

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)



Group Senior Term Life Insurance Enrollment Form

With Graded Death Benefit

Members age 74 and younger

Group Policyholder: National Active and Retired Federal Employees Association

Policy Number: AGL-1941

SECTION 1			
Member Information			
Member Name:		NARFE Membership Number:	
Street:	City:	State:	Zip Code:
Member Social Security Number:	Member Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email Address:		Preferred Phone Number:	

SECTION 2	
Is Spouse and/or Domestic Partner coverage desired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse and/or Domestic Partner Full Name (if enrolling):	Spouse and/or Domestic Partner Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse and/or Domestic Partner Social Security Number:

By enrolling for this insurance, do you intend to replace, discontinue or change an existing policy of Life Insurance? If not, simply check "No".	
Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse and/or Domestic Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No (if applying)

SECTION 3	
Coverage Information	
Life Insurance	
NARFE Member	Coverage continues with no decrease in coverage until you reach age 80. At age 80, coverage, if greater than \$5,000, will reduce to \$5,000 with an appropriate adjustment in premium.
Age Coverage	
50-64 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 65-74 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	
NARFE Spouse and/or Domestic Partner (if enrolling)	Coverage continues with no decrease in coverage until you reach age 80. At age 80, coverage, if greater than \$5,000, will reduce to \$5,000 with an appropriate adjustment in premium.
Age Coverage	
50-64 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 65-74 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	

Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

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Form PA-9928 (2017) (AM) (VA)

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Over

Mail your completed enrollment form to: **NARFE GROUP INSURANCE PROGRAMS**, P.O. Box 10374, Des Moines, IA 50306-8812

Questions? **CALL:** 1-800-233-5764, **EMAIL:** NARFE.service@mercero.com, **WEBSITE:** www.narfeinsurance.com

SECTION 4

Confirmation

I acknowledge that I have been given the opportunity to enroll in the Senior Term Life Insurance Plan. I certify that I am age 74 and younger, a NARFE Member and that the above information is true and complete to the best of my knowledge. If I enroll today and want to upgrade coverage at a later date, I may be required to submit Evidence of Insurability.

I understand and agree that insurance will go into effect upon receipt of my first premium payment and this form and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to NARFE can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.

I understand that during the first two years of coverage, the benefit payable for death due to sickness will be the premiums paid plus 10% annual interest. After two years of coverage, the benefit payable for death due to sickness will be the full benefit amount. At any time, the benefit payable for death due to accident will be the full amount. I also understand that at age 80 coverage is reduced to \$5,000, with a corresponding premium adjustment.

Member Signature:		Date:
Spouse and/or Domestic Partner Signature (if enrolling):		Date:

SECTION 5

Payment Options

Automatic Bank Withdrawal (Electronic Funds Transfer):

Name:	Banking Institution:	Routing Number:
Account Number:	Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

For your convenience you will be billed quarterly

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If your dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

Member Signature:		Date:
Spouse and/or Domestic Partner Signature (if enrolling):		Date:

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Fraud Notice(s)**For Residents of Florida:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kentucky:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For Residents of Louisiana:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Maryland:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New Jersey:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

For Residents of New York (Not applicable to Life Insurance):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Virginia:

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement may have violated the state law.

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Domestic Partnership Affidavit

Name of Applicant _____

Name of Domestic Partner _____

The undersigned member and domestic partner, being of sound mind, hereby state the following:

1. That the undersigned member and domestic partner have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations and that this commitment is of at least six months duration and is expected to continue indefinitely.
2. That the undersigned member and domestic partner share a single permanent residence (attach one copy of evidence such as driver's license).
3. That the undersigned member and domestic partner are financially interdependent as demonstrated by at least two of the following (check all that apply and attach copy of evidence):
 - Common ownership of a motor vehicle.
 - Joint bank or credit accounts.
 - Assignment of durable power of attorney in favor of one another.
 - Common ownership of real estate or common leasehold interest in property.
 - Joint ownership or holding of stocks, bonds, or other investments.
 - Execution of will naming each other as executor and/or beneficiary.
 - Designation as beneficiary under the other's retirement or pension benefits account.
4. That the undersigned member and domestic partner (check one):
 - have filed a domestic partner declaration with the (City/Council/Borough) of _____ and that such domestic partner declaration remains in effect (attach copy of declaration).
 - do not reside in a jurisdiction which provides for the registration of domestic partnership declarations.
5. That neither the undersigned member nor domestic partner would be able to affirm questions 1 through 4 above with respect to any person except the other.
6. That neither the undersigned member nor domestic partner has executed or filed a declaration or affidavit of domestic partner status with any other person within the past 12 months.
7. That the undersigned member and domestic partner are each no less than 18 years of age, and are under no legal disability which would prevent them from making this affidavit.
8. That neither the undersigned member nor domestic partner are now, or have been within the past six months, married to any other person, including common law marriage.
9. That the undersigned member and domestic partner are not related by blood in any degree which would prevent their marriage to each other.

The undersigned member and domestic partner represent that the statements made herein are true and correct to the best of their knowledge, information and belief. Member and domestic partner understand that these statements are given for the purpose of establishing their eligibility and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of the domestic partner for coverage under such policy, and in the voiding of such coverage. The member and domestic partner agree to furnish upon the Company's request evidence to substantiate any statement made herein, and that the Company may require the member and/or domestic partner, if living, to reaffirm all statements made herein periodically and/or when a claim is submitted. In the event any coverage is voided due to any misrepresentation herein, the Company's liability shall be limited to a return of any premiums paid on behalf of the domestic partner for any period of ineligibility.

