

Amendatory Rider



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

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

This rider forms a part of a Certificate given in connection with the Policy.

This rider becomes effective on January 1, 2026.

With respect to All Full-Time and Part-Time Active Employees, Your Certificate is amended as follows:

1. The following **Newborn Routine Hospital Care** benefit shall be included under **Additional Care Benefit(s)** in the **Benefit Schedule** section of Your Certificate:

Description of Benefit	Base Benefit Amount	Buy-up Benefit Amount
Newborn Routine Hospital Care	\$150 per day	\$150 per day

2. The **Changes in Coverage** provision shown in the **Eligibility and Effective Dates** section of Your Certificate is amended to read as follows:

Changes in Coverage

An Employee may:

- 1) elect, increase, decrease, drop or otherwise change coverage during an Annual Enrollment Period or any Additional Enrollment Event; or
- 2) increase, decrease, drop or otherwise change coverage within 31 days of a Change in Family Status.

Any change in coverage requested by an Employee will become effective on:

- 1) the Policy Anniversary following the last day of an Annual Enrollment Period, if the change is requested during such period;
- 2) the first day of the month following the last day of an Additional Enrollment Event, if the change is requested during such event; or
- 3) the date on which the change is requested following a Change in Family Status;

subject to the Deferred Coverage Effective Date provision.

An initial period of coverage for a new Dependent may be available under the New Dependent Coverage provision.

Any change in coverage requested by the Policyholder or as a result of a change in the terms of the Policy will become effective on the first day of the month following the date of the request or change.

3. The following **Newborn Routine Hospital Care** benefit shall be included in the **Additional Care Benefit(s)** section of Your Certificate:

ADDITIONAL CARE BENEFIT(S)

Newborn Routine Hospital Care

We will pay the Newborn Routine Hospital Care Benefit Amount shown in the Benefit Schedule if, following live birth in a Hospital, Your newborn Dependent Child only receives routine post-natal care until the newborn is released from the Hospital.

This benefit is payable once per newborn Dependent Child under the Policy. This benefit will not be paid for:

- 1) any stillbirth;
- 2) any newborn that experiences complications and requires care in a Hospital other than routine post-natal care for which any Hospital Care Benefits are payable under the Policy; or
- 3) any newborn Dependent Child of an Employee if coverage is not effective for the Employee under the Policy at the moment of the Dependent Child's birth.

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*