



**CERTIFICATE OF INSURANCE**

**HARTFORD LIFE INSURANCE COMPANY  
Hartford, Connecticut**

Policy Number: AGL-1566

Policyholder: Professional Golfers' Association of America

We have issued a Policy to the Policyholder. Our name, the Policyholder's name and the Policy Number are shown above. The provisions of the Policy which are important to you are summarized in this certificate, consisting of this form, the Schedule with the most recent effective date, and any additional forms which have been made a part of this certificate. The Policy alone is the only contract under which payment will be made. Any difference between the Policy and this certificate will be settled according to the provisions of the Policy. The Policy may be inspected at the office of the Policyholder.

Handwritten signature of Richard G. Costello in black ink.

Richard G. Costello, *Secretary*

Handwritten signature of Thomas M. Marra in black ink.

Thomas M. Marra, *President*

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**AMENDATORY CERTIFICATE RIDER**

This rider forms a part of Policy AGL-1566 issued to the Professional Golfers Association and all certificates to which it is attached. It is effective on July 1, 2017.

The Life Insurance Benefit Amounts are deleted in their entirety and replaced with the following

<b>Insured Person's Attained Age At Death</b>	<b>AMOUNT OF INSURANCE</b>
Under 35	\$14,000
35-49	\$7,500
50 and over	\$5,000

**Reduction in Amount of Insurance:** If an Insured Person's total amount of Life Insurance is \$14,000, we will reduce his or her total amount of Life Insurance to \$7,500 on the Premium Due Date on or next following the date he or she attains age 35. If an Insured Person's total amount of Life Insurance is \$7,500, we will reduce his or her total amount of Life Insurance to \$5,000 on the Premium Due Date on or next following the date he or she attains age 50. His or her premium amount will remain unchanged. However the Company reserves the right to change benefits and rates which applies to all individuals of the same class and age based on plan experience.

In all other respects, the Policy and Certificates remain the same.

**HARTFORD LIFE INSURANCE COMPANY**  
Hartford, CT 06155

Lisa Levin, *Secretary*

Michael Concannon, *President*

## DEFINITIONS

**We, us and our** means the insurance company named on the face page.

**Written Application** means any form provided by Us to apply for coverage.

**You, Your or Insured Person** means the Insured Person named in the Schedule.

### INSURED PERSON'S PERIOD OF COVERAGE

**Effective Date:** You will become covered under the Policy on the Certificate Effective Date shown on the Schedule subject to payment of the required premium. No insurance will become effective unless you make the first premium payment while you are living.

**Termination:** Coverage will terminate on the earliest to occur of:

- a) the date the Policy is cancelled; or
- b) the Premium Due Date on or next following the date you cease to be an active member of the Policyholder; or
- c) the date you enter full-time active duty in the armed forces of any country or international organization; or
- d) the Premium Due Date that any required premium has not been made, subject to the Policyholder Grace Period.

**Policyholder Grace Period:** No Grace Period is allowed for the first premium which is due on the Policy Effective Date. A Grace Period of 31 days is allowed for payment of each premium due after the first premium. We will continue your insurance during the Grace Period.

### LIFE INSURANCE BENEFIT

**Life Insurance Benefit:** If an Insured Person dies while insured under the Policy, we will pay a Life Insurance Benefit after we receive proof of death. The Life Insurance Benefit will be paid according to the Beneficiary Designation provision of the Policy. The Amount of Life Insurance that applies to each Insured Person is stated in the Schedule below: The Insured Person's Amount of Insurance is based on the Insured Person's attained age at death as shown below.

Insured Person's Attained Age At Death	AMOUNT OF INSURANCE
Under 35	\$13,250.00
35 - 49	\$6,600.00
50 and over	\$2,650.00

**Reduction in Amount of Insurance:** If an Insured Person's total amount of Life Insurance is \$13,250.00, we will reduce his or her total amount of Life Insurance to \$6,600.00 on the Premium Due Date on or next following the date he or she attains age 35. If an Insured Person's total amount of Life Insurance is \$6,600.00, we will reduce his or her total amount of Life Insurance to \$2,650.00 on the Premium Due Date on or next following the date he or she attains age 50. His or her premium will remain unchanged. However, the Company reserves the right to change benefits and rates which applies to all individuals of the same class and age based on plan experience.

