

**Amendatory Rider**



**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**  
**One Hartford Plaza**  
**Hartford, Connecticut 06155**  
**(A stock insurance company)**

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

This rider is attached to a certificate given in connection with Policy Number GLT-803682, issued to MANUFACTURER AND BUSINESS ASSOCIATION.

This rider becomes effective July 1, 2019.

With respect to All Full-time Active Employees who are enrolled in the \$3,000 maximum monthly benefit and 180 day elimination period, Your certificate is amended as follows:

1. The **Eligible Class(es) For Coverage** provision shown in the **Schedule of Insurance** section of the **Life Insurance** portion of Your certificate shall read as follows:

**Eligible Class(es) for Coverage:** All Full-time Active Employees who are enrolled in the \$3,000 maximum monthly benefit and 180 day elimination period and who are citizens or legal residents of the United States, its territories and protectorates; excluding temporary, leased or seasonal employees.

Full-time Employment: at least 30 hours weekly

2. The **Eligibility Waiting Period for Coverage** provision shown in the **Schedule of Insurance** section of the **Long Term Disability** portion of Your certificate shall read as follows:

90 days

The time period(s) referenced above are continuous. The Eligibility Waiting Period for Coverage will be reduced by the period of time You were a Full-time Active Employee with the Employer under the Prior Policy.

3. The **Elimination Period** provision shown in the **Schedule of Insurance** section of the **Long Term Disability** portion of Your certificate shall read as follows:

**Elimination Period:** 180 day(s)

4. The **Maximum Monthly Benefit** provision shown in the **Schedule of Insurance** section of the **Long Term Disability** portion of Your certificate shall read as follows:

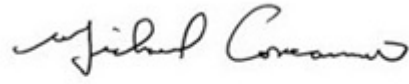
**Maximum Monthly Benefit:** \$3,000

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company

Handwritten signature of Lisa Levin in black ink.

**Lisa Levin, Secretary**

Handwritten signature of Michael Concannon in black ink.

**Michael Concannon, President**