

Dear Valued FRA Member,

Based on membership information you have previously provided, I've been directed to update you on an important Member Benefit especially appropriate for members your age.

Please let me explain:

While a strong portfolio of professional and financial benefits is extended to all FRA Members, some of these benefits have been negotiated to help meet the specific needs of members your age.

As a member, you may now apply for one of these exclusive member benefits. The FRA-endorsed Group 10-Year Level Term Life Insurance Plan was designed to address the family and financial responsibilities of FRA Members.

TWO IMPORTANT GUARANTEES NEGOTIATED ON YOUR BEHALF

Based on input from members like you, we negotiated a life insurance benefit designed for members like you using the following guidelines:

- 1) Any program developed must give members the ability to **LOCK IN strong term life benefits** ... at flexible benefit levels.
- 2) The premium rates for this program must be affordable for members and **LOCK IN premiums for a 10-year term**.

The result became the cornerstone of the Group 10-Year Level Term Life Insurance Plan ... **DOUBLE "LOCK-IN" GUARANTEE**.

First, your rates are **guaranteed** not to increase for 10 full years.

Plus, your benefits are **guaranteed** not to decrease for 10 full years.

That means you can apply to put this safety net in place ... and you can move on to other priorities, knowing this insurance plan is set for the next 10 years.

AFFORDABLE GROUP RATES PAIRED WITH SIGNIFICANT MEMBER ADVANTAGES

The Group 10-Year Level Term Life Insurance Plan was developed using an economical pricing strategy and the favorable actual claims history of the long-standing FRA-endorsed Group Life Insurance Program.

The result? Targeted group premium rates designed to be competitive for members your age.

But that's not all. You also get these additional advantages:

- **Your spouse can get the 10-Year Level Term Life Plan, too.** Today, most families rely on two incomes. That's why your spouse can also apply for this Plan. (You won't find this with some other plans.)
- **This plan will help protect you** even if you serve on active duty or in the reserves. Suicide during the first two years of coverage is not covered under this plan.
- **Affordable rates on higher benefit amounts.** The rates per \$1,000 in coverage are lower if you choose a total benefit amount higher than \$100,000. Plus, if you qualify as a nonsmoker, you may save even more with "Preferred Plus" or "Preferred" rates. (See the enclosed fact sheet for more details.)

PLEASE ACT TODAY

Your family's financial security isn't something to take lightly. That's why I made sure there was absolutely no risk when you act on your personal notification. (No need to send money now. You will be billed when coverage is approved.)

Upon acceptance, you'll be mailed a personalized Certificate of Insurance. Please take 30 full days to look it over. If you're completely satisfied, simply return it within 30 days.

There will be no hassles and no questions asked.

SIGNATURE REQUIRED TO BEGIN

Once you see the advantages the Group 10-Year Level Term Life Insurance Plan holds for you, you can immediately apply.

(Note: be sure to sign and date the application where indicated. Your request cannot be processed without your signature.)

I look forward to hearing from you,

Sincerely,

David Chambers

David Chambers, Senior Vice President
Association Member Benefits Advisors, LLC
FRA-endorsed Insurance Programs Administrator
License # 1115788

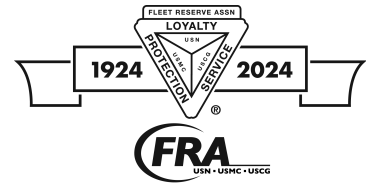
P.S. The FRA-endorsed Group 10-Year Level Term Life Insurance Plan was developed to help meet the targeted needs of members your age. There's no need to send any money today.

Please read the enclosed fact sheet for more information (including costs, exclusions, limitations and terms of coverage).

The Hartford Insurance Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.thehartford.com.

Life Form Series includes GBD-1000 A (10/08), GBD-1100 (10/08), or state equivalent.

LY648L2 - FRA



Group 10-Year Level Term Life Insurance Plan

The FRA-endorsed Group 10-Year Level Term Life Insurance Plan was designed to help address the family and financial responsibilities of FRA Members.

