

State: District of Columbia **Filing Company:** Hartford Life and Accident Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Group Accident
Project Name/Number: HARTFORD-GrpAcc/61.1/61.1

Filing at a Glance

Company: Hartford Life and Accident Insurance Company
Product Name: Group Accident
State: District of Columbia
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Rate
Date Submitted: 03/28/2014
SERFF Tr Num: FRCS-129472880
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: 6107.1
Implementation: On Approval
Date Requested:
Author(s): Marilyn Odell
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

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General Information

Project Name: HARTFORD-GrpAcc/61.1
 Project Number: 61.1
 Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
 Submission Type: New Submission
 Group Market Type: Employer, Other
 Overall Rate Impact:

Deemer Date:
 Submitted By: Sean Cox

Filing Description:

We have been retained by Hartford Life and Accident Insurance Company to file the enclosed rates for approval in your state.

The company's group number is 91.

Forms pertaining to these rates are being submitted under separate cover on this same date. The forms in that filing are intended for use with eligible group policyholders, as defined and allowed by the laws and regulations of your state, with the exception of associations.

We are submitting herewith the applicable Actuarial Memorandum and rates for these policy forms. We request such materials be handled on a confidential basis as allowed by your Department.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Marilyn Odell, Compliance Specialist marilyn.odell@firstconsulting.com
 1020 Central 800-927-2730 [Phone] 2835 [Ext]
 Suite 201 816-391-2755 [FAX]
 Kansas City, MO 64105

Filing Company Information

(This filing was made by a third party - FC01)

Hartford Life and Accident Insurance Company	CoCode: 70815	State of Domicile: Connecticut
200 Hopmeadow Street	Group Code: 91	Company Type:
Simsbury, CT 06089	Group Name: Hartford Fire & Casualty	State ID Number:
(860) 843-9312 ext. [Phone]	FEIN Number: 06-0838648	

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

FRCS-129472880

State Tracking #:

Company Tracking #:

6107.1

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Hartford Life and Accident Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

FRCS-129472880

State Tracking #:

Company Tracking #:

6107.1

State: District of Columbia

Filing Company: Hartford Life and Accident Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual	FORM GBD-2300 (DC), et al.	New		HAR31.RateManual.50%.20140130.pdf,

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product**

RATE MANUAL

Section 1	Stand-alone Accidental Death and Dismemberment Benefits (SADD)
Section 2	Voluntary Accident Benefits (VACC)
Section 3	Business [and Pleasure] Travel Rider (BTA)
Section 4	Permanent Total Disability Rider

Section 1

Hartford Life and Accident Insurance Company

Group Accident Insurance Certificate GBD-2300

Stand-alone Accidental Death and Dismemberment Benefits (SADD)
Rating Structure with Annual Premiums Based on a 50% Loss Ratio

Premium Calculations Per Person

- (1) Accelerated Benefit Claim Cost
- (2) Accidental Death Benefit Claim Cost
- (3) Accidental Death - Common Carrier Benefit Claim Cost
- (4) Accidental Dismemberment Benefit Claim Cost
- (5) Accident Hospital Income Benefit Claim Cost
- (6) Adaptive Home and Vehicle Benefit Claim Cost
- (7) Air Bag Benefit Claim Cost
- (8) Anti-Inflation Benefit Factor
- (9) Bereavement Counseling Benefit Claim Cost
- (10) Child Education Benefit Claim Cost
- (11) Coma Benefit Claim Cost
- (12) Common Disaster Benefit Claim Cost
- (13) Continuation of Medical Coverage Benefit Claim Cost
- (14) Critical Burn Benefit Claim Cost
- (15) Day Care Benefit Claim Cost
- (16) Dependent Child Dismemberment Benefit Claim Cost
- (17) Employee Loyalty Benefit Factor
- (18) Escalatory Benefit Factor
- (19) Exposure and Disappearance Benefit Claim Cost
- (20) Extended Care Facility Benefit Claim Cost
- (21) Extended Dependents Coverage Benefit Factor
- (22) Felonious Assault Claim Cost
- (23) Funeral Expense Benefit Claim Cost
- (24) HIV Occupational Accident Benefit Claim Cost
- (25) Post Traumatic Stress Disorder Benefit Claim Cost
- (26) Rehabilitation Benefit Claim Cost
- (27) Repatriation Benefit Claim Cost
- (28) Seat Belt Benefit Claim Cost
- (29) Spouse Education Benefit Claim Cost
- (30) Student Loan Benefit Claim Cost
- (31) Survivor Income Benefit Claim Cost
- (32) Therapeutic Counseling Benefit Claim Cost
- (33) Traumatic Brain Injury Benefit Claim Cost
- (34) Permanent Total Disability Rider Claim Cost

- (35) Total Non AD&D Annual Claim Cost Per Person $[(1) + \text{Sum of (5) to (7)} + \text{Sum of (9) to (16)} + (19) + (20) + \text{Sum of (22) to (34)}]$
- (36) Total AD&D Annual Claim Cost Per Person $[\text{Sum of (2) to (4)}] \times (8) \times (17) \times (18)$
- (37) Total Annual Claim Cost Per Person $[(35) + (36)] \times (21)$
- (38) 24 Hour / Off-The-Job Coverage

Adjustment Factor for 24 Hour/Off-the-job Coverage

Coverage	24 Hour	Off-the Job
Adjustment Factor	1.00	0.85

Total Annual Claim Cost Per Person $(37) \times 24 \text{ Hour/Off-the-job Coverage Adjustment Factor}$

(39) Removal of Exclusions

Adjustment Factors for Removal of Exclusions

Exclusions	Factor
Suicide, whether sane or insane, attempted suicide or intentionally self-inflicted injury	1.281
The Covered Person's participation in a felony, riot or insurrection	1.003
The Covered Person's taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician	1.009
A Covered Person being intoxicated as defined by the jurisdiction in which the loss or cause of loss was incurred	1.052

Adjustment factors for the removal of other exclusions may be applied.

Total Annual Claim Cost Per Person $(38) \times \text{Adjustment Factor for Removal of Exclusions}$

Section 1

Hartford Life and Accident Insurance Company

Group Accident Insurance Certificate GBD-2300

Stand-alone Accidental Death and Dismemberment Benefits (SADD)
Rating Structure with Annual Premiums Based on a 50% Loss Ratio

(40) Industry Class Rating Factors

Industry Class	Rate Factor
Educational & Health Services	0.932
Financial Activities	0.935
Retail Trade	0.943
Leisure & Hospitality	0.947
Information	0.954
Other Services	0.966
Government	0.965
Manufacturing	0.974
Professional & Business Services	0.985
Wholesale Trade	1.021
Utilities	1.013
Construction	1.177
Transportation & Warehousing	1.289
Mining	1.489
Agriculture, Forestry, Fishing & Hunting	1.641

Total Annual Claim Cost Per Person (39) x Adjustment Factor for Industry Class

(41) Waiver of Premium Adjustment Factor

Not Included	Waiting Period			
	6 Months	9 Months	12 Months	24 Months
1.0000	1.0300	1.0200	1.0100	1.0050

Total Annual Claim Cost Per Person (40) x Waiver of Premium Adjustment Factor

(42) Age Reduction Adjustment Factor

Age Reduction	Factor
Termination at 65, No Reduction	0.946
Termination at 70, No Reduction	1.000
Termination at 75, No Reduction	1.053
Termination at 80, No Reduction	1.121
Termination at 85, No Reduction	1.214
Termination at 75, with Reduction	1.034
Termination at 80, with Reduction	1.065
Termination at 85, with Reduction	1.093

Total Annual Claim Cost Per Person (41) x Age Reduction Adjustment Factor

(43) Total Annual Premium Per Person (42) / (50% Target Loss Ratio)

Premiums may be rated for alternate loss ratios by adjusting the commissions, expenses, and/or profit targets as a percent of premium.

(44) Family Tier Calculations

Employee Only = Composite Employee Annual Premium

Employee and Spouse = [Composite Employee Annual Premium + Composite Spouse Annual Premium] x 0.80

Employee and Child = [Composite Employee (w/Child) Annual Premium + (Composite Child Annual Premium x 1.63)] x 0.80

Employee and Family = [Composite Employee Annual Premium + Composite Spouse Annual Premium + (Composite Child Annual Premium x 2.02)] x 0.80

"Employee" and "Employee (w/Child)" annual premiums may be weighted together to form an actuarially equivalent composite employee annual premium.

Experience Rating Methodology

When experience on a case is available to the company under a policy issued by the company or issued by another insurer, the premium rates and benefit limits may be adjusted, on a prospective rating basis, to produce anticipated experience for the case approximating the target loss ratio.

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Accelerated Benefit

Benefit	Annual Claim Cost per Unit
Accelerated Benefit	No Additional Cost

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits**

Annual Claim Costs

Accidental Death Benefits

Benefit	Principal Sum (PS)	Employee	Employee (w/Child Tier)	Spouse	Child
Accidental Death	*	1.4574	1.0702	1.3279	0.2770

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Common Carrier	200%	0.0033	0.0033	0.0033	0.0003

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Adjustment Factor for Days between Accident and Loss

Number of Days	30 Days	60 Days	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	0.9400	0.9450	0.9500	0.9550	0.9650	1.0000

Accidental Death Benefit Annual Claim Cost per Covered Person =

$$\begin{aligned}
 & \text{[Accidental Death Benefit - Claim Cost]} \\
 & \times \text{ [Adjustment Factor for Days between Accident and Loss]} \\
 & \times \text{ [Principal Sum] / [Unit*]}
 \end{aligned}$$

Accidental Death - Common Carrier Benefit Annual Claim Cost per Covered Person =

$$\begin{aligned}
 & \text{[Accidental Death - Common Carrier Benefit - Claim Cost]} \\
 & \times \text{ [Adjustment Factor for Days between Accident and Loss]} \\
 & \times \text{ [Principal Sum] / [Unit*]}
 \end{aligned}$$

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits**

Annual Claim Costs

Accidental Dismemberment

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Both hands or both feet or sight of both eyes	100%	0.0608	0.0608	0.0608	0.0608
One hand and one foot	100%	0.0770	0.0488	0.0675	0.0070
Speech and hearing in both ears	100%	0.0010	0.0006	0.0009	0.0001
Either hand or foot and sight of one eye	100%	0.0038	0.0023	0.0033	0.0003
Movement of Both Upper and Lower Limbs	100%	0.0641	0.0417	0.0566	0.0036
Movement of Both Lower Limbs	100%	0.1151	0.0749	0.1016	0.0064
Movement of Three Limbs	100%	0.0641	0.0417	0.0566	0.0036
Movement of the Upper and Lower Limbs of One Side of the Body	100%	0.0690	0.0449	0.061	0.0039
Either hand or foot	100%	0.1857	0.1295	0.1669	0.0163
Sight of one eye	100%	0.0678	0.0645	0.0667	0.0068
Speech or hearing in both ears	100%	0.0038	0.0026	0.0034	0.0003
Movement of One Limb	100%	0.0874	0.0569	0.0772	0.0049
Thumb and index finger of either hand	100%	0.0777	0.0484	0.0679	0.0072

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Adjustment Factor for Days between Accident and Loss

Number of Days	30 Days	60 Days	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	0.9400	0.9450	0.9500	0.9550	0.9650	1.0000

Accidental Dismemberment Benefit Annual Claim Cost per Covered Person =

$$\begin{aligned}
 & \text{[Accidental Dismemberment Benefit - Claim Cost]} \\
 & \times \text{ [Adjustment Factor for Days between Accident and Loss]} \\
 & \times \text{ [Principal Sum] / [Unit*]}
 \end{aligned}$$

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits**

Annual Claim Costs

Accident Hospital Income Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Accident Hospital Income	1%	6.0597	5.8068	5.9751	0.2853

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Adjustment Factor for Days between Accident and Start of Confinement

