



Voluntary Accidental Death and Dismemberment Insurance

Benefit highlights for:

Florida Department of Transportation

<p>What is voluntary accidental death and dismemberment insurance?</p>	<p>Voluntary accidental death and dismemberment insurance pays your beneficiary (please see below) a death benefit if you die due to a covered accident while you are insured. It also pays you a benefit for certain accidental losses. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p> <ul style="list-style-type: none"> • Death benefits are paid in addition to any life insurance benefits. • Voluntary accidental death and dismemberment insurance pays benefits for accidental loss of limbs, thumb and index finger, speech, hearing, and sight. • Voluntary accidental death and dismemberment insurance covers losses that occur away from work or at work. Benefits are paid regardless of any worker's compensation benefits you collect. <p>This highlight sheet is an overview of your voluntary accidental death and dismemberment insurance.</p>
<p>What does voluntary accidental death and dismemberment insurance cover?</p>	<p>You may receive benefits due to certain losses or death from an accident. The covered losses or death can occur up to 365 days after that accident. The policy pays for:</p> <ul style="list-style-type: none"> • 100% of the amount of coverage you purchase in the event of accidental loss of life, or speech and hearing in both ears. • One-half (50%) for accidental loss of one hand or foot, sight of one eye, or speech or hearing in both ears. • One-quarter (25%) for accidental loss of thumb and index finger of the same hand. <p>Additionally, your employer may have elected optional/supplemental benefits as part of your AD&D coverage. Refer to the certificate of insurance for further information.</p> <p>Your total benefit for all losses due to the same accident will not be more than 100% of the amount of coverage you purchase.</p>
<p>What optional benefits has my employer selected as part of my voluntary accidental death and dismemberment insurance?</p>	<ul style="list-style-type: none"> • Child Education Benefit • Coma Benefit • Common Carrier • Conversion Privilege • Day Care Benefit • Dependent Child Dismemberment Benefit • Extended Dependents Coverage • Rehabilitation Benefit • Repatriation Benefit • Seat Belt • Spouse Education Benefit • Survivor Benefit
<p>Am I eligible?</p>	<p>You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis or if you are an active part time employee or shared employee who works at least 20 hours per week on a regularly scheduled basis.</p>

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company, Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT.

Florida Department of Transportation AD&D BHS
00053781

Creation Date: 3/24/2015

Page 1 of 3

Version 11/12

**Prepare today.
Help protect tomorrow.**

When can I enroll?	You can enroll during your scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of your eligibility waiting period as stated in your group policy.
When is it effective?	Coverage goes into effect subject to the terms and conditions of the policy. You must be actively at work with your employer on the day your coverage takes effect.
How much voluntary accidental death and dismemberment insurance can I purchase?	You can purchase voluntary accidental death and dismemberment insurance in increments of \$5,000. The minimum amount you can purchase cannot be less than \$10,000. The maximum amount you can purchase cannot be more than \$500,000. Earnings are as defined in The Hartford's contract with your employer.
Does my coverage reduce as I get older?	35% at age 70, 55% at age 75, 70% at age 80 and 85% at age 85.
Do I have to provide medical information to receive coverage?	No medical information is required. You are guaranteed the amount of coverage that you select, subject to maximum amounts defined in your policy.
What is a beneficiary?	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. You are automatically the beneficiary for any dependent coverage and for any AD&D losses other than life.
Voluntary accidental death and dismemberment insurance for your dependents	You may also choose voluntary accidental death and dismemberment insurance for your spouse and/or dependent child(ren). You may choose voluntary accidental death and dismemberment insurance for your spouse in the following amounts: <ul style="list-style-type: none"> • 50% of the amount you select for yourself if you do not have any child(ren) whom you cover under this voluntary accidental death and dismemberment insurance policy. • 40% if you have child(ren) whom you cover under this voluntary accidental death and dismemberment insurance policy. You may choose guaranteed voluntary accidental death and dismemberment insurance for each child from Live Birth but under age 19 (or age 25 if a full time student) in the following amounts: <ul style="list-style-type: none"> • 15% of the amount you select for yourself if you do not have a spouse whom you cover under this voluntary accidental death and dismemberment insurance policy • 10% if you have a spouse whom you cover under this voluntary accidental death and dismemberment insurance policy Principal Sum for any one child cannot exceed the lesser of the amount calculated above or \$37,500.