TWO IMPORTANT GUARANTEES NEGOTIATED ON YOUR BEHALF

Based on input from members like you, a life insurance benefit was designed for members your age using the following guidelines:

- 1) Any program developed must give members the ability to **LOCK IN strong term life benefits** ... at flexible benefit levels corresponding to many FRA Members' needs.
- 2) The premium rates for this program must be affordable for members and **LOCK IN premiums for a 10-year term**.

The result became the cornerstone of the Group 10-Year Level Term Life Insurance Plan ... **DOUBLE "LOCK-IN" GUARANTEE**.

First, your rates are **guaranteed** not to increase for 10 full years. Plus, your benefits are **guaranteed** not to decrease for 10 full years. That means you can apply to put this valuable safety net in place ... and then you can move on to other priorities, knowing this insurance plan is set for the next 10 years.

AFFORDABLE GROUP RATES PAIRED WITH SIGNIFICANT MEMBER ADVANTAGES

One of the main thrusts behind this program was to develop rates that were affordable for members. To achieve that goal, the Group 10-Year Level Term Life Insurance Plan was developed using the very favorable actual claims history of the long-standing FRA-endorsed Insurance Program. Rates for this plan are designed to remain level for the entire term period but the underwriting company reserves the right to increase or decrease the rates to preserve the stability of the plan; however, rates will not increase due to your age or health.

But that's not all. You also get these additional advantages:

- **Your spouse can apply for the 10-Year Level Term Life Plan, too.** Today, most families rely on two incomes. That's why your spouse can also apply for this plan.

- **This plan will help protect you** even if you serve on active duty or in the reserves. Suicide during the first two years of coverage is not covered under this plan.

- **Economical Rates on higher benefit amounts.** The rates per \$1,000 in coverage is lower if you choose a total benefit amount over \$100,000. The benefit amounts available are from \$50,000 to \$250,000 in \$50,000 increments. Plus, if you qualify as a nonsmoker, you may save even more with "Preferred Plus" or "Preferred" rates.

Your coverage will take effect on the date your application is approved and your first premium is received. If on the date that you are to become covered, you or your covered spouse is not Actively-at-Work, or if not employed, unable to carry on the normal activities of a person of like age and sex in good health, coverage will not become effective until the first day of the month on or next following the date you complete such activities for 90 consecutive days.

Acceptance into this plan is subject to medical evidence of insurability as determined by The Hartford and underwriting guidelines. As part of the evidence of insurability process, a medical examination, medical test(s), or other evidence of good health may be required. Any exams/tests requested by the company will be conducted at your convenience and at no expense to you.

You qualify for nonsmoker rates if you haven't smoked cigarettes, cigars or used a pipe or chewing tobacco, nicotine chewing gum or snuff in the past 12 months.

10-Year Level Term Life
Band 1 - Benefit Amounts - \$100,000
Annual Rates per \$1,000 Benefit

PREFERRED Band 1 <= \$100,000		
Issue Age	Male NonSmoker	Female NonSmoker
20-30	\$1.00	\$0.87
31	\$1.03	\$0.91
32	\$1.07	\$0.94
33	\$1.11	\$0.98
34	\$1.15	\$1.01
35	\$1.20	\$1.06
36	\$1.27	\$1.10
37	\$1.34	\$1.14
38	\$1.40	\$1.20
39	\$1.48	\$1.26
40	\$1.55	\$1.32
41	\$1.63	\$1.37
42	\$1.72	\$1.44
43	\$1.82	\$1.49
44	\$1.93	\$1.55
45	\$2.06	\$1.61
46	\$2.19	\$1.68
47	\$2.34	\$1.75
48	\$2.47	\$1.82
49	\$2.59	\$1.90
50	\$2.73	\$1.98
51	\$2.88	\$2.06
52	\$3.03	\$2.15
53	\$3.27	\$2.26
54	\$3.53	\$2.37
55	\$3.81	\$2.49
56	\$4.11	\$2.63
57	\$4.43	\$2.76
58	\$4.74	\$2.91
59	\$5.07	\$3.07
60	\$5.40	\$3.23
61	\$6.12	\$3.68
62	\$6.89	\$4.15
63	\$7.82	\$4.66
64	\$8.86	\$5.15