Number of Days	30 Days	60 Days	90 Days
Adjustment Factor	0.990	0.995	1.000

Accident Hospital Income Benefit Annual Claim Cost per Covered Person =
 [Accident Hospital Income Benefit - Claim Cost]
 x [Adjustment Factor for Days between Accident and Start of Confinement]
 x [Percent of PS] / 1%
 x [Princpal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Adaptive Home and Vehicle Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Adaptive Home and Vehicle	10%	0.0506	0.0335	0.0449	0.0359

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Adaptive Home and Vehicle Benefit Annual Claim Cost per Covered Person =

[Adaptive Home and Vehicle Benefit - Claim Cost]

x [Percent of PS] / 10%

x [Principal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Air Bag Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Air Bag	10%	0.0228	0.0167	0.0208	0.0075

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Air Bag Benefit Annual Claim Cost per Covered Person =
[Air Bag Benefit - Claim Cost]
x [Percent of PS] / 10%
x [Principal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Anti-Inflation Benefit Factor

Benefit Increase	Adjustment Factor
2%	1.0499

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits**

Annual Claim Costs

Bereavement Counseling Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Bereavement Counseling	\$50	0.0073	0.0054	0.0066	0.0139

Adjustment Factor for Days between Death and Counseling

Number of Days	90 Days	120 Days	180 Days
Adjustment Factor	1.0000	1.0100	1.0200

Adjustment Factor for Maximum Number of Visits

Number of Visits	5	6	7	8	9	10
Adjustment Factor	1.000	1.115	1.216	1.305	1.385	1.456

Bereavement Counseling Benefit Annual Claim Cost per Covered Person =

- [Bereavement Counseling Benefit - Claim Cost]
- x [Adjustment Factor for Days between Accident and Counseling]
- x [Adjustment Factor for Maximum Number of Visits]
- x [Benefit Amount] / \$50

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits**

Annual Claim Costs

Child Education Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Annual benefit for eligible child	10% of PS*	0.0388	0.0285	0.0353	0.0000
One-time benefit if no eligible child	\$1,000	0.1264	0.0928	0.1151	0.0000

*PS = \$10,000 Employee/Spouse

Child Education Benefit (Eligible Child) Annual Claim Cost per Covered Person =

$$\begin{aligned} & \text{[Child Education Benefit - Claim Cost]} \\ & \times \text{ [Percent of PS] / 10\%} \\ & \times \text{ [Principal Sum] / \$10,000} \end{aligned}$$

Child Education Benefit (No Eligible Child) Annual Claim Cost per Covered Person =

$$\begin{aligned} & \text{[Child Education Benefit - Claim Cost]} \\ & \times \text{ [Benefit Amount] / \$1,000} \end{aligned}$$

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits**

Annual Claim Costs

Coma Benefit

Benefit	Employee	Employee (w/Child Tier)	Spouse	Child
1% of PS* for 100 months	2.1270	2.0190	2.1810	0.5008
2% of PS* for 50 months	2.4335	2.2964	2.5021	0.5473
4% of PS* for 25 months	2.6732	2.5105	2.7546	0.5887
5% of PS* for 20 months	2.7394	2.5693	2.8244	0.6031
10% of PS* for 10 months	2.9030	2.7146	2.9972	0.6484

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Adjustment Factor for Days between Accident and Diagnosis/Treatment

Number of Days	30 Days	60 Days	90 Days
Adjustment Factor	0.990	0.995	1.000

Adjustment Factor for Period Comatose for Benefit to be Payable

Number of Hours	72 Hours	96 Hours	120 Hours	168 Hours	240 Hours
Adjustment Factor	1.315	1.200	1.100	1.000	0.724

Coma Benefit Annual Claim Cost per Covered Person =

- [Coma Benefit - Claim Cost]
- x [Adjustment Factor for Days between Accident and Diagnosis/Treatment]
- x [Adjustment Factor for Period Comatose for Benefit to be Payable]
- x [Principal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Common Disaster Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Common Disaster	\$10,000	0.1715	0.0000	0.0000	0.0000

Common Disaster Benefit Annual Claim Cost per Covered Person =
[Common Disaster - Claim Cost]
x [Benefit Amount] / \$10,000

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Continuation of Medical Coverage Benefi

Continuation of Medical Coverage	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Eligible Dependent(s)	\$1,000	0.1995	0.1465	N/A	N/A
No Eligible Dependent(s)	\$1,000	0.2116	0.1554	N/A	N/A

Continuation of Medical Coverage Benefit Annual Claim Cost per Covered Person =
[Continuation of Medical Coverage Benefit - Claim Cost]
x [Benefit Amount] / \$1,000

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits**

Annual Claim Costs

Critical Burn Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Critical Burn	1%	0.0010	0.0007	0.0009	0.0001

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Adjustment Factor for Burn Coverage

Percent Coverage	25%	50%	75%
Adjustment Factor	1.0000	0.1846	0.0383

Critical Burn Benefit Annual Claim Cost per Covered Person =

- [Critical Burn Benefit - Claim Cost]
- x [Adjustment Factor for Burn Coverage]
- x [Percent of PS] / 1%
- x [Principal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product**

Accidental Death and Dismemberment Benefits

Annual Claim Costs

Day Care Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Annual benefit for eligible child	10% of PS*	0.0107	0.0078	0.0097	N/A
One-time benefit if no eligible child	\$1,000	0.1424	0.1046	0.1297	N/A

*PS = \$10,000 Employee/Spouse

Adjustment Factor for Dependent Child Age

Dependent Child Age	7	8	9	10	11	12
Adjustment Factor	0.8402	0.8655	0.8992	0.933	0.9665	1.0000

Day Care Benefit (Eligible Child) Annual Claim Cost per Covered Person =

[Day Care Benefit - Claim Cost]

x [Percent of PS] / 10%

x [Principal Sum] / \$10,000

Day Care Benefit (No Eligible Child) Annual Claim Cost per Covered Person =

[Day Care Benefit - Claim Cost]

x [Benefit Amount] / \$1,000

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Dependent Child Dismemberment Benefit

Double the Child Annual Claim Costs from the Accidental Dismemberment Benefit

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Employee Loyalty Benefit

Percent of PS	Adjustment Factor
1%	1.0384
2%	1.0769
3%	1.1153
4%	1.1537
5%	1.1921
6%	1.2306
7%	1.269
8%	1.3074
9%	1.3458
10%	1.3843

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Escalatory Benefit

Percent of PS	Adjustment Factor
1%	1.0384
2%	1.0769
3%	1.1153
4%	1.1537
5%	1.1921

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Exposure and Disappearance Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Exposure and Disappearance	\$1,000	0.0025	0.0025	0.0025	0.0025

Exposure and Disappearance Benefit Annual Claim Cost per Covered Person =
[Exposure and Disappearance Benefit - Claim Cost]
x [Benefit Amount] / \$1,000

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits**

Annual Claim Costs

Extended Care Facility Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Extended Care Facility Benefit	1%	0.9203	0.9054	N/A	N/A
	2%	1.8406	1.8108	N/A	N/A
	3%	1.9045	1.8750	N/A	N/A
	4%	1.8941	1.8643	N/A	N/A
	5%	1.9056	1.8757	N/A	N/A

*PS = \$10,000 Employee

Extended Care Facility Benefit Annual Claim Cost per Employee =

[Extended Care Facility Benefit - Claim Cost]

x [Principal Sum] / [Unit*]

*Unit = \$10,000 Employee

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Extended Dependents Coverage Benefit

	Employee
Adjustment Factor	1.0001

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits**

Annual Claim Costs

Felonious Assault Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Felonious Assault	10%	0.0598	0.0598	0.0598	0.0060

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Felonious Assault Benefit Annual Claim Cost per Covered Person =
[Felonious Assault Benefit - Claim Cost]
x [Percent of PS] / 10%
x [Principal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

Hartford Life and Accident Insurance Company
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Accidental Death and Dismemberment Benefits

Annual Claim Costs

Funeral Expense Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Funeral Expense	10%	0.1457	0.1070	0.1328	0.0277

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Funeral Expense Benefit Annual Claim Cost per Covered Person =

[Funeral Expense Benefit - Claim Cost]

x [Percent of PS] / 10%

x [Princpal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

HIV Occupational Accident Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
HIV Occupational Accident	\$100,000	1.6333	1.6333	0.0000	0.0000

HIV Occupational Accident Benefit Annual Claim Cost per Covered Person =
[Fractures Benefit - Claim Cost]
x [Benefit Amount] / \$100,000

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Post Traumatic Stress Disorder Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Post Traumatic Stress Disorder	10%	0.0043	0.0043	0.0043	0.0004

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Post Traumatic Stress Disorder Benefit Annual Claim Cost per Covered Person =

[Post Traumatic Stress Disorder Benefit - Claim Cost]

x [Percent of PS] / 10%

x [Principal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Rehabilitation Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Rehabilitation	1%	0.0066	0.0044	0.0059	0.0005

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Rehabilitation Benefit Annual Claim Cost per Covered Person =

[Rehabilitation Benefit - Claim Cost]

x [Percent of PS] / 1%

x [Principal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Repatriation Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Repatriation	10%	0.0364	0.0268	0.0332	0.0069

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Repatriation Benefit Annual Claim Cost per Covered Person =

[Repatriation Benefit - Claim Cost]

x [Percent of PS] / 10%

x [Principal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Seat Belt Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Seat Belt	10%	0.0297	0.0217	0.0270	0.0097

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Seat Belt Benefit Annual Claim Cost per Covered Person =

[Seat Belt Benefit - Claim Cost]

x [Percent of PS] / 10%

x [Principal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
 Accidental Death and Dismemberment Benefits

Annual Claim Costs

Spouse Education Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Benefit for surviving spouse	10% of PS*	0.0266	0.0195	0.0000	0.0000
Benefit if no surviving spouse	\$1,000	0.1362	0.1000	0.0000	0.0000

*PS = \$10,000 Employee/Spouse

Spouse Education Benefit (Eligible Child) Annual Claim Cost per Covered Person =
 [Spouse Education Benefit - Claim Cost]
 x [Percent of PS] / 10%

Section 1

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits

Annual Claim Costs

Student Loan Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Student Loan	1%	0.2522	0.2484	N/A	N/A

*PS = \$10,000 Employee

Student Loan Benefit Annual Claim Cost per Covered Person =

[Student Loan Benefit - Claim Cost]

x [Percent of PS] / 1%

x [Principal Sum] / \$10,000

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits**

Annual Claim Costs

Survivor Income Benefit

1% of Principal Sum*

Payment Period	Employee	Employee (w/Child Tier)
12	\$0.0835	\$0.0613
13	\$0.0904	\$0.0664
14	\$0.0972	\$0.0714
15	\$0.1040	\$0.0764
16	\$0.1108	\$0.0814
17	\$0.1176	\$0.0864
18	\$0.1244	\$0.0913
19	\$0.1311	\$0.0963
20	\$0.1379	\$0.1012
21	\$0.1446	\$0.1062
22	\$0.1513	\$0.1111
23	\$0.1580	\$0.1160
24	\$0.1646	\$0.1209

*PS = \$10,000 Employee

Survivor Income Benefit Annual Claim Cost per Covered Person =
[Survivor Income Benefit - Claim Cost]
x [Percent of PS] / 1%
x [Principal Sum] / \$10,000

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits**

Annual Claim Costs

Therapeutic Counseling Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Therapeutic Counseling	1%	0.0073	0.0049	0.0065	0.0005

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Adjustment Factor for Days between Accident and Beginning of Counseling

Number of Days	90 Days	120 Days	180 Days
Adjustment Factor	1.0000	1.0100	1.0200

Therapeutic Counseling Benefit Annual Claim Cost per Covered Person =

- [Therapeutic Counseling Benefit - Claim Cost]
- x [Adjustment Factor for Days between Accident and Beginning of Counseling]
- x [Percent of PS] / 1%
- x [Princpal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 1

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Accidental Death and Dismemberment Benefits**

