

APPENDIX D
BUSINESS TRAVEL ACCIDENT PLAN

Section D1.01 Insurance Benefits. The Business Travel Accident Plan provides Eligible Employees additional security in the event of death or disability while away from home on business for the Employer. Business Travel Accident benefits under this Business Travel Accident Plan are identical to those described in, and shall be paid pursuant to the terms of, the group contract (“Hartford Life Group Contract”) between Hartford Life and Accident Insurance Company (“Hartford Life”) and the Employer (Group No. ETB-114005). The provisions of that group contract, as it may be amended from time to time, are incorporated herein by reference, solely as a description of the benefits provided by Hartford Life. The Employer makes no promise and shall have no obligation to provide or pay such benefits from its own assets. For example, in the event of Hartford Life’s insolvency, the Participant shall bear fully any and all risk of such insolvency. The rights and conditions with respect to the benefits payable under this Business Travel Accident Plan shall be determined from the Hartford Life Group Contract.

Section D1.02 Cost of Coverage. The Employer will pay 100% of the monthly premium cost for the insurance coverage provided by the Business Travel Accident Plan.

ATTACHMENT D-1
FARM CREDIT FOUNDATIONS
BUSINESS TRAVEL ACCIDENT PLAN

Hartford Life and Accident Insurance Company

Group Policy Number ETB-114005

Please place a copy of the underlying insurance policy behind this page.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Hartford Plaza
Hartford, Connecticut
(A stock insurance company)

Will pay benefits according to
the conditions of this
policy.



Policyholder Name: Farm Credit Foundations Plan Sponsor Committee

Policyholder Address: 375 Jackson Street
Saint Paul, MN 55101

Policy Number: ETB-114005

Place of Delivery: Saint Paul, MN

Policy Effective Date: January 1, 2007

Policy Expiration Date: January 1, 2009

TABLE OF CONTENTS

Schedule
Participating Firms (if any)
Contract Provisions
Definitions
Determination of Individual Coverage
Exclusions
Hazards
Benefits
Claims
Riders (if any)

Countersigned by
Licensed Resident Agent

Signed for the Company

Richard G. Costello, *Secretary*

Thomas M. Marra, *President*

SCHEDULE

ELIGIBLE PERSONS

<u>Class</u>	<u>Description</u>
1	All employees and temporary employees of AgriBank.
2	All directors of AgriBank.
3	All employees and temporary employees of US AgBank.
4	All directors of US AgBank.

Form 7679 B6

BENEFIT DESCRIPTION:

ADD means Accidental Death and Dismemberment Benefit

Loss Period: 365 days

For residents of Pennsylvania, the 365 days loss period is not applicable for loss of life only.

LUSE means Loss of Use Benefit.

PTD means Permanent Total Disability Benefit.

Age Limit: 70

Disability Commencement Period: 180 days

Qualification Period: 12 months

REHAB means Rehabilitation Benefit.

Loss Period: 365 days

SBLT means Seat Belt Benefit.

COMA means Coma Benefit.

Waiting Period: 30 days

THERP means Therapeutic Counseling Benefit.

HAZARDS, BENEFITS, AND AMOUNTS

<u>Class</u>	<u>Hazard</u>	<u>Benefit</u>	<u>Amount</u>	
1	C-12	ADD	3 times salary, to a maximum of \$1,000,000	
		COMA	See ADD and PTD amounts	
		LUSE	See ADD Amount	
		PTD	3 times salary, to a maximum of \$1,000,000	
		REHAB	2.5% of Principal Sum to a Maximum of \$2,500.	
		SBLT	10% of Principal Sum to a Maximum of \$50,000.	
		THERP	2.5% of Principal Sum to a Maximum of \$2,500.	
		C-12B	ADD	Spouse - \$25,000 Each Child - \$10,000
			C-41	ADD
	COMA			See ADD and PTD amounts
	LUSE	See ADD Amount		
	PTD	3 times salary, to a maximum of \$1,000,000		
	REHAB	2.5% of Principal Sum to a Maximum of \$2,500.		
	SBLT	10% of Principal Sum to a Maximum of \$50,000.		
	C-46C	THERP	2.5% of Principal Sum to a Maximum of \$2,500.	
ADD		3 times salary, to a maximum of \$1,000,000		
COMA		See ADD and PTD amounts		
LUSE		See ADD Amount		
PTD		3 times salary, to a maximum of \$1,000,000		
REHAB		2.5% of Principal Sum to a Maximum of \$2,500.		
SBLT	10% of Principal Sum to a Maximum of \$50,000.			

