



# YOUR NEEDS ARE OUR TOP PRIORITY

Your Claim Forms





## To take advantage of Safe Haven...

Simply elect Safe Haven as your method of payment on the enclosed claim form.

**A**t The Hartford, we understand that this is a difficult time for you. We want you to know that we stand by you—and we are ready to assist you—as you make your next important financial decisions. We also want you to know that you have many options when it comes to receiving your insurance proceeds. The Hartford's Safe Haven Program is one of your options. We encourage you to work with your trusted financial advisor to carefully evaluate each option and make the choice that best meets your needs.

### WHAT IS THE SAFE HAVEN PROGRAM?

**The Safe Haven Program is one way to receive your insurance proceeds.**

If you elect the Safe Haven Program, your claim will be paid and The Hartford will send you a draftbook (which works like a checkbook) so that you can access your proceeds anytime, anywhere, and for any reason by simply writing a draft (like a check). The remaining balance will remain in our general account where it will continue to earn interest, allowing you time to make important financial decisions about your future. (Please refer to the included Rate Notice for current interest rate.)

**The Safe Haven Program offers important services.**

Through the Safe Haven Program, you'll have access to our nationwide network of counselors who stand ready to assist you if you face financial, legal, or emotional challenges. Safe Haven provides you with up to five face-to-face sessions with a counselor in your area, the Safe Haven Connections newsletter, and your own Safe Haven Customer Care representative, who can help you take advantage of these services.

### WHY CHOOSE THE SAFE HAVEN PROGRAM?

#### Key Points to Remember:

- Your proceeds will earn interest from the day we pay your claim—even while the draftbook is in the mail.
- The day your draftbook arrives, you can write a draft up to and including the full balance plus the interest.
- You can write a draft anytime and anywhere (just as you'd write a check) to pay bills, make purchases, get cash, reinvest, etc.
- You can use your draftbook for electronic (ACH) payments either on the internet or over the phone.
- Your beneficiary proceeds will be kept separate from your personal funds.
- You'll have access to support services, including: in person grief, legal, and financial counseling, 24/7 phone support, and a monthly newsletter that focuses on the lives and financial needs of beneficiaries. All services are available for up to one year—even if you stay in the program for just one day.
- You can take time to plan for your future, knowing your proceeds will continue to earn interest and can be accessed simply by writing a draft.

Safe Haven is not intended to be a long term investment vehicle. It is intended to provide you with time as you plan for your future. The interest will be taxable to you as income. Also, since Safe Haven was designed for insurance payments, you may not make additional deposits into Safe Haven.

**For information about other settlement options, please refer to the policy, the claim form, or call our customer service at the number listed on the claim form.**

Safe Haven is not a bank account and as such Safe Haven assets are not insured by the FDIC. Nor are they backed or guaranteed by any federal or state government agency. Rather, Safe Haven is part of the general account of the applicable issuing company of The Hartford and payments are based on the company's claims-paying ability.

# Group Life and Accidental Death Claim Forms for Employee or Dependent



## IMPORTANT INSTRUCTIONS FOR COMPLETING CLAIM FORM(S)

### To the Employer and Employee/Beneficiary, as applicable.

We know this is a difficult time, and we want to assist you in filing your claim as quickly as possible. Please read these important instructions regarding completion of these forms. Also, please read the "Important Notice" on page 5.

The information below constitutes a complete claim filed with The Hartford for purposes of claiming Basic, Supplemental and Dependent coverage.

### Part I - Employer's Statement (needed for both Life or Accidental Death claims)

- Form is to be completed in its entirety and signed by the Official Representative of the Employer/Plan. A certified Death Certificate stating cause and manner of death must be attached to this form.
- Proof of salary as defined in the Policy (attach W2 or commissions, if applicable)
- Submission of claims on any voluntary or contributory Life plans, including Dependent coverage, must include copies of the enrollment forms and history to show timely enrollment.
- All claims must be submitted, along with the beneficiary designation forms on file with the Employer/Plan, if any. If none on file, the Employer/Plan shall certify to that fact on the claim form.

