BENEFICIARY DESIGNATION

BENEFICIAR	DESIGNATION	HARTEORD				
		only one box), I hereby revoke any previous				
beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.						
Employee Name:	Employee ID Number:	Social Security Number:				
Employee Address: (Street, City, State, Zip Code)	1	Telephone Number				
Policyholder/Employer:		Policy Number:				
NAMING YOUR GROUP LIFE BENEFICIARY It is important that your beneficiary designation be clear so that there primary and contingent beneficiary. When naming your beneficiary(i relationship. If the beneficiary is not related either by blood or marria beneficiary is named without a percentage indicated, the proceeds of common beneficiary designations. If you need assistance, contain Benefits payable for a Dependent's death are payable to You surviving spouse or to the executors or administrators of You	es) please indicate their full name age, insert the words, "Not Related vill be divided equally. On the reve ct your Company representative of if living, otherwise, We may, a	e, address, social security number, and d." If more than one primary or contingent erse side of this form you will find examples or your own legal counsel.				
PRIMARY BENEFICIARY(IES)						
Name:		_ Date of Birth:				
Address:(Street, City, State & Zip Code)						
Social Security Number: Relationship:		Benefit Percent:				
Name:		Date of Birth:				
Address:(Street, City, State & Zip Code)						
Social Security Number: Relationship	:	Benefit Percent:				
CONTINGENT BENEFICIARY(IES)						
Name:		Date of Birth:				
Address:(Street, City, State & Zip Code)						
Social Security Number: Relationship:		Benefit Percent:				
Name:		Date of Birth:				
Address: (Street, City, State & Zip Code)						
Social Security Number: Relationship:		Benefit Percent:				
Spousal Consent For Community Property States Only: It Louisiana, Nevada, New Mexico, Texas, Washington, or Wis allows your spouse to waive his or her rights to any commu does not apply to ERISA plans. This will certify that, as spouse of the Employee named about above as beneficiaries) of group life insurance under the about insurance under applicable community property laws. spousal consent or waiver under this plan.	sconsin - you may complete the nity property interest in the be- ove, I hereby consent to my sove policy and waive any right	ne Spousal Consent section, which enefit. Disclaimer: spousal consent pouse designating the person(s) listed ts I may have to the proceeds of				
Signature of Employee's Spouse:		Date:				
I, the undersigned, reserve the right to change the beneficiary	y(ies) without the consent of s	aid beneficiary(ies).				

Signature of Employee:___

Date:

BENEFICIARY DESIGNATION



Initial Reposiciony Decignation(s) OP Change of a	Il prior hapoficiary designation(s) (chac	HARTFORD k only one box), I hereby revoke any previous	
Initial Beneficiary Designation(s) OR Change of a beneficiary designation(s), if any, for my group term life insur			
group or employer and direct that the insurance proceeds pa	yable under the policy be paid as indic	cated below.	
Employee Name:	Employee ID Number	Social Security Number:	
Employee Address: (Street, City, State & Zip Code)		Telephone Number	
Policyholder/Employer:		Policy Number:	
NAMING YOUR GROUP LIFE BENEFICIARY It is important that your beneficiary designation be clear so the primary and contingent beneficiary. When naming your beneficiaring is not related either by blood of beneficiary is named without a percentage indicated, the proof common beneficiary designations. If you need assistance Benefits payable for a Dependent's death are payable surviving spouse or to the executors or administratory.	eficiary(ies) please indicate their full nan or marriage, insert the words, "Not Rela deeds will be divided equally. On the re e, contact your Company representative to You if living, otherwise, We may	me, address, social security number, and ted." If more than one primary or contingent everse side of this form you will find examples e or your own legal counsel.	
PRIMARY BENEFICIARY(IES)			
Name:		Date of Birth:	
Address:(Street, City, State & Zip Code)			
Social Security Number: Relation	onship:	Benefit Percent:	
Name:		Date of Birth:	
Address: (Street, City, State & Zip Code)			
Social Security Number: Relati	onship:	Benefit Percent:	
CONTINGENT BENEFICIARY(IES)			
Name:		Date of Birth:	
Address:(Street, City, State & Zip Code)			
Social Security Number: Relation	onship:	Benefit Percent:	
Name:		Date of Birth:	
Address: (Street, City, State & Zip Code)			
Social Security Number: Relation	onship:	Benefit Percent:	
Spousal Consent For Community Property States C Louisiana, Nevada, New Mexico, Texas, Washington, allows your spouse to waive his or her rights to any of does not apply to ERISA plans. This will certify that, as spouse of the Employee name above as beneficiaries) of group life insurance under such insurance under applicable community property spousal consent or waiver under this plan.	or Wisconsin - you may complete community property interest in the ed above, I hereby consent to my the above policy and waive any rig	e the Spousal Consent section, which benefit. Disclaimer: spousal consent v spouse designating the person(s) listed ghts I may have to the proceeds of	
Signature of Employee's Spouse:		Date:	
I, the undersigned, reserve the right to change the ber	neficiary(ies) without the consent of	f said beneficiary(ies).	
Signature of Employee:		Date:	