Applicant's Signature _____ **Date** _____

Domestic Partner's Signature _____ **Date** _____

Group Senior Term Life Insurance Plan

FOR NARFE MEMBERS AND THEIR SPOUSE/DOMESTIC PARTNER



An affordable life insurance plan designed especially for members 50 and older.

More about the benefits of your Group Senior Term Life Insurance Plan ...

ELIGIBILITY

All members in good standing and their lawful spouse/domestic partner between the ages of 50 and 74 inclusive, are eligible to enroll in coverage as long as you and your spouse/domestic partner, not legally separated or divorced from the Eligible Member, if enrolling, are able to perform the normal activities of a person of like age and sex.

Your and your spouse's/domestic partner's age determines the maximum amount of coverage you can enroll for:

- Age 50-64 can select a life insurance amount of \$5,000 to \$25,000 (in \$5,000 increments)
- Age 65-74 can select a life insurance amount of \$5,000 to \$10,000 (in \$5,000 increments)

When spouse/domestic partner are both Eligible Members, coverage may not be duplicated by enrolling as dependents of each other.

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

PLAN FEATURES

No Medical Exams

You don't need a medical exam. You don't need to have your doctor send in your medical records. All it takes is satisfactorily answering the questions on the enclosed Enrollment Form and we'll get the paperwork going.

Satisfaction Guaranteed

You may return your Certificate of Insurance within 30 days if you are not completely satisfied with the coverage this Plan provides. Any premiums paid will be fully refunded provided no claims have been submitted or paid.

Convenient Payment Options

Automatic Monthly Check Withdrawal: Choose to have your premiums automatically deducted from your checking account on a monthly basis.

Direct Bill: Choose to have your premiums billed to you directly on a quarterly, semiannual or annual basis.

Valuable Living Benefit Provision "Accelerated Death Benefit"

The "Accelerated Death Benefit" option is available to help terminally ill insureds during a difficult, and often financially challenging, time.

Terminal Illness or Terminally Ill means a life expectancy of 6 months or less.

Under this provision, you may apply for a portion of your policy benefits, subject to certain policy restrictions and limitations, if you are diagnosed with a Terminal Illness with less than six months to live. You can receive up to 50%, a minimum of \$3,000, of your insurance amount. This benefit is paid directly to you. You must have at least \$5,000 in life insurance coverage in force to qualify. The amount of insurance payable after death will be reduced by the "Accelerated Life Benefit" payment. (Premium contributions will not be reduced.)

This money can be used to help cover high prescription drug costs ... medical bills ... outstanding debts ... to help pay for experimental treatments ... the cost of modifications to your home ... or for a family vacation - the choice is yours. Receipt of accelerated benefits may be taxable.*

* Accelerated benefits may be taxable. These materials are not intended to provide tax, accounting or legal advice and cannot be relied upon for any such purpose. We recommend that you consult with a qualified tax advisor.

Effective Date

Your coverage will become effective the first of the month following receipt of the Enrollment Form and your first premium payment.

QUARTERLY RATES PER \$5,000

Attained Age	Rate
50-54	\$13.65
55-59	\$21.90
60-64	\$34.80
65-69	\$54.00
70-74	\$84.00
75-79**	\$146.55
80-84**	\$253.80
85-89**	\$442.20

**Renewal Rates Only.

Members ages 65-74 can only apply for \$10,000 or \$5,000. Members ages 50-64 can apply for up to \$25,000 (in \$5,000 increments).

Rates and/or benefits may be changed on a class basis. Rates are based on the attained age of the Insured Person and increase as you enter each new age category. Coverage begins on the first day of the month following receipt of the Enrollment Form and payment of the first premium.

Since coverage is issued without medical underwriting, the premium rate being charged includes an extra mortality risk charge.

Coverage continues with no decrease in coverage until you reach age 80. At age 80, coverage, if greater than \$5,000, will reduce to \$5,000 with an appropriate adjustment in premium. Coverage cannot be canceled as long as you remain a member of the association pay your premiums on time and the Master Policy remains in force. Coverage for your spouse/domestic partner will continue for as long as he/she remains eligible due to age and marital status. Full details are contained in the Certificate of Insurance, which will be issued to persons who become insured under the Plan. Plan terminates at age 90.

Limitations

Graded Death Benefit: If you die while covered under the Policy, we will pay the deceased person's life insurance benefit after we receive Proof of Loss, in accordance with the Proof of Loss provision and: 1) if death is the result of an Injury and occurs during the first 2 years of coverage under the policy, we will pay the deceased person's Amount of Life Insurance; 2) if death is the result of sickness and occurs during the first 2 years of coverage under the Policy, the amount payable will be an amount equal to the premiums paid for coverage, with interest, using an annual interest rate of at least the company's corporate interest rate; or 3) if death is the result of an Injury or Sickness and occurs after 2 years of coverage under the Policy, we will pay the deceased person's amount of life insurance.

Termination

Coverage will end on the earliest to occur of: the date the Master Policy terminates; or the Premium Due Date on or next following the date You: a) cease to be an active member of NARFE; b) attain age 90; the date You are no longer in a class eligible for coverage, or the class is canceled; or the Premium Due Date that You fail to pay any required premium, subject to the Individual Grace Period.

Exclusions

If a Covered Person commits suicide 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 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.

This brochure 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 brochure 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, reduction of benefits 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 is private insurance. This insurance is not associated with SGLI.

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 10374
Des Moines, IA 50306-8812

QUESTIONS?

1-800-233-5764
www.narfeinsurance.com

Underwritten by:



Hartford Life and Accident Insurance Company
Hartford, CT 06155

The Hartford Financial Services 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

Policy AGL-1941

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