The increase in the Life Insurance Benefit Amount will result in no additional premium to the Insured Person.

### CONVERSION PRIVILEGE

**Conversion Privilege:** If an Insured Person ceases to be insured under the Policy for any reason except:

- a) termination of the Policy;
- b) termination of a class of persons under the Policy; or
- c) voluntary non-payment of premium;

the Insured Person will have the right to request an individual conversion policy from the Insurer without giving medical evidence of insurability.

Insurer, as used on this page, means us or another insurance company which has agreed with us to issue conversion policies according to this conversion privilege.

## CONVERSION PRIVILEGE (CONTINUED)

The Insured Person must:

- a) give the Insurer a written application for the conversion policy; and
- b) pay the Insurer the initial premium;

within 31 days after he or she ceases to be covered under the Policy.

The Conversion Policy:

- a) will have the provisions, limitations and exclusions on the form the Insurer is issuing for this purpose at the time of conversion;
- b) will not provide any benefit other than the Life Insurance Benefit;
- c) will not exceed the Insured Person's Life Insurance Benefit under the Policy;
- d) will base premiums on the Insurer's rates in effect for new applicants of the Insured Person's class and age at the time of conversion;
- e) will not be term insurance unless the Insured Person requests a single premium term insurance policy for a period of 1 year preceding the issuance of the conversion policy.

If the Insured Person ceases to be covered under the Policy because of:

- a) termination of the Policy; or
- b) termination of a class of persons under the Policy;

then, he or she has the same conversion privilege as shown above except for the amount for which he or she may convert.

The Life Insurance Benefit under this circumstance will not exceed the lesser of:

- a) the Life Insurance Benefit under the Policy less any amount of life insurance he or she may become eligible for under any group insurance policy issued or reinstated by us or by any other Insurer within 31 days of termination, or
- b) \$10,000.00.

Any individual policy issued to the Insured Person under the Conversion Privilege becomes effective 31 days from the date of termination and will be in lieu of all other benefits under the Policy.

If:

- a) coverage under the Policy terminates; and
- b) the Insured Person dies within 31 days of the termination;

we will pay the Life Insurance Benefit the Insured Person would have had the right to apply for under this Conversion Privilege. If the Conversion Policy has already taken effect, no Life Insurance Benefit will be payable under the Policy.

## WAIVER OF PREMIUM PROVISION

**Waiver of Premium:** We will waive payment of premiums for your Life Insurance Benefit and continue the insurance in force during a period of Total Disability as defined.

**Total Disability** means your disability which:

- a) begins before your 70<sup>th</sup> birthday and while you are covered under the Policy; and
- b) is caused by bodily injury or disease which prevents you from performing the substantial and material duties of your own occupation during the first 12 months of disability; and
  - 1) any gainful occupation for which you are reasonably fitted by education, training or experience after the first 12 months of disability, and that you are not engaged in any occupation for wage or profit; and
- c) has existed continuously for a period of at least nine months.

**Proof of Total Disability:** We require that proof of Total Disability must be sent to us no earlier than the seventh month of Total Disability but not later than the twelfth month after Total Disability began. If death occurs as a result of Total Disability and proof was not furnished during your lifetime proof of Total Disability must be sent within one year of death. We have the right to:

- a) require satisfactory proof of continuous Total Disability; and
- b) examine you at any time during the first 2 years after receiving initial proof of disability, but not more than once a year after that.

## WAIVER OF PREMIUM PROVISION (CONTINUED)

**Refund of Premium:** When proof of Total Disability is received, we will refund to you, or to your estate if you have died, any premiums paid during the period of continuous Total Disability.

**Waiver Ceases:** We will cease waiving the payment of premiums and coverage will terminate on the premium due date occurring on or next following the date you:

- a) are no longer totally disabled; or
- b) fail to submit the required proof of continuous Total Disability; or
- c) fail to submit to physical examination requested by us.

