

Office of the Administrator
P.O. Box 14464
Des Moines, IA 50306-8993



Dear FRA Member,

THIS MEMBER BENEFIT OPPORTUNITY, TRICARE SELECT SUPPLEMENT INSURANCE PLAN (MILICAREPLUS), IS RESERVED FOR SHIPMATES IN GOOD STANDING

UNITED WE STAND...

... All the stops have been pulled out, the combined buying power of thousands of Shipmates has been leveraged and a star-spangled membership benefit opportunity has been negotiated. So please act on this today.

Here's the Information You Requested!

FRA takes care of its own ... and now, here's a **star-spangled opportunity** with affordable rates for FRA members.

You get in on expanded options, an **exclusive member GROUP rate**, and valuable benefits. (I'll explain what has been negotiated for you later.)

Right now, I'm asking you to **complete the enclosed Enrollment Form ASAP**.

Here's what this is all about:

After months of tough negotiations, we got you GROUP RATES for...

...the FRA-endorsed MilicarePLUS TRICARE Select Supplement Insurance Plans for Retirees and Active Duty Families.

Hold on ... I know you may have a TRICARE supplement. But this is different—we feel **MilicarePLUS** beats other plans hands down.

And it gets better ... now your acceptance is GUARANTEED²! You can't be turned down for any reason (subject to the Pre-Existing Conditions Limitation).

In addition, you qualify for members-only rates with MilicarePLUS ... coverage starting at 82 cents a day, if you're retired. (Or, if you're on active duty assignment, starting at 46 cents a day for your spouse ... your children also qualify.)

Please note: You'd be hard-pressed to find a comparable TRICARE Select Supplement with rates as affordable as the ones I offer you here today.

The MilicarePLUS TRICARE Select Supplement Plans are yours for the asking. Where else can you find GUARANTEED ACCEPTANCE² supplement health care insurance?

You decide between three desirable plans:

- **The MilicarePLUS Basic Plan**—Your ACCEPTANCE IS GUARANTEED². The Basic Plan pays basic benefits ... **100%** of the allowed amount TRICARE Select leaves you to pay after you pay the TRICARE Select deductible and MilicarePLUS deductible (\$300 per person, \$600 for families; for active duty it's \$250 per person, \$500 for families). It's your best bet if your doctor accepts the TRICARE assignment.
- **The MilicarePLUS Choice Plan**—You're GUARANTEED acceptance² in the Choice Plan. Here's how it works: The Choice Plan pays your TRICARE Select copayment once you pay the TRICARE Select deductible and MilicarePLUS deductible. Then, if your covered medical bills are more than what TRICARE Select allows also known as excess charges, the Choice Plan picks up 100% of these covered costs (also known as excess charges).
- **The MilicarePLUS Select Plan**—You're GUARANTEED acceptance² in the Select Plan. Here's the FRA-endorsed option that offers the highest coverage. It takes over once TRICARE makes its payment, and you have paid your TRICARE deductible. Plus, you won't need to satisfy a plan deductible with MilicarePLUS Select.

And here's the kicker ...

MilicarePLUS helps pay more of your medical bills!

The MilicarePLUS Select and Choice Plans pay the difference between your eligible medical bills and what TRICARE pays for those bills. Once TRICARE makes its payment, the MilicarePLUS Select and Choice Plans take over.

Let me run that by you again.

The Choice and Select Plans help pay 100% of the difference! This is a valuable feature. Remember, doctors and medical providers are prohibited from charging you more than 115% of the amount TRICARE allows. Therefore, MilicarePLUS Choice and Select Plans pay up to this amount.

MilicarePLUS can help pay your family's covered medical expenses—doctor visits, lab tests, prescription drugs, outpatient treatments and Hospital stays.

Remember, you're GUARANTEED acceptance² in the MilicarePLUS Select, Choice and Basic Plans (subject to the Pre-Existing Conditions Limitation).

But regardless of the option you select, **you're entitled to four-star service.**

For instance, your **MilicarePLUS claims are typically paid in 10 days or less.** And you have instant access to MilicarePLUS Benefit Consultants by calling **TOLL FREE 1-800-424-1120.** (Our hearing-impaired or voice-impaired members may call the Relay Line at 1-800-855-2881.)

And there's more.

FRA-endorsed MilicarePLUS helps take care of your family. The FRA Surviving Spouses' and Dependents' benefit can pay your family's MilicarePLUS premiums if you die.