### Part II - Beneficiary Statement (needed for both Life and Accidental Death claims)

- If more than one beneficiary, each beneficiary can either sign and date one form, or each can complete separate forms, showing their current address, date of birth and Social Security Number.
- All beneficiaries must elect a Payment Option (page 4) - Please refer to the Safe Haven Disclosure pages of this form, for important information about the Safe Haven Program.
- If claiming Accidental Death please furnish, if available, police or motor vehicle, Accident/Incident reports, autopsy/toxicology or other pertinent information regarding the claim.

### Miscellaneous - All Claims

- If the claim proceeds are payable to an Estate, Executors or Administrators of the Estate, Part II must be completed by an Executor or Administrator. An official certificate of such person's legal appointment and qualification must be attached to this form. Please include the Estate Tax Identification Number. If none available, please explain.
- If any designated beneficiary is a minor, Part II must be completed by a custodian or guardian. An official certificate of the guardian's legal appointment and qualification of the minor's **estate or property** must be attached to this form, if applicable.
- If claim is for a dependent child enrolled in an accredited school of higher learning, submitted documents should include a student enrollment verification form executed by the school.
- Foreign Death - Include both the Official Death Certificate and the Death of American Citizen Abroad form.

Mail completed forms to: The Hartford  
Group Life/AD&D Claims Unit  
P. O. Box 2999  
Hartford, CT 06104-2999  
Customer Service: 1-888-563-1124  
Fax Number: 1-866-954-2621

**Release of claim forms is not an admission of coverage under a policy for an employer, group or organization.**



**PROOF OF DEATH FORM (Group Life Insurance)  
EMPLOYEE or DEPENDENT**

**PART I - EMPLOYER'S STATEMENT - TO BE COMPLETED IN FULL FOR ALL CLAIMS**

Group Policy Numbers: Life/ AD&D: _____ Voluntary AD&D: _____ Group Travel: _____			Employer:		
Name of Insured /Participant:			Branch/Location:		
Insured's address: (Street, City, State & Zip Code)					
Social Security Number:	Date of Birth:	Date of Death:	Date of Hire:	Is employee actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not actively at work, date last physically at work:		Reason employee did not return to work:			
Effective date of employee's insurance:	Have premiums been paid to date: <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation:	Classification:		
Is a Beneficiary Designation Card on file? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," a copy must be submitted.			<input type="checkbox"/> FMLA (provide approval form)		

**AMOUNT OF INSURANCE BEING CLAIMED FOR EMPLOYEE OR AMOUNT IN FORCE FOR EMPLOYEE IF DEPENDENT CLAIM**

Basic Life: \$ _____	Supplemental Life: \$ _____	<b>(Employee's earning as defined in the policy. Attach W-2 if applicable.)</b> Rate of earnings used to calculate benefit amount: _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Complete below only if claim is due to an accident.		
AD&D Basic: \$ _____	AD&D Supplemental: \$ _____	Regular hours scheduled to work: (if applicable) _____
Coverage amounts claimed include age reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Effective date of above reported earnings: _____
Date insurance was discontinued or not in force? _____		Do the earnings include commissions or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was application for conversion completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has a claim for Long Term Disability ever been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was an LBO/Accelerated Death Benefit or Waiver of Premium claim ever approved by prior carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has a claim for Waiver of Premium ever been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Note: Changes in amounts of coverage, or increases in coverage, may not apply if the employee was absent from work due to illness or injury on the effective date. Changes in amounts of coverage and increases are deferred until employee returns to active full-time work. If the employee elected increases in coverage during the past two years, the amount being claimed reflects the increase, attach copies of the election forms.</b></p>		
State name and amounts of insurance, if any.		