Following are examples of the most common beneficiary designations:

Mary J. Doe, Wife (not Mrs. John Doe).

Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.

Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son in equal shares, if they are both living, otherwise to whichever of them survive me.

Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the percent of insurance to be paid to each beneficiary, for example "33 1/3% to Mary Jones, Mother and 66 2/3% to Edith Jones, Wife."

Beneficiary Designation Forms cannot be signed by a Power of Attorney.



	EXAMPLE CIARY DESIGNAT	THE HARTFORD	
X Initial Beneficiary Designation(s) OR Change of all beneficiary designation(s), if any, for my group term life insurang roup or employer and direct that the insurance proceeds payar	ce and/or accidental death and d		
Employee Name	Employee ID Number	Social Security Number	
John Doe	XX-XX-XXX	XXXXXXXX	
Employee Address		Telephone Number	
234 Main Street, Anytown	, CT 00000	000 000-0000	
Policyholder/Employer Any Kind Of Foods Co	Policy Number 9876543		
NAMING YOUR GROUP LIFE BENEFICIARY			
primary and contingent beneficiary. When naming your beneficial relationship. If the beneficiary is not related either by blood or beneficiary is named without a percentage indicated, the processor of common beneficiary designations. If you need assistance,	marriage, insert the words, "Not feeds will be divided equally. On the	Related." If more than one primary or contingent he reverse side of this form you will find examples	
PRIMARY BENEFICIARY(IES)			
Name: Jane Doe		Date of Birth	
Address: 987 Any Lane, Anytown, CT	00000		
Social Security Number: XXX-XX-XXX Relationsh		Benefit Percent: 100	
Name:		Date of Birth	
Address:			
Social Security Number: Relationsh		Benefit Percent:	
CONTINGENT BENEFICIARY(IES)			
Name: Mary Doe		Date of Birth00/00/00	
Address: 123 Wherever Road, Anytown	, CT 00000		
Social Security Number: XXX-XX-XXXX Relations		Benefit Percent	
Name: Bob Doe		Date of Birth 00/00/00	

Spousal Consent For Community Property States Only: If you live in a community property state - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Disclaimer: spousal consent does not apply to ERISA plans.

Son

Anytown, CT

Relationship:

00000

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries) of group life insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Employee's \$	Spouse <i>Jane Doe</i>	Date	01/01/2008
I the condension of meaning			:\
i, the undersigned, reserve	the right to change the beneficiary(ies) with	out the consent of said beneficiary(les).
Signature of Employee	John Doe	Date	01/10/2008

5678

Social Security Number: XXX-XX-XXXX

Anywhere Street,

Name:

Address:

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Benefit Percent:

SUPPLEMENT TO ADMINISTRATIVE MANUAL

STATE OF FLORIDA

BENEFICIARY DESIGNATION

Florida \$\mathbb{#}627.552\$ applies to Group Life Insurance policies and prohibits employees from naming the employer as beneficiary.

Employers, on receipt of enrollment forms and beneficiary designation forms, should review beneficiary designations to assure conformity with the law.

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