



The Hartford' Guide to
**Term Life
Insurance**



Answers to Your Questions About The Hartford¹ Term Life Insurance

Why should I choose Term Life instead of Whole Life?

Term life insurance is one of the most fundamental types of life insurance, since it provides straightforward, affordable protection for a fixed period of time. The premium for most types of term life insurance is initially lower than a comparable permanent insurance policy, such as Whole Life. This initial lower premium usually makes term insurance an ideal choice for individuals with a temporary need for life insurance protection—such as for periods of 5, 10, or 20 years.

Can I include my spouse and children?

Yes. Your spouse may apply if he/she is under age 60, a United States Resident, and not legally separated or divorced from you. Your unmarried dependent children are also eligible for coverage, provided that you are currently insured or request coverage as well.

How much coverage can I get?

You are eligible to select any benefit amount from \$50,000 to \$490,000^{*}. The same benefits are available to your spouse, as long as the amount does not exceed yours. Each child may be insured for \$5,000 from 6 months of age to 19 years (age 23 if a full-time student).

^{*}Coverage amounts decrease 50% at age 65, and terminate at age 70.

Please explain the Accelerated Death Benefit Rider.

Included with this Term Life Plan is an Accelerated Death Benefit feature that can ease the burden for the terminally ill and their families. With this feature, life insurance benefits may be paid to the insured before the time of his or her death.

Benefits will be paid if an insured should be certified as terminally ill and have no reasonable prospect of cure and a life expectancy of less than six months. The benefit payable will be 50% of the insured's Life Insurance amount, provided that amount is at least \$100,000. The maximum Accelerated Benefit available to any insured is \$250,000.

The balance of this benefit amount will then be paid at the time of death to the appropriate beneficiary.

Terminally Ill or Terminal Illness means the Covered Person has a life expectancy of 12 months or less.

Receipt of accelerated benefits may be taxable. Seek assistance from your personal tax advisor for more information.

What if I decide this coverage isn't right for me?

If—after reviewing your Certificate of Insurance—you're not completely satisfied with the terms of this plan, simply return it, without claim, within 30 days. Your coverage will be cancelled and you will receive a full refund—no questions asked!

Who is eligible for this coverage?

Each active member of a Participating Organization who is under age 60; and resides in the United States.

Quarterly Rates

The minimum amount available per the policy is \$10,000 and the max is \$490,000. Coverage may be selected in \$10,000 increments.

Non-Tobacco User

Age	\$50,000		\$100,000		\$200,000		\$300,000		\$400,000		\$490,000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 30	\$9.70	\$4.80	\$19.40	\$9.60	\$38.80	\$19.20	\$58.20	\$28.80	\$77.60	\$38.40	\$97.00	\$48.00
30-34	\$10.15	\$6.65	\$20.30	\$13.30	\$40.60	\$26.60	\$60.90	\$39.90	\$81.20	\$53.20	\$101.50	\$66.50
35-39	\$13.50	\$9.00	\$27.00	\$18.00	\$54.00	\$36.00	\$81.00	\$54.00	\$108.00	\$72.00	\$135.00	\$90.00
40-44	\$21.35	\$14.08	\$42.70	\$28.15	\$85.40	\$56.30	\$128.10	\$84.45	\$170.80	\$112.60	\$213.50	\$140.75
45-49	\$35.38	\$22.53	\$70.75	\$45.05	\$141.50	\$90.10	\$212.25	\$135.15	\$283.00	\$180.20	\$353.75	\$225.25
50-54	\$63.13	\$35.18	\$126.25	\$70.35	\$252.50	\$140.70	\$378.75	\$211.05	\$505.00	\$281.40	\$631.25	\$351.75
55-59	\$111.15	\$58.03	\$222.30	\$116.05	\$444.60	\$232.10	\$666.90	\$348.15	\$889.20	\$464.20	\$1,111.50	\$580.25
60-64*	\$151.45	\$77.25	\$302.90	\$154.50	\$605.80	\$309.00	\$908.70	\$463.50	\$1,211.60	\$618.00	\$1,514.50	\$772.50
65-69**	\$231.15	\$126.50	\$462.30	\$253.00	\$924.60	\$506.00	\$1,386.90	\$759.00	\$1,849.20	\$1,012.00	\$2,311.50	\$1,265.00

