Amendatory Rider



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
200 Hopmeadow Street
Simsbury, Connecticut 06089
(A stock Insurance company)

This rider forms a part of a certificate given in connection with Policy Number 033731, issued to City of Madison where 033731 is the Policy Number and City of Madison is the Policyholder.

Eligible Class(es) For Coverage: All Active Employees who are fire department employees who are permanent or limited term employees who work at least 50% of a regularly established full-time work week, who are citizens or legal residents of the United States, its territories and protectorates, excluding temporary, leased or seasonal employees.

This rider becomes effective October 1, 2013.

The **Occupational Death and Permanent or Total Disability Benefit** is added to the **Benefits** section of Your certificate.

Occupational Death and Permanent or Total Disability Benefit: *When is the Occupational Death and Permanent or Total Disability Benefit payable?*
We will pay an Occupational Death or Permanent and Total Disability Benefit if You:
1) suffer a Loss of Life as a direct result of bodily injury or occupational disease which arises out of and in the course of Your employment with the Employer; or
2) become Permanently and Totally Disabled as a direct result of bodily injury or occupational disease which arises out of and in the course of Your employment with the Employer.

Once satisfactory Proof of Loss of Your Occupational Death or Permanent and Total Disability is received, We will pay You or Your beneficiary an amount equal to the lesser of:
1) 1.5 times Your annual Earnings; or
2) $300,000.

Permanent and Total Disability means due to Your disability, You are eligible for and receiving occupational disability benefits under the applicable provisions of Wisconsin statutes.

No benefit will be payable for an Occupational Death or Permanent and Total Disability which results directly or indirectly from:
1) bodily injury or disease which does not arise out of and in the course of Your employment with the Employer;
2) any intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
3) war or act of war, whether war is declared or not;
4) participation in a riot;
5) commission of an assault or felony;
6) disease of the body or mental illness or as a result medical or surgical treatment or diagnosis of such disease of the body or mental illness;
7) any infection, except a pus-forming infection of an accidental cut or wound; or
8) taking of poison or asphyxiation form inhaling gas whether voluntary or involuntary.

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company



Terence Shields, ***Secretary***



Michael Concannon, ***Executive Vice President***