	C-55B	THERP ADD	2.5% of Principal Sum to a Maximum of \$2,500. Spouse - \$25,000 Each Child - \$10,000
	C-57	ADD COMA LUSE PTD REHAB SBLT THERP	3 times salary, to a maximum of \$1,000,000 See ADD and PTD amounts See ADD Amount 3 times salary, to a maximum of \$1,000,000 2.5% of Principal Sum to a Maximum of \$2,500. 10% of Principal Sum to a Maximum of \$50,000. 2.5% of Principal Sum to a Maximum of \$2,500.
2	C-12	ADD COMA LUSE PTD REHAB SBLT THERP	\$100,000 See ADD and PTD amounts See ADD Amount \$100,000 2.5% of Principal Sum to a Maximum of \$2,500. 10% of Principal Sum to a Maximum of \$50,000. 2.5% of Principal Sum to a Maximum of \$2,500.
	C-12B	ADD	Spouse - \$25,000 Each Child - \$10,000
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	C-41	ADD COMA LUSE PTD	3 times salary, to a maximum of \$1,000,000 See ADD and PTD amounts See ADD Amount 3 times salary, to a maximum of \$1,000,000

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		LUSE	See ADD Amount
		PTD	\$100,000
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		LUSE	See ADD Amount
		PTD	\$100,000
		REHAB	2.5% of Principal Sum to a Maximum of \$2,500.
		SBLT	10% of Principal Sum to a Maximum of \$50,000.
		THERP	2.5% of Principal Sum to a Maximum of \$2,500.

For Class 1:

*"Salary" means the greater of the Insured Person's previous year benefit-eligible earnings or current base salary. Benefit-eligible earnings includes base pay, incentive pay, commissions, overtime, intermittent pay, shift differential, retroactive pay adjustments, lump-sum merit pay, business/performance-based bonuses and salary continuation (e.g. sick pay and short-term disability).

For Class 3:

*"Salary" means the Insured Person's annual rate of earnings from the Policyholder. Annual earnings includes:

1. Contributions made by the Insured Person through a salary reduction agreement with the Policyholder to:
 - a. An Internal Revenue Code (IRC) Section 401(K), 403(B), 408(K) or 457 deferred compensation arrangement; or
 - b. An executive nonqualified deferred compensation agreement.
2. Incentive pay for the earnings period prescribed in the Policyholder's corporate guidelines or over the Insured Person's period of employment if less than the earnings period prescribed in the Policyholder's corporate guidelines.
3. Bonuses for the earnings period prescribed in the Policyholder's corporate guidelines or over the Insured Person's period of employment if less than the earnings period prescribed in the Policyholder's corporate guidelines.
4. Shift differential pay.
5. Amounts contributed to the Insured Person's fringe benefits according to a salary reduction agreement with the Policyholder under an IRC Section 125 plan.
6. Overtime pay for the earnings period prescribed in the Policyholder's corporate guidelines or over the Insured Person's period of employment if less than the earnings period prescribed in the Policyholder's corporate guidelines.

Annual earnings does not include Policyholder contributions on the Insured Person's behalf to any deferred compensation arrangement or any other extra compensation.

Annual earnings will be based on the Insured Person's earnings in effect on the Insured Person's last full day of active work, unless otherwise prescribed in the Policyholder's corporate guidelines.

The total amount payable for ADD and PTD, due to the same accident, will not exceed the one Amount shown above for either Benefit.

If an Insured Person is covered under more than one Hazard or Class on the date of accident, he or she will be considered to be covered under the one Hazard or Class with the largest Benefit Amount.

Accidental Death and Dismemberment Reduction on and after Age 70: On the date of the Insured Person's attainment of ages 70, 75, 80, and 85, the Insured Person's amount of Principal Sum will reduce. The reduced amount will be determined by multiplying the Amount of Principal Sum shown in the Schedule and applicable to the Insured Person by the percentage shown below for his or her attained age:

Insured Person's Age:	Percentage of Principal Sum:
Age 70 – 74	80%
Age 75 – 79	55%
Age 80 – 84	35%
Age 85 or over	20%

Insured Persons age 70 or over will not be eligible for a Principal Sum Amount that is more than the Percentage of Principal Sum shown above for his or her attained age.

AGGREGATE LIMITATION:

Hazard:	Aggregate Amount:
All	\$5,000,000

\$5,000,000 shall be the total limit of the Company's liability for all benefits payable under this policy because of injury sustained due to any one accident.

Form 7679 B7

POLICY PREMIUMS:

Premium Not Subject To Audit:	\$30,760
Premium Subject To Audit:	\$0
Total Premium For Policy Period:	\$30,760

Total Premium Payable on Effective Date

Form 7679 B8

CONTRACT PROVISIONS

Entire Contract: The entire contract between the Policyholder and us consists of this policy, any individual applications, and any papers made a part of this policy at issue.

Changes: No agent has authority to change or waive any part of this policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of this policy.

Interpretation of Policy Terms and Conditions: We have full discretion and authority to determine eligibility for the benefits and to construe and interpret all terms and provisions of this policy.

Time Periods: All periods begin and end at 12:01 A.M., Standard Time at the place where this policy is delivered.

Certificates: We will give certificates to:

- a) the Policyholder; or
- b) any other person according to a mutual agreement among the other person, the Policyholder and us; for delivery to Insured Persons.