**DEPENDENT INFORMATION - ONLY COMPLETE FOR DEPENDENT CLAIM.**

Full Name of Deceased Dependent: (Last, first, middle initial)	Dependent's Social Security Number	Date of Birth:	Date of Death:
Relationship to Employee:	Last Residence: (Number, Street, City or Town, Zip Code)	Have premiums been paid to date for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the dependent over age 19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the dependent a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" include Student Enrollment Verification from school.		

**AMOUNT OF INSURANCE BEING CLAIMED FOR DEPENDENT**

Basic Life \$ _____	Supplemental Life: \$ _____	AD&D Basic: \$ _____	AD&D Supplemental: \$ _____	Do age reductions in Spouse's coverage apply? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Dependent benefit a: <input type="checkbox"/> Flat Amount? <input type="checkbox"/> Percentage of Employee's amount? If so, please complete amount of employee insurance above.				
Was an LBO/Accelerated Death Benefit or Waiver of Premium claim ever approved by the prior carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Employer Certification:** I hereby certify that the information provided on the Employer Statement is true and complete according to the records of the Employer. I agree that this information is subject to audit by Hartford Life Insurance Company or Hartford Life and Accident Insurance Company and/or its representative.

Employer _____	Address: _____
Signature: _____	Date: _____
( ) _____	Their Authorized Representative: (Please print) ( ) _____
Telephone Number _____	E-mail address: _____
	Facsimile Number _____

**Group Life and/or Accidental Dismemberment Claim Form  
for EMPLOYEE or DEPENDENT**



**PART II - Beneficiary's Statement**

<b>Federal Law</b>	Federal Law requires us to give you this information. We may have to withhold and send to the IRS 31% of certain reportable payments you may be entitled to. We will not have to withhold this amount if we have your correct Social Security Number, and you state that you have not been notified that you are subject to an IRS back-up withholding order on interest and dividends.
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**Name of Deceased:** \_\_\_\_\_ **Policy Number(s):** \_\_\_\_\_  
**Claim Number (if known):** \_\_\_\_\_

**By signing below:**

(1) **I Hereby Certify and Agree** that I have not been notified by the Internal Revenue Services (IRS) that I am subject to a back-up withholding on Interest and Dividends. (If you have been so notified, cross out this statement "(1)."  
Provide your initials and today's date next to the cross out marks).

(2) **I Hereby Certify and Agree** that I have read and understand the IMPORTANT NOTICE on page 5 of this claim form package.

(3) **I Understand and Agree** that payment of the claim proceeds according to any alternate mode of settlement specified in the policy will only be made if the Company receives a written request for such alternate method of payment from me prior to the payment of the claim proceeds.

**DEATH BENEFIT PAYMENT OPTION**

**Please select only one of the options listed below. If you do not choose a payment option, a lump sum check will be sent. The Safe Haven program option is not available to residents of Alaska. Benefit amount less than \$10,000 will be paid in a lump sum check.**

- I would like the full amount of the insurance proceeds payable to me to be distributed, in a single distribution, into the Safe Haven Program. I understand that after this distribution, into the Safe Haven Program, which constitutes full payment of my insurance proceeds, any claim I may have against The Hartford will relate to the undertaking between me and The Hartford as to the Safe Haven Program, not to the insurance policy. For information on the Safe Haven Program, please refer to the Safe Haven disclosures included with this form.
- I would like a check in the full amount of the insurance proceeds payable to me.

**MEDICAL RELEASE AUTHORIZATION**

**I authorize** any physician, medical professional, hospital, covered entity as defined under HIPAA, insurer or other organization or person having any records, dates, or information concerning the deceased or injured's occupation, finances and health including protected health information, individually identifiable health information, summary health information, psychotherapy notes, mental health, HIV, and alcohol/drug records to release all such records in their entirety to Hartford Fire Insurance Company, Hartford Life and Accident Insurance Company, Hartford Life Insurance Company and any affiliate of any one or more of these companies (collectively and severally, the "Company"). I understand that I may receive a copy of this authorization, and that this authorization is valid for the entire duration of this claim, and that I may revoke this authorization at any time by sending a request in writing to the Company. I understand that it may be necessary for the Company to provide such information or summaries thereof to the employer, regulatory state agency, or Workers' Compensation carrier.

