PLEASE RETAIN THIS POLICY IN YOUR PERMANENT RECORDS

SCHEDULE

Hartford Life and Accident Insurance Company

Initial Premium: $21,065.22

POLICY NO: 34-VP-100549

POLICYHOLDER'S NAME AND ADDRESS: STATE OF COLORADO DEPARTMENT OF LOCAL AFFAIRS

1313 Sherman Street
Room 521
Denver, CO 80203

Producer's Name and Address:	**Agent Code**	**Initial Period**
IMA Inc 1550 17th Street Denver , CO 80202	342723	**From (Policy Date):** 2/11/2013 **To:** 2/11/2014 12:01 A.M. Standard Time at the address of the Policyholder.
Form Numbers of the Policy, Riders and attached papers at issue: PA-8682, SRP-1330 AA (HLA), SRP-1330 AB (HLA), SRP-1330 AC (HLA), SRP-1330 AD (HLA) (CO), SRP-1330 AE (HLA), SRP-1330 AF (HLA), SRP-1330 AG-1 (HLA), SRP-1330 AH (HLA), SRP-1330 BA (HLA), SRP-1330 BC-2 (HLA), SRP-1330 BE (HLA), SRP-1330 BF-2 (HLA), SRP-1330 BG (HLA), SRP-1330 CH (HLA), PA-8754-1, Hartford Privacy Notice Rev'd April 2010.DOC		

Organization Name and Location:

State Of Colorado
1313 Sherman Street
Room 521
Denver, CO 80203

Benefits Provided: The Policy provides coverage under any one of the following benefits for each person within the designated class of Insured Persons, identified below and as defined in the policy.

CLASS 1: BENEFITS

Accidental Death and Dismemberment Catastrophic Loss Benefit:	**Principal Sum:**	$25,000.00
Accident Total Disability Benefit:	**Weekly Benefit Amount:** **Maximum Payment Period:**	$100.00 104 Weeks
Accident Partial Disability Benefit:	**Weekly Benefit Amount:** **Maximum Payment Period:**	See Benefit 104 Weeks
Rehabilitative Employment Benefit:		Covered: See Benefit
Permanent Total Disability Benefit:	**Principal Sum:**	$10,000.00

Accelerated Benefit (Living Benefit Option):	**Principal Sum:**	See AD&D Benefit
	Maximum Benefit Amount:	$12,500.00

Volunteer Firefighters Blanket Accident Policy

Hartford Life and Accident Insurance Company
Simsbury, Connecticut 06089
(A stock insurance company)
will pay benefits according
to the conditions of this Policy

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GENERAL PROVISIONS

Entire Contract: The entire contract between the Policyholder and us consists of this Policy, and any papers made a part of this Policy at issue.

Changes: No agent has authority to change or waive any part of this Policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of this Policy.

Renewal: This Policy may be renewed, subject to our consent, by payment of premiums as they become due. The renewal premiums will be based on our rates in effect at renewal.

Grace Period: A grace period of 31 days is allowed after the due date for payment of each premium after the Initial Premium. This Policy will continue in force during the grace period. If the premium is not paid during the grace period, this Policy will terminate. Termination will not affect any claim that begins before termination.

A grace period will not apply if:

a) we have written to the Policyholder; or
b) the Policyholder has written to us;

not less than 31 days prior to the end of the Policy period, that this Policy will not be renewed.

Data Furnished By Policyholder: The Policyholder, with our approval, may keep the important insurance records on all Insured Persons. The Policyholder must give us information, when and in the manner we ask, to administer the insurance provided by this Policy. The Policyholder's insurance records will be open for our inspection at any reasonable time.

Certificates: We will give certificates to the Policyholder for delivery to Insured Persons. The certificates will state the features of this Policy which are important to Insured Persons.

Conformity With State Statutes: On the Policy Date, any part of the Policy which is in conflict with a statute of the state in which it is delivered or issued for delivery is hereby amended to agree with the statute's minimum requirements.

Signed for the Company

Terence Shields, *Secretary*

Ronald R. Gendreau, *President*

Form SRP-1330 AA (HLA)

DEFINITIONS

Actively-at-Work means the Insured Person is performing all the regular duties of his or her occupation on a full-time basis (at least 30 hours per week) at his or her customary place of employment.