The certificates will state the features of this policy which are important to Insured Persons.

Conformity with State Statutes: On the Policy Effective Date, any part of the policy which is in conflict with a statute of the state in which the policy is:

- a) delivered; or
- b) issued for delivery;

is hereby amended to agree with the statute's minimum requirements.

Data Furnished by Policyholder: The Policyholder will, upon our request, give us:

- a) the names of all persons initially eligible;
- b) the names of all additional persons who become eligible;
- c) the names of all persons whose amount of Principal Sum is to be changed;
- d) the names of all persons whose insurance is canceled; and
- e) any data necessary to calculate premiums.

The Policyholder's failure to report a person's termination of insurance does not continue the coverage beyond the date of termination.

The Policyholder, with our approval, may keep the important insurance records on all Insured Persons. The Policyholder must give us information, when and in the manner we ask, to administer the insurance provided by this policy.

The Policyholder's insurance records will be open for our inspection at any reasonable time.

Form 7679 D4

CONTRACT PROVISIONS (Continued)

Cancellation: This policy may be cancelled at any time by written notice mailed or delivered by us to the Policyholder or by the Policyholder to us. If we cancel, we will mail or deliver the notice to the Policyholder at its last address shown in our records.

If we cancel, it becomes effective on the later of:

- a) the date stated in the notice; or
- b) the 31st day after we mail or deliver the notice.

If the Policyholder cancels, it becomes effective on the later of:

- a) the date we receive the notice; or
- b) the date stated in the notice.

In either event:

- a) we will promptly return any unearned premium paid; or
- b) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis.

Cancellation will not affect any claim for loss due to an accident which occurs before the effective date of the cancellation.

Not in Lieu of Workers' Compensation: This policy does not satisfy any requirement for workers' compensation insurance.

Form 7679 D4 (CONT.)

CONTRACT PROVISIONS (Continued)

Policy Period: This Policy becomes effective on the Policy Effective Date and continues in force to the end of the period for which premium was paid unless cancelled at an earlier date. This Policy terminates on the earlier of:

- a) the Policy Expiration Date unless continued in force in accordance with the Renewal Provision; or
- b) the last day of the period for which premium has been paid subject to the Grace Period.

The Policy Effective Date and Policy Expiration Date are shown:

- a) on page I for the original Policy Period; and
- b) in a Renewal Rider for any Renewal Policy Period.

Renewal: We will send the Policyholder a notice of policy renewal. The Policy will be renewed if the Policyholder signs and returns the notice prior to the current Expiration Date. If the Policyholder does not receive the notice, the policy may be renewed if we receive a written request from the Policyholder and a deposit renewal premium of \$350 on or before the current Expiration Date. Once we have received the deposit renewal premium, we will request information from the Policyholder necessary to calculate the actual renewal premium and either return any excess premium or bill the Policyholder for the remaining unpaid renewal premium.

However, in no event will this policy be renewed if:

- a) we have refused to renew this policy on or before the current Expiration Date;
- b) this policy has been cancelled on or before the current Expiration Date; and
- c) the Policyholder does not give us, in advance of the current Expiration Date, the information we request.

Premium Due Dates: Each Premium is due in advance of the date the Schedule states that it is payable. If the Schedule shows an amount for Premium Subject To Audit, the earned premium will be calculated for each date on which the Policyholder is required to furnish data for determining Units of Exposure. If the earned Premium:

- a) is greater than the premium paid, the additional premium is payable on the date we notify the Policyholder of the amount;
- b) is less than the premium paid, we will promptly return the unearned portion of the premium paid.

Grace Period: A Grace Period of 31 days is allowed for payment of each premium due after the initial premium, unless this policy is cancelled on or before the due date. If the Policyholder has returned the notice of renewal prior to the Policy Expiration Date, a Grace Period of 31 days from the Policy Expiration Date is allowed for payment of the renewal premium. This policy will continue in force during the Grace Period. The Policyholder is liable to us for the payment of Premium accruing for the period this policy continues in force.

Payment: Premiums are to be paid to us by the Policyholder. However, they may be paid to us by any other person according to a mutual agreement among the other person, the Policyholder and us.

Change of Premiums: We have the right to change the rate at which Premiums will be calculated for each Policy Period.

Form 7679 D2 (Rev.-1)

DEFINITIONS

Each term listed, when used in this policy, has the following meaning:

We, us, or our means the insurance company named on page 1.

You, Your, or Insured Person means an Eligible Person while he or she is covered under this policy.

Injury means, and an Insured Person is covered for, bodily injury resulting directly and independently of all other causes from accident which occurs:

- a) while he or she is covered under; and
- b) in the manner specified in;

a Hazard applicable to his or her class.

Loss resulting from:

- a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- b) medical or surgical treatment of a sickness or disease.

is not considered as resulting from injury.