STANDARD Band 1 <= \$100,000				
Issue Age	Male NonSmoker	Male Smoker	Female NonSmoker	Female Smoker
20-30	\$1.57	\$2.25	\$1.26	\$1.74
31	\$1.64	\$2.36	\$1.33	\$1.86
32	\$1.71	\$2.49	\$1.41	\$1.99
33	\$1.79	\$2.62	\$1.48	\$2.12
34	\$1.88	\$2.78	\$1.56	\$2.25
35	\$1.99	\$2.96	\$1.64	\$2.39
36	\$2.13	\$3.19	\$1.73	\$2.55
37	\$2.28	\$3.45	\$1.83	\$2.71
38	\$2.42	\$3.68	\$1.95	\$2.91
39	\$2.57	\$3.93	\$2.08	\$3.12
40	\$2.73	\$4.21	\$2.21	\$3.34
41	\$2.91	\$4.51	\$2.34	\$3.56
42	\$3.11	\$4.84	\$2.48	\$3.79
43	\$3.34	\$5.21	\$2.60	\$3.99
44	\$3.59	\$5.64	\$2.73	\$4.20
45	\$3.86	\$6.08	\$2.86	\$4.42
46	\$4.15	\$6.57	\$2.99	\$4.64
47	\$4.46	\$7.09	\$3.14	\$4.90
48	\$4.73	\$7.54	\$3.29	\$5.15
49	\$5.00	\$7.99	\$3.46	\$5.43
50	\$5.25	\$8.47	\$3.63	\$5.71
51	\$5.58	\$8.96	\$3.81	\$6.00
52	\$5.89	\$9.48	\$3.99	\$6.32
53	\$6.39	\$10.33	\$4.22	\$6.69
54	\$6.92	\$11.23	\$4.46	\$7.10
55	\$7.51	\$12.22	\$4.71	\$7.54
56	\$8.14	\$13.26	\$4.98	\$7.99
57	\$8.83	\$14.41	\$5.25	\$8.46
58	\$9.43	\$15.52	\$5.57	\$8.99
59	\$10.20	\$16.70	\$5.91	\$9.55
60	\$10.93	\$17.93	\$6.26	\$10.13
61	\$12.07	\$19.45	\$6.92	\$10.87
62	\$13.27	\$21.10	\$7.62	\$11.71
63	\$14.87	\$23.45	\$8.33	\$12.55
64	\$16.71	\$26.18	\$9.09	\$13.72

Note: Premiums are based on applicant's gender, age at date of issue and on the attained renewal dates, amount of insurance requested, usage of tobacco/nicotine products and health status. This rate table should not be used to calculate your premium beyond your attained age when your coverage becomes effective. Rates and/or benefits may be changed on a class basis. Coverage is renewable to age 75.

If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

10-Year Level Term Life
Band 2 - Benefit Amounts of \$100,001-\$250,000
Annual Rates per \$1,000 Benefit