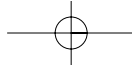
Important Details

As is standard with most insurance, this voluntary accidental death and dismemberment insurance includes limitations and exclusions. Voluntary accidental death and dismemberment insurance does not cover losses caused by or contributed by:

- sickness; disease; or any treatment for either;
- any infection, except certain ones caused by an accidental cut or wound;
- intentionally self-inflicted injury, suicide or suicide attempt;
- war or act of war, whether declared or not;
- injury sustained while in the armed forces of any country or international authority;
- taking prescription or illegal drugs unless prescribed for or administered by a licensed physician;
- injury sustained while committing or attempting to commit a felony;
- the injured person's intoxication.

Other exclusions may apply depending upon the terms of your policy and other requirements. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

This benefit highlights sheet is an overview of the general purposes of the voluntary accidental death and dismemberment 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 (your employer) 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 policy, the terms of the insurance policy apply.



YOU CAN'T ALWAYS PREVENT AN ACCIDENT.



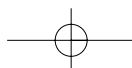
YOU CAN PREPARE FOR ONE.
VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE



Hartford Life
Always thinking ahead.™



Underwritten by Hartford Life; Serviced and Marketed by
CAPITAL INSURANCE AGENCY, INC.
P.O. Box 15949 • Tallahassee, FL 32317-5949



**PLAN SPECIFICATIONS**

ACCIDENTS ARE, BY DEFINITION, UNEXPECTED.

Accidental Death & Dismemberment insurance offers a wide range of features and services, including:

- 24-hour, worldwide, on or off the job coverage
- Affordable group rates
- Flexible coverage
- Family coverage for your spouse and eligible dependent children
- Convenient payroll deduction

ACCEPTANCE INTO THE PLAN IS GUARANTEED.

By completing and sending in the attached enrollment form, you will automatically be accepted into the plan without any evidence of insurability required.

ELIGIBILITY REQUIREMENTS

All full-time active employees under age 75 who work a minimum of 30 hours per week, as well as all active part-time and shared employment employees under age 75 who work a minimum of 20 hours per week are eligible to purchase coverage. You may also purchase coverage for your spouse and your unmarried dependent child(ren), up to age 19, or up to age 25 if the child is a full-time student.

AVAILABLE COVERAGE

PLAN I – EMPLOYEE ONLY

Eligible employees may purchase any amount in \$5,000 increments to \$250,000, and in \$10,000 increments to a maximum of \$500,000.

Employees age 75 or older may not enroll under this plan.

PLAN II – EMPLOYEE AND FAMILY

Spouse – If no dependent child coverage, 50% of employee coverage amount, 40% of employee amount if child coverage elected.

Child – If no spouse coverage, 15% of employee coverage to a maximum of \$37,500; 10% of employee amount to a maximum of \$37,500 if spouse coverage elected.

PLAN III – EMPLOYEE AND CHILDREN

If there are eligible children but no spouse, the children will be insured for an amount equal to 15% of employee coverage amount, to a maximum of \$37,500.

ADDITIONAL FEATURES

EDUCATION BENEFIT – in addition to other benefits payable under the policy, an extra benefit of 5% to a maximum of \$5,000 will be paid on behalf of any dependent child in order to help provide support for the child's education beyond 12th grade.

SEAT BELT COVERAGE – If death is the result of a car accident in which the insured was wearing a seat belt, an additional 10% of the benefit to a maximum of \$10,000 will be paid.

ENHANCEMENT BENEFIT FOR CHILDREN – If an insured dependent child sustains a loss, other than loss of life, a benefit of 2 times the dependent child's coverage amount will be paid.

DAY CARE BENEFIT – A Day Care Benefit of 5% to a maximum of \$5,000 will be paid for each eligible Child who is covered under the policy if: a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of your death or your Covered Spouse's death; and such child is under age 7 at the time of your death; and proof of enrollment in a Day Care Program is provided as described in your certificate of coverage.

Payment will be made to the person who has legal physical custody of the eligible Child(ren) and who has primary responsibility for the eligible Child(ren)'s Expenses.

SPOUSE EDUCATION BENEFIT – In the event of your death, your eligible spouse will be paid a benefit to a maximum of \$5,000 to cover the expenses of learning a special skill or trade.

SURVIVOR'S BENEFIT – In the event of your death, your eligible insured spouse or dependent will receive a monthly benefit of 1% of your coverage amount for 6 consecutive months.