If the Waiver of Premium ceases and:

- a) you are eligible for coverage under the Policy and the Policy is in force, you may continue to be covered under the Policy by paying the premiums; or
- b) you are not eligible for coverage under the Policy, and your coverage would be terminated, you may exercise the Conversion Privilege.

The Premium Due Dates for insurance continued under the Waiver of Premium provision will be the dates on which premiums would have become due had the insurance not been continued.

**Exercise of Conversion Privilege:** If you exercise your right under the Conversion Privilege, this Waiver of Premium Provision will automatically terminate. However, you are still eligible for this Waiver of Premium Provision, if, within 12 months of the date your coverage under the group policy terminates:

- a) you fulfill all the conditions of the Waiver of Premium Provision; and
- b) you surrender the individual policy and all benefits and payments under the individual policy except for any refund of premiums.

If your coverage under the Policy ceases due to cessation of this waiver, you may exercise the Conversion Privilege of the Policy.

The rules for determining the Amount of Life Insurance under the Conversion Privilege will apply.

**Extension of the Waiver of Premium Provision:** Your insurance which is in force as a result of this Waiver of Premium Provision will continue in force:

- a) if you are no longer eligible for coverage; or
- b) if the Policy terminates for any reason.

## GENERAL PROVISIONS

**Beneficiary Designation:** The benefits payable at your death will be paid:

- a) according to the beneficiary designation, if any, in effect at the time of your death; otherwise,
- b) If no beneficiary designation has been made, the benefits payable at your death will be paid to the survivors, in equal shares, in the first of the following classes to have a survivor at your death:
  - 1) spouse;
  - 2) children;
  - 3) parents;
  - 4) brothers and sisters.

If there is no survivor in these classes, payment will be made to your estate.

If any beneficiary is a minor, his or her share may be paid, until a legal guardian is appointed, to a person who at our option and in our opinion is caring for and supporting the child. Payment will be made as follows:

- 1) \$100.00 at your death; and
- 2) monthly installments of not more than \$50.00.

Payment to any person as stated above will release us from all further liability to the extent of our payment.

**GENERAL PROVISIONS (CONTINUED)**

**Change of Beneficiary:** You may change your designation of beneficiary by filing written notice with us on any form satisfactory to us. Whether you are living or not, the change will relate back and take effect as of the date you signed the written notice. We are not liable for payment of benefits made before receiving written notice.

**Misstated Age:** If the age of the Insured Person has been incorrectly stated, the premium rates will be adjusted to the correct age of the person. If the change in age affects the Insured Person's benefits, the benefits will be corrected accordingly and the premium adjustment will take this correction into account.

**Incontestability:** Except for non-payment of premiums, the Life Insurance Benefit of the Policy cannot be contested after two years from its effective date

No statement made by you relating to your insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during your lifetime. In order to be used the statement must be in writing and signed by you.

**Assignment:** We will recognize any assignment made under the Policy, provided:

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

A copy of a Prior Insured Person's assignment under the Policy need not be on file with Us. We and the Policyholder assume no responsibility for the validity or effect of an assignment.

**Optional Method of Settlement:** You may elect by written request that your Life Insurance Benefit or part of it be paid in equal installments for a specified number of years as shown below. Your beneficiary may also choose this option.

First payment will be made when proof of death is received. No installment will be less than \$20.00 under any option chosen.

Number of Years During Which Payments Will Be Made	Amount of Each Installment for Each \$1,000.00 of the Amount of Insurance	
	Annual	Monthly
1	\$1,000.00	\$84.28
2	506.18	42.66
3	341.60	28.79
4	259.34	21.86
5	210.00	17.70
10	111.47	9.39
15	78.80	6.64
20	62.58	5.27

In addition to each installment after the first, the payee will receive interest. The rate of interest per year will be:

- a) at least 2 1/2%; and
- b) any amount over 2 1/2% which we declare for that year on funds remaining with us.

If any installments are left unpaid when the payee last entitled to receive them dies, we will: calculate the sum of the remaining installments; then

- a) commute the sum at 2 1/2% per year; then
- b) pay the resulting amount to the executors or the administrators of the payee's estate.

If the payee is a corporation, partnership, association, assignee or trustee, this option will be available only with our consent.

