

Enrollment Card for Conversion - HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY



Hartford Life

INSTRUCTIONS: Please read the instructions you received with this form and see Item 6 below which states: a) the date by which you must convert, b) whether you are eligible for Dependents Coverage, and c) the Amount of Principal Sum you may convert.

Policy Number ADD-6173		Do You Wish Coverage for Your Dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No You Will be the Beneficiary for Your Dependents	
Company Hartford Life and Accident Insurance Company		Amount of Your Principal Sum	
Policyholder Northern Trust Company, Trustee		Identification Number (Leave Blank)	
Your Beneficiary	Relationship	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Name: _____ _____ _____		OA (Leave Blank) _____	
		Effective Date of Coverage (Leave Blank) _____	
		Premium (Calculate per attached instructions)	
		Check one:	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual
		\$ _____	\$ _____

Your Signature _____ **Date** _____

Form PA-5383-1(6173)
Printed in U.S.A.

PROPOSED INSURED - When Completed, Please Return This Enrollment Form and Your First Payment To:

Hartford Life
P.O. Box 101007
Atlanta, GA 30392 - 1007

ADMINISTRATOR - Please Complete and Sign This Section, Then Send to the Proposed Insured.

1. Master Policy Number: _____ Social Security Number: _____
2. Name of Proposed Insured: _____
3. Date Proposed Insured's Coverage Terminated Under the Master Policy _____
4. Amount of Individual's Principal Sum Immediately Before Termination: _____
5. The Individual Was Was Not Covered for Dependents Coverage Immediately Prior to Termination.
6. a) The Proposed Insured Must Convert By: _____

b) Dependents Coverage: Yes No
If You are Eligible to Convert Dependents Coverage, Your Dependents Principal Sum Will be Calculated by Applying the Percentage Below to Your Principal Sum.

<u>Insured Person with:</u>	<u>Spouse</u>	<u>Child(ren)</u>
Spouse and Child(ren)	10%	5%
Spouse Only	20%	0
Child(ren) Only	0	10%

c) Principal Sum* The Proposed Insured May Elect a Principal Sum Amount, Subject to a Minimum of **\$25,000** and a Maximum of **\$250,000**** in **\$1,000** Increments.

* If You Are Over age 70, the Maximum You May Convert is **\$25,000**.
If You are Age 75 or Over, the Maximum You May Convert is **\$12,500**.

** Not to Exceed the Original Principal Sum of the Original Policy.

Signed: _____ Date _____
Administrator