Annual Claim Costs

Traumatic Brain Injury Benefit

Benefit	Percent of PS*	Employee	Employee (w/Child Tier)	Spouse	Child
Traumatic Brain Injury	100%	2.7024	2.0356	2.4794	0.2606

*PS = \$10,000 Employee/Spouse, \$1,000 Child

Adjustment Factor for Days between Accident and Traumatic Brain Injury

Number of Days	90 Days	120 Days	180 Days
Adjustment Factor	1.0000	1.0100	1.0200

Adjustment Factor for Days Hospitalized for Traumatic Brain Injury Benefit to be Payable

Number of Days	5 Days	6 Days	7 Days	8 Days	9 Days	10 Days
Adjustment Factor	1.5624	1.2262	1.0000	0.8298	0.7099	0.6225

Traumatic Brain Injury Benefit Annual Claim Cost per Covered Person =

- [Traumatic Brain Injury Benefit - Claim Cost]
- x [Adjustment Factor for Days between Accident and Traumatic Brain Injury]
- x [Adjustment Factor for Days Hospitalized for Traumatic Brain Injury Benefit to be Payable]
- x [Principal Sum] / [Unit*]

*Unit = \$10,000 Employee/Spouse, \$1,000 Child

Section 2

Hartford Life and Accident Insurance Company

Group Accident Insurance Certificate GBD-2300

Voluntary Accident Benefits (VACC)

Rating Structure with Annual Premiums Based on a 50% Loss Ratio

Premium Calculations Per Person

- (1) Abdominal/Thoracic Surgery Benefit Claim Cost
 - (2) Accidental Death Benefit Claim Cost
 - (3) Accidental Death - Common Carrier Benefit Claim Cost
 - (4) Accidental Dismemberment Benefit Claim Cost
 - (5) Accident Follow-Up Benefit Claim Cost
 - (6) Acupuncture Benefit Claim Cost
 - (7) Ambulance (Air) Benefit Claim Cost
 - (8) Ambulance (Ground) Benefit Claim Cost
 - (9) Arthroscopic Surgery Benefit Claim Cost
 - (10) Blood/Plasma/Platelet Benefit Claim Cost
 - (11) Burn Benefit Claim Cost
 - (12) Child Care Benefit Claim Cost
 - (13) Chiropractic Care Benefit Claim Cost
 - (14) Coma Benefit Claim Cost
 - (15) Concussion Benefit Claim Cost
 - (16) Daily Hospital Confinement Benefit Claim Cost
 - (17) Daily ICU Confinement Benefit Claim Cost
 - (18) Diagnostic Exam Benefit Claim Cost
 - (19) Dislocations Benefit Claim Cost
 - (20) Emergency Dental Benefit (Extraction) Claim Cost
 - (21) Emergency Dental Benefit (Crown) Claim Cost
 - (22) Emergency Room Benefit Claim Cost
 - (23) Eye Injury Surgical Repair Benefit Claim Cost
 - (24) Eye Injury Removal of Foreign Object Benefit Claim Cost
 - (25) Fractures Benefit Claim Cost
 - (26) Hernia Benefit Claim Cost
 - (27) Home Health Care Benefit Claim Cost
 - (28) Hospital Admission Benefit Claim Cost
 - (29) ICU Admission Benefit Claim Cost
 - (30) Initial Physician's Visit Benefit Claim Cost
 - (31) Joint Replacement Benefit Claim Cost
 - (32) Knee Cartilage Benefit (with repair) Claim Cost
 - (33) Knee Cartilage Benefit (without repair) Claim Cost
 - (34) Lacerations Benefit Claim Cost
 - (35) Lodging Benefit Claim Cost
 - (36) Medical Appliance Benefit Claim Cost
 - (37) Paralysis Benefit (Quadriplegia) Claim Cost
 - (38) Paralysis Benefit (Paraplegia) Claim Cost
 - (39) Physical Therapy Benefit Claim Cost
 - (40) Prosthesis Benefit Claim Cost
 - (41) Rehabilitation Facility Benefit Claim Cost
 - (42) Ruptured Disc Benefit Claim Cost
 - (43) Skin Graft Benefit Claim Cost
 - (44) Student Loan Benefit Claim Cost
 - (45) Tendon/Ligament/Rotator Cuff Benefit Claim Cost
 - (46) Transportation Benefit Claim Cost
 - (47) Urgent Care Benefit Claim Cost
 - (48) X-Ray Benefit Claim Cost
 - (49) Permanent Total Disability Rider Claim Cost
- (50) Total Annual Claim Cost Per Person [Sum of (1) to (49)]

(51) 24 Hour / Off-The-Job Coverage

Adjustment Factor for 24 Hour/Off-the-job Coverage

Coverage	24 Hour	Off-the Job
Adjustment Factor	1.00	0.85

Total Annual Claim Cost Per Person (50) x 24 Hour/Off-the-job Coverage Adjustment Factor

(52) Removal of Exclusions

Adjustment Factors for Removal of Exclusions

Exclusions	Factor
Suicide, whether sane or insane, attempted suicide or intentionally self-inflicted injury	1.281
The Covered Person's participation in a felony, riot or insurrection	1.003
The Covered Person's taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician	1.009
A Covered Person being intoxicated as defined by the jurisdiction in which the loss or cause of loss was incurred	1.052

Adjustment factors for the removal of other exclusions may be applied.

Total Annual Claim Cost Per Person (51) x Adjustment Factor for Removal of Exclusions

Section 2

Hartford Life and Accident Insurance Company

Group Accident Insurance Certificate GBD-2300

Voluntary Accident Benefits (VACC)

Rating Structure with Annual Premiums Based on a 50% Loss Ratio

(53) Industry Class Rating Factors

Industry Class	Rate Factor
Educational & Health Services	0.932
Financial Activities	0.935
Retail Trade	0.943
Leisure & Hospitality	0.947
Information	0.954
Other Services	0.966
Government	0.965
Manufacturing	0.974
Professional & Business Services	0.985
Wholesale Trade	1.021
Utilities	1.013
Construction	1.177
Transportation & Warehousing	1.289
Mining	1.489
Agriculture, Forestry, Fishing & Hunting	1.641

Total Annual Claim Cost Per Person (52) x Adjustment Factor for Industry Class

(54) Total Annual Premium Per Person (53) / (50% Target Loss Ratio)

Premiums may be rated for alternate loss ratios by adjusting the commissions, expenses, and/or profit targets as a percent of premium.

(55) Family Tier Calculations

Employee Only = Composite Employee Annual Premium

Employee and Spouse = [Composite Employee Annual Premium + Composite Spouse Annual Premium] x 0.80

Employee and Child = [Composite Employee (w/Child) Annual Premium + (Composite Child Annual Premium x 1.63)] x 0.80

Employee and Family = [Composite Employee Annual Premium + Composite Spouse Annual Premium + (Composite Child Annual Premium x 2.02)] x 0.80

"Employee" and "Employee (w/Child)" annual premiums may be weighted together to form an actuarially equivalent composite employee annual premium.

Experience Rating Methodology

When experience on a case is available to the company under a policy issued by the company or issued by another insurer, the premium rates and benefit limits may be adjusted, on a prospective rating basis, to produce anticipated experience for the case approximating the target loss ratio.

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Abdominal/Thoracic Surgery Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Abdominal/Thoracic Surgery	\$100	0.0571	0.0542	0.0561	0.0522

Adjustment Factor for Days between Accident and Surgery

Number of Days	72 Hours	30 Days	60 Days	90 Days
Adjustment Factor	0.970	0.990	0.995	1.000

Abdominal/Thoracic Surgery Benefit Annual Claim Cost per Covered Person =

$$\begin{aligned}
 & \text{[Abdominal/Thoracic Surgery Benefit - Claim Cost]} \\
 & \times \text{[Adjustment Factor for Days between Accident and Surgery]} \\
 & \times \text{[Benefit Amount]} / \$100
 \end{aligned}$$

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Accidental Death Benefits

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Accidental Death	*	1.3845	1.0167	0.6308	0.2632
Common Carrier	*	0.0031	0.0031	0.0016	0.0003

*Unit	Employee	Spouse	Child
Accidental Death	\$10,000	\$5,000	\$1,000
Common Carrier	\$20,000	\$10,000	\$2,000

Adjustment Factor for Days between Accident and Loss

Number of Days	90 Days	180 Days	365 Days
Adjustment Factor	1.0000	1.0200	1.0500

Accidental Death Benefit Annual Claim Cost per Covered Person =

$$\begin{aligned} & \text{[Accidental Death Benefit - Claim Cost]} \\ & \times \text{[Adjustment Factor for Days between Accident and Loss]} \\ & \times \text{[Benefit Amount]} / \text{[Unit]} \end{aligned}$$

Accidental Death - Common Carrier Benefit Annual Claim Cost per Covered Person =

$$\begin{aligned} & \text{[Accidental Death - Common Carrier Benefit - Claim Cost]} \\ & \times \text{[Adjustment Factor for Days between Accident and Loss]} \\ & \times \text{[Benefit Amount]} / \text{[Unit]} \end{aligned}$$

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Accidental Dismemberment

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Both hands or both feet or sight of both eyes	\$1,000	0.0058	0.0044	0.0053	0.0052
One hand and one foot	\$1,000	0.0073	0.0046	0.0064	0.0067
Speech and hearing in both ears	\$1,000	0.0001	0.0001	0.0001	0.0001
Either hand or foot and sight of one eye	\$1,000	0.0004	0.0002	0.0003	0.0003
Either hand or foot	\$1,000	0.0176	0.0123	0.0159	0.0154
Sight of one eye	\$1,000	0.0064	0.0061	0.0063	0.0064
Speech or hearing in both ears	\$1,000	0.0004	0.0003	0.0003	0.0003
Thumb and index finger of either hand	\$1,000	0.0074	0.0046	0.0064	0.0068

Adjustment Factor for Days between Accident and Loss

Number of Days	90 Days	180 Days	365 Days
Adjustment Factor	1.0000	1.0200	1.0500

Accidental Dismemberment Benefit Annual Claim Cost per Covered Person =

- [Accidental Dismemberment Benefit - Claim Cost]
- x [Adjustment Factor for Days between Accident and Loss]
- x [Benefit Amount] / \$1,000

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Accident Follow-Up Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Accident Follow-Up	\$50	4.4102	4.2173	4.3457	2.1529

Adjustment Factor for Number of Follow-Up Treatments

Number of Treatments	3	4	5	6	7	8	9	10	11	12
Adjustment Factor	1.0000	1.1918	1.3418	1.4609	1.5569	1.6357	1.7012	1.7565	1.8036	1.8442

Adjustment Factor for Days between Accident and Follow-Up Treatment

Number of Days	90 Days	180 Days	365 Days
Adjustment Factor	1.000	1.020	1.050

Accident Follow-Up Benefit Annual Claim Cost per Covered Person =
 [Accident Follow-Up Benefit - Claim Cost]
 x [Adjustment Factor for Number of Follow-Up Treatments]
 x [Adjustment Factor for Days between Accident and Follow-Up Treatment]
 x [Benefit Amount] / \$50

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Acupuncture Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Acupuncture	\$25	0.1565	0.1565	0.1565	0.1565

Acupuncture Benefit Annual Claim Cost per Covered Person =
[Acupuncture Benefit - Claim Cost]
x [Benefit Amount] / \$25

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Ambulance (Air) Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Ambulance (Air)	\$50	0.0668	0.0639	0.0659	0.0326

Adjustment Factor for Hours between Accident and Transportation

Number of Days	48 Hours	72 Hours
Adjustment Factor	0.995	1.000

Ambulance (Air) Benefit Annual Claim Cost per Covered Person =
 [Ambulance (Air) Benefit - Claim Cost]
 x [Adjustment Factor for Hours between Accident and Transportation]
 x [Benefit Amount] / \$50

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Ambulance (Ground) Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Ambulance (Ground)	\$50	0.3342	0.3196	0.3293	0.1631