### GENERAL PROVISIONS (CONTINUED)

Provision may be made for payment of your Life Insurance Benefit under any reasonable arrangement mutually agreed upon.

**Facility of Payment:** At our option, we may pay a portion of your Life Insurance Benefit up to \$500 to any person equitably entitled to payment because of verifiable expenses from your burial. Our payment will release us from any further liability for such expenses.

**Autopsy:** While a claim is pending, we have the right at our expense to make an autopsy where it is not forbidden by law.



## AMENDATORY CERTIFICATE RIDER

This rider forms a part of Policy Number AGL-1566 issued to Professional Golfers' Association of America and all certificates furnished to residents of certain states, as described below, in connection with the Policy. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy except as stated herein.

This rider is effective on the effective date of the certificate to which this rider is attached.

With respect to residents of:

**Missouri**, the certificate is amended as follows:

Notwithstanding anything to the contrary stated in the certificate, **suicide** will not be cause for non-payment of the life insurance benefit, unless we can show that you intended to commit suicide when you applied for the insurance.  
Form PA-7519

**Montana**, the certificate is amended as follows:

The **Beneficiary Designation** provision in the **GENERAL PROVISIONS** section is amended to include the following:

We will pay claims within 60 days of proof of death of the Insured Person.

If payment is made after the first 30 days:

- a) interest must be paid from the 30th day until the date the claim is paid; and
- b) interest must be computed at the discount rate on 90-day commercial paper in effect at the Federal Reserve Bank in the Ninth Federal Reserve District at the time of proof of death.

Form PA-3057 (LIF) (MT)

**New Hampshire**, the certificate is amended as follows:

The following is added to the **CONVERSION PRIVILEGE**:

1. If you cease to be covered under the Policy because of:

- a) termination of the Policy; or
- b) termination of a class of persons under the Policy;

then, provided that you have been insured under the plan for five years or more, we will send a written notice of Conversion Privilege within 15 days. If we fail to send it within that time, you or your Covered Dependent will have an additional 15 days after the date of the notice before the Conversion Privilege expires.

2. The following have been added to the **GENERAL PROVISIONS** section:

**All Other Misstatements:** All other misstatements made by you or the Policyholder will be deemed representations and not warranties. No statement will be used to void insurance or deny a claim unless:

- a) it is in writing; and
- b) a copy of it has been given to you or your beneficiary.

Forms PA 8326 and PA-8685



**North Dakota**, the certificate is amended as follows:

The first paragraph of the **Suicide** provision of the **LIFE INSURANCE BENEFIT** is deleted in its entirety and replaced by the following:

**Suicide:** If you commit suicide, while sane or insane, during the first year of coverage under the Policy, no benefit will be paid.

Form PA-3057 (ND)

**Texas**, the certificate is amended as follows:

The **Facility of Payment** section of the **General Provisions** is deleted and replaced by the following:

**Facility of Payment:** At our option, we may pay a portion of your Life Insurance Benefit up to \$250 to any person equitably entitled to payment because of expenses from your burial. Our payment will release us from any further liability to the extent of such expenses.

Form PA-7083

**Vermont**, the certificate is amended as follows:

## **VERMONT LIFE INSURANCE**

### **MANDATORY CIVIL UNION ENDORSEMENT**

#### **PURPOSE:**

This endorsement is part of the policy, contract, certificate and/or riders and endorsements to which it is attached and is intended to provide benefits for parties to a civil union. Vermont law requires that insurance contracts and policies offered to married persons and their families be made available to parties to a civil union and their families. In order to receive benefits in accordance with this endorsement, the civil union must have been established in the state of Vermont according to Vermont law.

#### **GENERAL DEFINITIONS, TERMS, CONDITIONS AND PROVISIONS:**

The general definitions, terms, conditions or any other provisions of the policy, contract, certificate and/or riders and endorsements to which this mandatory endorsement is attached are hereby amended and superseded as follows:

Terms that mean or refer to a marital relationship or that may be construed to mean or refer to a marital relationship: such as "marriage", "spouse", "husband", "wife", "dependent", "next of kin", "relative", "beneficiary", "survivor", "immediate family" and any other such terms include the relationship created by a civil union.