The Survivor Continuation Benefit pays 100% of your family's MilicarePLUS premiums for 10 years or until age 65, whichever is earlier. *(We ask only that you and your family first be continuously protected for five years and stay eligible.)*

And if you're on active duty assignment, your acceptance is guaranteed² in any of the MilicarePLUS Retired TRICARE Supplement Plans.

FRA-ENDORSED INSURANCE PROGRAMS WATCH OUT FOR YOU!

We jump right in the middle of things when your benefits ... especially TRICARE ... are threatened on Capitol Hill. *(I'm sure you've heard about FRA's top-notch lobbying.)*

FRA's Headquarters also works closely with the insurance company behind MilicarePLUS, The Hartford¹.

And **we've got economical GROUP rates locked in for you.**

Take my word for it, the **ECONOMICAL RATES are reserved only for Shipmates in good standing.** But I can't promise them forever.

So please complete the enclosed Enrollment Form ASAP. Don't send money now. I just need you to report in to Headquarters.

If you don't answer this Roll Call, you could forfeit your guaranteed acceptance², economical rates and expanded plan options.

There's no obligation.

MilicarePLUS gives you a **30 day, NO-HASSLE GUARANTEE.** Take up to a full month to decide if MilicarePLUS is for you. If it's not, just return your Certificate within the first year ... we'll refund all your premiums less any claims you've been paid.

It's taken a lot of doing to get MilicarePLUS options at economical rates.

ITC648L-FRA

This star-spangled benefit opportunity is reserved for FRA members ... so **please act today**.

Sincerely,



Anthony A. Baldus, Principal
Mercer Health & Benefits Administration LLC
FRA-endorsed Insurance Programs Administrator
License #8704140

P.S. **It's done!** You're guaranteed acceptance² and you NOW qualify for **economical** GROUP rates. But you must act today!

Please read the enclosed material for important information (including costs, exclusions, limitations and terms of coverage) for your FRA-endorsed coverage.

¹Policies are underwritten by Hartford Life and Accident Insurance Company, Home Office Hartford, CT, and Talcott Resolution Life Insurance Company, Home Office Windsor, CT, (formerly known as Hartford Life Insurance Company). Hartford Life and Accident Insurance Company acts as the administrator for Talcott Resolution Life Insurance Company. The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including Hartford Life and Accident Insurance Company.

²This policy is guaranteed acceptance, but it does contain a Pre-Existing Conditions Limitation. Please refer to the enclosed brochure for more information on exclusions and limitations, such as Pre-Existing Conditions.

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TRICARE Form Series includes SRP-1269, or state equivalent.

ITC648L-FRA

TRICARE Select Supplement Insurance Plan (MilicarePLUS) Enrollment Form For FRA Member Named Below Only

To Enroll:

Send this completed form to:

ADMINISTRATOR

FRA-endorsed Insurance Programs
P.O. Box 14464
Des Moines, IA 50306-8993

QUESTIONS?

Call: 1-800-424-1120
E-Mail: fra.service@mercerc.com



Name: _____
Last First MI
Add 1: _____
Add 2: _____
City, St., Zip: _____



**THE
HARTFORD**

Underwritten by:

Hartford Life and Accident Insurance Company,
Hartford, CT and Talcott Resolution Life
Insurance Company (formerly Hartford Life
Insurance Company), Windsor, CT.

As a Shipmate in good standing, I'm answering this Roll Call and requesting MilicarePLUS TRICARE Select Supplement coverage.

1. COMPLETE PERSONAL INFORMATION.

Social Security Number _____ E-Mail Address _____

Initial Service Entry Date _____ Date of Birth _____
(Mo./Day/Yr.) (Mo./Day/Yr.)

(For administrator use: 09830 if date is prior to 1/1/2018, otherwise 09840. All TRICARE Young Adult coverage will be 09840.)