Apparatus means, but is not limited to, a fire truck, engine or pumper, hose wagon, ladder truck, patrol ambulance, tournament truck and any other firefighting vehicle.

Average Weekly Wage is the greatest of the Insured Person's total of wages, salaries, tips, and commissions, etc. for the:

1. calendar year immediately preceding the year in which the loss occurred divided by 52 weeks; or
2. twelve months immediately preceding the loss (determined by the sum of the 12 months of income divided by 52); or
3. 3 months immediately preceding the loss multiplied by 4 and then divided by 52 weeks.

The Average Weekly Wage will be verified by the Insured Person's employer and/or tax records.

Emergency Duty means the fighting of a fire or responding to any other emergency call for the Policyholder.

Injury means bodily injury of an Insured Person which results directly and independently of all other causes from accident which occurs while participating in a Covered Activity.

Loss resulting from sickness or disease or medical or surgical treatment therefore, except pus-forming infection which occurs through an accidental wound, is not considered as resulting from injury.

Medical Care means necessary:

a) medical or surgical treatment, services and supplies;
b) hospital, nursing and ambulance services.

Each item of Medical Care must be:

a) prescribed by a legally qualified physician other than the Insured person;
b) for the sole purpose of treating the injury.

On when used with reference to any conveyance (land, water or air), means in or on, boarding or alighting from the conveyance.

Form SRP-1330 AB (HLA)

Other Income Benefits means the amount of any benefit for loss of income, provided to the Insured Person or to his or her family, as a result of the period of Disability for which the Insured Person is claiming benefits under this plan. This includes any benefits for which the Insured Person or his or her family are eligible or that are paid to the Insured Person, his or her family, or to a third party on behalf of the Insured Person, pursuant to any:

a) temporary or permanent disability benefits under a Workers' Compensation Law, occupational disease law, or from any similar law for Firefighters and rescue personnel;
b) governmental law or program that provides disability or unemployment benefits as a result of the Insured Person's job with any employer;
c) plan or arrangement of coverage, whether insured or not, as a result of employment by or association with an Employer or as a result of membership in or association with any group, association, union or other organization;
d) individual insurance policy where the premium is wholly or partially paid by an employer;
e) "no-fault" automobile insurance plan;
f) disability benefits under the United States Social Security Act, the Canada Pension Plan, the Quebec Pension Plan, or similar plan or act that the Insured Person, his or her spouse and children, are eligible to receive because of the Insured Person's Disability or because of the Insured Person's retirement, unless the Insured Person was receiving them prior to becoming Disabled;
g) disability benefits under any employer's Retirement Plan that is wholly or partially funded by employer contributions, unless:
    a) the Insured Person was receiving it prior to becoming Disabled; or
    b) the Insured Person immediately transfers the payment to another plan qualified by the United States Internal Revenue Service for the funding of a future retirement.
    Other Income Benefits will not include the portion, if any, of such retirement benefit that was funded by the Insured Person's after-tax contributions;
h) any portion of a settlement or judgment, minus associated costs, of a lawsuit that represents or compensates for the Insured Person's loss of earnings.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received by the Insured Person. For purposes of this insurance, we reserve the right to determine reasonable expenses. An expense is considered to be incurred on the date the Medical Care is rendered.

Total Disability means the complete and continuous inability of the Insured Person to:

a) perform the essential duties of his or her regular occupation until the Weekly Benefit has been paid for 104 weeks; and thereafter,
b) engage in any gainful occupation for which he or she is or can be reasonably fitted through training, experience, or education.

We, **our** or **us** means the company named on the face page of this Policy.

Form SRP-1330 AC (HLA)

EXCLUSIONS

The Policy does not cover loss, disability or expense incurred for or as the result of:

a) intentionally self-inflicted injury, suicide or attempted suicide, while sane;
b) war or any act of war, whether war is declared or not;
c) an accident occurring while on any aircraft, except while a passenger on an aircraft operated by a passenger airline on a regularly scheduled passenger trip over its established route.