Terms that mean or refer to a family relationship arising from a marriage such as "family", "immediate family", "dependent", "children", "next of kin", "relative", "beneficiary", "survivor" and any other such terms include the family relationship created by a civil union.

Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage", "divorce decree", "termination of marriage" and any other such terms include the inception or dissolution of a civil union.

"Dependent" means a spouse, a party to a civil union, and/or a child or children (natural, stepchild, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

"Child or covered child" means a child (natural, step-child, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

#### **CAUTIONARY DISCLOSURE:**

**THIS ENDORSEMENT IS ISSUED TO MEET THE REQUIREMENTS OF VERMONT LAW AS EXPLAINED IN THE "PURPOSE" PARAGRAPH OF THE ENDORSEMENT. THE FEDERAL GOVERNMENT OR ANOTHER STATE GOVERNMENT MAY NOT RECOGNIZE THE BENEFITS GRANTED UNDER THIS ENDORSEMENT. YOU ARE ADVISED TO SEEK EXPERT ADVICE TO DETERMINE YOUR RIGHTS UNDER THIS CONTRACT.**

Form PA-9127

In all other respects, the certificates remain the same.

**HARTFORD LIFE INSURANCE COMPANY**  
Hartford, Connecticut



Richard G. Costello, *Secretary*



Thomas M. Marra, *President*

## IMPORTANT NOTICES

### For residents of Arkansas:

ARKANSAS INSURED'S ACCESS TO INSURER INFORMATION: This notice is to comply with Arkansas House Bill 1221. We are required by law to notify You of the complete addresses and phone numbers of the Arkansas Insurance Department, the insurance company's servicing office, and the agent. Below is this information:

Arkansas Insurance Department, Consumer Services Division, 1200 W. Third Street, Little Rock, AR 72201-1904  
Telephone: 1-800-852-5494.

Servicing Office: The Hartford, Group Benefits Division Policyholder Services, P.O. Box 2999, Hartford, CT 06104-2999,  
Telephone: (800) 572-9047.

Agent: Seabury and Smith Inc.; Address: 1440 Renaissance Drive, Park Ridge, IL 60068, Telephone: 847-803-3100.

**Form PA-7597-1**

### For residents of California:

Whenever The Hartford or its agent has been unable to resolve a Consumer Complaint affecting the policy or certificate, the State Agency listed below may be contacted to assist the Complainant in pursuing a resolution of the complaint: California Department of Insurance Consumer Services Division, 300 South Spring Street, Los Angeles, CA 90013, Toll Free Telephone: (800) 927-4357.

**Form PA-8292-1**

### For residents of Indiana:

We are here to serve You. As Our policyholder, Your satisfaction is very important to us. Should You have a valid claim, We fully expect to provide a fair settlement in a timely fashion. If for any reason You wish to contact The Hartford, please write to Us at: The Hartford, Hartford Plaza, COGS-1-34, Hartford, CT 06115 Attn: James E. Parker, or Public Information/Market Conduct, Indiana Department of Insurance, 311 W. Washington St., Suite 300, Indianapolis, IN 46204-2787. Consumer Hotline: 1-800-622-4461, Indianapolis Area: 1-317-232-2395.

**Form PA-8104-2**

### For residents of North Carolina:

CANCELLATION INFORMATION: YOUR POLICY MAY BE CANCELED BY THE COMPANY. PLEASE REFER TO THE CANCELLATION PROVISION OF THE POLICY.

**Form PA-7521**

THIS CERTIFICATE OF INSURANCE PROVIDES COVERAGE UNDER A GROUP MASTER POLICY. THIS CERTIFICATE PROVIDES ALL OF THE BENEFITS MANDATED BY THE NORTH CAROLINA INSURANCE CODE, BUT YOU MAY NOT RECEIVE ALL OF THE PROTECTIONS PROVIDED BY A POLICY ISSUED IN NORTH CAROLINA AND GOVERNED BY ALL OF THE LAWS OF NORTH CAROLINA.

