

Hartford Administration
6110 Parkland Blvd
Cleveland, OH 44124-9714
Attn: FOP



<John Q. SampleSampleSampleSampleSamp, Jr.>

Address 2

Address 1

City, State, Zip



Charles Caputo
President
New York State Fraternal Order of Police
911 Police Plaza
Hicksville, NY 11801



October 1, 2010

Dear Valued Member,

You know how important taking care of your responsibilities is. Your service as a member of the Fraternal Order of Police makes that very clear. Now we'd like to give you the opportunity to take better care of one of the most important responsibilities you have — your family.

The **Fraternal Order of Police Life Insurance Plan** can help you give your family the financial security they deserve. **Right now, you can apply for up to \$250,000* of group term life insurance coverage.** Members age 70 and over can apply for up to \$125,000* in coverage.

Taking care of such important responsibilities shouldn't have to be expensive and it shouldn't be complicated, either. We believe you'll find this protection is affordable and we've made applying convenient, too.

With the Fraternal Order of Police Life Insurance Plan, members under age 70 are **guaranteed acceptance for coverage up to \$100,000*** (\$50,000* age 70 and over) by completing the enclosed enrollment form and returning it in the postage-paid envelope. There's **NO MEDICAL EXAM** required. If the amount of coverage you are electing exceeds the guaranteed issue amount, you will receive a personal health application in the mail.

Please read the enclosed coverage summary for more information (including costs, exclusions, limitations, reduction in benefits and terms of coverage). The program is underwritten by Hartford Life Insurance Company, Simsbury, CT 06089. If you have questions, please call Customer Service toll-free at 1-888-532-7299.

There are so many great reasons to take advantage of this exclusive opportunity and take care of your greatest responsibility — your family. Apply today!

Sincerely,

A handwritten signature in black ink that reads "Charles J. Caputo".

Charles Caputo
President
New York State Fraternal Order of Police

*Your term life insurance amount will automatically reduce on the premium due date on or next following the attainment of age 70 to 50% of your amount in effect prior to the attainment of age 70.

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life Insurance Company.

Rick Maher - Licensed in all applicable jurisdictions

3FOP-0

Policy Form # GBD-1000 A (AGL-1915)

Group Life Insurance Enrollment Form

FRATERNAL ORDER OF POLICE

STATE OF NEW YORK/EMPIRE STATE LODGE

TRUSTED
200
YEARS



THE HARTFORD

200 Hopmeadow Street,
Simsbury, CT 06089

Name: <First Name> <MI> <Last Name>	Lodge Number: <Lodge>	
Address: <Address> <Address>		
Telephone #: (____) _____	Date of birth: ____/____/____	Policy Number: AGL-1915

Instructions (Please enter all required information clearly so that there will be no question as to your meaning.)

Step 1: Please check your coverage elections and details. *You may only elect - and will be covered for - levels of coverage included in the contract with the Fraternal Order of Police State of New York/Empire State Lodge.*

Step 2: Please sign, date and return this form in the self-addressed postage paid envelope provided.
For the guaranteed issue coverage, the postmark must be no later than November 30, 2010.

Mail to: Hartford Administration, 6110 Parkland Boulevard, Cleveland, OH 44124.

Term Life Insurance

You can purchase Life Insurance in increments of \$25,000. If you are under age 70*, the maximum amount you can purchase cannot be more than \$250,000. Eligible members under age 70* may enroll up to the guaranteed issue amount of \$100,000. If you elect an amount that exceeds the guaranteed issue amount, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

If you are age 70 or over, the maximum amount you can purchase cannot be more than \$125,000 and the guaranteed issue maximum is \$50,000.

Please <input checked="" type="checkbox"/> your election below I Elect Life coverage in the total amount of and My Benefit will be:	
<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$150,000 **
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$175,000 **
<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$200,000 **
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$225,000 **
<input type="checkbox"/> \$125,000 **	<input type="checkbox"/> \$250,000 **

* Your term life insurance amount will automatically reduce on the premium due date on or next following the attainment of age 70 to 50% of your amount in effect prior to the attainment of age 70.