Adjustment Factor for Days between Accident and Transportation

Number of Days	30 Days	60 Days	90 Days
Adjustment Factor	0.990	0.995	1.000

Ambulance (Ground) Benefit Annual Claim Cost per Covered Person =
[Ambulance (Ground) Benefit - Claim Cost]
x [Adjustment Factor for Hours between Accident and Transportation]
x [Benefit Amount] / \$50

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Arthroscopic Surgery Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Arthroscopic Surgery	\$50	0.0297	0.0282	0.0292	0.0271

Arthroscopic Surgery Benefit Annual Claim Cost per Covered Person =
[Arthroscopic Surgery Benefit - Claim Cost]
x [Benefit Amount] / \$50

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Blood/Plasma/Platelet Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Blood/Plasma/Platelet	\$50	0.2563	0.2563	0.2563	0.2563

Adjustment Factor for Days between Accident and Treatment

Number of Days	30 Days	60 Days	90 Days
Adjustment Factor	0.990	0.995	1.000

Blood/Plasma/Platelet Benefit Annual Claim Cost per Covered Person =
[Blood/Plasma/Platelet Benefit - Claim Cost]
x [Adjustment Factor for Days between Accident and Treatment]
x [Benefit Amount] / \$50

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Burn Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Third Degree Burns	\$500	0.0658	0.0475	0.0596	0.0802
Second Degree Burns	\$500	0.0044	0.0032	0.0040	0.0054

Adjustment Factor for Hours between Accident and Treatment

Number of Days	48 Hours	72 Hours
Adjustment Factor	0.995	1.000

Burn Benefit Annual Claim Cost per Covered Person (by Covered Burn) =
 [Burn - Claim Cost]
 x [Benefit Amount] / \$500

Total Burn Benefit Annual Claim Cost per Covered Person =
 Sum of Claim Costs for Covered Burn
 x [Adjustment Factor for Days between Accident and Treatment]

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Child Care Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Child Care	\$25	0.0337	0.0323	0.0332	N/A

Child Care Benefit Annual Claim Cost per Covered Person =
[Child Care Benefit - Claim Cost]
x [Benefit Amount] / \$25

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Chiropractic Care Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Chiropractic Care	\$25	1.3065	1.2497	1.2875	0.6382

Chiropractic Care Benefit Annual Claim Cost per Covered Person =
[Chiropractic Care Benefit - Claim Cost]
x [Benefit Amount] / \$25

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Coma Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Coma	\$100	0.0418	0.0370	0.0402	0.0830

Adjustment Factor for Days between Accident and Diagnosis/Treatment

Number of Days	30 Days	60 Days	90 Days
Adjustment Factor	0.990	0.995	1.000

Adjustment Factor for Period Comatose for Benefit to be Payable

Number of Hours	72 Hours	96 Hours	120 Hours	168 Hours	240 Hours
Adjustment Factor	1.315	1.200	1.100	1.000	0.724

Coma Benefit Annual Claim Cost per Covered Person =

[Coma Benefit - Claim Cost]

x [Adjustment Factor for Days between Accident and Diagnosis/Treatment]

x [Adjustment Factor for Period Comatose for Benefit to be Payable]

x [Benefit Amount] / \$100

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Concussion Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Concussion	\$50	0.1670	0.1480	0.1606	0.2833

Adjustment Factor for Number of Concussions per Year per Covered Person

Number of Concussions	2	3	4	5
Adjustment Factor	0.9900	0.9950	0.9975	1.0000

Concussion Benefit Annual Claim Cost per Covered Person =
[Concussion Benefit - Claim Cost]

- x [Adjustment Factor for Number of Concussions per Year per Covered Person]
- x [Benefit Amount] / \$50

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Daily Hospital Confinement Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Daily Hospital Confinement	\$50	3.0299	2.9034	2.9876	1.4263

Adjustment Factor for Days Confinement Benefit is Payable

Number of Days	10 Days	30 Days	60 Days	90 Days	180 Days	365 Days
Adjustment Factor	0.7259	0.9070	0.9613	0.9794	0.9947	1.0000

Daily Hospital Confinement Benefit Annual Claim Cost per Covered Person =
[Daily Hospital Confinement Benefit - Claim Cost]
x [Adjustment Factor for Days Confinement Benefit is Payable]
x [Benefit Amount] / \$50

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Daily ICU Confinement Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Daily ICU Confinement	\$50	0.2424	0.2323	0.2390	0.1141

Daily ICU Confinement Benefit Annual Claim Cost per Covered Person =
[Daily ICU Confinement Benefit - Claim Cost]
x [Benefit Amount] / \$50

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Diagnostic Exam Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Diagnostic Exam	\$50	2.4945	2.4945	2.4945	2.4945

Adjustment Factor for Days between Accident and Examination

Number of Days	30 Days	60 Days	90 Days
Adjustment Factor	0.9900	0.9950	1.0000

Adjustment Factor for Number of Diagnostic Exams per Year per Covered Person

Number of Diagnostic Exams	1	2	3	4
Adjustment Factor	1.0000	1.7631	2.3458	2.7958

Diagnostic Exam Benefit Annual Claim Cost per Covered Person =
[Diagnostic Exam Benefit - Claim Cost]

- x [Adjustment Factor for Days between Accident and Examination]
- x [Adjustment Factor for Number of Diagnostic Exams per Year per Covered Person]
- x [Benefit Amount] / \$50

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Dislocations Benefit (Open)

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Hip	\$1,000	0.0909	0.0909	0.0909	0.0714
Knee	\$1,000	0.0146	0.0146	0.0146	0.0115
Ankle - bone/bones of the foot (other than toes)	\$500	0.0146	0.0146	0.0146	0.0115
Collarbone (sternoclavicular)	\$500	0.0021	0.0021	0.0021	0.0017
Lower jaw	\$500	0.0045	0.0045	0.0045	0.0035
Shoulder	\$500	0.0043	0.0043	0.0043	0.0033
Elbow	\$500	0.0022	0.0022	0.0022	0.0017
Wrist	\$500	0.0022	0.0022	0.0022	0.0017
Bone/bones of the hand (other than fingers)	\$500	0.0044	0.0044	0.0044	0.0007
Collarbone (acromioclavicular and separation)	\$100	0.0004	0.0004	0.0004	0.0003
One toe or finger	\$100	0.0023	0.0023	0.0023	0.0018

Dislocations Benefit (Closed) with Incomplete Dislocations (25% of Closed Benefit)

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Hip	\$500	0.5788	0.5788	0.5788	0.4547
Knee	\$500	0.0929	0.0929	0.0929	0.0730
Ankle - bone/bones of the foot (other than toes)	\$100	0.0372	0.0372	0.0372	0.0292
Collarbone (sternoclavicular)	\$100	0.0054	0.0054	0.0054	0.0043
Lower jaw	\$100	0.0114	0.0114	0.0114	0.0089
Shoulder	\$100	0.0109	0.0109	0.0109	0.0085
Elbow	\$100	0.0057	0.0057	0.0057	0.0044
Wrist	\$100	0.0057	0.0057	0.0057	0.0044
Bone/bones of the hand (other than fingers)	\$100	0.0113	0.0113	0.0113	0.0089
Collarbone (acromioclavicular and separation)	\$50	0.0027	0.0027	0.0027	0.0021
One toe or finger	\$50	0.0147	0.0147	0.0147	0.0116

Dislocations Benefit (Closed) without Incomplete Dislocations (25% of Closed Benefit)

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Hip	\$500	0.5697	0.5697	0.5697	0.4475
Knee	\$500	0.0914	0.0914	0.0914	0.0718
Ankle - bone/bones of the foot (other than toes)	\$100	0.0366	0.0366	0.0366	0.0287
Collarbone (sternoclavicular)	\$100	0.0053	0.0053	0.0053	0.0042
Lower jaw	\$100	0.0112	0.0112	0.0112	0.0088
Shoulder	\$100	0.0107	0.0107	0.0107	0.0084
Elbow	\$100	0.0056	0.0056	0.0056	0.0044
Wrist	\$100	0.0056	0.0056	0.0056	0.0044
Bone/bones of the hand (other than fingers)	\$100	0.0111	0.0111	0.0111	0.0088
Collarbone (acromioclavicular and separation)	\$50	0.0027	0.0027	0.0027	0.0021
One toe or finger	\$50	0.0145	0.0145	0.0145	0.0114

Dislocations Benefit Annual Claim Cost per Covered Person =
 [Dislocations Benefit - Claim Cost]
 x [Benefit Amount] / [Unit]

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Emergency Dental Benefits

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Emergency Dental (Extraction)	\$50	0.5454	0.5454	0.5454	0.7013
Emergency Dental (Crown)	\$50	0.8336	0.8336	0.8336	1.0717

Emergency Dental Benefit (Extraction) Annual Claim Cost per Covered Person =

[Emergency Dental Benefit (Extraction) - Claim Cost]

x [Benefit Amount] / \$50

Emergency Dental Benefit (Crown) Annual Claim Cost per Covered Person =

[Emergency Dental Benefit (Crown) - Claim Cost]

x [Benefit Amount] / \$50

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Emergency Room Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Emergency Room	\$50	3.1566	3.0185	3.1104	1.5409

Adjustment Factor for Number of Emergency Room Visits per Accident per Covered Person

Number of Emergency Room Visits	1	2	3
Adjustment Factor	1.0000	1.0200	1.0400

Adjustment Factor for Time between Accident and Treatment

Number of Hours	48 Hours	72 Hours	120 Hours	7 Days	30 Days	60 Days	90 Days
Adjustment Factor	0.9950	1.0000	1.0100	1.0200	1.0300	1.0350	1.0400

Emergency Room Benefit Annual Claim Cost per Covered Person =

- [Emergency Room Benefit - Claim Cost]
- x [Adjustment Factor for Number of Emergency Room Visits per Accident per Covered Person]
- x [Adjustment Factor for Time between Accident and Treatment]
- x [Benefit Amount] / \$50

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Eye Injury Benefits

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Eye Injury Surgical Repair	\$50	0.0164	0.0164	0.0164	0.0164
Eye Injury Removal of Foreign Object	\$50	0.0164	0.0164	0.0164	0.0164

Eye Injury Surgical Repair Benefit Annual Claim Cost per Covered Person =
[Eye Injury Surgical Repair Benefit - Claim Cost]
x [Benefit Amount] / \$50

Eye Injury Removal of Foreign Object Benefit Annual Claim Cost per Covered Person =
[Eye Injury Removal of Foreign Object Benefit - Claim Cost]
x [Benefit Amount] / \$50

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Fractures Benefit (Open Reduction)

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Depressed skull fracture	\$1,000	0.0076	0.0076	0.0076	0.0060
Simple non-depressed skull fracture	\$500	0.0035	0.0035	0.0035	0.0028
Hip, thigh	\$500	0.1186	0.1186	0.1186	0.0932
Vertebrae, body of	\$500	0.0195	0.0195	0.0195	0.0153
Pelvis	\$500	0.0046	0.0046	0.0046	0.0036
Leg	\$500	0.0373	0.0373	0.0373	0.0293
Bones of face or nose	\$500	0.0058	0.0058	0.0058	0.0045
Upper jaw, maxilla	\$500	0.0021	0.0021	0.0021	0.0016
Upper arm between elbow and shoulder	\$500	0.0878	0.0878	0.0878	0.0690
Lower jaw, mandible	\$500	0.0023	0.0023	0.0023	0.0018
Shoulder blade and/or collarbone	\$500	0.0047	0.0047	0.0047	0.0037
Vertebral processes	\$500	0.0195	0.0195	0.0195	0.0153
Forearm, hand and/or wrist (except fingers)	\$500	0.3061	0.3061	0.3061	0.2405
Kneecap	\$500	0.0313	0.0313	0.0313	0.0246
Foot (except toes)	\$500	0.0479	0.0479	0.0479	0.0377
Ankle	\$500	0.0561	0.0561	0.0561	0.0441
Rib	\$500	0.0024	0.0024	0.0024	0.0019
Coccyx	\$500	0.0022	0.0022	0.0022	0.0017
Finger, toe	\$500	0.2136	0.2136	0.2136	0.1678