PREFERRED PLUS Band 2 \$100,001-\$250,000			PREFERRED Band 2 \$100,001-\$250,000			STANDARD Band 2 \$100,001-\$250,000				
Issue Age	Male NonSmoker	Female NonSmoker	Issue Age	Male NonSmoker	Female NonSmoker	Issue Age	Male NonSmoker	Male Smoker	Female NonSmoker	Female Smoker
20-30	\$0.68	\$0.58	20-30	\$0.76	\$0.64	20-30	\$1.34	\$2.01	\$1.02	\$1.51
31	\$0.71	\$0.61	31	\$0.80	\$0.67	31	\$1.40	\$2.12	\$1.09	\$1.62
32	\$0.74	\$0.64	32	\$0.83	\$0.71	32	\$1.48	\$2.25	\$1.17	\$1.76
33	\$0.77	\$0.67	33	\$0.87	\$0.74	33	\$1.55	\$2.38	\$1.24	\$1.88
34	\$0.81	\$0.70	34	\$0.91	\$0.78	34	\$1.64	\$2.54	\$1.32	\$2.01
35	\$0.86	\$0.74	35	\$0.97	\$0.82	35	\$1.76	\$2.73	\$1.41	\$2.15
36	\$0.91	\$0.77	36	\$1.03	\$0.86	36	\$1.89	\$2.96	\$1.50	\$2.31
37	\$0.97	\$0.81	37	\$1.10	\$0.91	37	\$2.05	\$3.22	\$1.59	\$2.47
38	\$1.02	\$0.86	38	\$1.17	\$0.96	38	\$2.18	\$3.44	\$1.72	\$2.68
39	\$1.09	\$0.90	39	\$1.24	\$1.02	39	\$2.33	\$3.69	\$1.84	\$2.89
40	\$1.15	\$0.95	40	\$1.32	\$1.08	40	\$2.50	\$3.97	\$1.97	\$3.10
41	\$1.22	\$1.00	41	\$1.40	\$1.14	41	\$2.68	\$4.27	\$2.11	\$3.32
42	\$1.29	\$1.05	42	\$1.48	\$1.20	42	\$2.87	\$4.60	\$2.25	\$3.55
43	\$1.37	\$1.10	43	\$1.58	\$1.25	43	\$3.10	\$4.98	\$2.37	\$3.76
44	\$1.46	\$1.15	44	\$1.70	\$1.31	44	\$3.36	\$5.40	\$2.49	\$3.96
45	\$1.56	\$1.20	45	\$1.82	\$1.37	45	\$3.62	\$5.84	\$2.62	\$4.18
46	\$1.68	\$1.25	46	\$1.96	\$1.44	46	\$3.92	\$6.33	\$2.76	\$4.41
47	\$1.80	\$1.31	47	\$2.10	\$1.51	47	\$4.23	\$6.85	\$2.91	\$4.67
48	\$1.91	\$1.37	48	\$2.23	\$1.58	48	\$4.50	\$7.30	\$3.06	\$4.92
49	\$2.02	\$1.44	49	\$2.36	\$1.66	49	\$4.76	\$7.75	\$3.22	\$5.19
50	\$2.13	\$1.51	50	\$2.50	\$1.74	50	\$5.05	\$8.23	\$3.39	\$5.47
51	\$2.26	\$1.58	51	\$2.65	\$1.83	51	\$5.35	\$8.72	\$3.57	\$5.77
52	\$2.39	\$1.65	52	\$2.80	\$1.91	52	\$5.65	\$9.24	\$3.76	\$6.08
53	\$2.59	\$1.74	53	\$3.03	\$2.02	53	\$6.15	\$10.09	\$3.98	\$6.45
54	\$2.81	\$1.84	54	\$3.29	\$2.13	54	\$6.69	\$10.99	\$4.22	\$6.86
55	\$3.05	\$1.94	55	\$3.57	\$2.26	55	\$7.27	\$11.98	\$4.47	\$7.30
56	\$3.30	\$2.06	56	\$3.87	\$2.39	56	\$7.90	\$13.02	\$4.74	\$7.75
57	\$3.57	\$2.17	57	\$4.19	\$2.53	57	\$8.59	\$14.17	\$5.01	\$8.22
58	\$3.83	\$2.29	58	\$4.50	\$2.67	58	\$9.25	\$15.28	\$5.33	\$8.75
59	\$4.11	\$2.43	59	\$4.84	\$2.83	59	\$9.96	\$16.45	\$5.67	\$9.32
60	\$4.38	\$2.56	60	\$5.16	\$2.99	60	\$10.69	\$17.68	\$6.02	\$9.89
61	\$5.04	\$2.98	61	\$5.88	\$3.44	61	\$11.83	\$19.21	\$6.68	\$10.63
62	\$5.75	\$3.43	62	\$6.65	\$3.92	62	\$13.03	\$20.94	\$7.38	\$11.47
63	\$6.58	\$3.90	63	\$7.58	\$4.42	63	\$14.63	\$23.30	\$8.09	\$12.38
64	\$7.51	\$4.36	64	\$8.62	\$4.98	64	\$16.47	\$26.04	\$8.94	\$13.59

Note: Premiums are based on applicant's gender, age at date of issue and on the attained renewal dates, amount of insurance requested, usage of tobacco/nicotine products and health status. This rate table should not be used to calculate your premium beyond your attained age when your coverage becomes effective. Rates and/or benefits may be changed on a class basis. Coverage is renewable to age 75.