Business Trip means a bona fide trip:

- a) while on assignment or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder;
- b) which begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip;
- c) which ends when he or she returns to his or her residence or place of regular employment, whichever first occurs; and
- d) excluding travel to and from work, bona fide leaves of absence and vacations.

Trip means a trip which:

- a) begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; and
- b) ends when he or she returns to his or her residence or place of regular employment, whichever first occurs.

Passenger means a person who is not:

- a) the operator or driver; or
 - b) the pilot, student pilot, or a crewmember;
- of a conveyance at the time of accident.

Common Carrier means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

Form 7679 E1

DEFINITIONS

Civil Aircraft means a civil or public aircraft which:

- a) has an Airworthiness Certificate;
- b) is piloted by a person who has:
 - 1) a current pilot certificate which the appropriate aircraft category rating for that aircraft; and
 - 2) a current medical certificate which is appropriate for the operation of that aircraft; and
- c) is not operated by the militia, or armed forces of any state, national government or international authority.

Scheduled Aircraft means a Civil Aircraft operated by a scheduled airline which:

- a) is licensed by the FAA for the transportation of passengers for hire; and
- b) publishes its flight schedules and fares for regular passenger service.

Military Transport Aircraft means a transport aircraft operated by:

- a) the United States Air Mobility Command (AMC); or
- b) a national military air transport service of any country.

Policyholder Aircraft means an aircraft which is owned, leased, or operated by or on behalf of the Policyholder.

Airworthiness Certificate means a valid and current "Standard Airworthiness Certificate" issued by the FAA.

FAA means:

- a) the Federal Aviation Administration of the United States; or
- b) the similar aviation authority for the country of the aircraft's registry, if the country is recognized by the United States.

Extra-Hazardous Aviation Activity means an aircraft while it is being used for one or more of the following activities:

Acrobatics or Stunt Flying	Aerial Photography or Banner Towing
Racing or any Endurance Test	Any Test or Experiment
Crop Dusting or Seeding	Firefighting
Spraying	Any flight which requires:
Exploration	a) a special permit; or
Pipe or Power Line Inspection	b) waiver;
Any Form of Hunting	from the FAA, even though granted.
Bird or Fowl Herding	

Form 7679 E2

DETERMINATION OF INDIVIDUAL COVERAGE

Effective Date: Each Eligible Person becomes an Insured Person on the later of:

- a) the Policy Effective Date; or
- b) the date he or she enters a Class of Eligible Persons.

Termination: Coverage of each Insured Person terminates on the earlier of:

- a) the date this policy terminates; or
- b) the date he or she does not qualify in any Class of Eligible Person.

Termination will not affect any claim for loss due to an accident which occurs before the effective date of the termination.

The Policyholder's failure to report that a person ceased to qualify in a Class of Eligible Persons will not continue coverage in that Class beyond the date he or she ceased to qualify.

Hazards and Benefits Determined By Class: Each Insured Person is covered under the Hazard and for the Benefits applicable to the Class in which he or she qualifies:

- a) beginning on the date he or she enters the Class; and
- b) ending on the date he or she leaves the Class.

If an Insured Person qualifies in more than one Class on the date of accident, he or she will be considered to qualify in the one Class with the largest Benefit Amount.

Form 7679 F1

EXCLUSIONS AND AGGREGATE LIMITATION

Exclusions: This Policy does not cover any loss resulting from:

- 1) intentionally self inflicted Injury, suicide or attempted suicide whether sane or insane, (in Missouri, while sane);
- 2) war or act of war, whether declared or undeclared;
- 3) Injury sustained while in the armed forces of any country or international authority;
- 4) Injury sustained while on any aircraft, unless, and only to the extent, a Hazard specifically describes such coverage;
- 5) Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
- 6) Injury sustained while committing or attempting to commit a felony;
- 7) Injury sustained while operating a motor vehicle while legally intoxicated from the use of alcohol.

Aggregate Limitation: If:

- a) two or more persons, in the same or different classes, are injured as the result of any one accident which occurs in the manner specified in the Hazard(s) identified in the Schedule; and
- b) the total of all amounts payable for all persons, in the absence of this provision, exceeds the Aggregate Amount shown opposite the Hazard;

the amount for each person will be proportionately reduced so that the total will equal the Aggregate Amount.

Form 7679 G7 (MN)

HAZARD C-12
24-Hour Coverage
Business Trip

Coverage: This Hazard covers injury resulting from an accident which occurs anywhere in the world during a Business Trip, including:

- a) an injury resulting from an accident which occurs while the Insured Person is a passenger on, boarding or alighting from a Civil Aircraft or Military Transport Aircraft; or
- b) injury resulting from being struck by an aircraft.