Fractures Benefit (Closed Reduction)

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Depressed skull fracture	\$500	0.0634	0.0634	0.0634	0.0498
Simple non-depressed skull fracture	\$500	0.0582	0.0582	0.0582	0.0457
Hip, thigh	\$500	1.9711	1.9711	1.9711	1.5486
Vertebrae, body of	\$500	0.3236	0.3236	0.3236	0.2543
Pelvis	\$500	0.0771	0.0771	0.0771	0.0605
Leg	\$100	0.1241	0.1241	0.1241	0.0975
Bones of face or nose	\$100	0.0192	0.0192	0.0192	0.0151
Upper jaw, maxilla	\$100	0.0068	0.0068	0.0068	0.0054
Upper arm between elbow and shoulder	\$100	0.2917	0.2917	0.2917	0.2292
Lower jaw, mandible	\$100	0.0075	0.0075	0.0075	0.0059
Shoulder blade and/or collarbone	\$100	0.0158	0.0158	0.0158	0.0124
Vertebral processes	\$100	0.0647	0.0647	0.0647	0.0509
Forearm, hand and/or wrist (except fingers)	\$100	1.0172	1.0172	1.0172	0.7992
Kneecap	\$100	0.1039	0.1039	0.1039	0.0816
Foot (except toes)	\$100	0.1593	0.1593	0.1593	0.1252
Ankle	\$100	0.1864	0.1864	0.1864	0.1464
Rib	\$100	0.0079	0.0079	0.0079	0.0062
Coccyx	\$100	0.0072	0.0072	0.0072	0.0057
Finger, toe	\$100	0.7098	0.7098	0.7098	0.5577

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Chip Fracture	25% of Closed	1.3038	1.3038	1.3038	1.0243

Fractures Benefit Annual Claim Cost per Covered Person =
 [Fractures Benefit - Claim Cost]
 x [Benefit Amount] / [Unit]

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Hernia Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Hernia	\$100	0.0571	0.0542	0.0561	0.0522

Hernia Benefit Annual Claim Cost per Covered Person =
[Hernia Benefit - Claim Cost]
x [Benefit Amount] / \$100

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Home Health Care Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Home Health Care	\$10	0.0106	0.0108	0.0107	0.0031

Home Health Care Benefit Annual Claim Cost per Covered Person =
[Home Health Care Benefit - Claim Cost]
x [Benefit Amount] / \$10

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Hospital Admission Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Hospital Admission	\$50	0.6012	0.5761	0.5928	0.2830

Hospital Admission Benefit Annual Claim Cost per Covered Person =
[Hospital Admission Benefit - Claim Cost]
x [Benefit Amount] / \$50

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

ICU Admission Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
ICU Admission	\$50	0.0691	0.0662	0.0682	0.0325

ICU Admission Benefit Annual Claim Cost per Covered Person =
[ICU Admission Benefit - Claim Cost]
x [Benefit Amount] / \$50

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Initial Physician's Visit Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Initial Physician's Visit	\$25	4.1646	3.9824	4.1036	2.0330

Adjustment Factor for Days between Accident and Initial Treatment

Number of Days	30 Days	60 Days	90 Days
Adjustment Factor	0.990	0.995	1.000

Initial Physician's Visit Benefit Annual Claim Cost per Covered Person =
 [Initial Physician's Visit Benefit - Claim Cost]
 x [Adjustment Factor for Days between Accident and Initial Treatment]
 x [Benefit Amount] / \$25

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Joint Replacement Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Joint Replacement	\$100	0.0189	0.0189	0.0189	0.0148

Joint Replacement Benefit Annual Claim Cost per Covered Person =
[Joint Replacement Benefit - Claim Cost]
x [Benefit Amount] / \$100

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Knee Cartilage Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Knee Cartilage (with repair)	\$50	0.0173	0.0164	0.0170	0.0158
Knee Cartilage (without repair)	\$50	0.0297	0.0282	0.0292	0.0271

Adjustment Factor for Months between Accident and Repair

Number of Months	3 Months	6 Months	9 Months	12 Months
Adjustment Factor	0.925	0.950	0.975	1.000

Knee Cartilage (with repair) Benefit Annual Claim Cost per Covered Person =
 [Knee Cartilage (with repair) Benefit - Claim Cost]
 x [Adjustment Factor for Months between Accident and Repair]
 x [Benefit Amount] / \$50

Knee Cartilage (without repair) Benefit Annual Claim Cost per Covered Person =
 [Knee Cartilage (without repair) Benefit - Claim Cost]
 x [Adjustment Factor for Months between Accident and Repair]
 x [Benefit Amount] / \$50

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Lacerations Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
2" to 6" with Sutures	\$50	0.0633	0.0633	0.0633	0.0633
Greater than 6" with Sutures	\$50	0.0316	0.0316	0.0316	0.0316

Adjustment Factor for Time between Accident and Treatment

Number of Hours	48 Hours	72 Hours
Adjustment Factor	0.995	1.000

Lacerations Benefit Annual Claim Cost per Covered Person =

- [Lacerations Benefit - Claim Cost]
- x [Adjustment Factor for Time between Accident and Treatment]
- x [Benefit Amount] / \$50

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Lodging Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Lodging	\$50	1.0847	0.9863	1.0518	1.0304

Adjustment Factor for Number of Lodging Days

Number of Days	5	10	15	30
Adjustment Factor	0.7000	0.7500	0.8500	1.0000

Lodging Benefit Annual Claim Cost per Covered Person =
[Lodging Benefit - Claim Cost]
x [Adjustment Factor for Number of Lodging Days]
x [Benefit Amount] / \$50

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Medical Appliance Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Medical Appliance	\$50	0.4221	0.4221	0.4221	0.4221

Adjustment Factor for Days between Accident and Use of Medical Appliance

Number of Days	30 Days	60 Days	90 Days
Adjustment Factor	0.990	0.995	1.000

Medical Appliance Benefit Annual Claim Cost per Covered Person =

[Medical Appliance Benefit - Claim Cost]

x [Adjustment Factor for Days between Accident and Use of Medical Appliance]

x [Benefit Amount] / \$50

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Paralysis Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Paralysis (Quadriplegia)	\$100	0.0006	0.0004	0.0006	0.0004
Paralysis (Paraplegia)	\$100	0.0012	0.0007	0.0010	0.0006

Adjustment Factor for Days between Accident and Paralysis

Number of Days	60 Days	90 Days	120 Days
Adjustment Factor	0.9950	1.0000	1.0100

Paralysis (Quadriplegia) Benefit Annual Claim Cost per Covered Person =
 [Paralysis (Quadriplegia) Benefit - Claim Cost]
 x [Adjustment Factor for Days between Accident and Paralysis]
 x [Benefit Amount] / \$100

Paralysis (Paraplegia) Benefit Annual Claim Cost per Covered Person =
 [Paralysis (Paraplegia) Benefit - Claim Cost]
 x [Adjustment Factor for Days between Accident and Paralysis]
 x [Benefit Amount] / \$100

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Physical Therapy Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Physical Therapy	\$10	0.7376	0.7053	0.7268	0.3600

Adjustment Factor for Days between Accident and Start of Physical Therapy

Number of Days	30 Days	60 Days	90 Days
Adjustment Factor	0.9900	0.9950	1.0000

Adjustment Factor for Number of Days of Physical Therapy

Number of Days	10 Days	15 Days	30 Days
Adjustment Factor	1.0000	1.1030	1.2501

Physical Therapy Benefit Annual Claim Cost per Covered Person =

[Physical Therapy Benefit - Claim Cost]

x [Adjustment Factor for Days between Accident and Start of Physical Therapy]

x [Adjustment Factor for Number of Days of Physical Therapy]

x [Benefit Amount] / \$10

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Prosthesis Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Single	\$50	0.0351	0.0351	0.0351	0.0351
Two or More	\$50	0.0088	0.0088	0.0088	0.0088

Prosthesis Benefit Annual Claim Cost per Covered Person =
[Prosthesis Benefit - Claim Cost]
x [Benefit Amount] / \$50

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Rehabilitation Facility Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Rehabilitation Facility	\$50	0.0595	0.0647	0.0612	0.0331

Adjustment Factor for Days between Accident and Start of Rehabilitation

Number of Days	30 Days	60 Days	90 Days
Adjustment Factor	0.990	0.995	1.000

Rehabilitation Facility Benefit Annual Claim Cost per Covered Person =
[Rehabilitation Facility Benefit - Claim Cost]
x [Adjustment Factor for Days between Accident and Start of Rehabilitation]
x [Benefit Amount] / \$50

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Ruptured Disc Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Ruptured Disc	\$100	0.0234	0.0222	0.0230	0.0214

Ruptured Disc Benefit Annual Claim Cost per Covered Person =
[Ruptured Disc Benefit - Claim Cost]
x [Benefit Amount] / \$100

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Skin Graft Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Skin Graft	\$50	0.0066	0.0047	0.0060	0.0080

Skin Graft Benefit Annual Claim Cost per Covered Person =
[Skin Graft Benefit - Claim Cost]
x [Benefit Amount] / \$50

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

Student Loan Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Student Loan	\$50	0.1261	0.1242	N/A	N/A

Student Loan Benefit Annual Claim Cost per Covered Person =
[Student Loan Benefit - Claim Cost]
x [Benefit Amount] / \$50

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Tendon/Ligament/Rotator Cuff Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Single	\$100	0.0540	0.0513	0.0531	0.0494
Two or More	\$100	0.0089	0.0085	0.0088	0.0082
Exploratory	\$25	0.0007	0.0007	0.0007	0.0007

Tendon/Ligament/Rotator Cuff (Single) Benefit Annual Claim Cost per Covered Person =
 [Tendon/Ligament/Rotator Cuff (Single) Benefit - Claim Cost]
 x [Benefit Amount] / \$100

Tendon/Ligament/Rotator Cuff (Two or More) Benefit Annual Claim Cost per Covered Person =
 [Tendon/Ligament/Rotator Cuff (Two or More) Benefit - Claim Cost]
 x [Benefit Amount] / \$100

Tendon/Ligament/Rotator Cuff (Exploratory) Benefit Annual Claim Cost per Covered Person =
 [Tendon/Ligament/Rotator Cuff (Exploratory) Benefit - Claim Cost]
 x [Benefit Amount] / \$25

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Transportation Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Transportation	\$50	0.1085	0.0986	0.1052	0.1030

Adjustment Factor for Maximum Number of Trips

Number of Visits	1	2	3	4	5	6
Adjustment Factor	0.7500	0.8700	1.0000	1.1333	1.2667	1.4000

Transportation Benefit Annual Claim Cost per Covered Person =

- [Transportation Benefit - Claim Cost]
- x [Adjustment Factor for Maximum Number of Trips]
- x [Benefit Amount] / \$50

Section 2

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits**

Annual Claim Costs

Urgent Care Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
Urgent Care	\$25	0.1367	0.1307	0.1347	0.0667

Adjustment Factor for Urgent Care Visits

Number of Visits	1	2	3
Adjustment Factor	0.9615	0.9808	1.0000

Adjustment Factor for Time between Accident and Treatment

Number of Hours	48 Hours	72 Hours	120 Hours	7 Days	30 Days	60 Days	90 Days
Adjustment Factor	0.9950	1.0000	1.0100	1.0200	1.0300	1.0350	1.0400

Urgent Care Benefit Annual Claim Cost per Covered Person =

- [Urgent Care Benefit - Claim Cost]
- x [Adjustment Factor for Urgent Care Visits]
- x [Adjustment Factor for Time between Accident and Treatment]
- x [Benefit Amount] / \$25

Section 2

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Voluntary Accident Benefits

Annual Claim Costs

X-Ray Benefit

Benefit	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
X-Ray	\$50	6.6009	6.3133	6.5047	3.2242