**Form PA-7620**

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, FINANCIAL AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR HEALTH CARE PLAN PREMIUMS, SHALL:

- 1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR HEALTH CARE PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSON INSURED, BY WILLFULLY FAILING TO PAY SUCH PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT; AND
- 2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS PRIOR TO THE TERMINATION OF SUCH COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF THE GENERAL STATUTES CHAPTER 58 AND THEIR RIGHTS UNDER THE FEDERAL CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA). VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

**Form PA-8607**

**For Residents of Texas:**

**IMPORTANT NOTICE:** To obtain information or make a complaint: You may call The Hartford's toll-free telephone number for information or to make a complaint at: 1-800-428-5711. You may also write to The Hartford at: P.O. Box 2999, Hartford, CT 06104-2999. You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at: 1-800-252-3439. You may write the Texas Department of Insurance at: P.O. Box 149104, Austin, TX 78714-9104, FAX # (512) 475-1771.

**PREMIUM OR CLAIM DISPUTES:** Should you have a dispute concerning your premium or about a claim you should contact the agent or The Hartford first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY OR CERTIFICATE:** This notice is for information only and does not become a part or condition of the attached document.

**AVISO IMPORTANTE** Para obtener informacion o para someter una queja: Usted puede llamar al numero de telefono gratis de The Hartford para informacion o para someter una queja al: 1-800-428-5711. Usted tambien puede escribir a The Hartford: P.O. Box 2999, Hartford, CT 06104-2999. Puede comunicarse con eligible Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al: 1-800-252-3439. Puede escribir al Departamento de Seguros de Texas: P.O. Box 149104, Austin, TX 78714-9104, FAX # (512) 475-1771.

**DISPUTAS SOBRE PRIMAS O RECLAMOS:** Si tiene una disputa concierne a su prima o a un reclamo, debe comunicarse con el agente o The Hartford primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

**UNA ESTE AVISO A SU POLIZA O CERTIFICADO:** Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

Form PA-8422

**For residents of Washington:**

**IMPORTANT NOTICE REGARDING REPLACEMENT OF INSURANCE**

(Save this notice! It may be important to you in the future.)

The decision to buy a new life insurance policy or annuity and discontinue or change an existing one is very important. Your decision could be a good one—or a mistake. It should be carefully considered. The Washington State Insurance Commissioner requires us to give you this notice to help you make a wise decision. **CAUTION:** The insurance commissioner suggests you consider these points:

- ❖ Usually, contestable and suicide periods start again under a new policy. Benefits might be excluded under the new policy that would be paid under existing insurance.
- ❖ Terminating or altering existing coverage, before new insurance has been issued, might leave you unable to purchase other life insurance or let you buy it only at substantially higher rates.
- ❖ You are entitled to advice from the existing agent or company. Such advice might be helpful.

**THIS COMPLETED FORM SHOULD BE FILED PERMANENTLY WITH YOUR NEW INSURANCE POLICY.**

Form PA-7800

**For residents of Wisconsin:**

**KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS. PROBLEMS WITH YOUR INSURANCE?** If You are having problems with Your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve Your problem. Hartford Life Insurance Companies, Group Benefit Division Policyholder Services, P.O. Box 2999, Hartford, CT 06104-2999. Telephone: (860) 843-8623. You can also contact the OFFICE OF THE COMMISSIONER OF INSURANCE, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the OFFICE OF THE COMMISSIONER OF INSURANCE by contacting: Office of the Commissioner of Insurance, Complaints Department, P.O. Box 7873, Madison, WI 53707-7873, 1-800-236-8517, 1-608-266-0103, or You can call 1-800-236-8517 outside of Madison, or 266-0103 in Madison, and request a complaint form.

Form PA-8560-3

**NOTICE CONCERNING COVERAGE  
LIMITATIONS AND EXCLUSIONS UNDER THE  
HAWAII LIFE AND DISABILITY INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of Hawaii who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Hawaii Life and Disability Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

**The Hawaii Life and Disability Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Hawaii. You should not rely on coverage by the Hawaii Life and Disability Guaranty Association in selecting an insurance company or in selecting an insurance policy. Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus. Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.**

**The Hawaii Life and Disability Guaranty Association  
P.O. Box 4068  
Honolulu, Hawaii 96812**

**Department of Commerce and Consumer Affairs  
P.O. Box 3814  
Honolulu, Hawaii 96811**

The state law that provides for this safety-net coverage is called the Hawaii Life and Disability Insurance Guaranty Association Act. On the next page is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

(please turn to next page)

## **COVERAGE**

Generally, individuals will be protected by the Hawaii Life and Disability Insurance Guaranty Association if they live in Hawaii and hold a life or disability insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons holding such policies are not protected by the Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state); or
- the insurer was not a member insurer of the Guaranty Association. A nonprofit hospital or medical service organization (the "Blues"), an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or an insurance exchange are examples of nonmember insurers.