Exclusions: This Hazard does not cover injury resulting from an accident which occurs while the Insured Person is on, boarding, or alighting from:

- a) an aircraft engaged in an Extra-Hazardous Aviation Activity; or
- b) a Policyholder Aircraft.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Form 7679 H-12 (Rev.-1)

HAZARD C-12B
24-Hour Coverage
Business Trip – Insured Person's Spouse and Child(ren)

Coverage: This Hazard covers Injury to the Insured Person's Spouse and Child(ren) resulting from an accident which occurs anywhere in the world while the Insured Person's Spouse and Child(ren) are accompanying the Insured Person on his or her Business Trip, including:

- a) an Injury resulting from an accident which occurs while the Insured Person's Spouse and Child(ren) are a passenger on, boarding, or alighting from a Civil Aircraft or Military Transport Aircraft; or
- b) injury resulting from being struck by an aircraft.

Spouse means the Insured Person's wife or husband who is not legally separated or divorced from the Insured Person at the date of the accident.

Child(ren), as used in this benefit, mean(s) the Insured Person's unmarried child, stepchild, legally adopted child, child in the process of adoption, foster child or any other child related to them by blood or marriage who:

- a) live with the Insured Person in a regular parent-child relationship; and/or
- b) the Insured Person claimed as a dependent on their last filed federal income tax return; provided such children are primarily dependent upon the Insured Person for financial support and maintenance and are under age 26;

or age 26 or older and disabled. Such children must have become disabled before attaining age 26. The Insured Person must submit proof, satisfactory to Us, of such children's disability.

Exclusions: This Hazard does not cover Injury resulting from an accident which occurs while the Insured Person's Spouse and Child(ren) are on, boarding, or alighting from:

- a) an aircraft engaged in an Extra-Hazardous Aviation Activity; or
- b) a Policyholder Aircraft.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Form 7679 H-12B

HAZARD C-41
Commutation Coverage

Coverage: This Hazard covers injury resulting from accident which occurs while the Insured Person is commuting directly between his or her residence and place of regular employment:

- a) by automobile or other conveyance not normally used by the Insured Person for commuting; and
- b) during a strike, power failure, major breakdown or similar event which results in the discontinuance or interruption of one or more public transportation systems regularly used by the Insured Person; on a regularly scheduled workday.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Form 7679 H-41

HAZARD C-46C
Hijacking
Business Trip

Coverage: This Hazard covers Injury resulting from an accident which occurs during a Hijacking anywhere in the world while the Insured Person is on a Business Trip.

Coverage of an Insured Person who is Hijacked shall continue while he or she is subject to the control of the hijacker(s) and during travel directly to his or her residence or original destination.

Hijacking means unlawful seizure or wrongful exercise of control of an aircraft or other conveyance, or the crew thereof, in which the Insured Person is traveling as a Passenger.

Refer to the Policy Modifications, Definitions and Exclusions sections for further modifications, limitations and exclusions affecting this coverage.

Form 7679 H-46 C

HAZARD C-55B
Relocation Coverage
Insured Person's Spouse and Children

Coverage: This Hazard covers Injury to the Insured Person's Spouse and Child(ren) resulting from an accident which occurs anywhere in the world while the Insured Person's Spouse and Child(ren) are on a Relocation Trip.

Relocation Trip means a Trip which begins when:

- a) the Insured Person's Spouse and Child(ren) leave his or her former place of residence for the purpose of relocating to a new residence; and
- b) ends when the Insured Person's Spouse and Child(ren) arrive at his or her new place of residence; provided such trip is due to the Insured Person's relocation which is at the request and expense of the Policyholder.

A Relocation Trip will not include any period of time in excess of 3 days of the Relocation Trip during which the Insured Person's Spouse and Child(ren) take a personal trip, vacation or sojourn.

Spouse means the Insured Person's wife or husband who is not legally separated or divorced from the Insured Person at the time of the accident.

Child(ren), as used in this benefit, mean(s) the Insured Person's unmarried child, stepchild, legally adopted child, child in the process of adoption, foster child or any other child related to them by blood or marriage who:

- a) live with the Insured Person in a regular parent-child relationship; and/or

b) the Insured Person claimed as a dependent on their last filed federal income tax return; provided such children are primarily dependent upon the Insured Person for financial support and maintenance and are under age 26; or age 26 or older and disabled. Such children must have become disabled before attaining age 26. The Insured Person must submit proof, satisfactory to Us, of such children's disability.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage. The Benefit Amount is stated in the Schedule.

Form 7679 H-55B

HAZARD C-57
Sojourn or Personal Deviation
Business Trip

Coverage: This Hazard covers injury resulting from an accident which occurs anywhere in the world during a Sojourn or Personal Deviation from a covered Business Trip.

Sojourn or Personal Deviation from a Business Trip means personal trips taken by the Insured Person:

- a) during a Business Trip; and
- b) which are not assignments from or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder; and
- c) which do not exceed a total of 7 days.

Exclusions: This Hazard does not cover injury resulting from an accident which occurs while the Insured Person is on, boarding, or alighting from an aircraft engaged in an Extra-Hazardous Aviation Activity.

Refer to the Policy Modifications, Definitions, and Exclusions sections for modifications, limitations, and exclusions affecting this coverage.