Beneficiary Name: (print)		Date of Birth:	Relationship
Complete Mailing Address: (Number & Street)		Social Security Number or Estate/Trust Tax ID	
(City, State & Zip Code)		Telephone Number: Day: ( ) Evening:( )	
Signature: <b>X</b>	Date:	E-mail address:	

Beneficiary Name: (print)		Date of Birth:	Relationship
Complete Mailing Address: (Number & Street)		Social Security Number or Estate /Trust Tax ID	
(City, State & Zip Code)		Telephone Number: Day: ( ) Evening: ( )	
Signature: <b>X</b>	Date	E-mail address:	

Beneficiary Name: (print)		Date of Birth:	Relationship
Complete Mailing Address: (Number & Street)		Social Security Number or Estate ID:	
(City, State & Zip Code)		Telephone Number: Day:( ) Evening:( )	
Signature: <b>X</b>	Date:	E-mail address:	



**Group Life and/or Accidental Death Claim Form  
for EMPLOYEE or DEPENDENT**



**Claimant's Statement of Accidental Death (complete only if death was due to an accident)**

**INSTRUCTIONS:** Complete this form if you are applying for death benefits due to an Accident. If a question does not apply, please mark "N/A."

**GROUP POLICYHOLDER/EMPLOYER NAME:** \_\_\_\_\_

<b>Name of Insured Employee/Participant:</b>	<b>Social Security Number:</b>	<b>Policy Number(s):</b> Life _____ AD&D _____
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Name of Deceased: (if different from above)	Age: _____	Relationship to Employee: Spouse _____ Child _____
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Has a Workers' Compensation claim been filed? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," what is the status of the claim? \_\_\_\_\_

On what date did the accident happen? \_\_\_\_\_ Where did the accident happen? City: \_\_\_\_\_ State: \_\_\_\_\_

Please describe injuries received: \_\_\_\_\_

Did accident result in death? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," on what date? \_\_\_\_\_

Describe in detail how the accident happened: \_\_\_\_\_

Name and address of law enforcement agency involved: *(Please submit copy of Police Accident Report and/or Case Number)* \_\_\_\_\_

List name/address/phone number of all physicians consulted for the injury/death: \_\_\_\_\_

List name/address/phone number of all hospitals consulted: \_\_\_\_\_

Did the deceased have any chronic disease or physical defect or deformity? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", describe in detail: \_\_\_\_\_

Was an autopsy performed? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," provide name/address/telephone number of coroner, if known: \_\_\_\_\_

Was an inquest held? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", verdict: \_\_\_\_\_

Claimant's Name:	Your Date of Birth:	Your Social Security Number:
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In what capacity are you making claim? (Note: if other than beneficiary, attach appropriate legal documents substantiating your authority)

Your Signature:	Date:	Your Telephone Number:
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**MEDICAL RELEASE AUTHORIZATION**

**I authorize** any physician, medical professional, hospital, covered entity as defined under HIPAA, insurer or other organization or person having any records, dates, or information concerning the deceased or injured's occupation, finances and health including protected health information, individually identifiable health information, summary health information, psychotherapy notes, mental health, HIV, and alcohol/drug records to release all such records in their entirety to Hartford Fire Insurance Company, Hartford Life and Accident Insurance Company, Hartford Life Insurance Company and any affiliate of any one or more of these companies (collectively and severally, the "Company"). I understand that I may receive a copy of this authorization, and that this authorization is valid for the entire duration of this claim, and that I may revoke this authorization at any time by sending a request in writing to the Company. I understand that it may be necessary for the Company to provide such information or summaries thereof to the employer, regulatory state agency, or Workers' Compensation carrier.

<b>SIGNATURE OF CLAIMANT OR PERSONAL REPRESENTATIVE:</b>	<b>DATE:</b>
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<sup>1</sup> The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including the issuing companies Hartford Fire Insurance Company, Hartford Life Insurance Company, Hartford Life and Annuity Insurance Company, Hartford Life and Accident Insurance Company, and Hartford Life Group Insurance Company.

