

WAIVER AND RELEASE

I, _____, understand that I am eligible to be insured under the terms of a fully employer-paid group life insurance plan sponsored by my employer, _____, and provided under Group Policy No.(s)_____
_____ (“Policy”), issued by Hartford Life and Accident Insurance Company (“Hartford”), for an amount of group term life insurance coverage in excess of \$50,000. However, in consideration of the Federal Income Tax requirement that the cost of such employer-paid life insurance in excess of \$50,000 will constitute taxable income to me, I, on behalf of myself and my heirs, beneficiaries, executors, administrators, successors, assigns and estate, hereby waive my right to such group term life insurance in excess of \$50,000. Furthermore, I expressly direct Hartford and my employer not to contract for or place in effect any employer-paid group life insurance in excess of \$50,000 on my life.

I hereby release Hartford, its parent, subsidiary, and affiliated companies, and their respective officers, directors, employees, agents, and successors from and all liability to me or to my heirs, beneficiaries, executors, administrators, successors, assigns and estate, with respect to this waiver of the amount of group term life insurance provided by such Group Policy on my life in excess of \$50,000 for which I am eligible.

I understand that if I should later change my mind, the amount of employer-paid life insurance which I am hereby waiving will not be restored later except upon submission and approval by Hartford of evidence of good health acceptable to Hartford Life and Accident Insurance Company and its subsidiaries.

I understand that Hartford will have the right to reject any requests for coverage submitted at that time if the evidence of good health is not satisfactory to Hartford. Additionally, I understand that any future requests for coverage will be subject to any other conditions in force at the time and applicable to late entrants.

I may revoke this waiver only by providing a written request stating my intent to revoke this waiver to both Hartford and to my employer. After my revocation of waiver is received by Hartford and the employer, I may become insured under the Policy only to the extent that I satisfy all the requirements of the Policy, including without limitation, providing satisfactory evidence of good health.

(Signature)

(Date)