



AMENDATORY RIDER

This Rider forms a part of all certificates given in connection with Policy Number 024152, issued to VALDOSTA STATE UNIVERSITY.

This Rider becomes effective January 1, 2009.

All certificates are hereby amended in the following manner:

With respect to All Full-time Active Employees, Your certificate is amended as follows:

1. The **Enrollment** provision shown in the **Eligibility and Enrollment** section of the **Long Term Disability** portion of Your certificate is amended to read as follows:

Enrollment: *How do I enroll for coverage?*

To enroll for coverage you must:

- 1) complete and sign a group insurance enrollment form;
and
- 2) deliver it to Your Employer.

If You do not enroll within 30 days after becoming eligible under The Policy, or if You were eligible to enroll under the Prior Policy and did not do so, and later choose to enroll, You must give Us Evidence of Insurability satisfactory to Us.

2. The **Effective Date** provision shown in the **Period of Coverage** section of the **Long Term Disability** portion of Your certificate is amended to read as follows:

Effective Date: *When does my coverage start?*

Your coverage will start on the earliest of:

- 1) the date You become eligible, if You enroll or have enrolled by then; or
- 2) the date on which You enroll, if You do so within 30 days after the date You are eligible; or
- 3) the date We approve Your Evidence of Insurability, for benefit amounts requiring Evidence of Insurability.

In all other respects, the certificates remain the same.

Signed for Hartford Life and Accident Insurance Company.

Richard G. Costello, Secretary

John C. Walters, President