you are newly eligible, you may elect up to \$250,000 without needing to provide evidence of insurability. If you are a late entrant enrolling outside of your designated annual enrollment period, you may elect up to \$250,000 but will need to provide evidence of insurability that is satisfactory to The Hartford before the amount can become effective. If you are a late entrant enrolling during a designated annual enrollment period, you may elect as follows: members with some coverage can elect one more increment level not to exceed \$250,000 without evidence of insurability. Members with no coverage can elect one increment level without evidence of insurability. Any additional amounts requested during annual enrollment will require evidence of insurability.</p>
<p>What is a beneficiary?</p>	<p>Your beneficiary is the person (or persons) or legal entity (entities) who receives a benefit payment if you die while you are covered by the policy. You must select your beneficiary when you complete your enrollment application; your selection is legally binding.</p>
<p>Are there other limitations to enrollment?</p>	<p>If you do not enroll within 60 days of your first day of eligibility, you will be considered a late entrant. Typically, late entrants may need to show evidence of insurability and may be responsible for the cost of physical exams or other associated costs if they are required.</p> <p>This coverage, like most group benefit insurance, requires that a certain percentage of members participate. If that group participation minimum is not met, the insurance coverage that you have elected may not be in effect.</p>

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Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO Life BHS
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Creation Date: 7/26/2016

Page 1 of 3

Version 11/12

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<p>Spouse supplemental life insurance (includes domestic partner)</p>	<p>If you elect supplemental life insurance for yourself, you may choose to purchase spouse supplemental life insurance in increments of \$25,000, to a maximum of \$250,000.</p> <p>Coverage cannot exceed 100% of the amount of your members supplemental life insurance coverage. You may not elect coverage for your spouse if they are in active full-time military service or is already covered as a member under this policy.</p> <p>If your spouse is confined in a hospital or elsewhere because of disability on the date his or her insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days.</p> <p>If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$50,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you are a late entrant enrolling outside of your designated annual enrollment period, evidence of insurability will be required for all coverage amounts. If you are a late entrant enrolling during a designated annual enrollment period, you may elect as follows: Members with some Spouse coverage can elect one more increment level not to exceed the \$50,000 guaranteed issue without evidence of insurability. Members with no Spouse coverage can elect one increment level without evidence of insurability. Any additional amounts requested during annual enrollment will require evidence of insurability.</p>
<p>Child(ren) supplemental life insurance</p>	<p>If you elect supplemental life insurance for yourself, you may choose to purchase life insurance child(ren) supplemental life insurance coverage in "the amount of" \$10,000 for each child – no medical information is required..</p> <ul style="list-style-type: none"> • If your dependent child(ren) is confined in a hospital or elsewhere because of disability on the date his or her insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days. • Child(ren) must be unmarried and their age must be at least 15 days but not yet 19 years to be covered. • Unmarried child(ren) over age 19 may be covered if they are disabled and primarily dependent upon the member for financial support. • Child(ren) at least 14 days but not yet age 6 months are limited to a reduced benefit of \$1,000.
<p>Does my coverage reduce as I get older?</p>	<p>50% @ 70. All coverage cancels at retirement.</p>
<p>Can I keep my life coverage if I leave Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO?</p>	<p>Yes, subject to the contract, you have the option of:</p> <ul style="list-style-type: none"> • Converting your group life coverage to your own individual policy (policies). • If you leave Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO, portability is an option that allows you to continue your life insurance coverage. To be eligible, you must terminate your employment prior to Social Security Normal Retirement Age. This option allows you to continue all or a portion of your life insurance coverage under a separate portability term policy. Portability is subject to a minimum of \$5,000 and a maximum of \$250,000 and does include coverage for your spouse and child(ren). To elect portability, you must apply and pay the premium within 31 days of the termination of your life insurance. Evidence of insurability will not be required. <p>Dependent spouse portability is subject to a maximum of \$50,000.</p> <p>Dependent child(ren) portability is subject to a maximum of \$10,000.</p>

<p>What is the living benefits option?</p>	<p>If you are diagnosed as terminally ill with a 12 month life expectancy, you may be eligible to receive payment of a portion of your life insurance. The remaining amount of your life insurance would be paid to your beneficiary when you die.</p>
<p>Do I still pay my life insurance premiums if I become disabled?</p>	<p>If you become totally disabled before age 60 and your disability lasts for at least 9 months, your life insurance premium may be waived. The premium for your dependent's coverage will also be waived if you are disabled and approved for waiver of premium. Coverage for your dependents will end if the policy terminates.</p>

Important Details

As is standard with most term life insurance, this insurance coverage includes certain limitations and exclusions:

- the amount of your coverage may be reduced when you reach certain ages.
- death by suicide (two years).

Other exclusions may apply depending upon your coverage. Once a group policy is issued to Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO, a certificate of insurance will be available to explain your coverage in detail.

This benefit highlights sheet is an overview of the insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (Law Enforcement Officers Union, Council 82, AFSCME, AFL-CIO) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the benefit highlights sheet and the insurance policy, the terms of the insurance policy apply.