CONTINUATION BENEFIT – In the event of your death, your eligible spouse and dependents may continue to receive coverage at no additional charge for up to 12 months.

COMA BENEFIT (EMPLOYEE AND DEPENDENT) – Benefits will be paid if you or your insured dependent suffers a covered accidental bodily injury which directly results in a coma. After the waiting period, the benefit will be paid at the rate of 1% for 100 months. Payment will cease on the earliest to occur of: the end of the month in which the Covered Person dies; the end of the month in which the Covered Person recovers from the Coma; or when the total payment equals the Comatose Maximum Benefit Amount.

The Comatose Maximum Benefit Amount equals the Principal Sum less all other payments under the Accidental Death and Dismemberment Benefit for the Injury.

COMMON CARRIER BENEFIT – If a covered person suffers a loss due to a common carrier hazard, an additional benefit of two times the Principal Sum, up to \$200,000 will be paid to the covered person.

REHABILITATION BENEFIT – If you suffer an injury which results in a dismemberment loss as covered under the policy, you will be paid an additional 10% of your coverage amount to a maximum of \$10,000 for rehabilitative physical therapy that is prescribed by the attending doctor.

EXPOSURE AND DISAPPEARANCE BENEFIT – Loss resulting from unavoidable exposure to the elements shall be covered to the extent of the benefits afforded you. If your body has not been found within one year of the disappearance, stranding, sinking or wrecking of any vehicle in which you were an occupant, then it shall be presumed, subject to all other provisions and conditions of the policy, that you suffered loss of life covered under the policy.

CONVERSION – Insureds under age 70 who are retiring or terminating employment may convert to an individual AD & D policy, up to \$100,000.



HOW TO ENROLL

COMPLETE ALL SECTIONS

of the attached enrollment form, sign and date and return to:

**POST TAX BENEFITS OFFICE
DEPARTMENT OF TRANSPORTATION
605 SUWANNEE STREET, MS 50
TALLAHASSEE, FLORIDA 32399-0450**

Employees may enroll at any time. Coverage becomes effective the first day immediately following the first payroll deduction.

DISCLAIMER STATEMENT: You will receive a certificate of insurance describing the exact coverage benefits purchased. This brochure explains the general purposes of the insurance described, but in no way changes or affects of the insurance afforded under the group insurance policy actually issued. All coverage is subject to actual policy conditions and exclusions.

BENEFIT REDUCTION SCHEDULE

We base the premium for insured persons age 70 and older on the Principal Sum selected prior to reductions due to age. Please note the Principal Sum is reduced on or after the premium due date when the insured person reaches the following ages:

Insured Person's Age	Percent of Principal Sum
Age 70 to 74	65%
Age 75 to 79	45%
Age 80 to 84	30%
Age 85 and over	15%

DEFINITION OF INJURY

Injury means a bodily injury resulting directly from any accident and independent of all other causes. Loss resulting from sickness or disease, or medical or surgical treatment of a sickness or disease, is not covered. The accident must occur while you are covered under the policy.

BENEFIT EXCLUSIONS

- This plan does not cover any loss resulting from:
- Intentionally self-inflicted Injury, suicide or attempted suicide, whether sane or insane;
 - War or act of war, whether declared or undeclared;
 - Injury sustained while full-time in the armed forces of any country or international authority;
 - Injury sustained while riding On any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner, or; if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization whose eligible persons are covered under this policy;
 - Injury sustained while riding On any aircraft except Civil or Public Aircraft, or Military Transport Aircraft;
 - Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the

- drug is taken as prescribed for or administered by a licensed physician;
- Injury sustained as a result of being legally intoxicated from the use of alcohol;
- Injury sustained while committing or attempting to commit a felony.

AD&D LOSS SCHEDULE

If a Covered Person's injury results in any of the following losses within 365 days after the date of accident, we will pay the sum shown opposite the loss.

We will not pay more than the Principal Sum for all losses due to the same accident.

The Principal Sum is equal to the AD&D Benefit selected.