X-Ray Benefit Annual Claim Cost per Covered Person =
[X-Ray Benefit - Claim Cost]
x [Benefit Amount] / \$50

Section 3

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Business [and Pleasure] Travel Rider GBD-2300 BTA**

Rating Structure with Annual Premiums

Premium Calculations Per Employee

- (1) Accident Medical Expense Benefit Claim Cost
- (2) Accident Total Disability Benefit Claim Cost
- (3) Aircraft Coverage Benefit (pilot, operator or crew) Claim Cost
- (4) Attending Policyholder Board of Director Meetings Benefit Claim Cost
- (5) Business Trip Coverage Benefit (Spouse and Child(ren)) Claim Cost
- (6) On Premise of Policyholder Benefit Claim Cost
- (7) Permanent Total Disability Benefit Claim Cost
- (8) Primary Insured's Spouse and Child Relocation Benefit Claim Cost
- (9) Specified Aircraft Coverage Benefit Claim Cost
- (10) Total BTA Daily Claim Cost Per Employee [Sum of (1) to (9)]
- (11) Additional Adjustments

Adjustment Factors for Removal of Exclusions

Exclusions	Factor
Your riding on, boarding, or alighting from an aircraft engaged in an Extra-Hazardous Aviation Activity:	
Acrobatics or Stunt Flying:	4,000
Racing or any Endurance Testing:	2,000
Crop Dusting or Seeding:	2,000
Spraying:	2,000
Exploration:	1,150
Pipe Line Inspection:	1,250
Any Form of Hunting:	2,000
Bird or Fowl Herding:	2,000
Aerial Photography:	1,150
Banner Towing:	1,150
Firefighting:	3,000
Any flight which requires a special permit or waiver from the Federal Aviation Administration (FAA), regardless of whether or not the waiver is granted.	2,000
Your riding in, boarding, or alighting from an aircraft owned or operated by You	1,005

Adjustment factors for the removal of other exclusions may be applied.

Adjustment Factor for Foreign Travel

Country	Factor
Afghanistan	5.00
Pakistan	5.00
Iraq	4.00
Israel (West Bank and Gaza Strip)	4.00
Iran	4.00
Somalia	4.00
Chechnya	4.00
Chad	3.00
Democratic Republic of Congo (DRC)	3.00
East Timor	3.00
India (Jammu and Kashmir)	3.00
Ivory Coast	3.00
Lebanon	3.00
Libya	3.00
Nepal	3.00
Nigeria	3.00
Philippines	3.00
Saudi Arabia	3.00
Sri Lanka	3.00
Sudan	3.00
Syria	3.00
Yemen	3.00
Indonesia	2.00
Jordan	2.00
Kuwait	2.00
Oman	2.00
Qatar	2.00
United Arab Emirates	2.00
All other travel originating from, or exposure outside of North America	1.25

Adjustment Factor for Concentrated Employee Risks 1.10

Adjustment Factor for Seasonal or Abnormal Travel Patterns 1.10

Adjustment Factor for Type of Aircraft

- Scheduled/Commercial 1.00
- Non-Commercial/Charter 2.00
- Helicopter 2.50
- To and From Off-Shore Landing Sites 3.40
- Other

Adjustment Factor for Quality and Training of Pilot

Pilot Hours	Factor
50	1.20
100	1.15
250	1.10
500	1.05
1,000	1.00

Total BTA Daily Claim Cost Per Employee (10) x Adjustment Factor for Removal of Exclusions
x (Adjustment Factor for Foreign Travel)
x (Adjustment Factor for Concentrated Employee Risks)
x (Adjustment Factor for Seasonal or Abnormal Travel Patterns)
x (Adjustment Factor for Type of Aircraft)
x (Adjustment Factor for Quality and Training of Pilot)

(12) Total BTA Claim Costs Per Group (11) x Number of Travel Days for Group

(13) Total BTA Premium Per Group (12) / (SADD Target Loss Ratio)

The Business [and Pleasure] Travel Rider only attaches to the Standalone Accidental Death and Dismemberment product. This rider should be rated at the same target loss ratio.

Experience Rating Methodology

When experience on a case is available to the company under a policy issued by the company or issued by another insurer, the premium rates and benefit limits may be adjusted, on a prospective rating basis, to produce anticipated experience for the case approximating the target loss ratio.

Section 3

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Business [and Pleasure] Travel Rider GBD-2300 BTA**

Daily Claim Costs

Accidental Medical Expense Benefit

Employee

Maximum Benefit	Deductible					
	0	100	250	500	750	1,000
1,000	0.1562	0.1495	0.1407	0.1280	0.1180	0.1095
2,500	0.3159	0.3045	0.2895	0.2672	0.2494	0.2338
5,000	0.4963	0.4812	0.4614	0.4312	0.4067	0.3850
7,500	0.6258	0.6086	0.5859	0.5512	0.5229	0.4977
10,000	0.7259	0.7074	0.6829	0.6452	0.6145	0.5869
15,000	0.8757	0.8553	0.8285	0.7868	0.7531	0.7226
20,000	0.9856	0.9642	0.9360	0.8918	0.8561	0.8236
25,000	1.0719	1.0498	1.0208	0.9748	0.9377	0.9038

Adjustment Factor for Time for First Expense to be Incurred

Number of Weeks	12 Weeks	26 Weeks	52 Weeks
Adjustment Factor	0.930	0.950	1.000

Adjustment Factor for Type of Trip

	Factor
Business	1.00
Business and Pleasure	1.25

Accident Medical Expense Benefit Daily Claim Cost per Employee =
 [Accident Medical Expense Benefit - Daily Claim Cost]
 x [Adjustment Factor for Time for First Expense to be Incurred]
 x [Adjustment Factor for Type of Trip]

Section 3

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
 Business [and Pleasure] Travel Rider GBD-2300 BTA

Daily Claim Costs

Accident Total Disability Benefit

52 Week Benefit Period

Elimination Period	Unit	Employee
6 Months	\$100	0.00037
12 Months	\$100	0.00023
24 Months	\$100	0.00017

26 Week Benefit Period

Elimination Period	Unit	Employee
6 Months	\$100	0.00020
12 Months	\$100	0.00012
24 Months	\$100	0.00009

Adjustment Factor for Type of Trip

	Factor
Business	1.00
Business and Pleasure	1.25

Adjustment Factor for Disability Commencement Period

Number of Days	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	0.9500	0.9550	0.9650	1.0000

Accident Total Disability Benefit Daily Claim Cost per Employee =
 [Accident Total Disability Benefit - Daily Claim Cost]
 x [Adjustment Factor for Type of Trip]
 x [Adjustment Factor for Disability Commencement Period]
 x [Weekly Benefit Amount] / \$100

Section 3

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Business [and Pleasure] Travel Rider GBD-2300 BTA

Daily Claim Costs

Aircraft Coverage Benefit (pilot, operator or crew)

Benefit	Unit	Employee
Aircraft Coverage Benefit (pilot, operator or crew)	\$1,000	0.0300

Adjustment Factor for Type of Trip

	Factor
Business	1.00
Business and Pleasure	1.25

Aircraft Coverage Benefit (pilot, operator or crew) Daily Claim Cost per Employee =
[Aircraft Coverage Benefit (pilot, operator or crew) - Daily Claim Cost]
x [Adjustment Factor for Type of Trip]
x [Benefit Amount] / \$1,000

Section 3

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Business [and Pleasure] Travel Rider GBD-2300 BTA

Daily Claim Costs

Attending Policyholder Board of Director Meetings Benefit

Benefit	Unit	Employee
Attending Policyholder Board of Director Meetings Benefit	\$1,000	0.0023

Attending Policyholder Board of Director Meetings Benefit Daily Claim Cost per Employee =
[Attending Policyholder Board of Director Meetings Benefit - Daily Claim Cost]
x [Benefit Amount] / \$1,000

Section 3

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Business [and Pleasure] Travel Rider GBD-2300 BTA

Daily Claim Costs

Business Trip Coverage Benefit (Spouse and Child(ren))

Benefit	Unit	Employee
Business Trip Coverage Benefit (Spouse and Child(ren))	\$1,000	0.0521

Business Trip Coverage Benefit (Spouse and Child(ren)) Daily Claim Cost per Employee =
[Business Trip Coverage Benefit (Spouse and Child(ren)) - Daily Claim Cost]
x [Benefit Amount] / \$1,000

Section 3

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Business [and Pleasure] Travel Rider GBD-2300 BTA

Daily Claim Costs

On Premise of Policyholder Benefit

Benefit	Unit	Employee
On Premise of Policyholder Benefit	\$1,000	0.0971

On Premise of Policyholder Benefit Daily Claim Cost per Employee =
[On Premise of Policyholder Benefit - Daily Claim Cost]
x [Benefit Amount] / \$1,000

Section 3

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Business [and Pleasure] Travel Rider GBD-2300 BTA**

Daily Claim Costs

Permanent Total Disability Benefit

Elimination Period	Unit	Employee
6 Months	\$1,000	0.00025
12 Months	\$1,000	0.00024
24 Months	\$1,000	0.00021

Adjustment Factor for Payment Option

Payment Option	Factor
Lump Sum	1.000
5 Year Payout	0.923
10 Year Payout	0.855

Adjustment for benefit options not shown may be calculated using linear interpolation.

Adjustment Factor for Type of Trip

	Factor
Business	1.00
Business and Pleasure	1.25

Adjustment Factor for Disability Commencement Period

Number of Days	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	0.9500	0.9550	0.9650	1.0000

Permanent Total Disability Benefit Daily Claim Cost per Employee =

- [Permanent Total Disability Benefit - Daily Claim Cost]
- x [Adjustment Factor for Payment Option]
- x [Adjustment Factor for Type of Trip]
- x [Adjustment Factor for Disability Commencement Period]
- x [Total PTD Benefit Amount] / \$1,000

Section 3

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Business [and Pleasure] Travel Rider GBD-2300 BTA

Daily Claim Costs

Primary Insured's Spouse and Child Relocation Benefit

Benefit	Unit	Employee
Primary Insured's Spouse and Child Relocation Benefit	\$1,000	0.0040

Primary Insured's Spouse and Child Relocation Benefit Daily Claim Cost per Employee =
[Primary Insured's Spouse and Child Relocation Benefit - Daily Claim Cost]
x [Benefit Amount] / \$1,000

Section 3

Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Business [and Pleasure] Travel Rider GBD-2300 BTA

Daily Claim Costs

Specified Aircraft Coverage Benefit

Benefit	Unit	Employee
Specified Aircraft Coverage Benefit	\$1,000	0.0300

Adjustment Factor for Type of Trip

	Factor
Business	1.00
Business and Pleasure	1.25

Specified Aircraft Coverage Benefit Daily Claim Cost per Employee =
[Specified Aircraft Coverage Benefit - Daily Claim Cost]
x [Adjustment Factor for Type of Trip]
x [Benefit Amount] / \$1,000

Section 4

**Hartford Life and Accident Insurance Company
Group Accident Insurance Product
Permanent Total Disability Rider GBD-2300 PTD**

Annual Claim Costs

Permanent Total Disability Benefit Rider

Elimination Period	Unit	Employee	Employee (w/Child Tier)	Spouse	Child
90 Days	\$1,000	0.535	0.527	0.532	NA
180 Days	\$1,000	0.500	0.493	0.498	NA
360 Days	\$1,000	0.468	0.461	0.466	NA
720 Days	\$1,000	0.434	0.428	0.432	NA

Payment Option Adjustment Factors

Payment Option	Factor
Lump Sum	1.000
5 Year Payout	0.923
10 Year Payout	0.855

Adjustment for benefit options not shown may be calculated using linear interpolation.

Adjustment Factor for Disability Commencement Period

Number of Days	90 Days	120 Days	180 Days	365 Days
Adjustment Factor	0.9500	0.9550	0.9650	1.0000

Permanent Total Disability Claim Cost per Covered Person =
 [Permanent Total Disability Benefit - Claim Cost]
 x [Payment Option Adjustment Factor]
 x [Adjustment Factor for Disability Commencement Period]
 x [Total PTD Benefit Amount] / \$1,000

The Permanent Total Disability Rider can attach to the Voluntary Accident and Standalone Accidental Death and Dismemberment products.