** If the amount of coverage you are electing exceeds the guaranteed issue amount (\$100,000 for under age 70 and \$50,000 for ages 70 and over), you will be receiving a personal health application in the mail beginning in early November.

PA-9421 (AGL-1915)



<code>

OVER PLEASE ►

Fraternal Order of Police
State of New York/Empire State Lodge
Policy Form Nos. Form GBD-1000 A (10/08) (NY) (Rev)
And Form GBD-1100 (10/08) (NY)

Underwritten by Hartford Life Insurance Company. The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies: Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

Notification

I acknowledge that I have been given the opportunity to enroll in the life insurance coverage described in the Benefit Highlight Sheets and offered through the Fraternal Order of Police State of New York/Empire State Lodge.

I understand and agree that if I decline coverage now, but later decide to enroll, I will be required to provide evidence of insurability that is satisfactory to The Hartford and be approved for such coverage before it becomes effective and that my request for coverage may be denied by The Hartford.

I understand and agree that insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to the policyholder can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance coverage. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.

Receipt of accelerated death benefits may affect eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children and Supplemental Security Income.

The Hartford reserves the right to change the plan design, rates, benefit amounts, underwriting requirements and other elements of the insurance prior to issuing coverage, unless at least 20% of the members eligible for coverage are enrolled during the initial open enrollment period. If we exercise this right, you have the option to decline the insurance.

You will become covered under The Policy on the Certificate Effective Date shown in the Schedule based on payment of the required premium. However, if on the date I am to become covered under The Policy, I am not "Actively-at-work"; if employed; or unable to carry on all normal and customary activities of a person of like age and gender, in good health, if not employed; then the effective date of my coverage is deferred until: if employed, the first day of the month on or next following the date I have been actively at work for 90 consecutive days; or if not employed, the first day of the month on or next following the date I have been able, for 90 consecutive days, to carry on all the normal and customary activities of a person of like age and gender, in good health.

Actively-at-Work means you are performing all the regular duties of your occupation at your customary place of employment or in the usual way.

Signed _____ Date _____

Please check "Yes" or "No"

By applying for this insurance, do you intend to replace, discontinue, or change an existing policy of life insurance?

Yes No

BENEFICIARY DESIGNATION: Print Full Name and Relationship

Name (Primary): _____ Relationship: _____

Name (Contingent): _____ Relationship: _____

Choose payment method (check one payment option, please):

Option #1

Automatic Bank Withdrawal (monthly)

Enclose a check for 1st month's payment of: _____ Please make check payable to "The Hartford". By including this check with your Enrollment Form and selecting this option, the plan administrator will debit future monthly payments automatically from this checking account.

In selecting coverage indicated above, I also authorize the plan administrator to make monthly charges/withdrawals against the account I have indicated for my premium. This authorization is to remain in effect until we receive written notification of termination. Any premium refund will be made 60 days after the debit.

_____/_____/_____
Authorized Signature as Shown on Account Date Joint Account or Other Authorized Signature Date

Option #2

Quarterly billing by mail (Bill me later - 4 times a year)

Option #3

Annual payment with enrollment form



HARTFORD LIFE INSURANCE COMPANY
200 Hopmeadow Street, Simsbury, CT 06089

6FOP-0
Fraternal Order of Police
State of New York/Empire State Lodge
Policy Form Nos. Form GBD-1000 A (10/08) (NY) (Rev)
And Form GBD-1100 (10/08) (NY)

COVERAGE SUMMARY



NEW FRATERNAL ORDER OF POLICE TERM LIFE INSURANCE
AT SPECIALLY NEGOTIATED GROUP RATES
COVERAGE AMOUNTS: MINIMUM OF \$25,000* TO
A MAXIMUM OF \$250,000* IN \$25,000 INCREMENTS

Protection Your Family Can Depend On.