<sup>2</sup> All support services offered through Beneficiary Assist are provided by ComPsych®, a national leader in employee assistance programs. ComPsych is not affiliated with The Hartford. Neither The Hartford nor ComPsych® provide financial or legal advice.

## IMPORTANT NOTICE

**For residents of all states EXCEPT California, Florida, New Jersey, Colorado, Pennsylvania, Arkansas, New Mexico, Louisiana, New York, Virginia, Puerto Rico and District of Columbia:** A person commits a fraudulent insurance act if that person knowingly, and with intent to defraud any insurance company or other person, either: (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or a benefit under an insurance policy. **A fraudulent insurance act is a crime.** (In Oregon, a fraudulent insurance act may be a crime.) The Hartford shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

**For residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**For residents of New Jersey, Arkansas, and New Mexico:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.

**For residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading information to an Insurance Company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

**FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."**

**For residents of Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For residents of New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For residents of Puerto Rico:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**For residents of Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**For residents of District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant



The Safe Haven® Program

# INTEREST RATE NOTICE

The current rate of interest credited on assets in the Safe Haven Program is **1.25%**

Safe Haven is intended to provide our customers with a convenient means for paying for their immediate needs and to allow them time to decide how to use the remaining balance of their insurance or annuity proceeds. Interest is paid on Safe Haven assets from the date your claim is settled to the date you withdraw your funds.

Interest is compounded daily and credited to your account on the 15th of each month. Interest will be available to you the day it has been credited.

If you elect to participate in The Hartford's Safe Haven program, your insurance or annuity proceeds ("Safe Haven assets") will remain invested in The Hartford's general account.

The Hartford will earn investment income on Safe Haven assets. The difference between the investment income earned on the Safe Haven assets and the interest rate credited to our customers participating in the Safe Haven program will provide The Hartford with a profit and cover the expenses we incur.

The Hartford in its sole discretion, determines the credited interest rate. The interest rate is based upon the analysis of interest rates credited to funds left on deposit with other insurance companies under programs similar to The Hartford's Safe Haven program. In determining the interest rate, we also factor in the impact of The Hartford's profitability, general economic trends, competitive factors and administrative expenses.





# Safe Haven Program Terms and Conditions

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Fire Insurance Company, Hartford Life Insurance Company, Hartford Life and Annuity Insurance Company, Hartford Life and Accident Insurance Company, and Hartford Life Group Insurance Company. Refer to the original policy for the appropriate insurer.

## A. Your Proceeds

The full amount of the insurance proceeds payable to you has been distributed, in a single distribution into the Safe Haven Program. You can have access to part or all of these funds by writing drafts, which you can use like a personal check. Your money is held in The Hartford's general account, but your drafts are payable through State Street Bank and Trust. I understand that after the distribution into The Safe Haven Program, which constitutes full payment of my insurance proceeds, any claim I may have against The Hartford will relate to the undertaking between me and The Hartford as to The Safe Haven Program, not the insurance policy.

## B. Safekeeping of Draftbook

You are responsible for keeping your Safe Haven draftbook in a safe and secure location. In the event you lose possession of your Safe Haven draftbook, you must notify Customer Service. Failure to report a lost or stolen draftbook may result in loss of funds.

## C. Interest Earned

The Hartford credits interest on your money compounded daily and credited to you on the 15th of each month. Interest is earned on the funds in Safe Haven from the date your claim under the insurance policy is settled and the full amount payable to you has been distributed, in a single distribution, through the Safe Haven Program. Interest will be available for withdrawal the day after it has been credited.

The Hartford in its sole discretion, determines the credited interest rate. The interest rate is based, in part, upon the analysis of interest rates credited to funds left on deposit with other insurance companies under programs similar to The Hartford's Safe Haven program. In determining the interest rate, we also factor in the impact of The Hartford's profitability, general economic trends, competitive factors and administrative expenses.