The Guaranty Association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contract holder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contract holders, not individuals).

## **LIMITS ON AMOUNT OF COVERAGE**

The act also limits the amount the Guaranty Association is obligated to pay out; the Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in cash surrender values, \$100,000 in health insurance benefits, \$100,000 in present value of annuities, or \$300,000 in life insurance death benefits - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages.

**SUMMARY OF THE MONTANA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT  
AND NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS**

Residents of Montana who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Montana Life and Health Insurance Guaranty Association. The purpose of this Association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Association will assess its other member insurance companies for the money to pay the claims of insured persons who reside in Montana and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

**IMPORTANT DISCLAIMER**

**The Montana Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Montana. You should not rely on coverage by the Montana Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.**

**COVERAGE IS NOT PROVIDED BY THE MONTANA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION FOR YOUR POLICY OR CONTRACT OR ANY PORTION OF IT UNDER WHICH THE RISK IS BORNE BY YOU, THE POLICYHOLDER.**

**Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Association to induce you to purchase any kind of insurance policy.**

**This information is provided by:**

**Montana Life and Health Insurance Guaranty Association  
P.O. Box 541  
Helena, Montana 59624  
1-800-347-8997**

**State of Montana Department of Insurance  
Sam W. Mitchell Building  
P.O. Box 4009  
Helena, Montana 59604-4009  
(406)444-2040  
1-800-322-6148**

(please turn to next page)

## SUMMARY

The state law that provides for this safety-net coverage is called the Montana Life and Health Insurance Guaranty Association Act. Below is a brief summary of this law's coverage, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Association.

Coverage. Generally, individuals will be protected by the Montana Life and Health Insurance Guaranty Association if they live in this state and hold a life or health insurance contract, or an annuity, or if they hold certificates under a group life or health insurance contract or annuity, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

Exclusions From Coverage. Persons holding such policies or contracts are **not** protected by this Association if:

- they are not residents of the State of Montana, except under certain very specific circumstances;
- the insurer was not authorized or licensed to do business in Montana at the time the policy or contract was issued.

The Association also does **not** provide coverage for:

- persons holding policies issued by a nonprofit hospital or medical service organization (the "Blues"), an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange;
- any policies or contracts or any part of the policies or contracts under which the risk is borne by the policyholder;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- plans of employers, associations or similar entities to the extent they are self-funded or uninsured (that is, not insured by an insurance company, even if an insurance company administers them);
- dividends;
- experience rating credits;
- credits given in connection with the administration of a policy or contract;
- any unallocated annuity contract issued to an employee benefit plan that is protected under the Federal Pension Benefit Guaranty Corporation; and
- any portion of any unallocated annuity contract that is not issued to or in connection with a specific employee, union, or association of natural persons benefit plan or a governmental lottery.

Limits on Amount of Coverage. The Act also limits the amount the Association is obligated to pay out. The Association cannot pay more than what the insurance company would owe under a policy or contract. Furthermore, the amounts the Association is authorized to pay are limited.

Allocated Contracts. For any one life insured, the Association will pay a maximum of \$300,000--no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in cash surrender values, \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits--again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverage.



Unallocated Contracts. With respect to each individual participating in a governmental retirement plan established under sections 401, 403(b), or 457 of the Internal Revenue Code and covered by an unallocated annuity contract or with respect to the beneficiaries of each individual, if deceased, the Association will pay, in the aggregate, \$100,000 in present value annuity benefits, including surrender and withdrawal values. With respect to any one contract holder covered by any unallocated annuity contract not included in the prior sentence, the Association will pay up to \$5 million in benefits, irrespective of the number of contracts held by that contract holder.