

You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plans. Please make sure that you also name a contingent beneficiary – who would receive your benefit if your primary beneficiary dies first.

The completion of this Beneficiary Form will revoke any previous beneficiary designation(s), if any, for your group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group/employer.

Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each beneficiary. The listed percentages must add up to 100%. Please provide all of the information requested. If your beneficiary is not related either by blood or by marriage, insert the words, “Not Related” as their stated relationship. If you need assistance, contact your Company’s benefits administrator or your own legal advisor.

A beneficiary for employee Life Insurance may be changed at any time upon written request.

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA).

Sample wording for common beneficiary designations are shown below:

Example #1:

Jane Doe	Relationship: Spouse	Benefit Percentage: 100%
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Example #2:

Jane Doe	Relationship: Spouse	Benefit Percentage: 50%
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Susan Doe	Relationship: Daughter	Benefit Percentage: 25%
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John Doe	Relationship: Son	Benefit Percentage: 25%
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If additional space is required, write, “See attached”, on the beneficiary line on the beneficiary designation form and attach a separate sheet, listing all the required beneficiary information for each beneficiary listed. **This separate sheet should be signed by you (the Employee) and dated.**

The Hartford Insurance Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford’s legal notice at www.TheHartford.com. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). The Hartford also provides administrative and claim services for employer leave of absence programs and self-funded disability benefit plans. © 2025 The Hartford

BENEFICIARY DESIGNATION



Initial Beneficiary Designation(s) OR Change of all prior beneficiary designation(s) (check only one box). I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name:	Employee ID Number:	Social Security Number: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Employee Address:		Telephone Number: ()
Policyholder/Employer:		Policy Number:

NAMING YOUR GROUP LIFE BENEFICIARY

It is important that your beneficiary designation be clear so there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact your Company representative or your own legal counsel. Benefits payable for a Dependent's death are payable, where applicable, to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.

PRIMARY BENEFICIARY(IES)

Name: _____	Date of Birth: _____
Address: _____	Telephone Number: () _____
Social Security Number: _____	Relationship: _____ Benefit Percent: _____ %
Name: _____	Date of Birth: _____
Address: _____	Telephone Number: () _____
Social Security Number: _____	Relationship: _____ Benefit Percent: _____ %
Name: _____	Date of Birth: _____
Address: _____	Telephone Number: () _____
Social Security Number: _____	Relationship: _____ Benefit Percent: _____ %

CONTINGENT BENEFICIARY(IES)

Name: _____	Date of Birth: _____
Address: _____	Telephone Number: () _____
Social Security Number: _____	Relationship: _____ Benefit Percent: _____ %
Name: _____	Date of Birth: _____
Address: _____	Telephone Number: () _____
Social Security Number: _____	Relationship: _____ Benefit Percent: _____ %

Disclaimer: Community property rights does not apply to benefits provided under an employee welfare benefit plan governed by ERISA.
Spousal Consent For Community Property States Only: If you live in a jurisdiction that recognizes a spouse's community property right or election, your spouse may have a community property interest in the benefit, unless waived. By signing below, your spouse waives his or her rights to any community property interest in the benefit. The community property states are: Arizona, California, Guam, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, Wisconsin and certain tribal jurisdictions.

Spousal Consent: This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) above as beneficiaries of group life and/or accidental death insurance issued by The Hartford under the above policy and waive any rights I may have to the proceeds of such insurance. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse: _____ **Date:** _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee: _____ **Date:** _____

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA)