

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

Hartford Plaza  
Hartford, Connecticut  
(A stock insurance company)

Will pay benefits according to  
the conditions of this  
policy.



Policyholder Name: Alabama Sheriff's Reserve Association

Policyholder Address: Alabama Sheriff's Reserves  
Attn: Joshua Datnoff, President  
222 Shelton Mill Road  
Auburn, AL 36830

Policy Number: ETB-125098

Place of Delivery: Waverly, AL

Policy Effective Date: November 10, 2010

Policy Expiration Date: November 10, 2013

**TABLE OF CONTENTS**

Schedule  
Participating Firms (if any)  
Contract Provisions  
Definitions  
Determination of Individual Coverage  
Exclusions  
Hazards  
Benefits  
Claims  
Riders (if any)

Signed for the Company

**Ricardo A. Anzaldua, Secretary**

**John C. Walters, President**

SCHEDULE

ELIGIBLE PERSONS

Class

Description

1

All auxiliary and reserve members of the Policyholder domiciled in the US.

Truck Drivers, chauffeurs and delivery persons are not Eligible Persons regardless of whether they otherwise qualify under one or more of the above Class Descriptions.

Form 7679 B6

BENEFIT DESCRIPTION:

ADD means Accidental Death and Dismemberment Benefit

Loss Period: 365 days

For residents of Pennsylvania, the 365 days loss period is not applicable for loss of life only.

ATD means Accident Total Disability Benefit.

Maximum Payment Period: 52 weeks

AME means Accident Medical Expense Benefit.

Deductible Amount: \$0

ED means Education Benefit.

SPOED means Spouse Education Benefit.

DCARE means Day Care Benefit.

HAZARDS, BENEFITS, AND AMOUNTS

Class	Hazard	Benefit	Amount
1	C-12, C-43	ADD	\$75,000
		AME	\$50,000
		ATD	\$300
		DCARE	5% of Principal Sum to a Maximum of \$5,000.
		ED	5% of Principal Sum to a Maximum of \$5,000. Minimum Amount \$500.
		SPOED	5% of Principal Sum to a Maximum of \$5,000. Minimum Amount \$500.

If an Insured Person is covered under more than one Hazard or Class on the date of accident, he or she will be considered to be covered under the one Hazard or Class with the largest Benefit Amount.

The ATD Benefit amount is subject to 80% of salary.

Accidental Death and Dismemberment Reduction on and after Age 70: On the date of the Insured Person's attainment of ages 70, 75, 80, and 85, the Insured Person's amount of Principal Sum will reduce. The reduced amount will be determined by multiplying the Amount of Principal Sum shown in the Schedule and applicable to the Insured Person by the percentage shown below for his or her attained age:

Insured Person's Age:	Percentage of Principal Sum:
Age 70 – 74	65%
Age 75 – 79	45%
Age 80 – 84	30%
Age 85 or over	15%

Insured Persons age 70 or over will not be eligible for a Principal Sum Amount that is more than the Percentage of Principal Sum shown above for his or her attained age.

AGGREGATE LIMITATION:

Hazard:	Aggregate Amount:
All	\$300,000

\$300,000 shall be the total limit of the Company's liability for all benefits payable under this policy because of injury sustained due to any one accident.

POLICY PREMIUMS:

Premium Not Subject To Audit:	\$0
Premium Subject To Audit:	\$103,878
Total Premium For Policy Period:	\$103,878

Total Premium Payable in installments:

\$34,626 payable on the Effective Date and the 10th day of each 12th month thereafter, excluding the Expiration Date.

Form 7679 B8

## CONTRACT PROVISIONS

Entire Contract: The entire contract between the Policyholder and us consists of this policy, any individual applications, and any papers made a part of this policy at issue.

Changes: No agent has authority to change or waive any part of this policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of this policy.

Interpretation of Policy Terms and Conditions: We have full discretion and authority to determine eligibility for the benefits and to construe and interpret all terms and provisions of this policy.

Time Periods: All periods begin and end at 12:01 A.M., Standard Time at the place where this policy is delivered.

Certificates: We will give certificates to:

- a) the Policyholder; or
  - b) any other person according to a mutual agreement among the other person, the Policyholder and us;
- for delivery to Insured Persons.

The certificates will state the features of this policy which are important to Insured Persons.

Conformity with State Statutes: On the Policy Effective Date, any part of the policy which is in conflict with a statute of the state in which the policy is:

- a) delivered; or
- b) issued for delivery;

is hereby amended to agree with the statute's minimum requirements.

Data Furnished by Policyholder: The Policyholder will, upon our request, give us:

- a) the names of all persons initially eligible;
- b) the names of all additional persons who become eligible;
- c) the names of all persons whose amount of Principal Sum is to be changed;
- d) the names of all persons whose insurance is canceled; and
- e) any data necessary to calculate premiums.

The Policyholder's failure to report a person's termination of insurance does not continue the coverage beyond the date of termination.

The Policyholder, with our approval, may keep the important insurance records on all Insured Persons. The Policyholder must give us information, when and in the manner we ask, to administer the insurance provided by this policy.

The Policyholder's insurance records will be open for our inspection at any reasonable time.

CONTRACT PROVISIONS (Continued)

Cancellation: This policy may be cancelled at any time by written notice mailed or delivered by us to the Policyholder or by the Policyholder to us. If we cancel, we will mail or deliver the notice to the Policyholder at its last address shown in our records.

If we cancel, it becomes effective on the later of:

- a) the date stated in the notice; or
- b) the 31st day after we mail or deliver the notice.

If the Policyholder cancels, it becomes effective on the later of:

- a) the date we receive the notice; or
- b) the date stated in the notice.

In either event:

- a) we will promptly return any unearned premium paid; or
- b) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis.

Cancellation will not affect any claim for loss due to an accident which occurs before the effective date of the cancellation.

Not in Lieu of Workers' Compensation: This policy does not satisfy any requirement for workers' compensation insurance.

Form 7679 D4 (CONT.)

## CONTRACT PROVISIONS (Continued)

Policy Period: This Policy becomes effective on the Policy Effective Date and continues in force to the end of the period for which premium was paid unless cancelled at an earlier date. This Policy terminates on the earlier of:

- a) the Policy Expiration Date unless continued in force in accordance with the Renewal Provision; or
- b) the last day of the period for which premium has been paid subject to the Grace Period.

The Policy Effective Date and Policy Expiration Date are shown:

- a) on page 1 for the original Policy Period; and
- b) in a Renewal Rider for any Renewal Policy Period.

Renewal: We will send the Policyholder a notice of policy renewal. The Policy will be renewed if the Policyholder signs and returns the notice prior to the current Expiration Date. If the Policyholder does not receive the notice, the policy may be renewed if we receive a written request from the Policyholder and a deposit renewal premium of \$350 on or before the current Expiration Date. Once we have received the deposit renewal premium, we will request information from the Policyholder necessary to calculate the actual renewal premium and either return any excess premium or bill the Policyholder for the remaining unpaid renewal premium.

However, in no event will this policy be renewed if:

- a) we have refused to renew this policy on or before the current Expiration Date;
- b) this policy has been cancelled on or before the current Expiration Date; and
- c) the Policyholder does not give us, in advance of the current Expiration Date, the information we request.

Premium Due Dates: Each Premium is due in advance of the date the Schedule states that it is payable. If the Schedule shows an amount for Premium Subject To Audit, the earned premium will be calculated for each date on which the Policyholder is required to furnish data for determining Units of Exposure. If the earned Premium:

- a) is greater than the premium paid, the additional premium is payable on the date we notify the Policyholder of the amount;
- b) is less than the premium paid, we will promptly return the unearned portion of the premium paid.

Grace Period: A Grace Period of 31 days is allowed for payment of each premium due after the initial premium, unless this policy is cancelled on or before the due date. If the Policyholder has returned the notice of renewal prior to the Policy Expiration Date, a Grace Period of 31 days from the Policy Expiration Date is allowed for payment of the renewal premium. This policy will continue in force during the Grace Period. The Policyholder is liable to us for the payment of Premium accruing for the period this policy continues in force.

Payment: Premiums are to be paid to us by the Policyholder. However, they may be paid to us by any other person according to a mutual agreement among the other person, the Policyholder and us.

Change of Premiums: We have the right to change the rate at which Premiums will be calculated for each Policy Period.

## DEFINITIONS

Each term listed, when used in this policy, has the following meaning:

We, us, or our means the insurance company named on page 1.