Form SRP-1330 AD (HLA) (CO)

LIMITATIONS

Disability Limitation: This Policy does not cover disability unless the Insured Person is Actively-at-Work at the time disability commences.

Benefit Limitations: If this Policy would pay benefits for:

a) Loss of Life under more than one Benefit, payment will be made only under the one Benefit that would pay the largest amount for Loss of Life;
b) Loss of Income for Total Disability under more than one Benefit, payment will be made only under the one Benefit that would pay the largest amount.

This Benefit Limitation does not apply to the Seat Belt Benefit which is payable as an additional benefit if the Insured Person suffers Loss of Life.

Successive Periods of Disability Limitation: Periods of disability:

a) due to the same or related medical causes; and
b) separated by less than 90 days during which an Insured Person is Actively-at-Work;

will be considered one period of disability. Periods of disability separated by at least 90 days during which an Insured Person is Actively-at-Work will be considered separate periods of disability.

Concurrent Disabilities: Any one period of disability which is caused by more than one Injury or Sickness will be considered to have resulted from only one cause.

Integration with Medicare: If an Insured Person incurs expenses for Medical Care for which benefits are payable under this Policy, we will reduce our payment so that the total amount payable by Medicare coverage and us will not exceed 100% of the actual covered expenses. "Medicare" means the health insurance provided by Title XVIII of the Social Security Act, as amended. This provision does not apply to the Accident Hospital Indemnity Benefit and the Hospital Indemnity Benefit, if provided, under this Policy.

Form SRP-1330 AE (HLA)

CLAIM PROVISIONS

Notice of Claim: We must receive written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include the Insured Person's name and the Policy number. Notice should be given to our agent or sent to our office. The address for claims is:

Hartford Life Claim Office (Blanket Lines Unit)
P.O. Box 3856
Alpharetta, GA 30023

Claim Forms: When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us.

Time of Claim Payment: We will pay any daily or weekly benefit due:

a) every four weeks, after we receive the proof of loss, while the loss and our liability continue; or
b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately after we receive the proof of loss.

Payment of Claims: We will pay any benefit due for loss of life:

a) according to the beneficiary designation in effect at the time of payment; otherwise
b) to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits may, at our option, be paid according to the beneficiary designation, or to the Insured Person's estate.

(Continued)

Form SRP-1330 AF (HLA)

Payment of Claims (Continued):
If a benefit due is payable:

a) to the Insured Person's estate; or
b) to the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment;

we may pay up to $1,000 of the benefit due to some other person.

The other person will be someone related to the Insured Person or the beneficiary by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith.

We may pay benefits directly to any hospital or person rendering covered services. We will do otherwise if the Insured Person so requests in writing no later than the time he or she files a proof of loss.

Proof of Loss: Proof of loss must be sent to us in writing within 90 days after:

a) the end of a period of our liability for periodic payment claims; or
b) the date of the loss for all other claims.

We may require further written proof on a periodic basis if the Insured Person is disabled.

If the claimant is not able to send it within the time period stated above, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

We have the right to require, as part of the proof of loss:

a) the Insured Person's signed statement identifying all Other Income Benefits; and
b) proof satisfactory to us that the Insured Person and his or her dependents have duly applied for all Other Income Benefits which are available.

After submitting proof of loss, the Insured Person will be required to apply for Social Security disability benefits. If the Social Security Administration denies the Insured Person's eligibility for any such benefits, the Insured Person will be required to follow the process established by the Social Security Administration to reconsider the denial and, if denied again, to request a hearing before an Administrative Law Judge of the Office of Hearing and Appeals.

We reserve the right to determine if the Insured Person's proof of loss is satisfactory.

The Insured Person will not be required to claim any retirement benefits which the Insured Person may only receive on a reduced basis.

Form SRP-1330 AG-1 (HLA)

Legal Actions: No legal action may be taken against us:

a) before 60 days following the date proof of loss is sent to us; or
b) after 3 years following the date proof of loss is due.

Naming a Beneficiary: The Insured Person may name a beneficiary or change a named beneficiary by giving a Written Request to the Policyholder. The Insured Person's request takes effect on the date it is executed, regardless of whether the Insured Person is living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received such request.