Home Phone # (_____) _____ Sex: M F
Work Phone # (_____) _____ Membership # _____

2. SELECT COVERAGE.

MilicarePLUS Basic Plan

Retired

- Member (CNT1)
- Spouse (CNT5)
- Each Child (under age 21 [23 if a full-time student]) (CNT7)
(age 21-25 [if enrolled in TRICARE Young Adult]) (09840-CCN7)

MilicarePLUS Choice Plan

Retired

- Member (CDT1)
- Spouse (CDT5)
- Each Child (under age 21 [23 if a full-time student]) (CDT7)
(age 21-25 [if enrolled in TRICARE Young Adult]) (09840-CCD7)

MilicarePLUS Select Plan

Retired

- Member (C3X1)
- Spouse (C3X5)
- Each Child (under age 21 [23 if a full-time student]) (C3X7)
(age 21-25 [if enrolled in TRICARE Young Adult]) (09840-CC37)

Active Duty

- Spouse (ANT5)
- Each Child (under age 21 [23 if a full-time student]) (ANT7)
age 21-25 [if enrolled in TRICARE Young Adult]) (09840-ACN7)

Active Duty

- Spouse (ADT5)
- Each Child (under age 21 [23 if a full-time student]) (ADT7)
(age 21-25 [if enrolled in TRICARE Young Adult]) (09840-ACD7)

Active Duty

- Spouse (A3X5)
- Each Child (under age 21 [23 if a full-time student]) (A3X7)
age 21-25 [if enrolled in TRICARE Young Adult]) (09840-AC37)

Names of Family Members Enrolling	Date of Birth
	Mo./Day/Yr.
Spouse _____	/ /
Children _____	/ /
_____	/ /
_____	/ /

3. SIGN AND DATE.

AUTHORIZATION

I hereby certify that the above statements are complete and true to the best of my knowledge. I understand that any Injury or Sickness, whether diagnosed or undiagnosed, for which any person proposed for coverage has received medical treatment or care within the 12 months immediately preceding their effective date will not be covered until that person has not received medical treatment or care for that condition during a period of 12 consecutive months ending on or after their effective date. However, if any TRICARE eligible person retiring from Active Duty requests such coverage within 63 days of the date he or she first becomes eligible for the coverage, we will credit the person with continuity of coverage from his or her dependents' prior effective date under the Active Duty Family Supplement. After 2 years (1 year if choosing the Select Plan or in North Carolina) from that person's effective date, he or she will become covered regardless of any Pre-Existing Conditions he or she may have. I further understand that new conditions will be covered immediately.

For residents of Arkansas: 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 Kentucky: any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance 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. For residents of New Jersey: any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. 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 substantial civil penalty where and to the extent allowed by state law. For residents of Ohio: any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. For residents of Pennsylvania: 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 subjects such person to criminal and civil penalties.

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.

Member's Signature X _____ **Date X** _____
(Mo./Day/Yr.)

Spouse's Signature X _____ **Date X** _____
(if enrolling) (Mo./Day/Yr.)

Policies are underwritten by Hartford Life and Accident Insurance Company, Home Office Hartford, CT, and Talcott Resolution Life Insurance Company, Home Office Windsor, CT, (formerly known as Hartford Life Insurance Company). Hartford Life and Accident Insurance Company acts as the administrator for Talcott Resolution Life Insurance Company. The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including Hartford Life and Accident Insurance Company.

TRICARE Form Series includes SRP-1269, or state equivalent.
 Master Policy # AGP-5191
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AUTOMATIC CHECK WITHDRAWAL REQUEST: By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below.

Routing #: _____ Account #: _____

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

Signature of Premium Payer _____ **Date** _____

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FRA-ENDORSED TRICARE SUPPLEMENT INSURANCE PLANS (MILICAREPLUS)

Star-Spangled Benefits Exclusively for Shipmates in Good Standing



- **ECONOMICAL GROUP RATES FOR YOUR ENTIRE FAMILY**
- **FRA-ENDORSED MILICAREPLUS CHOICE AND SELECT PLANS HELP PAY THE DIFFERENCE BETWEEN YOUR ACTUAL COVERED MEDICAL BILLS AND WHAT TRICARE SELECT PAYS**
- **THE SELECT PLAN HAS NO PLAN DEDUCTIBLE**
- **GUARANTEED ACCEPTANCE¹**
- **SURVIVING DEPENDENTS' BENEFIT**
- **30 day, NO-HASSLE GUARANTEE**

Answers to the most commonly asked questions about MilicarePLUS

Q. I know TRICARE Select pays only part of my medical bills. How will MilicarePLUS help?

A. First, the MilicarePLUS Select Plan pays your TRICARE Select copayment after you pay the TRICARE Deductible. The Choice Plan picks up your TRICARE Select copayment after you satisfy the TRICARE Deductible and MilicarePLUS deductible (\$250 per person; \$500 for families).