Form 7679 H-57

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If an Insured Person's injury results in any of the following losses within the Loss Period after the date of accident, we will pay the sum shown opposite the loss.

We will not pay more than the Principal Sum for all losses due to the same accident.

The Principal Sum and the Loss Period are shown in the Schedule.

For Loss of:

Life.....	The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	The Principal Sum
One Hand and One Foot.....	The Principal Sum
Speech and Hearing.....	The Principal Sum
Either Hand or Foot and Sight of One Eye.....	The Principal Sum
Either Hand or Foot.....	One Half The Principal Sum
Sight of One Eye.....	One Half The Principal Sum
Speech or Hearing.....	One Half The Principal Sum
Thumb and Index Finger of Either Hand.....	One Quarter The Principal Sum

Loss means with regard to:

- a) hands and feet, actual severance through or above wrist or ankle joints;
- b) sight, speech or hearing, entire and irrecoverable loss thereof;
- c) thumb and index finger, actual severance through or above the metacarpophalangeal joints.

EXPOSURE

Exposure to the elements will be presumed to be injury if:

- a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which an Insured Person was an occupant at the time of the accident; and
- b) this policy would have covered injury resulting from the accident.

DISAPPEARANCE

An Insured Person will be presumed to have suffered loss of life if:

- a) his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- c) this policy would have covered injury resulting from the accident.

Form 7679 J1

LOSS OF USE BENEFIT

The following is added to the Accidental Death and Dismemberment Benefit:

If an Insured Person's Injury results in any of the following Losses within 365 days after the date of accident, we will pay the sum shown opposite the Loss.

We will not pay more than the Principal Sum under this Benefit and the Accidental Death and Dismemberment Benefit for all losses due to the same accident. The amount of Principal Sum is shown in the Schedule.

For Loss of Use of:

- Four Entire LimbsThe Principal Sum
- Three Entire LimbsThree-Quarters The Principal Sum
- Two Entire LimbsTwo-Thirds The Principal Sum
- One Entire LimbOne Half The Principal Sum

Entire Limb means:

- a) the entire arm, the total area from shoulder joint to finger tips; or
- b) the entire leg, the total area from hip joint to toes.

Loss of Use means total paralysis of an Entire Limb or Limbs which:

- a) has continued without interruption for a period of not less than 12 consecutive months; and
- b) is determined by competent medical authority to be permanent, complete and irreversible.

Form 7679 J5

SEAT BELT BENEFIT

We will pay a Seat Belt Benefit if the Insured Person's Injury results in a covered loss under the Accidental Death and Dismemberment Benefit due to an Accident which occurs while the Insured Person is:

- a) a passenger riding in; or
- b) the licensed operator of;

a duly registered Automobile. The Insured Person must be wearing a Seat Belt at the time of the Accident as verified on the police report of the Accident.

Accident, as used in this Hazard, means the unintentional collision of an Automobile during which the Insured Person is wearing a Seat Belt.

Automobile means a four-wheeled, private passenger car, station wagon, van or jeep-type vehicle which is not being used as a Common Carrier.

Seat Belt means a belt, lap restraint or shoulder restraint installed by the manufacturer of the Automobile.

Exclusions: This Benefit does not cover Injury to an Insured Person who is the operator of an Automobile if such Injury results from Accident which:

- a) was sustained or contracted in consequence of the Insured Person's being under the influence of any narcotic unless administered by a physician; or
- b) was the result of the Insured Person's operating the Automobile while under the influence of alcohol as evidenced by a blood alcohol level in excess of the jurisdiction's legal intoxication limit; or
- c) occurs while the Insured Person is voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician.

The Seat Belt Benefit Amount is shown in the Schedule.

Form 7679 SB (MN)

PERMANENT TOTAL DISABILITY BENEFIT

If an Insured Person gives us written proof, while he or she is alive, that Total Disability:

- a) resulted from injury received before he or she attains the Age Limit;
- b) began within the Disability Commencement Period;
- c) continued without interruption for at least the Qualification Period; and
- d) is reasonably expected to continue without interruption until he or she dies;

we will pay the Principal Sum.

The Disability Commencement Period begins on the date of accident.

The Principal Sum, Age Limit, Disability Commencement Period and Qualification Period are shown in the Schedule.

Any amount otherwise payable under this benefit will be less any amount paid or payable under the Accidental Death and Dismemberment Benefit provided in this policy for loss suffered due to the same accident.

Total Disability: means the Insured Person's inability to perform the material and substantial duties of any occupation for which he or she is suited by education, training and experience.

Form 7679 K1

REHABILITATION BENEFIT

If an Insured Person's injury results in any loss payable under this policy, other than loss of life, within the Loss Period after the date of accident, we will pay a benefit equal to the lesser of:

- a) the Expense Incurred for Rehabilitative Training;
- b) a Percentage of the Insured Person's Principal Sum; or
- c) the Maximum Amount;

for Rehabilitative Training.