Assignment: This insurance Policy may not be assigned. Benefit payments may be assigned as allowed in **Payment of Claims**.

Physical Examinations and Autopsy: While a claim is pending we have the right at our expense:

a) to have the person who has a loss examined by a physician (other than the Insured Person) when and as often as is reasonably necessary; and
b) in case of death, to make an autopsy where not forbidden by law.

Form SRP-1330 AG-1 (Continued) (HLA)

INSURED PERSON DEFINED

Insured Person means each person who qualifies in one of the following Classes:

Class 1

Volunteer Firemen means a firefighter who renders service to a fire department in a municipality, fire district, or any other type of volunteer fire department in the State of Colorado, and does not receive compensation under a contract of employment as a firefighter.

COVERED ACTIVITIES

For Class 1: This Policy covers each Class 1 Insured Person who is on duty while:

1. at a fire, traveling to or returning from a fire, at a fire drill, at a parade or at a test or trial of any firefighting Apparatus; or
2. on an emergency call, going to or returning from an emergency call;
3. at a drill, parade, or test or trial or any emergency Apparatus;
4. participating in, or attending as a volunteer member of the Organization, (but not as a paid driver or employee) any other regularly approved, supervised activity of the Organization; or
5. riding on Organization Apparatus (including a private passenger automobile furnished by the Organization for the transportation of the Fire Chief or other official of the Organization) while traveling to or returning from a fire drill, a parade, or a test or trial of any firefighting Apparatus.

Form SRP-1330 AH (HLA)

ACCIDENTAL DEATH AND DISMEMBERMENT CATASTROPHIC LOSS BENEFIT

If an Insured Person's Injury results in any of the following losses listed in this Benefit, we will pay the sum shown opposite the Loss. The amount of the Principal Sum is stated in the Schedule and applies to the Class to which the Insured Person belongs at the time of accident.

We will not pay more than the Principal Sum for all losses due to the same accident.

For Loss of:

Life……... .....The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes…….....The Principal Sum
One Hand and One Foot.....…….The Principal Sum
Either Hand or Foot and Sight of One Eye.....……The Principal Sum
Hearing in Both Ears and Speech.....……..The Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia).....……..The Principal Sum
Movement of Both Lower Limbs (Paraplegia).....……...The Principal Sum
Movement of Both Upper and Lower Limbs of
One Side of the Body (Hemiplegia).....……The Principal Sum
Hearing in One Ear and Speech.....……..Three-Quarters of The Principal Sum
One Arm or One Leg.....……...Three-Quarters of The Principal Sum
Movement of One Upper Limb or one Lower Limb.....……One-Half of The Principal Sum
Speech.....……One-Half of The Principal Sum
Hearing in Both Ears.....……..One-Half of The Principal Sum
Either Hand or Foot..... ……..One-Half of The Principal Sum
Sight of One Eye.....……One-Half of The Principal Sum
Hearing in One Ear..... ……One-Quarter of The Principal Sum
Thumb and Index Finger of Either Hand.....……One-Quarter of The Principal Sum
One Thumb.....……..One-Twentieth of The Principal Sum
Each Joint of Finger or Toe.....……..One Hundredth of The Principal Sum

Loss means with regard to:

a) hands and feet, complete severance through or above wrist or ankle joints;
b) sight, speech or hearing, entire and irrecoverable loss thereof;
c) thumb or index finger, complete severance through or above the metacarpophalangeal joints;
d) arm or leg, complete severance through or above the elbow or knee joint;
e) each joint of finger or toe, complete severance through or above the joint of the finger or toe;
f) movement, complete and irreversible paralysis involving the entire arm with respect to Upper Limb; entire Leg with respect to Lower Limb.

An Insured Person will be deemed to have suffered Loss of Life if:

a) he or she disappears while engaged in a Covered Activity; and
b) his or her body has not been found within one year after disappearance.

Form SRP-1330 BA (HLA)

ACCIDENT TOTAL DISABILITY BENEFIT

We will pay the Weekly Benefit Amount for each week of an Insured Person's Total Disability.

Benefits will continue while the Insured Person remains totally disabled, but not beyond the Maximum Payment Period.