You can purchase Life Insurance in increments of \$25,000*. If you are under age 70, the maximum amount you can purchase cannot be more than \$250,000. Eligible members under age 70* may enroll up to the guaranteed issue amount of \$100,000. If you elect an amount that exceeds the guaranteed issue amount you will need to provide evidence of insurability that is satisfactory to The Hartford¹ before the excess can become effective.

If you are age 70 or over, the maximum amount you can purchase cannot be more than \$125,000 and the guaranteed issue maximum is \$50,000.

Fraternal Order of Police Members who reside in the U.S. are immediately eligible to apply for this life insurance benefit.

Fraternal Order of Police is pleased to present this Member benefit. It comes to you at a time when protecting your family may be as important as ever. Now your Membership gives you the opportunity to apply for the life insurance protection you may need at special terms NOT AVAILABLE TO THE GENERAL PUBLIC.

An Eligible Member must be either performing all the regular duties of his or her occupation basis at his or her customary place of employment or in the usual way in the 90 day period immediately prior to the date of the enrollment. If not employed, able to perform the activities of a Member of like age and sex in good health in the 90 day period immediately prior to the date of the enrollment.

Fraternal Order of Police Members, are eligible for group rates.

As a rule, group rates are typically lower than those you can get on your own. After all, there's buying power in numbers! As you'll see in the rate chart, the buying power of our members results in such affordable rates.

*Your term life insurance amount will automatically reduce on the premium due date on or next following the attainment of age 70 to 50% of your amount in effect prior to the attainment of age 70. If the amount of coverage you are electing exceeds the guaranteed issue amount (\$100,000 for under age 70 and \$50,000 for ages 70 and over), you will be receiving a personal health application in the mail.

Termination of coverage

As long as you remain a Member in good standing, make your premium payments as agreed, and the Master Policy is in force, your protection can not be canceled by the insurer.

Effective Date of Coverage.

You will become covered under The Policy on the Certificate Effective Date shown in the Schedule based on payment of the required premium. However, if on the date I am to become covered under The Policy, I am not "Actively-at-work", if employed; or unable to carry on all normal and customary activities of a person of like age and gender, in good health, if not employed; then the effective date of my coverage is deferred until: if employed, the first day of the month on or next following the date I have been actively at work for 90 consecutive days; or if not employed, the first day of the month on or next following the date I have been able, for 90 consecutive days, to carry on all the normal and customary activities of a person of like age and gender, in good health.

Reduction in Amount of Coverage Due to Age:

Your total Amount of Life Insurance will be reduced by 50% on the Premium Due Date on or next following the date you attain age 70.

Living Benefit Option

If you are diagnosed with a Terminal Illness, Fraternal Order of Police Term Life Insurance gives you a vital financial option. You have the right to take up to 80% of your Policy's face amount. And as an added benefit your premiums are waived if you are diagnosed with a Terminal Illness. For the medically underwritten plan terminal illness is defined as being diagnosed with a life expectancy of 12 months or less. This benefit may be taxable. Please consult your tax advisor.

This insert explains the general purpose of the insurance described, but in no way changes or affects the Policy as actually issued. In the event of a discrepancy between this insert and the Policy, the terms of the Policy apply. All benefits are subject to the terms and conditions of the Policy. Policies underwritten by Hartford Life Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the Policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may not be available to residents of all states.

SATISFACTION GUARANTEED.

Examine your Certificate for 30 days with NO OBLIGATION!

Upon acceptance, you'll receive your Certificate of Insurance. Examine your Certificate. To begin your protection, simply send in your first premium.

Even after you pay your first premium, you still have 30 days from the Effective Date to return the Certificate for a full refund.

All causes of death are covered under the life insurance policy except one.