You, Your, or Insured Person means an Eligible Person while he or she is covered under this policy.

Injury means, and an Insured Person is covered for, bodily injury resulting directly and independently of all other causes from accident which occurs:

- a) while he or she is covered under; and
- b) in the manner specified in;

a Hazard applicable to his or her class.

Loss resulting from:

- a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- b) medical or surgical treatment of a sickness or disease.

is not considered as resulting from injury.

Business Trip means a bona fide trip:

- a) while on assignment or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder;
- b) which begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip;
- c) which ends when he or she returns to his or her residence or place of regular employment, whichever first occurs; and
- d) excluding travel to and from work, bona fide leaves of absence and vacations.

Trip means a trip which:

- a) begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; and
- b) ends when he or she returns to his or her residence or place of regular employment, whichever first occurs.

Passenger means a person who is not:

- a) the operator or driver; or
- b) the pilot, student pilot, or a crewmember;

of a conveyance at the time of accident.

Common Carrier means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.



## DEFINITIONS

Civil Aircraft means a civil or public aircraft which:

- a) has an Airworthiness Certificate;
- b) is piloted by a person who has:
  - 1) a current pilot certificate with the appropriate aircraft category rating for that aircraft; and
  - 2) a current medical certificate which is appropriate for the operation of that aircraft; and
- c) is not operated by the militia, or armed forces of any state, national government or international authority.

Scheduled Aircraft means a Civil Aircraft operated by a scheduled airline which:

- a) is licensed by the FAA for the transportation of passengers for hire; and
- b) publishes its flight schedules and fares for regular passenger service.

Military Transport Aircraft means a transport aircraft operated by:

- a) the United States Air Mobility Command (AMC); or
- b) a national military air transport service of any country.

Policyholder Aircraft means an aircraft which is owned, leased, or operated by or on behalf of the Policyholder.

Airworthiness Certificate means a valid and current "Standard Airworthiness Certificate" issued by the FAA.

FAA means:

- a) the Federal Aviation Administration of the United States; or
- b) the similar aviation authority for the country of the aircraft's registry, if the country is recognized by the United States.

Extra-Hazardous Aviation Activity means an aircraft while it is being used for one or more of the following activities:

- |                               |                                     |
|-------------------------------|-------------------------------------|
| Acrobatics or Stunt Flying    | Aerial Photography or Banner Towing |
| Racing or any Endurance Test  | Any Test or Experiment              |
| Crop Dusting or Seeding       | Firefighting                        |
| Spraying                      | Any flight which requires:          |
| Exploration                   | a) a special permit; or             |
| Pipe or Power Line Inspection | b) waiver;                          |
| Any Form of Hunting           | from the FAA, even though granted.  |
| Bird or Fowl Herding          |                                     |

## DETERMINATION OF INDIVIDUAL COVERAGE

Effective Date: Each Eligible Person becomes an Insured Person on the later of:

- a) the Policy Effective Date; or
- b) the date he or she enters a Class of Eligible Persons.

Termination: Coverage of each Insured Person terminates on the earlier of:

- a) the date this policy terminates; or
- b) the date he or she does not qualify in any Class of Eligible Person.

Termination will not affect any claim for loss due to an accident which occurs before the effective date of the termination.

The Policyholder's failure to report that a person ceased to qualify in a Class of Eligible Persons will not continue coverage in that Class beyond the date he or she ceased to qualify.

Hazards and Benefits Determined By Class: Each Insured Person is covered under the Hazard and for the Benefits applicable to the Class in which he or she qualifies:

- a) beginning on the date he or she enters the Class; and
- b) ending on the date he or she leaves the Class.

If an Insured Person qualifies in more than one Class on the date of accident, he or she will be considered to qualify in the one Class with the largest Benefit Amount.

Form 7679 F1

## EXCLUSIONS AND AGGREGATE LIMITATION

Exclusions: This policy does not cover any loss resulting from:

- 1) intentionally self-inflicted Injury, suicide or attempted suicide whether sane or insane, (in Missouri, while sane);
- 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 on any aircraft, unless, and only to the extent, a Hazard specifically describes such coverage;
- 5) 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 or administered by a licensed physician;
- 6) Injury sustained while committing or attempting to commit a felony;
- 7) Injury sustained while legally intoxicated from the use of alcohol (not applicable to residents of Minnesota).