The expense must be incurred within 2 years of the date of accident.

The Loss Period, the Percentage of Principal Sum and the Maximum Amount are shown in the Schedule.

Rehabilitative Training means any training which:

- a) is required due to the Insured Person's injury;
- b) prepares the Insured Person for an occupation in which he or she would not have engaged except for the injury.

Expense Incurred means the actual cost:

- a) of the training; and
- b) of the materials needed for the training.

Form 7679 R1

COMA BENEFIT

If, as the result of an Injury, an Insured Person:

- a) becomes Comatose within 31 days from the accident; and
- b) remains continuously Comatose for at least the number of days shown as the Waiting Period;

we will pay 1% of the Comatose Maximum Benefit Amount for each month after the Waiting Period that he or she remains in a Coma.

Payment will cease on the earliest to occur of:

- 1) the end of the month in which the Insured Person dies;
- 2) the end of the month in which the Insured Person recovers from the Coma; or
- 3) when the total payment equals the Comatose Maximum Benefit Amount.

The Comatose Maximum Benefit Amount equals the Principal Sum less all other payments under the Accidental Death and Dismemberment Benefit and the Permanent Total Disability Benefit for the Injury.

Coma means complete and continuous:

- a) unconsciousness; and
- b) inability to respond to external or internal stimuli.

The amount of the Principal Sum and the Waiting Period are shown in the Schedule.

Form 7679 U1

THERAPEUTIC COUNSELING BENEFIT

If an Insured Person:

- a) incurs a loss, other than loss of Life, under the Accidental Death and Dismemberment Benefit; and
- b) within 90 days requires Therapeutic Counseling due to the loss;

we will pay the lesser of:

- a) the Reasonable Expenses incurred for Therapeutic Counseling which are in excess of any other Plan;
- b) a Percentage of the Insured Person's Principal Sum; or
- c) the Maximum Amount.

The Therapeutic Counseling services must be incurred within one year from the date of the loss.

Therapeutic Counseling means treatment or counseling provided by a licensed therapist or counselor registered or certified to provide psychological treatment or counseling.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Therapeutic Counseling in the local area where received by the Insured Person.

For purposes of this benefit, we reserve the right to determine Reasonable Expenses. An Expense is considered to be incurred on the date the Therapeutic Counseling is rendered.

Plan means:

- a) group, blanket or franchise health insurance;
- b) group hospital, medical service or pre-payment plan;
- c) labor-management trustee, union welfare, employer organization or employee benefit organization plan;
- d) governmental program or coverage required or provided by any statute except Medicare;
- e) automobile insurance medical payments benefit or automobile reparations insurance (no-fault);
- f) Workers' Compensation or similar law.

The Maximum Amount, Percent and Principal Sum are shown in the Schedule.

Form 7679 X1

CLAIMS

Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary, or his or her representative) must give us written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include the Insured Person's name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent.

Claim Forms: When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us.

Proof of Loss: Proof of loss must be sent to us in writing within 90 days after:

- a) the end of a period of our liability for periodic payment claims; or
- b) the date of the loss for all other claims.

If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year from the date proof of loss is due, unless the claimant is legally incapacitated.

Time of Claim Payment: We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after we receive the proof of loss, while the loss and our liability continue; or
- b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately, but not more than 60 days, after we receive the proof of loss.

Payment of Claims: We will pay any benefit due for loss of the Insured Person's life:

- a) according to the beneficiary designation in effect at the time of his or her death; otherwise
- b) if no beneficiary is designated, according to the beneficiary designation under the Group Life Insurance Policy issued to the Policyholder and in effect at the time of the Insured Person's death; or

- c) to the survivors, in equal shares, in the first of the following classes to have a survivor at the Insured Person's death:
- 1) spouse,
 - 2) children,
 - 3) parents,
 - 4) brothers and sisters.

If there is no survivor in these classes, payment will be made to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding paragraph.

Form 7679 Z2b

If a benefit due is payable to:

- a) the Insured Person's estate; or
- b) the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment;

we may pay up to \$1,000 (\$3,000 for residents of Florida) of the benefit due to some other person.

The other person will be someone related to the Insured Person or the beneficiary by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith.

Appealing Denial of Claims: If a claim for benefits is wholly or partially denied, notice of the decision shall be furnished to the Insured Person. This written decision will:

- a) give the specific reason or reasons for denial;
- b) make specific reference to policy provisions on which the denial is based;
- c) provide a description of any additional information necessary to prepare the claim and an explanation of why it is necessary; and
- d) provide an explanation of the review procedure.

On any denied claim, an Insured Person or his representative may appeal to Us for a full and fair review. The claimant may:

- a) request a review upon written application within 60 days of receipt of claim denial;
- b) review pertinent documents; and
- c) submit issues and comments in writing.

We will make a decision no more than 60 days after receipt of the request for review, except in special circumstances (such as the need to hold a hearing), but in no case more than 120 days after we receive the request for review. The written decision will include specific reasons for the decision on which the decision is based.