Tobacco User

Age	\$50,000		\$100,000		\$200,000		\$300,000		\$400,000		\$490,000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 30	\$21.65	\$10.73	\$43.30	\$21.45	\$86.60	\$42.90	\$129.90	\$64.35	\$173.20	\$85.80	\$216.50	\$107.25
30-34	\$22.65	\$14.85	\$45.30	\$29.70	\$90.60	\$59.40	\$135.90	\$89.10	\$181.20	\$118.80	\$226.50	\$148.50
35-39	\$30.10	\$20.15	\$60.20	\$40.30	\$120.40	\$80.60	\$180.60	\$120.90	\$240.80	\$161.20	\$301.00	\$201.50
40-44	\$47.75	\$31.45	\$95.50	\$62.90	\$191.00	\$125.80	\$286.50	\$188.70	\$382.00	\$251.60	\$477.50	\$314.50
45-49	\$79.10	\$50.38	\$158.20	\$100.75	\$316.40	\$201.50	\$474.60	\$302.25	\$632.80	\$403.00	\$791.00	\$503.75
50-54	\$141.38	\$78.68	\$282.75	\$157.35	\$565.50	\$314.70	\$848.25	\$472.05	\$1,131.00	\$629.40	\$1,413.75	\$786.75
55-59	\$249.48	\$129.90	\$498.95	\$259.80	\$997.90	\$519.60	\$1,496.85	\$779.40	\$1,995.80	\$1,039.20	\$2,494.75	\$1,299.00
60-64*	\$341.05	\$173.23	\$682.10	\$346.45	\$1,364.20	\$692.90	\$2,046.30	\$1,039.35	\$2,728.40	\$1,385.80	\$3,410.50	\$1,732.25
65-69**	\$522.83	\$284.45	\$1,045.65	\$568.90	\$2,091.30	\$1,137.80	\$3,136.95	\$1,706.70	\$4,182.60	\$2,275.60	\$5,228.25	\$2,844.50

Rates for Children: \$7.99 semiannually, regardless of how many are covered.

Rates are based on the attained age of the Insured Person and increase as you enter each new age category.

*For renewal purposes only.

**At age 65, or if you are already age 65, all coverage is reduced by 50%. Coverage terminates at age 70.

Details of This Coverage

Non-Tobacco User Rates

You may qualify for the non-tobacco user (or Select Premium) rates provided you have not used any tobacco products during the last 12 months. Further, if you're approved for the non-tobacco user rates and your selected benefit is \$100,000 or more, you'll also receive a volume discount.

Tobacco User means a covered person who has smoked cigarettes, cigars, or used a pipe or chewing tobacco, nicotine chewing gum, or snuff during the 12 months prior to the date application for coverage was made.

Waiver of Premium

If you become Totally Disabled while insured under this Term Life Plan before your 60th birthday and remain so for at least 9 consecutive months, premiums due thereafter for you and your family will be waived during the continuance of such Total Disability or until coverage would otherwise terminate. Periodic proof of Total Disability will be required.

Continuation of Coverage

You may continue your coverage until the policy anniversary date coinciding with or next following your 70th birthday. Coverage will terminate earlier if you fail to pay the premium when due, or if the master policy ends or is amended to end insurance in your class.

Termination

Coverage for your dependents stops when yours does if the premium is not paid when due, or if the master policy is terminated. Eligible dependents can continue their coverage after the member's death. Dependent spouse coverage also stops upon divorce or legal separation, and dependent child coverage terminates when the child marries, is no longer a dependent, or reaches age 19 (23 if a full-time student). Coverage may also terminate if on the Premium Due Date the required premium is not made (subject to the Grace Period provision), or the date your coverage terminates. However, if dependent's coverage would terminate because of your death, coverage will continue until the premium due date on or next following your death unless continued in accordance with the Surviving Spouse Continuation provision.

Conversion Privilege

If a Covered Person ceases to be insured under the Policy for any reason except termination of the Policy, termination of a class of persons under the Policy, or voluntary non payment of premium the Covered Person will have the right to request an individual conversion policy from the Insurer without giving medical evidence of insurability.

