

Amendatory Rider



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

**200 Hopmeadow Street
Simsbury, Connecticut 06089
(A stock Insurance company)**

This rider is attached to a certificate given in connection with Policy Number GLT-875171, issued to CITY OF MARSHALLTOWN.

This rider becomes effective January 1, 2015.

The certificate is hereby amended in the following manner:

With respect to All Full-time Active Employees who are police or fire employees, Your certificate is amended as follows:

1. The **Initial Benefit Period** provision shown in the **Schedule of Insurance** section of the **Long Term Disability** portion of Your certificate is amended to read as follows:

Initial Benefit Period:

The first 30 month(s) of Disability

2. The **Disability or Disabled** definition shown in the **Definition** section of the **Long Term Disability** portion of Your certificate is amended to read as follows:

Disability or Disabled means You are prevented from performing one or more of the Essential Duties of:

- 1) Your Occupation during the Elimination Period;
- 2) Your Occupation, for the 2 year(s) following the Elimination Period, and as a result Your Current Monthly Earnings are less than 80% of Your Indexed Pre-disability Earnings; and
- 3) after that, Any Occupation.

If at the end of the Elimination Period, You are prevented from performing one or more of the Essential Duties of Your Occupation, but Your Current Monthly Earnings are equal to or greater than 80% of Your Pre-disability Earnings, Your Elimination Period will be extended for a total period of 12 months from the original date of Disability, or until such time as Your Current Monthly Earnings are less than 80% of Your Pre-disability Earnings, whichever occurs first. For the purposes of extending Your Elimination Period, Your Current Monthly Earnings will not include the pay You could have received for another job or a modified job if such job was offered to You by Your Employer, or another employer, and You refused the offer.

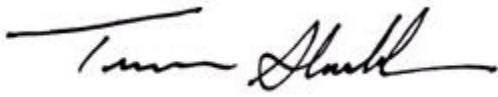
Your Disability must result from:

- 1) accidental bodily injury;
- 2) sickness;
- 3) Mental Illness;
- 4) Substance Abuse; or
- 5) pregnancy.

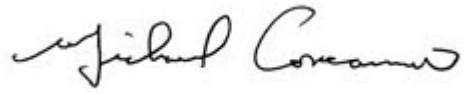
Your failure to pass a physical examination required to maintain a license to perform the duties of Your Occupation, alone, does not mean that You are Disabled.

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company

A handwritten signature in black ink, appearing to read "Terence Shields". The signature is fluid and cursive, with a long horizontal stroke at the end.

Terence Shields, Secretary

A handwritten signature in black ink, appearing to read "Michael Concannon". The signature is cursive and somewhat stylized, with a large "M" and "C".

Michael Concannon, Executive Vice President