Only nonsmokers meeting the highest underwriting standards will qualify for "Preferred Plus" or "Preferred" rates. Other nonsmokers may qualify for the "Standard" rates. Smokers may only qualify for "Smoker" rates.

If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

Eligibility

You are eligible for coverage as an FRA member at least age 20 but under age 65, and a resident of the U.S. Plus, your spouse, under age 65, is eligible for this coverage as long as they are not separated or divorced from you.

When a husband and wife are both Eligible Persons, coverage may not be duplicated by applying as dependents of each other.

This coverage is available only for residents of the United States. Not available in all states.

Exclusions

If You or Your Dependent commit suicide while sane or insane:

- 1) during the first two years of coverage under The Policy, We will only pay the deceased person's Life Insurance Benefit in an amount equal to the premium paid for coverage to the date of death; or
- 2) during the two years immediately following an increase in coverage under The Policy, We will only pay the deceased person's Life Insurance Benefit in an amount equal to the amount of Life Insurance in force prior to the increase, plus an amount equal to the premium paid for the increase to the date of death.

The full Life Insurance Benefit amount for the deceased person is payable if he or she is covered under The Policy and commits suicide after the two year period.

When Your Coverage Ends

Your Plan will continue as long as you maintain your FRA membership, pay your premiums when due, your 10-year term of coverage has not expired and the Master Policy stays in force. Your spouse's coverage ceases when, premiums are not paid or he or she is legally divorced or separated from you. Policy age limit for member and spouse is 75. Premiums are guaranteed to remain level for the first 10 years of coverage. At the end of the 10-year period, if you still meet requirements of eligibility, you may apply for reentry. A written application and evidence of insurability satisfactory to The Hartford is required. Or you can convert to a group annually renewable term life policy with attained age rates, without evidence of insurability, and subject to all terms and eligibility requirements of that policy.

Rates for the Plan are designed to remain level through the indicated term; however, The Hartford reserves the right to decrease or increase the rates on a class-wide basis to maintain the stability of the Plan.

This fact sheet explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this fact sheet and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations, and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states.

Program Offered by:



Association Member Benefits Advisors, LLC., which acts as the insurance broker for the Group Policyholder, is appointed by The Hartford, and is compensated for the placement of insurance.

In CA d/b/a Association Member Benefits & Insurance Agency
CA Insurance License #0196562
AR Insurance License #100114462

P.O. Box 14536
Des Moines, IA 50306

QUESTIONS?

1-800-424-1120
www.frainsure.com

Underwritten by:



Hartford Life and Accident Insurance Company
Hartford, CT 06155

The Hartford Insurance Group, Inc., (NYSE: HIG) operates through its subsidiaries under the brand name, The Hartford, and is headquartered in Hartford, Connecticut. For additional details, please read The Hartford's legal notice at www.thehartford.com.

This is private insurance. This insurance is not associated with SGLI.

AGT-1758

Life Form Series includes GBD-1000 A (10/08), GBD-1100 (10/08), or state equivalent.

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Notice of Information Practices

This notice applies to residents of: All states, excluding Massachusetts.

The Hartford Life and Accident Company respects your right to privacy and values your trust. This Notice explains how we collect, use and protect your personal information and your rights regarding that information.