Aggregate Limitation: If:

- a) two or more persons, in the same or different classes, are injured as the result of any one accident which occurs in the manner specified in the Hazard(s) identified in the Schedule; and
- b) the total of all amounts payable for all persons, in the absence of this provision, exceeds the Aggregate Amount shown opposite the Hazard;

the amount for each person will be proportionately reduced so that the total will equal the Aggregate Amount.

Form 7679 G6

HAZARD C-12  
24-Hour Coverage  
Business Trip

Coverage: This Hazard covers injury resulting from an accident which occurs anywhere in the world during a Business Trip, including:

- a) an injury resulting from an accident which occurs while the Insured Person is a passenger on, boarding or alighting from a Civil Aircraft or Military Transport Aircraft; or
- b) injury resulting from being struck by an aircraft.

Exclusions: This Hazard does not cover injury resulting from an accident which occurs while the Insured Person is on, boarding, or alighting from:

- a) an aircraft engaged in an Extra-Hazardous Aviation Activity; or
- b) a Policyholder Aircraft.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Form 7679 H-12 (Rev.-1)

HAZARD C-43  
On Premise of the Policyholder Coverage

Coverage: This Hazard covers injury resulting from accident which occurs while the Insured Person is:

- a) on the premises of the Policyholder at the Insured Person's regular place of employment; and
- b) on assignment by or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder.

The term "premises of the Policyholder," as used in this Hazard, means real estate owned, leased, controlled or under the management of the Policyholder for the purpose of conducting the business of the Policyholder.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Form 7679 H-43

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If an Insured Person's injury results in any of the following losses within the Loss Period 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 amount of the Principal Sum and the Loss Period are determined in the Schedule.

For Loss of:

Life.....	The Principal Sum
Both Hands or Both Feet or 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 and Sight of One Eye.....	The Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia).....	The Principal Sum
Movement of Both Lower Limbs (Paraplegia).....	Three Quarters The Principal Sum
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	One Half The Principal Sum
Either Hand or Foot.....	One Half The Principal Sum
Sight of One Eye.....	One Half The Principal Sum
Speech or Hearing.....	One Half The Principal Sum
Thumb and Index Finger of Either Hand.....	One Quarter The Principal Sum

Loss means with regard to:

- a) hands and feet, actual severance through or above wrist or ankle joints;
- b) sight, speech or hearing, entire and irrecoverable loss thereof;
- c) thumb and index finger, actual severance through or above the metacarpophalangeal joints.
- d) movement of limbs, complete and irreversible paralysis of such limbs.

EXPOSURE

Exposure to the elements will be presumed to be injury if:

- a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which an Insured Person was an occupant at the time of the accident; and
- b) this policy would have covered injury resulting from the accident.

DISAPPEARANCE

An Insured Person will be presumed to have suffered loss of life if:

- a) his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- c) this policy would have covered injury resulting from the accident.

### ACCIDENT TOTAL DISABILITY BENEFIT

We will pay the Weekly Benefit for each week of an Insured Person's Total Disability. Payment will not exceed the Maximum Payment Period.

Total Disability must:

- a) result from injury;
- b) begin within 30 days after the accident; and
- c) require the regular care of a legally qualified physician.

For Total Disability of less than one week, one seventh of the Weekly Benefit will be paid per day.

The Weekly Benefit and Maximum Payment Period are shown in the Schedule.

Total Disability: means the complete and continuous inability of the Insured Person to perform all the duties of his or her regular occupation.

Form 7679 M1

### ACCIDENT MEDICAL EXPENSE BENEFIT

We will pay the Reasonable Expenses incurred for Medical Care, in excess of the Deductible Amount.

The first expense must be incurred within 26 weeks after the accident. The Deductible Amount will be applied separately to each accident.

We will not pay:

for expenses which are not incurred by the Insured Person;  
more than the Maximum Benefit for all expenses incurred as the result of any one accident; or  
for expenses incurred more than 5 years after the accident.

An expense is considered to be incurred on the date the Medical Care is rendered.

The Deductible Amount and Maximum Benefit are shown in the Schedule.

Medical Care means necessary:

- a) medical or surgical treatment, services and supplies;
- b) hospital, nursing and ambulance services.

Each item of Medical Care must be:

- a) prescribed by a legally qualified physician;
- b) for the sole purpose of treating the injury.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received by the Insured Person.

