

**Amendatory Rider**



**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

**One Hartford Plaza  
Hartford, Connecticut 06155  
(A stock insurance company)**

This rider forms a part of a certificate given in connection with Policy Number 674861 issued to Truist Financial Corp., where 674861 is the Policy Number and Truist Financial Corp. is the Policyholder.

This rider becomes effective September 30, 2021.

With respect to All Full-time and Part-time Regular Active Teammates, excluding teammates covered by Crestar Executive Life, Your Certificate is hereby amended in the following manner:

1. The **Deferred Effective Date** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

**Deferred Effective Date:** *When will my effective date for coverage or a change in my coverage be deferred?*

If, on the date You are to become covered:

- 1) under The Policy;
- 2) for increased benefits, except for a change to Your Earnings due to a pay increase; or
- 3) for a new benefit;

You are not Actively at Work due to a physical or mental condition, such coverage will not start until the date You are Actively at Work.

GBD-1100 E03 (10/08)

2. 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 teammates the same way.

The amount of continued coverage applicable to You or Your Dependents will be the amount of coverage in effect on the date immediately before coverage would otherwise have ended, except for a change to Your Earnings due to a pay increase. 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.

Except for a change to Your Earnings due to a pay increase, the amount of insurance will not 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 for 36 month(s) after

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 5 year(s). If the leave ends prior to the agreed upon date, this continuation will cease immediately.

Lay Off: If You are temporarily laid off by the Employer due to lack of work, all of Your coverage (including Dependent Life coverage) may be continued until the last day of the month following the month in which the lay off commenced. If the lay off becomes permanent, 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).

Severance: If Your employment terminates and continuation of life insurance is available to You and Your Dependents in a severance plan sponsored by the Employer, all of Your coverage (including Dependent Life coverage) may be continued. Your coverage will continue until the earliest of:

- 1) the date The Policy terminates;
- 2) the date You become covered under another group life insurance policy;
- 3) the date specified in Your severance plan; or
- 4) for up to 2 month(s) from the date Your employment terminated.

Coverage for Your Dependents will continue until the earliest of:

- 1) the date Your Dependents no longer meet the definition of Dependents;
- 2) the date We or Your Employer terminate Dependent coverage; or
- 3) the date Your coverage terminates.

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.

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

**Disability Extension:** *Does coverage continue if I am Disabled?*

If You become Disabled, You may qualify for Disability Extension for You and Your Dependents. To qualify for Disability Extension, You must be Disabled prior to Normal Retirement Age. If You qualify for Disability Extension, You may continue Your coverage while You are Disabled provided the required premium payments are made.

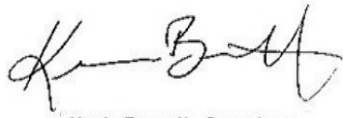
If You qualify for Disability Extension, the amount of continued coverage:

- 1) will be the amount in force on the date You cease to be an Active Teammate, or the date You became insured under The Policy if You were never an Active Teammate under The Policy;
- 2) will be subject to any reductions provided by The Policy; and
- 3) will not increase, except for a change to Your Earnings due to a pay increase.


GBD-1100 E29 (10/08)

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company

A handwritten signature in black ink, appearing to read 'Kevin Barnett', written in a cursive style.

Kevin Barnett, *Secretary*

A handwritten signature in black ink, appearing to read 'Jonathan R. Bennett', written in a cursive style.

Jonathan Bennett, *President*

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