

Amendatory Rider



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

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

This rider is attached to a certificate given in connection with Policy number GL-891336, issued to Wayne County Regional Educational Service Agency.

This rider becomes effective June 1, 2025.

With respect to All Full-time Active Employees who are local 1882, Your certificate is amended as follows:

1. The **Increase in Amount of Life Insurance** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

With respect to requested changes during Annual Enrollment:

Increase in Amount of Life Insurance: *If I request an increase in the Amount of Life Insurance for myself or my Dependents, must we provide Evidence of Insurability?*

If You or Your Dependents are:

- 1) already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for an increase of more than one level; or
- 2) not already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for any amount of Supplemental Life Insurance coverage; including an initial amount.

In any event, if the Amount of Life Insurance You request is greater than the Guaranteed Issue Amount, You or Your Dependents, as applicable, must provide Evidence of Insurability.

If Your Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.

If Your Dependents' Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance they had in effect on the date immediately prior to the date You requested the increase will not change.

2. The **Increase in Amount of Life Insurance** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

With respect to requested changes due to a Change in Family Status:

Increase in Amount of Life Insurance: *If I request an increase in the Amount of Life Insurance for myself or my Dependents, must we provide Evidence of Insurability?*

If You or Your Dependents are:

- 1) already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for any increase; or
- 2) not already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for any amount of Supplemental Life Insurance coverage; including an initial amount.

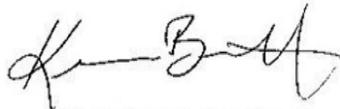
In any event, if the Amount of Life Insurance You request is greater than the Guaranteed Issue Amount, You or Your Dependents, as applicable, must provide Evidence of Insurability.

If Your Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.

If Your Dependents' Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance they had in effect on the date immediately prior to the date You requested the increase will not change.

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company

Handwritten signature of Kevin Barnett in cursive script.

Kevin Barnett, *Secretary*

Handwritten signature of Michael J. Fish in cursive script.

Michael J. Fish, *Head of Group Benefits*

Amendatory Rider



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

This rider is attached to a certificate given in connection with Policy number GL-891336, issued to Wayne County Regional Educational Service Agency.

This rider becomes effective June 1, 2025.

With respect to All Full-time Active Employees who are WCSSF local 4479, Your certificate is amended as follows:

1. The **Increase in Amount of Life Insurance** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

With respect to requested changes during Annual Enrollment:

Increase in Amount of Life Insurance: *If I request an increase in the Amount of Life Insurance for myself or my Dependents, must we provide Evidence of Insurability?*

If You or Your Dependents are:

- 1) already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for an increase of more than one level; or
- 2) not already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for any amount of Supplemental Life Insurance coverage; including an initial amount.

In any event, if the Amount of Life Insurance You request is greater than the Guaranteed Issue Amount, You or Your Dependents, as applicable, must provide Evidence of Insurability.

If Your Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.

If Your Dependents' Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance they had in effect on the date immediately prior to the date You requested the increase will not change.

2. The **Increase in Amount of Life Insurance** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

With respect to requested changes due to a Change in Family Status:

Increase in Amount of Life Insurance: *If I request an increase in the Amount of Life Insurance for myself or my Dependents, must we provide Evidence of Insurability?*

If You or Your Dependents are:

- 1) already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for any increase; or
- 2) not already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for any amount of Supplemental Life Insurance coverage; including an initial amount.

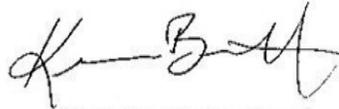
In any event, if the Amount of Life Insurance You request is greater than the Guaranteed Issue Amount, You or Your Dependents, as applicable, must provide Evidence of Insurability.

If Your Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.

If Your Dependents' Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance they had in effect on the date immediately prior to the date You requested the increase will not change.

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company



Kevin Barnett, *Secretary*



Michael J. Fish, *Head of Group Benefits*

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Hartford, Connecticut 06155
(A stock insurance company)

This rider is attached to a certificate given in connection with Policy number GL-891336, issued to Wayne County Regional Educational Service Agency.

This rider becomes effective June 1, 2025.

With respect to All Full-time Active Employees who are superintendent(s), Your certificate is amended as follows:

1. The **Increase in Amount of Life Insurance** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

With respect to requested changes during Annual Enrollment:

Increase in Amount of Life Insurance: *If I request an increase in the Amount of Life Insurance for myself or my Dependents, must we provide Evidence of Insurability?*

If You or Your Dependents are:

- 1) already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for an increase of more than one level; or
- 2) not already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for any amount of Supplemental Life Insurance coverage; including an initial amount.

In any event, if the Amount of Life Insurance You request is greater than the Guaranteed Issue Amount, You or Your Dependents, as applicable, must provide Evidence of Insurability.

If Your Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.

If Your Dependents' Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance they had in effect on the date immediately prior to the date You requested the increase will not change.

2. The **Increase in Amount of Life Insurance** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

With respect to requested changes due to a Change in Family Status:

Increase in Amount of Life Insurance: *If I request an increase in the Amount of Life Insurance for myself or my Dependents, must we provide Evidence of Insurability?*

If You or Your Dependents are:

- 1) already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for any increase; or
- 2) not already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for any amount of Supplemental Life Insurance coverage; including an initial amount.

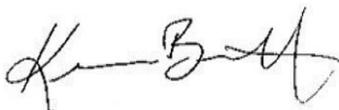
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If Your Dependents' Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance they had in effect on the date immediately prior to the date You requested the increase will not change.

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company



Kevin Barnett, *Secretary*



Michael J. Fish, *Head of Group Benefits*

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

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

This rider is attached to a certificate given in connection with Policy number GL-891336, issued to Wayne County Regional Educational Service Agency.

This rider becomes effective June 1, 2025.

With respect to All Full-time Active Employees who are administrative staff, Your certificate is amended as follows:

1. The **Increase in Amount of Life Insurance** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

With respect to requested changes during Annual Enrollment:

Increase in Amount of Life Insurance: *If I request an increase in the Amount of Life Insurance for myself or my Dependents, must we provide Evidence of Insurability?*

If You or Your Dependents are:

- 1) already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for an increase of more than one level; or
- 2) not already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for any amount of Supplemental Life Insurance coverage; including an initial amount.

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2. The **Increase in Amount of Life Insurance** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

With respect to requested changes due to a Change in Family Status:

Increase in Amount of Life Insurance: *If I request an increase in the Amount of Life Insurance for myself or my Dependents, must we provide Evidence of Insurability?*

If You or Your Dependents are:

- 1) already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for any increase; or
- 2) not already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for any amount of Supplemental Life Insurance coverage; including an initial amount.

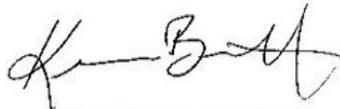
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In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company

A handwritten signature in black ink, appearing to read "Kevin Barnett".

Kevin Barnett, *Secretary*

A handwritten signature in black ink, appearing to read "Michael J. Fish".

Michael J. Fish, *Head of Group Benefits*