



Hartford Life Insurance Company  
Hartford Life and Annuity Insurance Company  
500 Bielenberg Drive, Woodbury, MN 55125  
P.O. Box 64271, St. Paul, MN 55164-0271

### Temporary Insurance Agreement

**Proposed Primary Insured: Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Under this Temporary Insurance Agreement ("Agreement"), Hartford Life Insurance Company or Hartford Life and Annuity Insurance Company ("Company") agrees to provide a **limited amount** of life insurance coverage, for a **limited period** of time, subject to the terms and conditions set forth below.

#### WHEN COVERAGE BEGINS

Temporary life insurance coverage under the Agreement becomes effective on the date this Agreement is signed, subject to **all** of the following conditions:

- a) An Application for Life Insurance with the Company ("Application") or a Request for Insurance Application with the Company ("Request") has been completed as of the same date this Agreement has been signed;
- b) The answers to the health questions below are "No"; **and**
- c) The Company receives the first full modal premium for the mode selected on the Application or the Request.

#### WHEN TEMPORARY INSURANCE COVERAGE TERMINATES -- 90 DAY MAXIMUM

Temporary insurance under this Agreement will terminate on the **earliest** of:

1. **30** days from the effective date of this Agreement if a required and requested medical exam, lab test, application interview or medical report has not been received by the Company;
2. **90** days from the effective date of this Agreement;
3. The date the policy, as applied for, takes effect;
4. The date the Company offers a policy with a risk assessment other than Standard or a Preferred Class;
5. The date the Company mails a notice of termination of this Agreement to the Proposed Policyowner at the address set forth in the Application or Request.

If the Company terminates coverage, the collected premium will be refunded without interest.

#### WHO IS COVERED

This Agreement provides temporary insurance coverage only for the Primary Insured. The Primary Insured is the "Proposed Insured" named in the Request, the "Proposed Insured 1" named in the Application, or "Proposed Insured 1" and "Proposed Insured 2" named in Applications for survivorship life insurance coverage. **This Agreement does not provide insurance coverage for any other proposed insureds, including but not limited to, other proposed insureds under term insurance riders and child riders.**

#### AMOUNT OF LIFE INSURANCE COVERAGE --- \$1,000,000 MAXIMUM

If death of a covered Primary Insured occurs while this Agreement is in effect, the Company will pay a death benefit to the beneficiary designated in the Application or Request.

The death benefit shall be the **LESSER** of:

- a) The amount of death benefit indicated in the Application or Request, with respect to the deceased Primary Insured; or
- b) \$1,000,000.

#### LIMITATIONS AND CONDITIONS OF COVERAGE

1. If benefits are payable under this Agreement, then no benefit relating to that loss will be payable under the policy which is applied for.
2. **Material misrepresentations or fraud in the answers to the Health Questions set forth below or in the Application will invalidate this Agreement and the Company's liability will be limited to a refund of the premium payment.**
3. This Agreement does not cover any Primary Insured who is age 71 or over as of the effective date of this Agreement.

DETACH OWNER'S COPY AT TIME OF APPLICATION

**LIMITATIONS AND CONDITIONS OF COVERAGE (Continued)**

4. This Agreement provides temporary **life** insurance coverage in the event of the death of Primary Insured. It does not provide any coverage for other benefits which may be applied for, including but not limited to, waiver of premium or accidental death benefits or coverage.
5. There is no coverage under this Agreement if a Primary Insured dies by suicide. In that event, the Company's liability will be limited to a refund of the premium payment.
6. There is no coverage under this Agreement if the check or draft submitted as payment is not honored on the first presentation to the bank.
7. Only an officer of the Company can make, modify, or alter any of the provisions of this Agreement.

**HEALTH QUESTIONS**

Has the Primary Insured:

1. **Within the past 90 days, other than for pregnancy or childbirth, been admitted to or treated at a hospital or other medical facility, been advised to be admitted, or had surgery performed or recommended?**  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. **Within the past 2 years had or been treated for heart disease, chest pain, stroke, cancer, alcohol or drug use, immune system disorder or had such treatment recommended by a physician or medical practitioner?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE: If either Question #1 or Question #2 above is answered "Yes" or left blank, no coverage will take effect under this Temporary Insurance Agreement and any premium received will be refunded.**

**DECLARATIONS**

Each of the undersigned declares, understands and agrees that:

- The answers provided above are complete and true to the best of his/her knowledge and belief.
- If the answers to the Health Questions contained in this Agreement or the Application are incorrect, incomplete or untrue, the Company will have the right to deny benefits under this Agreement.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Proposed Primary Insured Signature

X \_\_\_\_\_ Date: \_\_\_\_\_  
Proposed Policy Owner Signature  
(if other than the Proposed Insured)

**RECEIPT OF PAYMENT**

A premium payment of \$ \_\_\_\_\_ has been submitted with the Application or Request. Additional premium may be required upon Policy delivery.

**All premium checks must be made payable to Hartford Life Insurance Company or Hartford Life and Annuity Insurance Company. Do not make check(s) payable to the Agent or leave the payee blank.**

X \_\_\_\_\_ Date: \_\_\_\_\_  
Agent Signature

DETACH OWNER'S COPY AT TIME OF APPLICATION