Then, if your covered medical bills are more than what TRICARE allows (also known as excess charges), the Choice and Select Plans pick up 100% of these covered costs. Please note that doctors and medical providers who do not accept assignment are prohibited from charging you more than 115% of the amount TRICARE allows. Therefore, MilicarePLUS Choice pays only up to this amount.

MilicarePLUS helps pay your family's covered medical expenses—doctor visits, lab tests, prescription drugs, outpatient treatments, Hospital stays, x-rays, physical therapy and more.

Q. My doctor accepts the TRICARE assignment. What plan makes sense for my family?

A. More than likely you need the MilicarePLUS Basic Plan. The Basic Plan pays 100% of the allowed amount TRICARE leaves you to pay for medical charges. This occurs after you pay your TRICARE Select and MilicarePLUS deductibles. And your **ACCEPTANCE IS GUARANTEED¹**.

Q. Can my family continue coverage if something happens to me?

A. Yes. MilicarePLUS will help take care of your family with the Surviving Spouses' and Dependents' Health Care Trust. The Trust pays **100%** of MilicarePLUS

premiums for your family for 10 years or until age 65 (whichever is earlier) if something happens to you. To qualify for this outstanding benefit, you and your family must remain eligible and have been protected by MilicarePLUS for five continuous years prior to your death.

Q. TRICARE Select includes an annual deductible. Does MilicarePLUS pay it?

A. No. In order to keep your rates affordable, you pay the TRICARE Select deductible.

Q. Will Pre-Existing Conditions be waived if I no longer have employer health insurance?

A. You qualify for MilicarePLUS with no waiting period for current health conditions if you sign up within 30 days after your employer-sponsored plan ends because you are no longer an eligible participant (for example, if you change jobs, move, or retire).

If you voluntarily end your employer plan while you are still an eligible participant, you are not eligible to have the Pre-Existing Conditions waived.

Q. I'm currently on active duty assignment. What happens when I retire?

A. When you retire, if you enroll within 63 days of the date your Active Duty coverage ends, and your family is currently covered under the MilicarePLUS Active Duty TRICARE Supplement, you may qualify to waive the waiting period for current health conditions under your MilicarePLUS Select, Choice or Basic plan.

Q. Will I need a physical to request coverage?

A. Of course not. Simply complete the information on the enclosed Roll Call Enrollment Form. And **you're guaranteed acceptance¹ for the MilicarePLUS Select, Choice and Basic Plans.** Then return it in the postage-paid envelope. **Please don't send money now.**

Q. Is there a guarantee with MilicarePLUS?

A. Yes. MilicarePLUS includes a 30-day, NO-HASSLE GUARANTEE. If you decide MilicarePLUS is not for you, just return your Certificate within one year of your effective date. We'll refund your money, less any claims paid. No questions asked.

¹This policy is guaranteed acceptance, but it does contain a Pre-Existing Conditions Limitation. Please refer to this brochure for more information on exclusions and limitations, such as Pre-Existing Conditions.

Q. Can I enroll my family?

A. Yes. You can enroll all or part of your family. Your spouse qualifies for coverage if he/she is not legally separated or divorced from you, unless you are required to provide coverage for such spouse by court decree. Your unmarried children can qualify for coverage up to age 21, or age 23 if full-time students, or 26 if covered under TRICARE Young Adult.

Q. When does my MilicarePlus protection begin?

A. Your MilicarePLUS protection begins on the first day of the month after your enrollment form and first premium are received, as long as you're a Shipmate in good standing. If on the date that you are to become covered under the Policy you are Confined to the Hospital, your coverage will be deferred until the first day after you are discharged.

Monthly Rates*

MilicarePLUS TRICARE Supplement Inpatient and Outpatient Plans						
Age	Retired Basic Plan		Retired Choice Plan		Retired Select Plan	
	Member	Spouse	Member	Spouse	Member	Spouse
Under 40	\$25.52	\$35.84	\$33.62	\$52.42	For All Ages	
40-49	\$32.19	\$45.19	\$41.07	\$66.12	\$209.40	\$222.12
50-54	\$37.34	\$46.06	\$52.50	\$69.52		
55-59	\$47.20	\$53.18	\$66.94	\$79.28		
60-64	\$60.41	\$57.01	\$84.33	\$85.54		
65 & over	\$90.46	\$79.64	\$128.18	\$119.93		
	Each child \$17.14		Each child \$23.97		Each child \$105.35	
	Active Duty Basic Plan Spouse \$14.24 Each Child \$11.03		Active Duty Choice Plan Spouse \$17.14 Each Child \$13.21		Active Duty Select Plan Spouse \$62.59 Each Child \$34.06	

* You'll be billed four times a year.