Form 7679 N2

## EDUCATION BENEFIT

If a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of the Insured Person's death, We will pay an Education Benefit to each Student as follows:

A Student is a Dependent Child for whom we receive proof that he or she:

- a) is a full-time post-high school Student in a school for higher learning on the date of the Insured Person's death; or
- b) became a full-time post-high school Student in a school for higher learning within 365 days after the Insured Person's death and was a Student in the 12th grade on the date of the Insured Person's death.

He or she is not considered to be a Student after the first to occur of:

- a) our payment of the 4th Education Benefit to or on behalf of that person; or
- b) the end of the 12th consecutive month during which We have not received proof that he or she is a Student.

If the Insured Person dies, the Education Benefit is an amount equal to the lesser of:

- a) the Maximum Amount; or
- b) the amount determined by applying the Percent to the amount of the Insured Person's Principal Sum.

We will pay the Education Benefit due to any one Student once during any one school year.

The Education Benefit is payable to each Dependent Child:

- a) on the date; and
- b) for whom;

We receive proof that he or she is a Student.

If he or she is a minor, We will pay the benefit to the Student's legal representative.

If:

- a) a Principal Sum is payable because of the Insured Person's death; and
- b) no Dependent Child qualifies as a Student;

we will pay the Minimum Amount due in accordance with the **Payment of Claims** provision.

The Insured Person's amount of the Principal Sum is determined in the Schedule.

The Maximum Amount, Percent of Principal Sum, and Minimum Amount are shown in the Schedule.

**Dependent Child**, as used in this benefit, means the Insured Person's unmarried child, stepchild, legally adopted child or foster child who is:

- a) less than age 26; and
- b) primarily dependent on the Insured Person for support and maintenance.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

## SPOUSE EDUCATION BENEFIT

If a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of the Insured Person's death, We will pay a Spouse Education Benefit to the Spouse as follows:

The Insured Person's Spouse, to qualify for the Education Benefit, must enroll in an Occupational Training program:

- a) for the purpose of obtaining an independent source of income;
- b) within 1 year of the date of the Insured Person's death.

The Education Benefit is an amount equal to the lesser of:

- a) the Expense Incurred for Occupational Training;
- b) a Percentage of the Insured Person's Principal Sum; or
- c) the Maximum Amount.

The expense must be incurred within 2 years of the date of the Insured Person's death.

We will pay the Education Benefit due immediately after we receive proof that the Insured Person's Spouse has enrolled in an Occupational Training program.

**Occupational Training** means any:

- a) education;
- b) professional;
- c) trade training;

program which prepares the Insured Person's Spouse for an occupation for which he or she otherwise would not have been qualified.

**Expense Incurred** means any:

- a) the actual tuition charged, exclusive of room and board; and
- b) the actual cost of the materials needed;

for the Occupational Training program.

If a Principal Sum is payable because of the Insured Person's death and there is no Spouse, We will pay the Minimum Amount in accordance with the **Payment of Claims** provision.

The Insured Person's amount of the Principal Sum is determined in the Schedule. The Maximum Amount, Minimum Amount, and the Percentage of Principal Sum are shown in the Schedule.

**Spouse** means the Insured Person's wife or husband who is not legally separated or divorced from the Insured Person when he or she died. Spouse will include the Insured Person's domestic partner, provided they have executed a Domestic Partner Affidavit acceptable to us, establishing that the Insured and their partner are domestic partners for purposes of this Policy. They will continue to be considered domestic partners provided they continue to meet the requirements described in the Domestic Partner Affidavit. Spouse, with respect to California or Oregon residents only, will include an individual who is in a registered domestic partnership with the Insured Person in accordance with that state's law. Reference to the Insured Person's marriage or divorce shall include his or her registered domestic partnership or dissolution of his or her registered domestic partnership.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.



## DAY CARE BENEFIT

We will pay a Day Care Benefit for each Dependent Child if:

- a) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of the Insured Person's death; and
- b) such Dependent Child is under age 7 at the time of the Insured Person's death; and
- c) proof of enrollment in a Day Care Program is provided as described below.

Payment will be made to the person who has legal physical custody of the Dependent Child and who has primary responsibility for the Dependent Child's Expenses. Payment will be made in accordance with the Claims provision of the Policy.