The Total Disability must:

a) result from Injury;
b) commence within 30 days after the accident that caused the Injury; and
c) require the regular care of a legally qualified physician other than the Insured Person.

If the Maximum Payment Period is "to age 65," and the Total Disability begins:

a) before age 63, the Maximum Payment Period will be to age 65;
b) on or after age 63, the Maximum Payment Period will be two years.

The Weekly Benefit will be the lesser of:

a) the amount shown in the Schedule; or
b) 70 percent of the Insured Person's Average Weekly Wage, reduced by:
    1) any Other Income Benefits to which the Insured Person is entitled, including any that could be collected if application for the benefit were made;
    2) 50% of income from Rehabilitative Employment;
    3) all income from any employer or from any work.

The Insured Person's Weekly Benefit will not be reduced by Other Income Benefits to less than a $100.00 minimum weekly amount.

For Total Disability of less than one week, one-seventh of the weekly benefit will be payable per day.

The Weekly Benefit Amount and Maximum Payment Period are shown in the Schedule.

Form SRP-1330 BC-2 (HLA)

REHABILITATIVE EMPLOYMENT BENEFIT

If, while an Insured Person is Totally Disabled or Partially Disabled, he or she accepts Rehabilitative Employment, we will continue to pay a Weekly Benefit Amount.

The sum of the Weekly Benefit Amount and total income received from a program of Rehabilitative Employment may not exceed 100% of the Insured Person's Average Weekly Wage. If this sum exceeds the Average Weekly Wage, the Weekly Benefit Amount paid by us will be reduced accordingly.

We reserve the right to review, at the end of every 6 month period, any Rehabilitative Employment an Insured Person participates in while benefits are being paid under the Policy.

If an Insured Person remains Totally Disabled after a period of Rehabilitative Employment, he or she may continue to receive benefits under the Accident Total Disability Benefit or the Partial Disability Benefit, subject to the Maximum Payment Period for such benefit.

Rehabilitative Employment means employment or service which:

a) prepares a Totally Disabled or Partially Disabled person to resume gainful work; and
b) is approved, in writing, by us.

The term Rehabilitative Employment will include, when appropriate, any necessary and feasible:

a) vocational testing;
b) vocational training;
c) work-place modification;
d) prosthesis; and
e) job placement.

Form SRP-1330 BE (HLA)

ACCIDENT PARTIAL DISABILITY BENEFIT

We will pay a Weekly Benefit Amount for each week of an Insured Person's Partial Disability. Benefits will continue while the Insured Person remains Partially Disabled, but not beyond the Maximum Payment Period for this Benefit.

Partial Disability must:

a) commence within 30 days after the accident that caused the Injury; or
b) immediately follow a period of Total Disability for which benefits are payable under this Policy.

If the Maximum Payment Period is "to age 65", and the Total Disability begins:

a) before age 63, the Maximum Payment Period will be to age 65;
b) on or after age 63, the Maximum Payment Period will be two years.

The Maximum Payment Period is applied separately to each period of Partial Disability.

No payment will be made for any day for which a benefit is payable for Total Disability.

To determine the Partial Disability Weekly Benefit Amount, use the following calculation:

(A divided by B) x C = D

A = The Insured Person's Average Weekly Wage less his or her Current Weekly Earnings.

B = The Insured Person's Average Weekly Wage.

C = The Weekly Benefit payable if the Insured Person was otherwise Totally Disabled. (Disregard all other income from any employer or for any work when determining this figure).

D = The Partial Disability Weekly Benefit Amount payable.

Benefit payments for a Partial Disability will cease on the first to occur:

a) the date the Insured Person's weekly earnings while he or she is Partially Disabled exceed 80% of his or her Average Weekly Wage; or
b) the date the Insured Person is eligible for benefits under the Accident Total Disability Benefit due to the same or related causes; or
c) the date the Insured Person returns to work in an occupation other than his or her own; or
d) the date that payments under this Benefit have been paid for the Maximum Payment Period.

Current Weekly Earnings means the Insured Person's income during a period of Partial Disability, including income received from any Other Income Benefits.