You're covered for illness, injury, accidents or any other cause of death. The only exception is suicide which is not covered during the first two years of the coverage. In such cases, benefits will be limited to a return of premiums paid without interest.

MONTHLY COST

BENEFIT AMOUNT

Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
Under Age 30	\$ 2.08	\$ 4.15	\$ 6.23	\$ 8.30	\$ 10.38	\$ 12.45	\$ 14.53	\$ 16.60	\$ 18.68	\$ 20.75
Age 30-39	\$ 2.78	\$ 5.55	\$ 8.33	\$ 11.10	\$ 13.88	\$ 16.65	\$ 19.43	\$ 22.20	\$ 24.98	\$ 27.75
Age 40-49	\$ 6.73	\$ 13.45	\$ 20.18	\$ 26.90	\$ 33.63	\$ 40.35	\$ 47.08	\$ 53.80	\$ 60.53	\$ 67.25
Age 50-59	\$ 18.50	\$ 37.00	\$ 55.50	\$ 74.00	\$ 92.50	\$ 111.00	\$ 129.50	\$ 148.00	\$ 166.50	\$ 185.00
Age 60-69	\$ 39.33	\$ 78.65	\$ 117.98	\$ 157.30	\$ 196.63	\$ 235.95	\$ 275.28	\$ 314.60	\$ 353.93	\$ 393.25
Age 70-74	\$ 100.28	\$ 200.55	\$ 300.83	\$ 401.10	\$ 501.38	Not Available				
Age 75-79	\$ 170.00	\$ 340.00	\$ 510.00	\$ 680.00	\$ 850.00					
Age 80-84	\$ 297.38	\$ 594.75	\$ 892.13	\$ 1,189.50	\$ 1,486.88					
Age 85-89	\$ 540.50	\$ 1,081.00	\$ 1,621.50	\$ 2,162.00	\$ 2,702.50					
Age 90-94	\$ 959.48	\$ 1,918.95	\$ 2,878.43	\$ 3,837.90	\$ 4,797.38					
Age 95+	\$ 2,199.90	\$ 4,399.80	\$ 6,599.70	\$ 8,799.60	\$ 10,999.50					

Your term life insurance amount will automatically reduce on the premium due date on or next following the attainment of age 70 to 50% of your amount in effect prior to the attainment of age 70. If the amount of coverage you are electing exceeds the guaranteed issue amount (\$100,000 for under age 70 and \$50,000 for ages 70 and over), you will be receiving a personal health application in the mail. Rates and/or benefits may be changed on a class basis.

Rates are based on the attained age of the Insured person and increase as you enter each new age category.

RESPOND TODAY . . . HERE'S HOW:

1. Complete, date, sign and return your enrollment form within the 60 day open enrollment period or 60 days within becoming a new member.
2. Return your completed enrollment form today. Use the pre-paid envelope or fax the enrollment form to 440-646-9339.



Underwritten by:
Hartford Life Insurance Company
Simsbury, CT 06089

ADMINISTRATIVE OFFICES: Hartford Administration, 6110 Parkland Blvd., Cleveland, OH 44124-4187

¹The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing company Hartford Life and Insurance Company.

ANY QUESTIONS? Call Toll-FREE 1-888-532-7299

9:00 a.m. to 5:00 p.m. Monday-Friday, Eastern Time



Member
QUICK REVIEW
 of Monthly Expenses

Take a moment to review the monthly expenses your family would be responsible for if you were no longer there to support them. Would they have enough to pay for these basic expenses? The Fraternal Order of Police Term Life Insurance can help protect them and provide your family with peace of mind.

MONTHLY EXPENSES	AMOUNT
Mortgage or Rent	\$
Car	\$
Utilities	
• Heat	\$
• Electric	\$
• Phone	\$
• Water/Sewage	\$
• Cable Television	\$
Groceries	\$
Clothing	\$
Credit Card/Loans	\$
Insurance	
• Health	\$
• Life	\$
• Car	\$
TOTAL	\$

Now consider how this coverage could help.