Your money in the Safe Haven Program is invested in The Hartford's general account. The Hartford will earn investment income on Safe Haven assets. The difference between the investment income earned on the Safe Haven assets and the interest rate credited to our customers participating in the Safe Haven program will provide The Hartford with a profit and cover the expenses we incur.

## D. 1099 Reporting

This interest is taxable to you as income. The Hartford is required by law to report this interest annually to you and the Internal Revenue Service. If interest earned in Safe Haven during the year equals \$10.00 or more, a form 1099 will be mailed to you at the end of the year. We urge you to consult a tax advisor.

## E. Not FDIC Insured

Your money in the Safe Haven Program is not held in a bank account and is not insured by the Federal Deposit Insurance Corporation; nor is it backed or guaranteed by any federal or state government agency. Your money is held in the general account of the applicable issuing company of The Hartford and your ability to withdraw your money is based on the claims paying ability of the issuing company as listed above.

## F. Minimum Balance Requirements

If the balance of your proceeds drops below \$750, we will mail you a check for the balance of your funds, the accrued interest, and a close out statement on the 15th of the month.

## G. Statements

Each month you will receive a statement showing withdrawals, interest credited, cleared drafts, current interest rate, and any other activity.

You are responsible for exercising reasonable care and promptness in examining your statement and notifying customer service immediately if you question a particular transaction. Failure to report any questionable transactions may result in loss of funds.

## H. Cleared Drafts

Cleared drafts will be retained by State Street Bank and Trust and will not be returned to you in your statement. To obtain a copy of a cleared draft, contact Customer Service.

## I. Deposits

You may not make deposits into Safe Haven. Only interest earned and insurance proceeds distributed to you may be deposited.

## J. Ending Participation in Safe Haven

You can choose from any of the three following options to terminate your participation with Safe Haven:

- Write a draft for the entire balance;
- Call Customer Service and request that your participation be terminated;
- Write a letter asking that your participation be terminated and mail it to:

**The Hartford's Safe Haven Program**  
**P.O. Box 5005**  
**Hartford, CT 06102**

Please include your Safe Haven program number, signature, and a phone number on all correspondences.

## K. Changes in Terms and Conditions

The Hartford reserves the right to change the terms and conditions of this Safe Haven program. You will have reasonable time to agree to these changes. Continuation in the program will confirm your agreement to those changes.

In addition, The Hartford reserves the right to terminate your participation at any time.

## L. Address Change

Please notify us of any change of address. Failure to provide new address information could cause a delay in your receipt of monthly statements and year-end tax forms.

## M. Assignments

Your Safe Haven is not transferable.

## N. Payment to Your Estate

In the event of your death and a beneficiary has not been designated, The Hartford, upon notification, will terminate your participation and pay any remaining funds to your estate.

## O. Payment Interruption

In the event of insolvency of the issuing company, a lengthy delay is possible before the program member can get their money.

## P. Acceptance

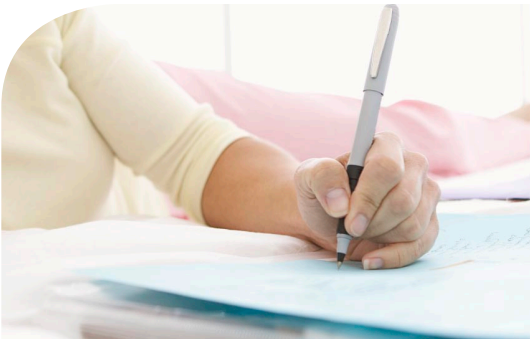
Usage of the services provided through Safe Haven constitutes acceptance of these terms and conditions as amended from time to time.

## Q. Customer Service

You can reach our dedicated representative in our Customer Care Center toll free at 1-800-918-2335 (M-Th 8 a.m. to 7 p.m., Fri 8 a.m. to 6 p.m.). Automated services are available 24 hours a day, 7 days a week. Your toll free number is located on your confirmation certificate and your monthly statement.