Proof of enrollment for each child in a Day Care Program may be in the form of, but will not be limited to, the following:

- a) a copy of the child's approved enrollment application in a Day Care Program; or
- b) canceled check(s) evidencing payment to a Day Care facility or Day Care Provider; or
- c) a letter from the Day Care facility or Day Care Provider stating that the child:
  - 1) is attending a Day Care Program; or
  - 2) has been enrolled in a Day Care Program and will be attending within 365 days of the date of the Insured Person's death.

Proof of enrollment must be sent to us prior to the last day of the 12th month on or next following the date of the Insured Person's death. One Day Care Benefit payment will be made each year, for a maximum of 4 Day Care Benefit payments, for each Dependent Child.

The Day Care Benefit is the lesser amount of:

- a) the Maximum Amount; or
- b) an amount determined by applying the Day Care Percent to the amount of the Insured Person's Principal Sum.

We will pay the Minimum Amount stated in the Schedule in accordance with the Claims Provision for payment of benefits for loss of life if:

- a) a Principal Sum is payable because of the Insured Person's death; and
- b) no person qualifies as an Dependent Child for a Day Care Benefit.

Day Care Program means a program of child care which:

- a) is operated in a private home, school or other facility; and
- b) provides, and makes a charge for, the care of children; and
- c) is licensed as a Day Care center or is operated by a licensed Day Care provider, if such licensing is required by the state or jurisdiction in which it is located; or
- d) if licensing is not required, provides child care on a daily basis for 12 months a year.

Dependent Child means the Insured Person's unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child who is:

- a) less than age 7; and
- b) primarily dependent on the Insured Person for support and maintenance.

The Maximum Amount, Minimum Amount, Percent and Principal Sum are shown in the Schedule.

Form 7679 W1

## CLAIMS

Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary, or his or her representative) must give us written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include the Insured Person's name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent.

Claim Forms: When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us.

Proof of Loss: Proof of loss must be sent to us in writing within 90 days after:

- a) the end of a period of our liability for periodic payment claims; or
- b) the date of the loss for all other claims.

If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year from the date proof of loss is due, unless the claimant is legally incapacitated.

Time of Claim Payment: We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after we receive the proof of loss, while the loss and our liability continue; or
- b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately, but not more than 60 days, after we receive the proof of loss.

Payment of Claims: We will pay any benefit due for loss of the Insured Person's life:

- a) according to the beneficiary designation in effect at the time of his or her death; otherwise
- b) if no beneficiary is designated, according to the beneficiary designation under the Group Life Insurance Policy issued to the Policyholder and in effect at the time of the Insured Person's death; or
- c) to the survivors, in equal shares, in the first of the following classes to have a survivor at the Insured Person's death:
  - 1) spouse,
  - 2) children,
  - 3) parents,
  - 4) brothers and sisters.

If there is no survivor in these classes, payment will be made to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding paragraph.

Benefits will be paid into a checking account which will be owned by:

- a) the Insured Person; or
- b) the beneficiary or beneficiaries named in writing by the Insured Person.

The checking account owner may elect a lump sum payment by writing a check for the full amount in the checking account. However, a checking account will not be established for a benefit payable to the Insured Person's estate or for a Principal Sum that is less than \$10,000 or for any claim that the claim department determines is more appropriately adjudicated through the issuance of a lump sum payment.

If a benefit due is payable to:

- a) the Insured Person's estate; or
- b) the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment;

we may pay up to \$1,000 (\$3,000 for residents of Florida) of the benefit due to some other person.

The other person will be someone related to the Insured Person or the beneficiary by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith.

Appealing Denial of Claims: If a claim for benefits is wholly or partially denied, notice of the decision shall be furnished to the Insured Person. This written decision will:

- a) give the specific reason or reasons for denial;
- b) make specific reference to policy provisions on which the denial is based;
- c) provide a description of any additional information necessary to prepare the claim and an explanation of why it is necessary; and
- d) provide an explanation of the review procedure.

On any denied claim, an Insured Person or his representative may appeal to Us for a full and fair review. The claimant may:

- a) request a review upon written application within 60 days of receipt of claim denial;
- b) review pertinent documents; and
- c) submit issues and comments in writing.

We will make a decision no more than 60 days after receipt of the request for review, except in special circumstances (such as the need to hold a hearing), but in no case more than 120 days after we receive the request for review. The written decision will include specific reasons for the decision on which the decision is based.

