

**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 GRH-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 flat \$300 weekly benefit with 13 week benefit duration plan, Your certificate is amended as follows:

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

**Eligible Class(es) for Coverage:**

All Full-time Active Employees who are enrolled in the flat \$300 weekly benefit with 13 week benefit duration plan 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 **Weekly Benefit** provision shown in the **Schedule of Insurance** section of the **Short Term Disability** portion of Your certificate shall read as follows:

**Weekly Benefit:**

\$300, reduced by Other Income Benefits.

3. The **Maximum Duration of Benefits Payable** provision shown in the **Schedule of Insurance** section of the **Short Term Disability** portion of Your certificate shall read as follows:

**Maximum Duration of Benefits Payable:**

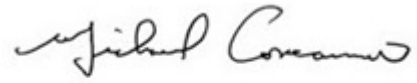
- 1) 13 week(s) if caused by Injury; or
- 2) 13 week(s) if caused by Sickness.

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company



Lisa Levin, *Secretary*



Michael Concannon, *President*