## WAIVER AND RELEASE Employer Paid, Group Term Life Insurance

l,	, understand that I am eligible to be insured aid group life insurance plan sponsored by my
emplover	and provided under Group Policy
No.(s) , iss	, and provided under Group Policy sued by Hartford Life Insurance Company m life insurance coverage in excess of \$50,000.
("Hartford"), for an amount of group ter	m life insurance coverage in excess of \$50,000.
However, in consideration of the Federa	al Income Tax requirement that the cost of such
• •	of \$50,000 will constitute taxable income to me, I,
	eficiaries, executors, administrators, successors,
	y right to such employer-paid group term life thermore, I expressly direct Hartford and my
	e in effect any employer-paid group term life
insurance on my life in excess of \$50,00	
•	
	d hold harmless, Hartford, its parent, subsidiary,
	ective officers, directors, employees, agents, and
	all liability to me or to my heirs, beneficiaries,
	assigns and estate, with respect to this waiver of m life insurance on my life in excess of \$50,000
for which I am otherwise eligible under s	
	e my mind, the amounts of employer-paid, group
	waiving will not be restored later except upon
submission of evidence of good health a	acceptable to Hartford Life.
	(Signature)
	(Date)
State of	
County of	
<del>-</del>	
Then and there personally appeared bef	
being known to me, or satisfactorily pro	oven to be the person who executed the above
being known to me, or satisfactorily proinstrument, stated that the same was si	
being known to me, or satisfactorily pro	oven to be the person who executed the above
being known to me, or satisfactorily proinstrument, stated that the same was si for his/her free act and deed before me.	oven to be the person who executed the above gned for the purposes therein contained, as and
being known to me, or satisfactorily proinstrument, stated that the same was si for his/her free act and deed before me.	oven to be the person who executed the above