For Loss of:

Life.....	The Principal Sum
Both Hands.....	The Principal Sum
Both Feet.....	The Principal Sum
Sight of Both Eyes.....	The Principal Sum
One Hand and One Foot.....	The Principal Sum
Speech and Hearing.....	The Principal Sum
Either Hand or Foot & Sight of One Eye.....	The Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia).....	The Principal Sum
Movement of Three Limbs (Triplegia).....	3/4 of The Principal Sum
Movement of Both Lower Limbs (Paraplegia).....	3/4 of The Principal Sum
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	1/2 of The Principal Sum
Either Hand or Foot.....	1/2 of The Principal Sum
Sight of One Eye.....	1/2 of The Principal Sum
Speech or Hearing	1/2 of The Principal Sum
Movement of One Limb (Uniplegia).....	1/4 of The Principal Sum
Thumb and Index Finger of Either Hand.....	1/4 of The Principal Sum

TERMINATION OF COVERAGE

- Coverage will terminate on the earliest of the following dates:
- The date the policy is terminated; or
 - The premium due date on or next following the date you are no longer an eligible person or fail to pay premium.
- Coverage for eligible dependents will terminate on the premium due date following the earlier of:
- The date you cease to be insured; or
 - The date your dependent is no longer eligible.

SEE THE REVERSE SIDE

of this brochure for a complete listing of AD&D benefits available and applicable plan costs.

FOR QUESTIONS PLEASE CONTACT: (800)281-1015

FLORIDA DEPARTMENT OF TRANSPORTATION ACCIDENTAL DEATH & DISMEMBERMENT BI-WEEKLY RATE SCHEDULE SHEET

AD&D Benefit	Plan I Employee Only	Plan II Employee & Family	Plan III Employee & Child	AD&D Benefit	Plan I Employee Only	Plan II Employee & Family	Plan III Employee & Child
\$10,000	\$0.30	\$0.44	\$0.34	\$195,000	\$5.85	\$8.58	\$6.63
\$15,000	\$0.45	\$0.66	\$0.51	\$200,000	\$6.00	\$8.80	\$6.80
\$20,000	\$0.60	\$0.88	\$0.68	\$205,000	\$6.15	\$9.02	\$6.97
\$25,000	\$0.75	\$1.10	\$0.85	\$210,000	\$6.30	\$9.24	\$7.14
\$30,000	\$0.90	\$1.32	\$1.02	\$215,000	\$6.45	\$9.46	\$7.31
\$35,000	\$1.05	\$1.54	\$1.19	\$220,000	\$6.59	\$9.68	\$7.47
\$40,000	\$1.20	\$1.76	\$1.36	\$225,000	\$6.75	\$9.91	\$7.65
\$45,000	\$1.35	\$1.98	\$1.53	\$230,000	\$6.90	\$10.12	\$7.82
\$50,000	\$1.50	\$2.20	\$1.70	\$235,000	\$7.05	\$10.34	\$7.99
\$55,000	\$1.65	\$2.42	\$1.87	\$240,000	\$7.20	\$10.56	\$8.16
\$60,000	\$1.80	\$2.64	\$2.04	\$245,000	\$7.35	\$10.78	\$8.33
\$65,000	\$1.95	\$2.86	\$2.21	\$250,000	\$7.50	\$11.00	\$8.50
\$70,000	\$2.10	\$3.08	\$2.38	\$260,000	\$7.80	\$11.44	\$8.84
\$75,000	\$2.25	\$3.31	\$2.56	\$270,000	\$8.10	\$11.88	\$9.18
\$80,000	\$2.40	\$3.52	\$2.72	\$280,000	\$8.40	\$12.32	\$9.52
\$85,000	\$2.55	\$3.74	\$2.89	\$290,000	\$8.70	\$12.76	\$9.86
\$90,000	\$2.70	\$3.96	\$3.06	\$300,000	\$9.00	\$13.19	\$10.21
\$95,000	\$2.85	\$4.18	\$3.23	\$310,000	\$9.30	\$13.64	\$10.54
\$100,000	\$3.00	\$4.40	\$3.40	\$320,000	\$9.60	\$14.08	\$10.88
\$105,000	\$3.15	\$4.62	\$3.57	\$330,000	\$9.90	\$14.52	\$11.22
\$110,000	\$3.30	\$4.84	\$3.73	\$340,000	\$10.20	\$14.95	\$11.56
\$115,000	\$3.45	\$5.06	\$3.91	\$350,000	\$10.50	\$15.40	\$11.90
\$120,000	\$3.60	\$5.28	\$4.08	\$360,000	\$10.80	\$15.84	\$12.24
\$125,000	\$3.75	\$5.50	\$4.25	\$370,000	\$11.10	\$16.28	\$12.58
\$130,000	\$3.90	\$5.72	\$4.42	\$380,000	\$11.40	\$16.72	\$12.92
\$135,000	\$4.05	\$5.94	\$4.59	\$390,000	\$11.70	\$17.16	\$13.26
\$140,000	\$4.20	\$6.16	\$4.76	\$400,000	\$12.00	\$17.60	\$13.60
\$145,000	\$4.35	\$6.38	\$4.93	\$410,000	\$12.30	\$18.04	\$13.94
\$150,000	\$4.50	\$6.60	\$5.11	\$420,000	\$12.60	\$18.48	\$14.28
\$155,000	\$4.65	\$6.82	\$5.27	\$430,000	\$12.90	\$18.92	\$14.62
\$160,000	\$4.80	\$7.04	\$5.44	\$440,000	\$13.20	\$19.36	\$14.96
\$165,000	\$4.95	\$7.26	\$5.61	\$450,000	\$13.50	\$19.80	\$15.30
\$170,000	\$5.10	\$7.48	\$5.78	\$460,000	\$13.80	\$20.24	\$15.64
\$175,000	\$5.25	\$7.70	\$5.95	\$470,000	\$14.10	\$20.68	\$15.98
\$180,000	\$5.40	\$7.92	\$6.12	\$480,000	\$14.40	\$21.12	\$16.32
\$185,000	\$5.55	\$8.14	\$6.29	\$490,000	\$14.70	\$21.56	\$16.66
\$190,000	\$5.70	\$8.36	\$6.46	\$500,000	\$15.00	\$22.00	\$17.00

