

## 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 Policy Number 681811 issued to State Employee Health Plan, where 681811 is the Policy Number and State Employee Health Plan is the Policyholder.

This rider becomes effective on January 1, 2021.

With respect to All Full-time and Part-time Active Employees scheduled to work at least 1000 hours per week, Your certificate is amended as follows:

1. The **Termination of Primary Insured's Coverage** provision shown in the **Termination of Insurance** section of the **Accident Insurance** portion of Your certificate is amended to read as follows:

**Termination of Primary Insured's Coverage:** Your coverage will end on the earliest of the following:

- (a) the date the Policy terminates;
- (b) the last day of the month following the date You are no longer in a class eligible for coverage, or the Policy no longer covers Your class;
- (c) the date the required premium is due but not paid, subject to the individual grace period;
- (d) the last day of the month following the date You request We terminate Your coverage;
- (e) the last day of the month following the date the Policyholder terminates Your employment; or
- (f) the last day of the month following the date You are no longer Actively at Work;

unless continued in accordance with one of the Continuation Provisions or Extended Continuation.

2. The **Termination of Dependent Coverage** provision shown in the **Termination of Insurance** section of the **Accident Insurance** portion of Your certificate is amended to read as follows:

**Termination of Dependent Coverage:** Coverage for Your Dependent(s) will end on the earliest to occur of:

- (a) the date Your coverage ends;
- (b) the date the required premium is due but not paid, subject to the individual grace period;
- (c) the last day of the month following the date You are no longer eligible for Dependent coverage;
- (d) the last day of the month following the date We or the Policyholder terminate Dependent coverage;
- (e) the last day of the month following the date You request We terminate Dependent coverage;
- (f) the last day of the month following the date the child no longer meets the definition of Dependent Child; or
- (g) the last day of the month following the date that You and Your Spouse are no longer married;

unless continued in accordance with one of the Continuation Provisions or Extended Continuation.

3. The following **Extended Continuation** provision shall be included in the **Continuation Provisions** section of the **Accident Insurance** portion of Your certificate:

**Extended Continuation:**

If Your or Your Dependent(s) coverage ends under this Certificate due to a Qualifying Event, You will be able to elect to continue coverage under this Policy subject the terms and limitations of the Policy, without interruption with respect to all benefits and periods.

The amount of continued coverage applicable to You or Your Dependent(s) will be the amount of coverage in effect on the date immediately before coverage would otherwise have ended. Continued coverage:

- 1) is subject to Your or Your Dependent(s) continued payment of premium; and
- 2) terminates on the earliest of:
  - a) the date the Policy terminates;
  - b) the last day of the period the required premium is due but unpaid; or
  - c) the date You or Your Dependent(s) request in writing to Us.

The amount of insurance will not change while coverage is being continued. You may not apply this continuation concurrently with any of the other Continuation Provisions in the Policy.

In all other respects, the terms of Your coverage and coverage for Your Dependents remain unchanged.

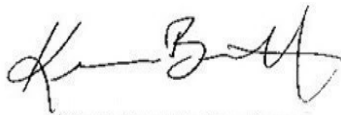
You or Your Dependent(s) may elect this continuation if Your Accident insurance ends due to a Qualifying Event. The Policy must still be in force for Extended Continuation to be available.

To elect Extended Continuation, You or Your Dependent(s) must send a written request to Us. This must be received within 90 days after Accident insurance terminates and will become effective on the day following the date Your or Your Dependent(s) coverage ends, such that there is no interruption in coverage. Upon receipt of Your or Your Dependent(s) written request, we will provide notification of premiums required and the schedule in which such premiums are due. You or Your Dependent(s) will be responsible for the direct payment of premium.

4. The **Portability** section of the **Accident Insurance** portion of Your certificate will no longer apply, and is removed in its entirety.

In all other respects the Certificate remains the same.

Signed for Hartford Life and Accident Insurance Company



Kevin Barnett, *Secretary*



Jonathan Bennett, *President*