For Partial Disability of less than one week, one-seventh of the Partial Disability Weekly Benefit Amount will be payable per day.

Form SRP-1330 BF-2 (HLA)

Partial Disability means a disability that:

a) continues while the Insured Person is performing at least one of the material duties of his or her own occupation on either a full-time or part-time basis;
b) causes a loss of earnings of at least 20% and less than 80%; and
c) requires the regular care of a legally qualified physician other than the Insured Person.

A disability that causes a loss of earnings of 80% or more is considered to be a Total Disability and will be payable under the Accident Total Disability Benefit.

The Weekly Benefit Amount and Maximum Payment Period are shown in the Schedule.

Form SRP-1330 BF-2 (Continued) (HLA)

PERMANENT TOTAL DISABILITY BENEFIT

We will pay the Principal Sum for this benefit if the Insured Person's Permanent Total Disability:

a) resulted from Injury received before the Insured Person attained age 60;
b) continued without interruption for at least the amount of time shown in the Policy Schedule for the Accident Total Disability Benefit Maximum Payment Period; and
c) is reasonably expected to continue without interruption until the Insured Person dies.

The Principal Sum is shown in the Schedule.

Any benefits payable under this Benefit will be reduced by any amount which has been paid or is payable for loss caused by the same accident under the Accidental Death and Dismemberment Catastrophic Loss Benefit and under the Accelerated Benefit (Living Benefits Option).

Form SRP-1330 BG (HLA)

ACCELERATED BENEFIT
(LIVING BENEFIT OPTION)

We will pay an Accelerated Benefit Amount if the Insured Person:

a) has a Terminal Condition due to participation in a Covered Activity; and
b) is under 60 years of age when the Terminal Condition due to participation in a Covered Activity commenced; and
c) requests in writing that a portion of the amount of his or her Accidental Death and Dismemberment Catastrophic Loss Benefit be paid as an Accelerated Benefit.

The Accelerated Benefit Amount is the lesser of:

a) 50% of the Insured Person's Accidental Death and Dismemberment Catastrophic Loss Principal Sum Amount; or
b) the Maximum Benefit Amount stated in the Schedule.

The Insured Person's Amount of Accidental Death and Dismemberment Benefit payable upon his or her death will be reduced by any Accelerated Benefit Amount already received after this benefit.

Example #1: If an Insured Person has a Principal Sum Amount of $80,000.00 and a Maximum Benefit Amount of $50,000.00 and requests payment of the Accelerated Benefit Amount:

a) the Insured Person will receive 50% of the Principal Sum which is $40,000.00. as the Accelerated Benefit; and
b) the remaining balance payable upon the death of the Insured Person will be an amount of $40,000.00.

Example #2: If an Insured Person has a Principal Sum that is $150,000.00 and has a Maximum Benefit Amount of $50,000.00 and requests payment of the Accelerated Benefit Amount;

a) the Insured Person will receive the Maximum Benefit Amount of $50,000.00; and
b) the remaining balance payable upon the death of the Insured Person will be $100,000.00.

The Insured Person should consult a Tax Advisor regarding the applicability of taxes to the Accelerated Living Benefit Option.

(Continued)

Form SRP-1330 CH (HLA)

Proof of a Terminal Condition and Examination: We reserve the right to require proof of a Terminal Condition. Any diagnosis submitted must be provided by an attending physician licensed to practice in the United States.

If the Insured Person fails to submit proof satisfactory to us that the Insured Person has a Terminal Condition; or refuses to be examined by a physician as may be required by us, then no Accelerated Living Benefit will be payable.

Termination of a Terminal Condition: If the Insured Person no longer has a Terminal Condition, the Insured Person's Amount of Accidental Death and Dismemberment Benefit payable upon the Insured Person's death will be reduced by any Accelerated Living Benefit Amount already received under this benefit.

Limitations: The Accelerated Living Benefit provided herein:

a) will be subject to all applicable terms and conditions of the Policy; and
b) will not be available if the Insured Person has already received an Accelerated Living Benefit.

Release from Assignment: If the Insured Person has executed an assignment of interest with respect to the Insured Person's amount of Accidental Death and Dismemberment Catastrophic Loss Benefit Amount, in order to pay benefits under this provision, we must receive a release from the individual to whom the assignment was made before any benefits are payable.

