



**Information And Instructions**

**ACCIDENTAL DEATH AND DISMEMBERMENT CONVERSION POLICY**

**WHO IS ELIGIBLE FOR CONVERSION?**

If an Insured Person's coverage terminates due to any reason other than non-payment of premium or termination of the policy, the Insured Person shall be entitled to convert his or her coverage to a Conversion Policy issued by The Hartford, subject to the conditions stated in the conversion privilege rider attached to the master policy and to each Insured Person's certificate.

In some states, dependents whose coverage terminates while the Insured Person's coverage continues will be entitled to apply for a conversion policy, subject to the conversion privilege rider and other conditions of this notice. Dependents who choose this conversion may not elect the optional benefit of dependent's coverage.

**WHAT RISK DOES THIS POLICY COVER?**

The policy covers you against injury 24 hours a day anywhere in the world, while traveling, at work, at home or at play.

**WHAT BENEFITS ARE PROVIDED?**

Accidental Death and Dismemberment - When injury results in one of the following losses within a year from the date of an accident, the corresponding benefit will be payable:

The Principal Sum . . . . . for loss of life; loss of both hands, both feet, or sight of both eyes; loss of one hand and one foot; or loss of either hand or foot and sight of one eye.

One-Half  
The Principal Sum . . . . . for loss of either hand or foot; or the entire loss of sight of one eye.

One-Quarter  
The Principal Sum . . . . . for loss of thumb and index finger of either hand.

If you sustain more than one of the above losses as the result of the same accident, only one amount, the largest applicable, will be payable.

## WHAT IS DEPENDENTS COVERAGE?

This optional benefit is available only if the Insured Person carried Dependents Coverage under the Master Policy prior to exercising the conversion privilege. The election of this coverage will be allowed only at the time of application of conversion by the Insured Person.

You may provide coverage for your spouse if he or she is under age 75 and not legally divorced from you, and your dependent children who are under age 23 (including step-children, legally adopted children and foster children). All eligible dependents are automatically included if this coverage is selected; newborn children will be covered automatically without any increase in cost.

Coverage for your dependent terminates when the dependent ceases to qualify as an eligible dependent or when your coverage terminates, whichever occurs first. The Principal Sum for dependents is determined below as a percent of your Principal Sum. For specified dismemberment, a dependent would be compensated by the same portion of the principal amount as applies to your benefit.

## DEPENDENT'S PRINCIPAL SUM SCHEDULE

<u>Insured Person with Covered:*</u>	<u>Percent Applicable</u>	
	<u>Spouse</u>	<u>Each Child</u>
Spouse and Children	10%	5%
Spouse, but no covered Children	20%	0%
Children, but no covered Spouse	0%	10%

\* As determined on the date of the accident.

## HOW LONG CAN YOU CONTINUE THE CONVERSION COVERAGE?

The coverage may be continued as long as you pay premiums when due. You will not be refused the right to continue because of any change in your physical or mental health, nor will any restrictive riders be added. However, if your insurance coverage is in excess of \$25,000 on the premium due date on or next following the date you attain age 70, the benefit will be reduced to \$25,000. Your benefit will be further reduced to \$12,500 on the premium due date on or next following the date you attain age 75.

## WHAT ARE THE POLICY EXCLUSIONS?

The Policy does not cover any loss resulting from:

1. intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
2. war or act of war, whether declared or undeclared;
3. \*injury sustained while in the armed forces of any country or international authority;
4. injury sustained while riding On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
5. injury sustained while riding On any aircraft;
  - a. as a pilot, crewmember or student pilot;
  - b. as a flight instructor or examiner;
  - c. if it is being used for any test or experimental purpose; or
6. injury sustained while riding On a conveyance if it is engaged in any speed contest.

\* We will refund the pro rata portion of any premium paid for the period you are in the armed forces.

**HOW TO COMPLETE YOUR APPLICATION FOR THE ACCIDENTAL DEATH AND DISMEMBERMENT CONVERSION POLICY**

Please complete the top portion of the ENROLLMENT CARD, Form PA-5383(6173). The bottom portion should be completed upon your receipt of the form. The following instructions will assist you in completing the more detailed sections of the form.

**1. DEPENDENT COVERAGE**

If you desire Dependent Coverage please notice item 6 on the bottom portion of the Enrollment Form. The form will tell you if you are eligible for Dependent Coverage.