Physical Examinations and Autopsy: While a claim is pending we have the right at our expense:

- a) to have the Insured Person who has a loss examined by a physician when and as often as is reasonably necessary; and
- b) in case of death to make an autopsy, where it is not forbidden by law.

Legal Actions: You cannot take legal action against us:

- a) before 60 days following the date proof of loss is sent to us;
- b) after 6 years following the date proof of loss is due.

Naming a Beneficiary: The Insured Person may name a beneficiary or change a revocably named beneficiary by giving your written request to the Policyholder. His or her request takes effect on the date you execute it, regardless of whether he or she is living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received his or her request.

Assignment: We will recognize any assignment the Insured Person makes under this policy, provided:

- a) it is duly executed; and
- b) a copy is on file with us.

We and the Policyholder assume no responsibility for the validity or effect of an assignment.

Form 7679 Z3a (AL)



**Privacy Policy and Practices of The Hartford Financial Services Group, Inc. and its Affiliates**  
(herein called "we, our, and us")

*This Privacy Policy applies to our United States Operations*

We value your trust. We are committed to the responsible:  
a) management;  
b) use; and  
c) protection;  
of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:  
a) service your **Transactions** with us; and  
b) support our business functions.

We may obtain **Personal Information** from:  
a) **You**;  
b) your **Transactions** with us; and  
c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:  
a) your name;  
b) your address;  
c) your income;  
d) your payment; or  
e) your credit history;  
may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:  
a) our insurance companies;  
b) our employee agents;  
c) our brokerage firms; and  
d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:  
a) market our products; or  
b) market our services;  
to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:  
a) independent agents;  
b) brokerage firms;  
c) insurance companies;  
d) administrators; and  
e) service providers;  
who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:  
a) taking surveys;  
b) marketing our products or services; or  
c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:  
a) "opt-out;" or  
b) "opt-in;"  
as required by law.

We only disclose **Personal Health Information** with:  
a) your proper written authorization; or  
b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:  
a) underwriting policies;  
b) paying claims;  
c) developing new products; or  
d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:  
a) the confidentiality; and  
b) the integrity of;  
**Personal Information** that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data;
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our Privacy Policy will be subject to discipline, which may include ending their employment with us.

At the start of our business relationship, we will give **You** a copy of our current Privacy Policy.

We will also give **You** a copy of our current Privacy Policy once a year if **You** maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

*As used in this Privacy Notice:*

**Application** means your request for our product or service.

**Personal Financial Information** means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

**Personal Health Information** means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

**Personal Information** means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

**Transaction** means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

**You** means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
  - b) applying for; or
  - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford Financial Services Group, Inc.:

American Maturity Life Insurance Company; First State Insurance Company; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford Casualty Insurance Company; Hartford Equity Sales Company, Inc.; Hartford Fire Insurance Company; Hartford Fire, General Agency, Inc.; Hartford HLS Series Fund II, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford International Life Reassurance Corporation; Hartford Investment Advisory Company, LLC; Hartford Investment Financial Services, LLC; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Life and Annuity Insurance Company; Hartford Life Insurance Company; Hartford Lloyd's Insurance Company; Hartford Mezzanine Investors I, LLC; Hartford Retirement Services, LLC; Hartford Securities Distribution Company, Inc.; Hartford Series Fund, Inc.; Hartford Specialty Company; Hartford Specialty Insurance Services of Texas, LLC; Hartford Underwriters Insurance Company; Hartford-Comprehensive Employee Benefit Service Company; HL Investment Advisors, LLC; Hartford Life Private Placement, LLC; M-CAP Insurance Agency, LLC; New England Insurance Company; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Pacific Insurance Company, Limited; Planco, LLC; Planco Financial Services, LLC; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; Specialty Risk Services, LLC.; The Hartford Income Shares Fund, Inc.; The Hartford Mutual Funds II, Inc.; The Hartford Mutual Funds, Inc.; Trumbull Insurance Company; Trumbull Services, L.L.C.; Twin City Fire Insurance Company; Woodbury Financial Services, Inc.

Questions about this Privacy Policy may be directed to the following address: GBD Compliance, The Hartford, P.O. Box 2999, Hartford, CT 06104-2999.