For the purpose of this benefit, the following definitions apply:

Terminal Condition means the Insured Person has a life expectancy of 12 months or less due to Injury as defined under this Policy.

The Principal Sum and Maximum Benefits Amounts are shown in the Schedule.

Form SRP-1330 CH (Continued) (HLA)

Privacy Policy and Practices of The Hartford Financial Services Group, Inc. and its Affiliates
(herein called "we, our, and us")

This Privacy Policy applies to our United States Operations

We value your trust. We are committed to the responsible:
a) management;
b) use; and
c) protection;
of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:
a) service your **Transactions** with us; and
b) support our business functions.

We may obtain **Personal Information** from:
a) **You**;
b) your **Transactions** with us; and
c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:
a) your name;
b) your address;
c) your income;
d) your payment; or
e) your credit history;
may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:
a) our insurance companies;
b) our employee agents;
c) our brokerage firms; and
d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:
a) market our products; or
b) market our services;
to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:
a) independent agents;
b) brokerage firms;
c) insurance companies;
d) administrators; and
e) service providers;
who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:
a) taking surveys;
b) marketing our products or services; or
c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:
a) "opt-out;" or
b) "opt-in;"
as required by law.

We only disclose **Personal Health Information** with:
a) your proper written authorization; or
b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:
a) underwriting policies;
b) paying claims;
c) developing new products; or
d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:
a) the confidentiality; and
b) the integrity of;
Personal Information that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:
a) secured files;
b) user authentication;
c) encryption;
d) firewall technology; and
e) the use of detection software.

We are responsible for and must:
a) identify information to be protected;
b) provide an adequate level of protection for that data;
c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our Privacy Policy will be subject to discipline, which may include ending their employment with us.

At the start of our business relationship, we will give **You** a copy of our current Privacy Policy.

We will also give **You** a copy of our current Privacy Policy once a year if **You** maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

Application means your request for our product or service.

Personal Financial Information means financial information such as:
a) credit history;
b) income;
c) financial benefits; or
d) policy or claim information.

Personal Health Information means health information such as:
a) your medical records; or
b) information about your illness, disability or injury.

Personal Information means information that identifies **You** personally and is not otherwise available to the public. It includes:
a) **Personal Financial Information**; and
b) **Personal Health Information**.

Transaction means your business dealings with us, such as:
a) your **Application**;
b) your request for us to pay a claim; and
c) your request for us to take an action on your account.

You means an individual who has given us **Personal Information** in conjunction with:
a) asking about;
b) applying for; or
c) obtaining;
a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford Financial Services Group, Inc.:

American Maturity Life Insurance Company; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford Casualty Insurance Company; Hartford Equity Sales Company, Inc.; Hartford Fire Insurance Company; Hartford Fire General Agency, Inc.; Hartford HLS Series Fund II, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford International Life Reassurance Corporation; Hartford Investment Advisory Company, LLC; Hartford Investment Financial Services, LLC; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Life and Annuity Insurance Company; Hartford Life Insurance Company; Hartford Lloyd's Insurance Company; Hartford Mezzanine Investors I, LLC; Hartford Retirement Services, LLC ; Hartford Securities Distribution Company, Inc.; Hartford Series Fund, Inc.; Hartford Specialty Company; Hartford Specialty Insurance Services of Texas, LLC; Hartford Underwriters Insurance Company; Hartford-Comprehensive Employee Benefit Service Company; HL Investment Advisors, LLC; Hartford Life Private Placement, LLC; M-CAP Insurance Agency, LLC; New England Insurance Company; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Pacific Insurance Company, Limited; Planco, LLC; Hartford Life Distributors, LLC; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; Specialty Risk Services, LLC.; The Hartford Income Shares Fund, Inc.; The Hartford Mutual Funds II, Inc.; The Hartford Mutual Funds, Inc.; Trumbull Insurance Company; Trumbull Services, L.L.C.; Twin City Fire Insurance Company.

Questions about this Privacy Policy may be directed to the following address: The Hartford, GBD Compliance Dept., 200 Hopmeadow St., Simsbury, CT 06089.