Physical Examinations and Autopsy: While a claim is pending we have the right at our expense:

- a) to have the Insured Person who has a loss examined by a physician when and as often as is reasonably necessary; and
- b) in case of death to make an autopsy, where it is not forbidden by law.

Legal Actions: You cannot take legal action against us:

- a) before 60 days following the date proof of loss is sent to us;
- b) after 3 years (6 years for residents of South Carolina) following the date proof of loss is due (for Florida residents, after the expiration of the applicable statute of limitations following the date proof of loss is due).

Naming a Beneficiary: The Insured Person may name a beneficiary or change a revocably named beneficiary by giving your written request to the Policyholder. His or her request takes effect on the date you execute it, regardless of whether he or she is living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received his or her request.

Assignment: We will recognize any assignment the Insured Person makes under this policy, provided:

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

We and the Policyholder assume no responsibility for the validity or effect of an assignment.

Form 7679 Z3a

**Hartford Life and Accident Insurance Company
P.O. Box 2999
Hartford, CT 06104 2999
(860)547 5000**

NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION LAW

If the insurer that issued your life, annuity, or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

**Minnesota Life and Health Insurance Guaranty Association
1750 Hennepin Avenue
Minneapolis, Minnesota 55403
(612) 377 2101**

The maximum amount the guaranty association will pay for all policies issued on one life by the same insurer is limited to \$300,000. Subject to this \$300,000 limit, the guaranty association will pay up to \$300,000 in life insurance death benefits, \$100,000 in net cash surrender and net cash withdrawal values for life insurance, \$300,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, \$100,000 in annuity net cash surrender and net cash withdrawal values, \$300,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be \$300,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 4011, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to \$100,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than \$7,500,000 in claims from all Minnesota residents covered by the plan.

If total claims exceed \$7,500,000, the \$7,500,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the guaranty association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

THE COVERAGE PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON COVERAGE BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF LIFE, ANNUITY, OR HEALTH INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES FINANCIALLY INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL LIFE, ANNUITY, AND HEALTH INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.



Privacy Policy and Practices of The Hartford Financial Services Group, Inc. and its Affiliates
(herein called "we, our, and us")

This Privacy Policy applies to our United States Operations

We value your trust. We are committed to the responsible:

- a) management;
 - b) use; and
 - c) protection;
- of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
 - b) your address;
 - c) your income;
 - d) your payment; or
 - e) your credit history;
- may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
 - b) market our services;
- to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
 - b) brokerage firms;
 - c) insurance companies;
 - d) administrators; and
 - e) service providers;
- who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) "opt-out;" or
 - b) "opt-in;"
- as required by law.

We only disclose **Personal Health Information** with:

- a) your proper written authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
 - b) the integrity of;
- Personal Information** that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data;
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our Privacy Policy will be subject to discipline, which may include ending their employment with us.

At the start of our business relationship, we will give **You** a copy of our current Privacy Policy.

We will also give **You** a copy of our current Privacy Policy once a year if **You** maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

Application means your request for our product or service.

Personal Financial Information means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

Personal Health Information means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

Personal Information means information that identifies **You** personally and is not otherwise available to the public.

It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

Transaction means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

You means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
- b) applying for; or
- c) obtaining;

a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford Financial Services Group, Inc.:

American Maturity Life Insurance Company; First State Insurance Company; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford Casualty Insurance Company; Hartford Equity Sales Company, Inc.; Hartford Fire Insurance Company; Hartford Fire, General Agency, Inc.; Hartford HLS Series Fund II, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford International Life Reassurance Corporation; Hartford Investment Financial Services, LLC; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Life and Annuity Insurance Company; Hartford Life Insurance Company; Hartford Life Group Insurance Company, Hartford Lloyd's Insurance Company; Hartford Mezzanine Investors I, LLC; Hartford Securities Distribution Company, Inc.; Hartford Series Fund, Inc.; Hartford Specialty Company; Hartford Specialty Insurance Services of Texas, LLC; Hartford Underwriters Insurance Company; Hartford-Comprehensive Employee Benefit Service Company; HL Investment Advisors, LLC; Hartford Life Private Placement, LLC; M-CAP Insurance Agency, LLC; New England Insurance Company; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Nutmeg Life Insurance Company; Pacific Insurance Company, Limited; Planco, LLC; Planco Financial Services, LLC; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; Specialty Risk Services, LLC.; The Hartford Income Shares Fund, Inc.; The Hartford Mutual Funds II, Inc.; The Hartford Mutual Funds, Inc.; Trumbull Insurance Company; Trumbull Services, L.L.C.; Twin City Fire Insurance Company; Woodbury Financial Services, Inc.

Questions about this Privacy Policy may be directed to the following address: GBD Contracts and Compliance, Hartford Life Insurance Company, P.O. Box 2999, Hartford, CT 06104-2999.