



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-805190, issued to EASTERN MICHIGAN UNIVERSITY.

This rider becomes effective March 1, 2020.

The certificate is hereby amended in the following manner:

With respect to All Full-time Active Employees who are 100% lecturers who are members of EMU-FT with 1 or more years of service, Your certificate is amended as follows:

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

Basic Amount of Life Insurance

Maximum Amount

Your annual Earnings, rounded to the next higher \$1,000 if not already a multiple of \$1,000, multiplied by 2 times, subject to a maximum of \$200,000.

However, in no event will Your Basic Amount of Life Insurance be less than \$10,000.

2. The **Basic Principal Sum** provision shown in the **Schedule of Insurance** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

Basic Principal Sum

Maximum Amount

Your annual Earnings, rounded to the next higher \$1,000 if not already a multiple of \$1,000, multiplied by 2 times, subject to a maximum of \$200,000.

However, in no event will Your Basic Principal Sum be less than \$10,000.

3. The **Continuation Provisions** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

Continuation Provisions: *Can my coverage and coverage for my Dependents be continued beyond the date it would otherwise terminate?*

Coverage can be continued by Your Employer beyond a date shown in the Termination provision, if Your Employer provides a plan of continuation which applies to all employees the same way.

The amount of continued coverage applicable to Yu or Your Dependents will be the amount of coverage in effect on the date immediately before coverage would otherwise have ended. Continued coverage:

- 1) is subject to any reductions in The Policy;
- 2) is subject to payment of premium;
- 3) may be continued up to the maximum time shown in the provisions; and
- 4) terminates if The Policy terminates.

In no event will the amount of insurance increase while coverage is continued in accordance with the following provisions. The Continuation Provisions shown below may not be applied consecutively.

In all other respects, the terms of Your coverage and coverage for Your Dependents remain unchanged.

Leave of Absence: If You are on a documented leave of absence, other than Family and Medical Leave or Military Leave of Absence, Your coverage (including Dependent Life coverage) may be continued until the last day of the month following the month in which the leave of absence commenced. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Military Leave of Absence: If You enter active full-time military service and are granted a military leave of absence in writing, Your coverage (including Dependent Life coverage) may be continued for up to 12 months. If the leave ends prior to the agreed upon date, this continuation will cease immediately.

Disability Insurance: If You are working for the Policyholder and:

- 1) are covered by; and
- 2) meet the definition of disabled under;

a group long term disability insurance policy, issued by Us to Your Employer, Your coverage (including Dependent Life coverage) may be continued for a period of 12 consecutive month(s) from the date You were last Actively at Work while You remain disabled.

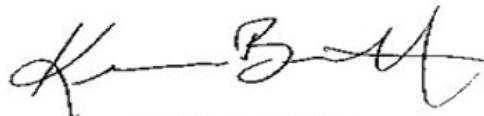
Sickness or Injury: If You are not Actively at Work due to sickness or injury, all of Your coverages (including Dependent Life coverage) may be continued:

- 1) for a period of 12 consecutive month(s) from the date You were last Actively at Work; or
- 2) if such absence results in a leave of absence in accordance with state or federal family and medical leave laws, then the combined continuation period will not exceed 12 consecutive month(s).

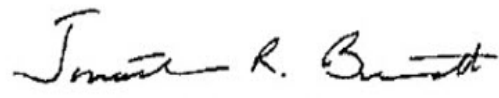
Family and Medical Leave: If You are granted a leave of absence, in writing, according to the Family and Medical Leave Act of 1993, or other applicable state or local law, Your coverage(s) (including Dependent Life coverage) may be continued for up to 12 weeks, or 26 weeks if You qualify for Family Military Leave, or longer if required by other applicable law, following the date Your leave commenced. If the leave of absence ends prior to the agreed upon date, this continuation will cease immediately.

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company



Kevin Barnett, Secretary



Jonathan Bennett, President