SUMMARY OF THE LIFE AND HEALTH INSURANCE PROTECTION ASSOCIATION ACT AND NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS

INTRODUCTION

Residents of Colorado who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Life and Health Insurance Protection Association. The Purpose of this Association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in Colorado and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Association is limited, however. As noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

IMPORTANT DISCLAIMER

The Life and Health Insurance Protection Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require residency in Colorado. You should not rely on coverage by the Life and Health Insurance Protection Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the association to induce you to purchase any kind of insurance policy.

SUMMARY

The state law that provides for this safety-net coverage is called the Life and Health Insurance Protection Association Act. Below is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the Association.

COVERAGE

Generally, individuals will be protected by the Life and Health Insurance Protection Association if they live in this state and hold a life or health insurance contract, or an annuity, or if they hold a certificate under a group life or health insurance contract or annuity, issued by a member insurer. The beneficiaries, payees, assignees of insured persons are protected as well, even if they live in another state. Certain parties to structured settlement annuity contracts may be entitled to coverage benefits as well based on defined circumstances.

This Information is Provided By:	
Life and Health Insurance Protection Association P.O. Box 36009 Denver, CO 80236 303/292-5022	Colorado Division of Insurance 1560 Broadway, Suite 850 Denver, CO 80202 303/894-7499

(Continued on Next Page)

EXCLUSIONS FROM COVERAGE

Persons holding such policies or contracts are not protected by the Association if :

- they are not residents of The State of Colorado, except under certain very specific circumstances;
- the insurer was not authorized or licensed to do business in Colorado at the time the policy or contract was issued;
- their policy was issued by a nonprofit hospital or health service corporation, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The Association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk;
- any policy of reinsurance (unless an assumption certificate was issued);
- plans of employers, associations or similar entities to the extent they are self-funded or uninsured (that is, not insured by an insurance company, even if an insurance company administers them);
- interest rate yields , crediting rate yields or other factors employed in calculating returns, including but not limited to indexes or other external references stated in the policy or contract, that exceed an average rate specified in the Association Act;
- dividends;
- experience rating credits;
- credits given in connection with the administration of a policy or contract;
- any unallocated annuity;
- annuity contracts or group annuity certificates not owned by an individual unless and to the extent guaranteed to an individual by the insurer;
- annuity contracts or group annuity certificates used by nonprofit insurance companies to provide retirement benefits for nonprofit educational institutions and their employees;
- policies, contracts, certificates or subscriber agreements issued by a prepaid dental care plan;
- sickness and accident insurance when written by a property and casualty insurer as part of an automobile insurance contract;
- unallocated annuity contracts issued to an employee benefit plan protected under the federal Pension Benefit Guaranty Corporation;
- policies or contracts issued by an insurer which was insolvent or unable to fulfill its contractual obligations as of July 1, 1991, except for annuity contracts issued by a member insurer which was placed into liquidation between July 1, 1991, and August 31, 1991;
- policies or contracts covering persons who are not citizens of the United States;
- any kind of insurance or annuity, the benefits of which are exclusively payable or determined by a separate account required by the terms of such insurance policy or annuity maintained by the insurer or by a separate entity.

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Association is obligated to pay out. The Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, no matter how many policies or contracts were issued by the same company, even if such contracts provided different types of coverages, the Association will pay a maximum of:

- $300,000 in net life insurance death benefits and no more than $100,000 in net cash surrender and net cash withdrawal values for life insurance;

- for health insurance benefits - $100,000 for coverages not defined as disability, basic hospital, medical and surgical, or major medical insurance, including any net cash surrender and net cash withdrawal values; $300,000 for disability insurance; or $500,000 for basic hospital, medical and surgical, or major medical insurance;
- $250,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values; or
- with respect to each payee of a structured settlement annuity, $250,000 in present value annuity benefits, in the aggregate, including net cash surrender and net cash withdrawal values.

The Association shall not be liable to expend more than $300,000 in the aggregate, with respect to any one life except that with respect to benefits for basic hospital, medical and surgical and major medical insurance, the aggregate liability of the Association shall not exceed $500,000 with respect to any one individual.