This information is written in conjunction with the promotion or marketing of the matter(s) addressed in this material. The information cannot be used or relied upon for the purpose of avoiding IRS penalties. These materials are not intended to provide tax, accounting or legal advice. As with all matters of a tax or legal nature, you should consult your own tax or legal counsel for advice.





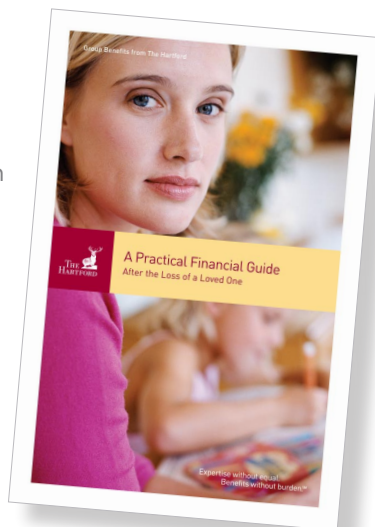
The Safe Haven® Program

# ADDITIONAL RESOURCES FOR BENEFICIARIES

Following a death, beneficiaries often face difficult decision-making responsibilities.

A Practical Financial Guide was written specifically for beneficiaries. It will walk you through the many financial issues both at the time of death and afterward.

You can count on The Hartford to provide you with the knowledge to ensure your financial protection today and in the future.



To obtain your free copy of  
**A Practical Financial Guide,**  
please call us at  
**888-801-3873**





## WE'RE HERE FOR YOU WHEN YOU NEED US

Use this helpful checklist as you work through some common tasks and issues that many beneficiaries face.

# CHECKLIST

## *Consider Choosing the Safe Haven Program*

Choose to receive your insurance proceeds via the Safe Haven Program\* and earn interest on your proceeds while you take advantage of our counseling and support services. Then, work through the remainder of this checklist.

### Review and Change If Needed

- Names on any jointly held accounts
- Names on auto insurance policies
- Names on homeowner's insurance policies
- Names on credit cards and charge plates  
(or cancel cards and plates)
- Names on stock and bond accounts
- Names on credit union and bank accounts
- Tax exemption status if you're employed

### Locate

- Individual and group life insurance documents
- Current business papers
- Assets (bank accounts, CDs, investments, etc.)
- Official documents (real estate papers, health insurance documents, etc.)

### Contact

- Social Security
- Lawyer
- Insurance companies
- Financial advisor
- Employers and organizations

### Plan

- Financial situation
- Insurance amounts and beneficiaries
- Beneficiaries on stocks and bonds you own
- Your will (or have one written)

## *To learn more about the Safe Haven Program,*

**Please call 1-888-801-3873 Monday – Thursday, 8 a.m. to 7 p.m., Friday, 8 a.m. to 6 p.m.**

Why should you choose The Hartford? We've been protecting individuals and businesses since 1810. We were there for the Great Chicago Fire of 1871. For the construction of the Hoover Dam. For the first meeting of the United Nations.

And while we're proud of our historic past, even more important is the future we're helping to create. We're ready to help you plan for—and protect—your future.

Please review the Safe Haven Program Terms and Conditions sheet, which is enclosed in this folder, for important additional information about the Safe Haven Program. Safe Haven proceeds are not FDIC-insured and proceeds under the program are held in The Hartford's general account and are backed by the claims-paying ability of the issuing companies of The Hartford Financial Services Group, Inc. The Hartford intends to make a profit from offering the Safe Haven Program from the difference between the money we earn on the assets in the Safe Haven Program and the interest we credit to participants. There are other settlement options available to you that are described in the enclosed claim forms.



"The Hartford" is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Fire Insurance Company, Hartford Life Insurance Company, Hartford Life and Annuity Insurance Company, Hartford Life and Accident Insurance Company, and Hartford Life Group Insurance Company. Refer to the original policy for the appropriate insurer.

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