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE



CAPITAL INSURANCE AGENCY, INC.

P.O. Box 15949 (32317-5949) • 1425 East Piedmont Drive, Suite 301 • Tallahassee, FL 32312 Local: 850.386.3100 • WATS: 800.780.3100 • FAX: 850.386.7116

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza, Hartford, CT 06155
(A stock insurance company)



**Florida Department of Transportation
Benefits Enrollment Form- ADD-S05630**

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 of coverage included in your employer's contract.
- **Step 2:** Please **sign, date and return** this form to **Bonnie Cook**.

**Capital Insurance Agency
P.O. Box 15949
Tallahassee, FL 32317**

Do not mail this form back to The Hartford's address indicated at the top of this form.

Information About You	
Employee Name:	Employee ID (if not available, then Social Security Number):
Date of Birth:	Date of Hire:

Dependent Information		If more than 4 child(ren), attach additional sheet.			
Spouse Name:	Gender:	Spouse Date of Birth:	Date of Marriage:		
	<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	
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

Florida Department of Transportation Generic
Creation Date: 04/08/2015
Page 1 of 3

Form PA-9604

Name: _____

Family Voluntary Accidental Death & Dismemberment Insurance

Family member(s) covered:	Employee only:	Employee & spouse only:	Employee & child(ren) only:	Employee, spouse & child(ren):
Percent of benefit paid:	100%	100% for employee 50% for spouse	100% for employee 15% for each child	100% for employee 40% for spouse 10% for each child

Coverage options:	Rate:
Myself only:	\$0.0650
Myself and my family:	\$0.0960
Myself and my child(ren)	\$0.0740

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

$$\frac{\text{Elected Benefit Amount (Employee Coverage Amount Only)}}{\$1,000} = \text{_____} \times \text{Rate} = \$ \text{_____ Monthly Cost}$$

- I elect to **purchase** \$_____ of AD&D coverage for myself only.
- I elect to **purchase** \$_____ of AD&D coverage for myself. My family will be covered at the percentages of my election listed above.
- I elect to **purchase** \$_____ of AD&D coverage for myself and my child(ren). Myself and my child(ren) will be covered at the percentages of my election listed above.
- I **decline** to purchase AD&D coverage.
- I elect to **continue** my current AD&D coverage for myself only.
- I elect to **continue** my current AD&D coverage for myself. My family will be covered at the percentages of my election listed above.
- I elect to **continue** my current AD&D coverage for myself and my child(ren). Myself and my child(ren) will be covered at the percentages of my election listed above.

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. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.

If I have disability income coverage with The Hartford, I understand and agree that the maximum duration of benefits payable will be limited to a specified period which may start at a specified age and that a claim for benefits may not be approved for a pre-existing condition.

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.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

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.

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 _____

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.