HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza Hartford, CT 06155 (A stock insurance company)



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

Group Retiree Health Insurance – GRIP (The Hartford's Group Retiree Insurance Plan®) Enrollment Form
For Initial Enrollment and Subsequent Changes

Policyholder:	Policy Number(s): AGP-				
Please print clearly in ink or type					
Retiree's Name:First Street:	Middle			Last	
City, State, Zip:			care #		
hone Number: Email Address:					
Gender	Date of Birth	Socia	al Security#		
Date of Retirement If no, when do you intend to enro					
Spouse's Name (Only if enrolling					
	First Date of Birth	st Mi Social Se	ddle curity #		
Has your spouse enrolled in Med	care Part B? ☐ Yes ☐] No			
If no, when does he/she intend to enroll?					
To the best of your knowledge: Do you or your spouse, if enrollin Retiree Yes No Spo		insurance includi	ng an employer h	ealth plan?	
If so, please provide the information requested below:					
Covered Person Company N	ame Policy Number	Kind of Policy	Effective Date	Expiration Date	
2. If the answer to question 1 is yes, do you or your spouse, if enrolling intend to replace these medical or health policies with this policy or certificate? Retiree ☐ Yes ☐ No Spouse ☐ Yes ☐ No					
If yes, for what reason are you (or your spouse, if enrolling) replacing the coverage?					
☐ Additional Benefits☐ Fewer benefits and lower☐ Integration with Medicare			penefits, but lowe specify)		
3. Are you covered by Medicaid Retiree ☐ Yes ☐ No Spo					

Check Desired Coverage:					
	Plan 1				
Retiree					
Spouse					

Complete this form answering all questions. Please be sure to date and sign the form and return to:

Bay Bridge Administrators LLC PO BOX 161690 AUSTIN, TX 78716

Email: <u>underwriting@bbadmin.com</u> Fax: (512) 275-9352

Confirmation

I acknowledge that I have been given the opportunity to enroll in the insurance offered by the Policyholder. I understand and agree that if I decline insurance now, I may not be able to enroll in the future.

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. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.

Fraud Notice(s)

For Residents of Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Louisiana:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Maryland:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New York:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Virginia:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Retiree Signature:	
Spouse Signature:	 (if enrolling)
	<u> </u>