Information We Collect: While your application for insurance is our primary source of information about you, we may also need to collect or verify information from other sources such as physicians and other medical and health care providers and professionals, health facilities such as hospitals, clinics, pharmacies, employers, consumer reporting agencies, and insurance-support organizations, which may provide us with an investigative consumer report about you. Organizations that provide us with consumer reports about you may disclose the contents of the report to others for which such organization performs such services. We may collect personal information about you that is necessary to determine your eligibility for insurance, to service your insurance policy, and otherwise as permitted by law; the information may include information from which judgments can be made about your age, health and medical history, occupation, avocations, finances, credit, character, habits, general reputation, or any other personal characteristics. We also collect information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.

Personal History Interview: To provide you, our client, with the best possible service, we may also conduct what we call a personal history interview. This is a phone call placed from our underwriting office. Its purpose is to make sure that the application information is complete. Our interviewers are trained to conduct their calls in a friendly, professional manner. The nature of the information discussed is always treated as personal and confidential and will only be used to assess your eligibility for insurance.

Medical Information Bureau (MIB) Pre-Notice: Information regarding your insurability will be treated as confidential. Hartford Life and Accident Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company, with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite Model 400, Braintree, Massachusetts 02184-8734. Hartford Life and Accident Insurance Company, or their reinsurers, may also release information from their files to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Disclosure of Personal Information: We will not disclose your personal information to third parties without your authorization except in connection with our business or as otherwise permitted or required by law. For example, in connection with our general business practices, we may disclose personal information we collect to: companies performing services or functions on our behalf, including other insurers, agents or insurance support organizations, including for the purpose of determining your eligibility for insurance benefits or payments; detect or prevent fraud or criminal activity in connection with insurance transactions; medical care institutions or medical professionals for the purposes of verifying coverage or benefits; insurance regulatory authorities or law enforcement of other governmental authorities to prevent or prosecute the perpetration of fraud; the policyholder of a group insurance policy (for example an employer who provides group insurance) for purposes of reporting claims experience, conducting an audit of our operations or services, risk mitigation or other permissible purposes; third parties who collect data regarding claims for purposes of underwriting and claims handling, or to a third party as otherwise permitted or required by law; or reinsurers.

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.

Form PA-10210 (2018)

How We Protect Your Information: We employ administrative, technical and physical safeguards to protect the security, confidentiality and integrity of personal information. We will continue to protect your information even when a business relationship no longer exists between us.

Right to Access and Right to Correct/Amend/Delete: You have the right to learn what personal, including medical, information we have in our files about you, to whom it has been recently disclosed, to have access to the information, to correct the information, and to receive a copy. We are not required to provide you access to information that is collected when we evaluate a claim or when the possibility of a lawsuit exists.

Please contact us if you would like access to your information from your files. There may be a reasonable charge for copies of records. If you think your file contains incorrect information, notify us indicating what you believe is incorrect and your reasons. We will investigate the matter and either correct our records or place a statement from you in our files explaining why you believe the information is incorrect. We will also notify persons or organizations to whom we previously disclosed the information of the change or your statement.

If you request access to medical record information that was supplied to us by a medical care institution or medical professional, we may choose to provide it to a medical professional designated by you.

Rights Relating to Adverse Underwriting Decision: You have the right to certain information relating to adverse underwriting decisions we may make about You, including the reason for such decision. In the event we make an adverse underwriting decision relating to You, we will provide You with information regarding such decision and Your rights.

How to make a request: If you wish to exercise your rights as provided in this notice, please provide us with your full name, complete address, your policy number or other identifying information and a reasonable description of the information you wish to access or correct. Please send your written request to: The Hartford, Attn: Medical Underwriting, PO Box 2999, Hartford, CT 06104-2999.

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.

Form PA-10210 (2018)

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Notice of Information Practices

This notice applies to residents of Massachusetts.

The Hartford Life and Accident Company respects your right to privacy and values your trust. This Notice explains how we collect, use and protect your personal information and your rights regarding that information.