**2. PRINCIPAL SUM**

Based on the information under item 6 (Principal Sum), you may fill in the Principal Sum amount that you wish to elect on your Enrollment Card. If you are under age 70, you can elect any amount between the minimum of **\$25,000** and the maximum of **\$250,000**, in **\$1,000** increments; but not more than the principal sum of the original policy. If you are age 70 but less than age 75, you may elect \$25,000. If you are age 75 or older, you may elect \$12,500.

**3. PREMIUM AMOUNT**

To determine your premium amount multiply the rate below by each \$1,000 of Principal Sum elected.

<b>Age</b>	<b>Insured Person Annual Rate</b>	<b>Insured Person and Eligible Dependent Annual Rate</b>
Under Age 75	\$1.85/\$1,000	\$2.05/\$1,000
Age 75 or older	\$3.70/\$1,000	\$4.10/\$1,000

**Insured Under Age 75**

<b>EXAMPLE 1:</b>	Principal Sum Elected	\$35,000
	Insured Person Only	\$1.85 x 35 = \$64.75 (Annual Premium)
	Insured and Dependents	\$2.05 x 35 = \$71.75 (Annual Premium)

**Insured Age 75 or Older**

<b>EXAMPLE 2:</b>	Principal Sum Elected	\$12,500
	Insured Person Only	\$3.70 x 12.5 = \$46.25 (Annual Premium)
	Insured and Dependents	\$4.10 x 12.5 = \$51.25 (Annual Premium)

If you wish to pay semi-annually multiply by .515 for the semi-annual total. Check the annual or semi-annual box for the premium mode you elected and fill in your premium amount.

**Note:** Premium remains the same regardless of the number of Dependents covered.

**4. Sign your name and date the form. Include a copy of your enrollment card from the original policy and mail to the address provided.**

Enrollment Card for Conversion - HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY



Hartford Life

**INSTRUCTIONS:** Please read the instructions you received with this form and see Item 6 below which states: a) the date by which you must convert, b) whether you are eligible for Dependents Coverage, and c) the Amount of Principal Sum you may convert.

<b>Policy Number</b> ADD-6173		<b>Do You Wish Coverage for Your Dependents?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>You Will be the Beneficiary for Your Dependents</b>	
<b>Company</b> Hartford Life and Accident Insurance Company		<b>Amount of Your Principal Sum</b>	
<b>Policyholder</b> Northern Trust Company, Trustee		<b>Identification Number (Leave Blank)</b>	
<b>Your Beneficiary</b>	<b>Relationship</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>
<b>Name:</b> _____ _____ _____		<b>OA (Leave Blank)</b>	
		<b>Effective Date of Coverage (Leave Blank)</b> _____	
		<b>Premium (Calculate per attached instructions)</b>  Check one: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual \$ _____ \$ _____	

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Form PA-5383-1(6173)  
Printed in U.S.A.

**PROPOSED INSURED** - When Completed, Please Return This Enrollment Form and Your First Payment To:  
 Hartford Life  
 P.O. Box 101007  
 Atlanta, GA 30392 - 1007

**ADMINISTRATOR** - Please Complete and Sign This Section, Then Send to the Proposed Insured.

1. Master Policy Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
2. Name of Proposed Insured: \_\_\_\_\_
3. Date Proposed Insured's Coverage Terminated Under the Master Policy \_\_\_\_\_
4. Amount of Individual's Principal Sum Immediately Before Termination: \_\_\_\_\_
5. The Individual  Was  Was Not Covered for Dependents Coverage Immediately Prior to Termination.
6. a) The Proposed Insured Must Convert By: \_\_\_\_\_
- b) Dependents Coverage:  Yes  No  
 If You are Eligible to Convert Dependents Coverage, Your Dependents Principal Sum Will be Calculated by Applying the Percentage Below to Your Principal Sum.

<u>Insured Person with:</u>	<u>Spouse</u>	<u>Child(ren)</u>
Spouse and Child(ren)	10%	5%
Spouse Only	20%	0
Child(ren) Only	0	10%

- c) Principal Sum\* The Proposed Insured May Elect a Principal Sum Amount, Subject to a Minimum of **\$25,000** and a Maximum of **\$225,000\*\*** in **\$1,000** Increments.
- \* If You Are Over age 70, the Maximum You May Convert is **\$25,000**.  
 If You are Age 75 or Over, the Maximum You May Convert is **\$12,500**.
- \*\* Not to Exceed the Original Principal Sum of the Original Policy.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
 Administrator