State: District of Columbia **Filing Company:** Hartford Life and Accident Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Group Accident
Project Name/Number: HARTFORD-GrpAcc/61.1/61.1

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC Ltr_Rates.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Authority to File
Comments:	
Attachment(s):	AUTH.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	HAR31.ActMemo.50%.20140130.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Please see "Actuarial Memorandum" section.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Comments:	Not applicable with this filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Comments:	Not applicable with this filing.
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

FRCS-129472880

State Tracking #:

Company Tracking #:

6107.1

State:

District of Columbia

Filing Company:

Hartford Life and Accident Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Group Accident

Project Name/Number:

HARTFORD-GrpAcc/61.1/61.1

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Please see "Actuarial Memorandum" section.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	
Status Date:	



FIRST CONSULTING
& Administration, Inc.

March 28, 2014

Government of the District of Columbia
Department of Insurance and Securities Regulation
Insurance Products Division
810 First Street, N.E., Suite 701
Washington, D.C. 20002

RATE FILING

RE: Hartford Life and Accident Insurance Company
NAIC # 70815 FEIN # 06-0838648

Rates for:

- | | |
|------------------------|------------------------------------|
| Form GBD-2300 (DC) | - Group Accident Certificate |
| Form GBD-2300 BTA (DC) | - Business Travel Rider |
| Form GBD-2300 PTD (DC) | - Permanent Total Disability Rider |
| Form GBD-2000 (DC) | - Policy of Incorporation |

Our File Number: 6107.1

Dear Sir or Madam:

We have been retained by Hartford Life and Accident Insurance Company to file the enclosed rates for approval in your state.

We enclose the following for your consideration:

- Cover Letter
- Third party authorization
- Actuarial memorandum and rates

The company's group number is 91.

Forms pertaining to these rates are being submitted under separate cover on this same date. The forms in that filing are intended for use with eligible group policyholders, as defined and allowed by the laws and regulations of your state, with the exception of associations.

We are submitting herewith the applicable Actuarial Memorandum and rates for these policy forms. We request such materials be handled on a confidential basis as allowed by your Department.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Sincerely,

FIRST CONSULTING & ADMINISTRATION, INC.

A handwritten signature in black ink that reads "Marilyn J. Odell". The signature is written in a cursive style with a large, prominent initial "M".

Marilyn J. Odell
Compliance Specialist
E-mail: marilyn.odell@firstconsulting.com
Extension: 2835

Enclosures

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
One Hartford Plaza
Hartford, Connecticut 06155



February 24, 2014

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Hartford Life and Accident Insurance Company

By: 

Title: Vice President

Hartford Life and Accident Insurance Company

Actuarial Memorandum

Group Accident Insurance Policy Form GBD-2000
Group Accident Insurance Certificate Form GBD-2300
Business [and Pleasure] Travel Rider Form GBD-2300 BTA
Permanent Total Disability Rider Form GBD-2300 PTD

1. Scope & Purpose

This Actuarial Memorandum describes the benefits provided in this new group accident insurance policy and riders. This memorandum supports the rates being filed. These are new forms. This memorandum is not intended to be used for any other purpose.

2. Benefit Description

This section contains a brief description of the benefits provided by the certificate and riders. The base certificate consists of a voluntary accident product and a standalone accidental death and dismemberment product. Additional business and pleasure travel coverage and permanent total disability coverage may be added to the base certificate as riders. A detailed description of the benefits and limitations are identified in the certificate and associated riders.

VOLUNTARY ACCIDENT BENEFITS

Abdominal/Thoracic Surgery Benefit pays the amount shown in the schedule of insurance if the covered person undergoes open abdominal or thoracic surgery to repair internal injuries sustained in an accident.

Accident Follow-Up Benefit pays the amount shown in the schedule of insurance if the covered person receives follow-up treatment for injuries sustained in an accident.

Accidental Death Benefit pays the amount shown in the schedule of insurance if the covered person dies due to an injury sustained in an accident.

Accidental Death – Common Carrier Benefit pays the amount shown in the schedule of insurance if the covered person dies due to an injury sustained in an accident while a fare paying passenger on a common carrier.

Accidental Dismemberment Benefit pays the amount shown in the schedule of insurance if the covered person sustains a covered dismemberment due to an injury sustained in an accident.

Acupuncture Benefit pays the amount shown in the schedule of insurance if the covered person receives acupuncture services for treatment of an injury sustained in an accident.

Ambulance (Air) Benefit pays the amount shown in the schedule of insurance for the air ambulance transport of a covered person to or from a hospital, or between medical facilities, for treatment of injuries received in an accident.

Ambulance (Ground) Benefit pays the amount shown in the schedule of insurance for the ground ambulance transport of a covered person to or from a hospital, or between medical facilities, for treatment of injuries received in an accident.

Arthroscopic Surgery Benefit pays the amount shown in the schedule of insurance if the covered person undergoes arthroscopic surgery to repair an injury sustained in an accident.

Blood/Plasma/Platelet Benefit pays the amount shown in the schedule of insurance if a covered person requires a transfusion, administration, cross matching, typing and processing of blood, plasma or platelets due to an injury sustained in an accident.

Burn Benefit pays the amount shown in the schedule of insurance if a covered person receives treatment for a covered burn due to an injury sustained in an accident.

Child Care Benefit pays the amount shown in the schedule of insurance if the primary insured or spouse is confined in a hospital due to an accident and requires child care services for the dependent child or children.

Chiropractic Benefit pays the amount shown in the schedule of insurance if a covered person receives chiropractic treatment for an injury sustained in an accident.

Coma Benefit pays the amount shown in the schedule of insurance if a covered person is diagnosed with a coma as a result of an accident.

Concussion Benefit pays the amount shown in the schedule of insurance if a covered person is diagnosed with a concussion as a result of an accident.

Daily Hospital Confinement Benefit pays the amount shown in the schedule of insurance for each day a covered person is confined in a hospital due to an injury sustained in an accident.

Daily ICU Confinement Benefit pays the amount shown in the schedule of insurance for each day a covered person was confined in an intensive care unit due to an injury sustained in an accident.

Diagnostic Exam Benefit pays the amount shown in the schedule of insurance if a covered person requires a covered diagnostic examination for an injury sustained in an accident.

Dislocations Benefit pays the amount shown in the schedule of insurance if a covered person sustains a dislocation as a result of an accident.

Emergency Dental Benefit pays the amount shown in the schedule of insurance for the repair of a broken sound, natural tooth with a crown, or extraction of a broken sound, natural tooth, if a covered person requires dental work as a result of an injury sustained in an accident.

Emergency Room Benefit pays the amount shown in the schedule of insurance if a covered person requires examination and treatment by a physician in an emergency room for an injury sustained in an accident.

Eye Injury Benefit pays the amount shown in the schedule of insurance if a covered person sustains an injury due to an accident and it requires surgery or removal of a foreign object by a physician.

Fractures Benefit pays the amount shown in the schedule of insurance if a covered person sustains a fracture as a result of an accident.

Hernia Benefit pays the amount shown in the schedule of insurance if the covered person sustains a hernia as a result of an accident and it is repaired through surgery.

Home Health Care Benefit pays the amount shown in the schedule of insurance for each day a covered person receives home health care as a result of an accident.

Hospital Admission Benefit pays the amount shown in the schedule of insurance if a covered person is admitted to a hospital as a result of an injury sustained in an accident.

ICU Admission Benefit pays the amount shown in the schedule of insurance if a covered person is admitted to an intensive care unit as a result of an injury sustained in an accident.

Initial Physician's Visit Benefit pays the amount shown in the schedule of insurance if a covered person receives initial treatment by a physician in a physician's office as a result of an injury sustained in an accident.

Joint Replacement Benefit pays the amount shown in the schedule of insurance if a covered person sustains an injury requiring a knee, hip or shoulder joint replacement as a result of an accident.

Knee Cartilage Benefit pays the amount shown in the schedule of insurance if a covered person sustains torn knee cartilage as a result of an accident.

Lacerations Benefit pays the amount shown in the schedule of insurance if a covered person sustains a laceration as a result of an accident.

Lodging Benefit pays the amount shown in the schedule of insurance for a companion to accompany the covered person while the covered person is confined in a hospital due to an injury sustained in an accident.

Medical Appliance Benefit pays the amount shown in the schedule of insurance if a covered person requires a medical appliance as aid in personal locomotion or mobility, due to an injury sustained in an accident.

Paralysis Benefit pays the amount shown in the schedule of insurance if a covered person is sustains a covered paralysis as a result of an injury sustained in an accident.

Physical Therapy Benefit pays the amount shown in the schedule of insurance for each day a covered person requires physical therapy for an injury received in an accident.

Prosthesis Benefit pays the amount shown in the schedule of insurance if a covered person requires a prosthetic device/artificial limb or eye due to losing a hand, foot, arm, leg, or eye.

Rehabilitation Facility Benefit pays the amount shown in the schedule of insurance for each day a covered person is confined in a rehabilitation unit for physical, occupational or speech therapy treatment for an injury received in an accident.

Ruptured Disc Benefit pays the amount shown in the schedule of insurance if the covered person sustains a ruptured or herniated disc in the spine that must be repaired through surgery.

Skin Graft Benefit pays the amount shown in the schedule of insurance if the covered person receives a skin graft for a third degree burn for which a benefit was received under the burn benefit.

Student Loan Benefit pays the amount shown in the schedule of insurance for a student loan if a covered person is disabled due to an injury and not actively at work for a specified period of time.

Tendon/Ligament/Rotator Cuff Benefit pays the amount shown in the schedule of insurance if the covered person receives a torn, ruptured or severed tendon, ligament or rotator cuff and it is repaired through surgery.

Transportation Benefit pays the amount shown in the schedule of insurance if a covered person must travel more than 100 miles from his or her residence to receive special treatment or be confined in a hospital as a result of an accident.

Urgent Care Benefit pays the amount shown in the schedule of insurance if a covered person requires treatment or care in an urgent care facility due to an injury sustained in an accident.

X-Ray Benefit pays the amount shown in the schedule of insurance if a covered person requires an x-ray as a result of an injury sustained in an accident.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Accelerated Benefit pays the amount shown in the schedule of insurance if a covered person is terminally injured and the accidental death benefit is payable.

Accidental Death Benefit pays the amount shown in the schedule of insurance if the covered person dies due to an injury sustained in an accident.

Accidental Death – Common Carrier Benefit pays the amount shown in the schedule of insurance if the covered person dies due to an injury sustained in an accident while a fare paying passenger on a common carrier.

Accidental Dismemberment Benefit pays the amount shown in the schedule of insurance if the covered person sustains a covered dismemberment due to an accident.

Accident Hospital Income Benefit pays the amount shown in the schedule of insurance for each day a covered person is confined in a hospital due to an injury sustained in an accident.

Adaptive Home and Vehicle Benefit pays the amount shown in the schedule of insurance if the covered person sustains an accidental dismemberment and requires alterations to his/her principal residence and/or private automobile to make the residence accessible and/or automobile drivable or rideable for him or her.

Air Bag Benefit pays the amount shown in the schedule of insurance if the covered person sustains an accidental death or accidental dismemberment in an accident, while riding as a passenger in or operating a motor vehicle with an air bag, and wearing a seat belt.

Anti-Inflation Benefit pays the additional inflation adjustment to the covered person's principal sum if the covered person sustains an accidental death or accidental dismemberment.

Bereavement Counseling Benefit pays the amount shown in the schedule of insurance if the covered person sustains an accidental death and the other covered persons receive treatment or counseling for grief resulting from this death.

Child Education Benefit pays the amount shown in the schedule of insurance for the dependent child or children's education, if the primary insured or spouse sustains an accidental death.