Information We Collect: While your application for insurance is our primary source of information about you, we may also need to collect or verify information from other sources such as physicians and other medical and health care providers and professionals, health facilities such as hospitals, clinics, pharmacies, employers, consumer reporting agencies, and insurance- support organizations, which may provide us with an investigative consumer report about you. Organizations that provide us with consumer reports about you may disclose the contents of the report to others for which such organization performs such services. We may collect personal information about you that is necessary to determine your eligibility for insurance, to service your insurance policy, and otherwise as permitted by law; the information may include information from which judgments can be made about your age, health and medical history, occupation, avocations, finances, credit, character, habits, general reputation, or any other personal characteristics. We also collect information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment and claims history.

Personal History Interview: To provide you, our client, with the best possible service, we may also conduct what we call a personal history interview. This is a phone call placed from our underwriting office. Its purpose is to make sure that the application information is complete. Our interviewers are trained to conduct their calls in a friendly, professional manner. The nature of the information discussed is always treated as personal and confidential and will only be used to assess your eligibility for insurance.

Medical Information Bureau (MIB) Pre-Notice: Information regarding your insurability will be treated as confidential. Hartford Life and Accident Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company, with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite Model 400, Braintree, Massachusetts 02184-8734. Hartford Life and Accident Insurance Company, or their reinsurers, may also release information from their files to other

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insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Disclosure of Personal Information: We will not disclose your personal information to third parties without your authorization except in connection with our business or as otherwise permitted or required by law. For example, in connection with our general business practices, we may disclose personal information we collect to: companies performing services or functions on our behalf, including other insurers, agents or insurance-support organizations, including for the purpose of determining your eligibility for insurance benefits or payments; detect or prevent fraud or criminal activity in connection with insurance transactions; medical care institutions or medical professionals for the purposes of verifying coverage or benefits; insurance regulatory authorities or law enforcement of other governmental authorities to prevent or prosecute the perpetration of fraud; the policyholder of a group insurance policy (for example an employer who provides group insurance) for purposes of reporting claims experience, conducting an audit of our operations or services, risk mitigation or other permissible purposes; third parties who collect data regarding claims for purposes of underwriting and claims handling, or to a third party as otherwise permitted or required by law; or reinsurers. Information obtained from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons.

How We Protect Your Information: We employ administrative, technical and physical safeguards to protect the security, confidentiality and integrity of personal information. We will continue to protect your information even when a business relationship no longer exists between us.

Right to Access and Right to Correct/Amend/Delete: You have the right to access what personal, including medical, information we have in our files about you, to whom it has been recently disclosed, to have access to the information, to correct the information, and to receive a copy. We are not required to provide you access to information that is collected when we evaluate a claim or when the possibility of a lawsuit exists.

Within 30 days of receipt of your written request, we will make any of this personal information available to you or to your designated representative. You also have the right to request correction, amendment or deletion of any of this personal information. Within 30 business days of receipt of your written request, we will notify you of our correction, amendment or deletion of the information in dispute, or our refusal to make such correction, amendment or deletion after further investigation. In the event that we refuse to correct, amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.

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Please contact us if you would like access to your information from your files. There may be a reasonable charge for copies of records. If you think your file contains incorrect information, notify us indicating what you believe is incorrect and your reasons. We will investigate the matter and either correct our records or place a statement from you in our files explaining why you believe the information is incorrect. We will also notify persons or organizations to whom we previously disclosed the information of the change or your statement.

If you request access to medical record information that was supplied to us by a medical care institution or medical professional, we may choose to provide it to a medical professional designated by you.

Rights Relating to Adverse Underwriting Decision: You have the right to certain information relating to adverse underwriting decisions we may make about You, including the reason for such decision. In the event that coverage for which you have applied is declined, terminated for reasons other than failure to pay your premium, or offered to you at a higher than standard rate, you have the right to request in writing within 90 days the specific reasons why. Within 21 days of receipt of your written request, we will submit to you a written statement of the specific reasons for our decision and the specific items in your recorded personal information that support that decision.

How to make a request: If you wish to exercise your rights as provided in this notice, please provide us with your full name, complete address, your policy number or other identifying information and a reasonable description of the information you wish to access or correct. Please send your written request to: The Hartford, Attn: Medical Underwriting, PO Box 2999, Hartford, CT 06104-2999.

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