Deferred Effective Date

If on the date that an Eligible Dependent is to become covered under the Policy or covered for increased benefits under the Policy, he or she is not Actively-at-Work, or if not employed, unable to carry on all the normal and customary activities of a person of like age and sex in good health. He or she will not be covered the first day of the month on or next following the date he or she completes 90 consecutive days of full-time active employment, or the first day of the month on or next following the date he or she has been able, for 90 consecutive days, to carry on all the normal and customary activities of a person of like age and sex in good health.

EXCLUSIONS

Benefits are paid for death occurring any time, any place, from any cause, except for suicide in the first two years (we will refund the entire premium paid to date if suicide is committed during the first two years). For Missouri residents only: Suicide will not be the cause for non-payment of life insurance benefits, unless the insurance company can show that the Covered Person intended to commit suicide when he or she applied for the insurance.

Suicide: If a Covered Person commits suicide—while sane or insane—during his or her first two years of coverage under the Policy, we will only pay an amount equal to the premium paid for coverage to the date of death. The Life Insurance Benefit is payable if a Covered Person is insured under the Policy and commits suicide after the two year period. **Exclusions:** The two year suicide exclusion, stated here, will also apply if a Covered Person commits suicide during the two years immediately following an increase in coverage under the Policy. In that event, the Amount of Insurance payable will equal the Amount of Insurance in force prior to the increase plus an amount equal to the premium paid for the increase to the date of death.

WHEN COVERAGE BECOMES EFFECTIVE

Coverage becomes effective on the 1st of the month following the date the application is approved by The Hartford and your premium is paid. Acceptance into this plan is subject to medical evidence of insurability as determined by The Hartford. Depending on your age, the amount of coverage you request, and your answers on the application, a medical examination, medical test(s), or other evidence of good health may be required. Any exams/tests requested by the company will be conducted at your convenience and at no expense to you.

CERTIFICATES OF INSURANCE

This brochure explains the general purpose of the insurance described, but in no way changes or affects Master Policy AGL-1537 as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual. This program may vary and may not be available to residents of all states.

NOTICE OF INSURANCE INFORMATION PRACTICES

In order to properly underwrite and administer your application for insurance coverage, we must collect certain information concerning your insurability. You are our most important source of information, but we may also contact other sources such as medical professionals and institutions, employers and other insurance companies. While all information regarding your insurability will be treated as confidential, in some situations, and in compliance with applicable law, we may disclose necessary items of information to third parties without your specific authorization.

INVESTIGATIVE CONSUMER REPORTS

As part of our procedure for processing your application, an investigative consumer report may be prepared by an outside insurance reporting organization. Personal information may be collected from others regarding your general reputation and lifestyle. If an interview is conducted with someone other than you, we will inform you of your right to be interviewed in connection with the preparation of the investigative consumer report. You have the right to send a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

PERSONAL HISTORY INTERVIEW

To provide you, our client, with the best possible service, we may also conduct what we call a personal history interview. This is a phone call placed from our underwriting office. Its purpose is to make sure that the application information is complete. Our interviewers are trained to conduct their calls in a friendly, professional manner. The nature of the information discussed is always treated as personal and confidential and will only be used to assess your eligibility for insurance.

MEDICAL INFORMATION BUREAU (MIB) PRE-NOTICE

Information regarding your insurability will be treated as confidential. Hartford Life Insurance Company or Hartford Life and Accident Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company, with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Hartford Life Insurance Company, Hartford Life and Accident Insurance Company, or their reinsurers, may also release information from their files to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

ACCESS, CORRECTION AND DISCLOSURE

You can obtain access to personal information about you contained in our policy files by sending us a written request. You may also request any necessary corrections, amendments or deletion of any information in our files which you believe to be inaccurate or irrelevant. Hartford Life Insurance Company or Hartford Life and Accident Insurance Company or its reinsurer(s) may release information in their files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Also, please be advised that personal and confidential information collected by us may, in certain circumstances, be disclosed to third parties without authorization. A notice providing further description of the circumstances under which information about you may be disclosed and the types of persons and organizations to whom it may be disclosed will be sent to you upon your written request. If you desire further information or access to your personal information, please send your written request to: Hartford Life Insurance Company or Hartford Life and Accident Insurance Company, 200 Hopmeadow St., Simsbury, CT 06089.

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Underwritten by:
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Insurance Company
Simsbury, CT 06089

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1200 East Glen Avenue
Peoria Heights, IL 61616
800.809.5175
www.pearlinsurance.com

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Policy Form #SRP-1153A (HL) (1537)
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