Coma Benefit pays the amount shown in the schedule of insurance for each month that the covered person remains in a coma if the coma is due to an accident.

Common Disaster Benefit pays the amount shown in the schedule of insurance if the primary insured and spouse suffer accidental deaths in the same accident or separate accidents within 24 hours of each other.

Continuation of Medical Coverage Benefit pays the amount shown in the schedule of insurance for COBRA for the covered dependents, if the primary insured dies as a result of an injury sustained in an accident.

Critical Burn Benefit pays the amount shown in the schedule of insurance if the covered person sustains covered burns as a result of an accident, which are certified by a physician.

Day Care Benefit pays the amount shown in the schedule of insurance for the dependent child or children's day care, if the primary insured or spouse sustains an accidental death.

Dependent Child Dismemberment Benefit pays the amount shown in the schedule of insurance if the dependent child sustains an accidental dismemberment due to an accident.

Employee Loyalty Benefit pays additional principal sum based on the number of years the primary insured has been an active employee of the policyholder, if a covered person suffers an accidental death or accidental dismemberment.

Escalatory Benefit pays the additional amount shown in the schedule of insurance based on the number of years the covered person has been covered under the policy, if a covered person suffers an accidental death or accidental dismemberment.

Exposure and Disappearance Benefit pays the amount shown in the schedule of insurance if the covered person is presumed injured or dead due to an accident while the covered person was a passenger on a conveyance.

Extended Care Facility Benefit pays the amount shown in the schedule of insurance if the primary insured becomes disabled and is confined in an extended care facility and the confinement was due to an injury.

Extended Dependents Coverage Benefit waives the premium and continues coverage for dependents if the primary insured dies as the result of an accident while the dependents are covered under the policy.

Felonious Assault Benefit pays the amount shown in the schedule of insurance if a covered person suffers an accidental death or accidental dismemberment as a result of a felony assault by another person directed at the covered person.

Funeral Expense Benefit pays the additional benefit shown in the schedule of insurance if the covered person dies and an accidental death or accidental death-common carrier benefit is payable.

HIV Occupational Accident Benefit pays the amount shown in the schedule of insurance if the primary insured test positive for HIV as a direct result of an injury sustained in an accident while performing their customary duties at the normal place of business or while away on business.

Post-Traumatic Stress Disorder Benefit pays the amount shown in the schedule of insurance if a covered person is diagnosed by a physician with post-traumatic stress disorder as a result of an accident.

Rehabilitation Benefit pays the amount shown in the schedule of insurance if a covered person sustains an accidental dismemberment and participates in a rehabilitative program within 1 year of the date of the accident.

Repatriation Benefit pays the amount shown in the schedule of insurance if a covered person suffers an accidental death and the death occurs outside the territorial limits of the state or country of the deceased person's place of permanent residence.

Seat Belt Benefit pays the amount shown in the schedule of insurance if the covered person suffers an accidental death or accidental dismemberment, while riding as a passenger in or operating a motor vehicle and wearing a seat belt.

Spouse Education Benefit pays the amount shown in the schedule of insurance for the spouse's education, if the primary insured suffers an accidental death.

Student Loan Benefit pays the amount shown in the schedule of insurance for a student loan if a covered person is disabled due to an injury and not actively at work for a specified period of time.

Survivor Income Benefit pays the amount shown in the schedule of insurance if the primary insured is enrolled for dependent coverage and suffers an accidental death.

Therapeutic Counseling Benefit pays the amount shown in the schedule of insurance if a covered person suffers an accidental dismemberment and the covered person requires therapeutic counseling due to the dismemberment.

Traumatic Brain Injury Benefit pays the amount shown in the schedule of insurance if a covered person sustains an injury as a result of an accident that results in a traumatic brain injury.

Permanent Total Disability Rider pays the amount shown in the schedule of insurance if the primary insured or spouse sustains a total disability as a result of an injury and satisfies the elimination period.

Business [and Pleasure] Travel Rider

Accident Medical Expense Benefit pays the amount shown in the schedule of insurance for reasonable expenses incurred for medical care if you are injured as a result of an accident while on a business [or pleasure] trip. Benefits are subject to a deductible and maximum amount.

Accident Total Disability Benefit pays the amount shown in the schedule of insurance, for the period of disability up to a maximum payment period, if the primary insured becomes totally disabled due to an injury as a result of an accident.

Aircraft Coverage Benefit pays the amount shown in the schedule of insurance if the primary insured sustains an injury on a trip, while as a passenger, pilot, operator or member of the crew on, boarding or alighting from a specified aircraft; or being struck by a specified aircraft.

Attending Policyholder Board of Director Meetings Benefit pays the amount shown in the schedule of insurance if you sustain an injury while you are traveling to and from and attending policyholder sponsored board of director meetings.

Business Trip Coverage Benefit pays the amount shown in the schedule of insurance if your spouse or dependent child(ren) sustains an injury while accompanying the primary insured on a business trip.

On Premise of Policyholder Benefit pays the amount shown in the schedule of insurance if the primary insured sustains an injury on the premises of the

policyholder at the regular place of employment or on assignment by or at the direction of the policyholder for the purpose of furthering the business of the policyholder.

Permanent Total Disability Benefit pays the amount shown in the schedule of insurance if the primary insured becomes permanently disabled due to an injury as a result of an accident.

Primary Insured's Spouse and Child Relocation Benefit pays the amount shown in the schedule of insurance if the primary insured's spouse or child(ren) sustains an injury while on a relocation trip.

Specified Aircraft Coverage Benefit pays the amount shown in the schedule of insurance if the primary insured sustains an injury on a trip, while a passenger riding in a specified aircraft, a passenger boarding or alighting from a specified aircraft or being struck by a specified aircraft.

3. Renewability

This policy and associated riders are optionally renewable subject to the termination provisions specified in the policy.

4. Applicability

These are new forms. This is a first time rate filing for these forms.

5. Morbidity

Claim costs were developed on a composite basis (not varying by gender or age) using nationwide statistical data, which is consistent with the premium rate basis and how the product will be sold in the market. Morbidity assumptions were developed using the sources shown below.

- CDC's NCHS Vital Health Statistics Number 26, National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary August 6, 2010
- Ambulatory and Inpatient Procedures in the United States, 1996, Series 13, No. 139
- CDC's NCHS Vital and Health Statistics Series 10, Number 202, Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997 July 2000
- 2013 Society of Actuaries Group Life Study
- National Safety Council's "Injury Facts"
- U.S. Statistical Abstract
- National Health Survey, Series 10, No. 134, "Prevalence of Selected Impairments, United States - 1977"
- Milliman Health Cost Guidelines™

- CDC's NCHS Vital Health Statistics Number 27, "National Ambulatory Medical Care Survey: 2007 Summary" November 3, 2010
- CDC's NCHS Vital Health Statistics Number 18, "Costs of Complementary and Alternative Medicine (CAM) and Frequency of Visits to CAM Practitioners: United States, 2007" July 30, 2009.
- American Burn Association, National Burn Repository, 2011 Report
- US Census
- Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Deaths
- Family Caregiver Alliance: Selected Traumatic Brain Injury Statistics: "Effects of Traumatic Brain Injury"
- American Association of Neurological Surgeons
- NCHS No. 29, "National Hospital Discharge Survey: 2007 Annual Summary"
- Statistics for 1996 HCUP Nationwide Inpatient Sample, by multi-level CCS procedure
- <http://www.ncbi.nlm.nih.gov/pubmed/14960673>
- <http://emedicine.medscape.com/article/763291-overview#showall>
- American Academy of Orthopaedic Surgeons, "Patient Demographics"
- NCHS Series 13, No. 165, "National Hospital Discharge Survey: 2005 Annual Summary With Detailed Diagnosis and Procedure Data"
- CDC's NCHS "Current Home Health Care Patients" February 2004
- www.makoa.org/nscia/fact02.html
- Annual Report for the Model Spinal Cord Injury Care Systems, 2010
- Milliman's Long Term Care Guidelines™
- US Department of Transportation, National Highway Traffic Safety Administration
- Businessinsider.com
- National Center for Education Statistics
- The College Board, Annual Survey of Colleges
- Report of the Society of Actuaries: Group Life Insurance Experience Committee, March 2006
- www.braininjury.com
- The Actuary January 1994
- CDC Basic Statistics: HIV Prevalence Estimate
- CDC Basic Statistics: HIV Incidence Estimate
- CDC – Health Care Workers ,NIOSH Safety & Health Topic
- CDC National Institute for Occupational Safety and Health
- CDC, Summary Health Statistics for the U.S Population, National Health Interview Survey 2011, Series 10, Number 255
- Heal my PTSD, General PTSD Stats

6. Mortality

The 2013 Society of Actuaries Group Life Study was used in developing the accidental death mortality rates.

7. Persistency

Persistency is not applicable for this policy and riders.

8. Expenses

Expenses, commissions, premium tax, and profit and contingency are expected to be 50% of the premium.

9. Marketing Method

This product will be marketed to employer/employee groups and sold by The Hartford's sales force as well as independent agents and brokers.

10. Underwriting

No health underwriting will be done.

11. Premium Classes

Premiums will vary by family composition. The family composition classes could be any of the following: "Employee", "Employee and Spouse", "Employee and Child(ren)", "Employee and Family". All rates in the attached rate manual are on a composite rate basis (uni-sex and composite age).

12. Issue Age Range

Coverage will be offered to issue ages up to the age limit in the certificate.

13. Area Factors

There are no area factors for this form. The rates will be the same throughout the state.

14. Premium Modalization Rules

The modal premium factors to be applied to annual premium rates are:

Mode	Factor
Monthly	0.0833
Quarterly	0.2500
Semi-Annual	0.5000
Annual	1.0000

15. Claim Liability and Reserves

Claim reserves will be set using appropriate actuarial methodology according to generally accepted actuarial principles, including but not limited to analysis of claim lag triangles, inventory methods, and percentage of premium methods. There are currently no claim reserves held since these are new forms.

16. Active Life Reserves

No active life reserves will be held for this coverage.

17. Trend Assumptions

No future trend increases have been assumed on these products. The company will monitor future experience and file for trend rate increases as needed.

18. Minimum Loss Ratio

The minimum acceptable loss ratio is 50%.

19. Anticipated Loss Ratio

The anticipated loss ratio is assumed to be 50%. The anticipated loss ratio is calculated by taking the expected incurred claims divided by the earned premium.

20. Contingency and Risk Margins

This new form is expected to produce, based upon the expected claims, an overall contingency margin that is consistent with other products written by the company.

21. Lifetime Loss Ratio

Because this is a new form with no prior experience, the lifetime loss ratio is assumed to be 50%.

22. History of Rate Adjustments

As this is a first time rate filing, there have been no rate adjustments.

23. Proposed Effective Date

The rates are to become effective upon approval by your Department of Insurance.

24. Statement of Reliance

In preparing this actuarial memorandum, I relied on data provided to me by Hartford Life and Accident Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.

25. Actuarial Certification

I, Michael E. Weiland, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. This actuarial memorandum has been prepared to describe the rates intended to be used for this product. This memorandum has been prepared in conformity with applicable Actuarial Standards of Practice (ASOP), including ASOP No. 8. This actuarial memorandum has been prepared for the sole purpose of demonstrating that the proposed rate schedule is reasonable and the memorandum may not be appropriate for other purposes.

To the best of my knowledge and judgment, I certify that:

- (I) The entire filing is in compliance with the applicable laws of this state;
- (II) The entire filing is in compliance with all applicable Actuarial Standards of Practice;
- (III) The benefits provided are reasonable in relation to the proposed premiums; and
- (IV) The premium schedule is not excessive, inadequate, or unfairly discriminatory

Emerging experience should be carefully monitored relative to the assumptions and appropriate adjustments made to the premiums in a timely manner.



Michael E. Weiland, FSA, MAAA
Fellow, Society of Actuaries
Member, American Academy of Actuaries
January, 2014