This quick review is not intended to serve as financial advice. Individuals financial needs may vary. Please consult your financial advisor for more information.

Moving Forward with The Hartford¹

Our customers have counted on us since 1810. We help enable them to protect what they have today and put in place what they will need tomorrow.

The Hartford was named one of the World's Most Ethical Companies in 2008, 2009 and 2010². This recognition is another reason why The Hartford has been Trusted 200 Years.



¹The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life Insurance Company.

²Ethisphere Institute

Information below pertains to coverage selected that exceeds the guaranteed issue amount of \$100,000 for members under age 70 (\$50,000 for age 70 and over)

Acceptance into this plan and premium rate is subject to medical evidence of insurability as determined by The Hartford¹ and underwriting guidelines. As part of the evidence of insurability process, a medical examination, medical test(s), or other evidence of good health may be required. Any exams/tests requested by the company will be conducted at no expense to you.

NOTICE OF INSURANCE INFORMATION PRACTICES

To properly underwrite and administer your application for insurance coverage, we must collect certain information concerning your insurability. You are our most important source of information, but we may also contact other sources such as medical professionals and institutions, employers and other insurance companies. While all information regarding your insurability will be treated as confidential, in some situations, and in compliance with applicable law, we may disclose necessary items of information to third parties without your specific authorization.

INVESTIGATIVE CONSUMER REPORTS – NOT APPLICABLE TO RESIDENTS OF NEW YORK

As part of our procedure for processing your application, an investigative consumer report may be prepared by an outside insurance reporting organization. Personal information may be collected from others regarding your general reputation and lifestyle. If an interview is conducted with someone other than you, we will inform you of your right to be interviewed in connection with the preparation of the investigative consumer report. You have the right to send a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

PERSONAL HISTORY INTERVIEW

To provide you, our client, with the best possible service, we may also conduct what we call a personal history interview. This is a phone call placed from our underwriting office. Its purpose is to make sure that the application information is complete. Our interviewers are trained to conduct their calls in a friendly, professional manner. The nature of the information discussed is always treated as personal and confidential and will only be used to assess your eligibility for insurance.

MEDICAL INFORMATION BUREAU (MIB) PRE-NOTICE

Information regarding your insurability will be treated as confidential. Hartford Life Insurance Company or Hartford Life and Accident Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company, with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Hartford Life Insurance Company, Hartford Life and Accident Insurance Company, or their reinsurers, may also release information from their files to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at HYPERLINK "<http://www.mib.com>" www.mib.com.

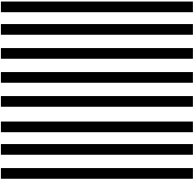
ACCESS, CORRECTION AND DISCLOSURE

You can obtain access to personal information about you contained in our policy files by sending us a written request. You may also request any necessary corrections, amendments or deletion of any information in our files which you believe to be inaccurate or irrelevant. Hartford Life Insurance Company or Hartford Life and Accident Insurance Company or its reinsurer(s) may release information in their files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Also, please be advised that personal and confidential information collected by us may, in certain circumstances, be disclosed to third parties without authorization. A notice providing further description of the circumstances under which information about you may be disclosed and the types of persons and organizations to whom it may be disclosed will be sent to you upon your written request. If you desire further information or access to your personal information, please send your written request to: Hartford Life Insurance Company or Hartford Life and Accident Insurance Company, 200 Hopmeadow St., Simsbury, CT 06089.

**EXPEDITED
PROCESSING REQUESTED**



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 4647 CLEVELAND, OH

POSTAGE WILL BE PAID BY ADDRESSEE

HARTFORD ADMINISTRATION
6110 PARKLAND BLVD
CLEVELAND, OH 44124-9714



REMEMBER TO:

- Fill in all requested information
- Sign and date Enrollment Form