If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

You are eligible for coverage if you are a member or auxiliary member of Fleet Reserve Association. If you are over age 65, you must be ineligible for Medicare benefits.

Your MilicarePLUS rates will not increase unless rates increase for all in your classification. Rates are based on attained age and increase as you enter a new age bracket. Plan deductible is \$250/person or \$500/family for Choice Retired and \$300/person or \$600/family for Basic Retired. The Active Duty Plan Deductible is \$250/person or \$500/family for the Basic or Choice Plans. The Plan deductibles are on a calendar year to match the new TRICARE deductible accrual periods and to make claims tracking easier for you.

Qualified Hospital

To qualify for TRICARE Select, a Hospital must operate within the laws of the jurisdiction in which it is located and be engaged primarily in providing diagnostic and therapeutic facilities for surgical and medical diagnosis, treatment and care of Injured or Sick persons by or under the supervision of one or more staff physicians or surgeons, and continuously provide 24-hour nursing service by registered graduate nurses. Hospital does not include a nursing or convalescent home, a place for drug addiction or alcoholism, or a place for rest, custodial care, or care of the aged. Confined or Confinement means being an Inpatient in a Hospital (or Skilled Nursing Facility) due to Sickness or Injury.

Pre-Existing Condition Limitation

During the first two years of coverage (one year if choosing the Select Plan), losses incurred for Pre-Existing Conditions are not covered (unless you are treatment free for 12 months from the effective date). A Pre-Existing Condition means any Injury or Sickness including pregnancy; diagnosed or undiagnosed, for which you have received medical care within the 12-month period prior to your coverage effective date or the date of an increase in coverage. During that time, benefits for all other accidents or illnesses will be paid under the policy provisions. You are urged to consider this limitation before dropping any coverage you may have until the waiting period is over. If your dependents are currently insured under the Active Duty Supplement with FRA and you join the MilicarePLUS Retired Plan within 63 days of your discharge from active duty, we will credit you with continuity of coverage from your dependents' prior effective date.

Exclusions and Limitations

The Policy does not cover: Injury or Sickness resulting from war or act of war, whether war is declared or undeclared; intentionally self-inflicted Injury; suicide or attempted suicide, whether sane or insane (in Missouri, while sane); routine physical exams and immunizations, except when: a) rendered to a child up to 6 years from his or her birth; or b) ordered by a Uniformed Service: (1) for a Covered Spouse or Child of an Active Duty Member; (2) for such spouse or child's travel out of the United States due to the Member's assignment; domiciliary or custodial care; eye refractions and routine eye exams except when rendered to a child up to 6 years from his or her birth; eyeglasses and contact lenses; prosthetic devices, except those covered by TRICARE; cosmetic procedures, except those resulting from a covered Sickness or Injury; hearing aids; orthopedic footwear; care for the mentally incapacitated or physically handicapped if: a) the care is required because of the mental incapacitation or physical handicap; or b) the care is received by an Active Duty Member's child who is covered by the "Program for the Handicapped" under TRICARE; drugs which do not require a prescription, except insulin; dental care unless such care is covered by TRICARE, and then only to the extent that TRICARE covers such care; any Confinement, service, or supply that is not covered under TRICARE; Hospital nursery charges for a well newborn, except as specifically provided under TRICARE; any routine newborn care except Well Baby Care, as defined, for a child up to 6 years from his or her birth; expenses in excess of the TRICARE Cap; expenses which are paid in full by TRICARE; any expenses or portion thereof which is in excess of the Legal Limit; any expense or portion thereof applied to the TRICARE Outpatient Deductible, except as otherwise provided under the High Deductible plans; treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE and this policy; and any part of a covered expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program.

Termination

Your coverage under the Policy will cease on the first to occur of: the date the Master Policy terminates; the date the required premium is not paid; the first premium due date on or next following the date you cease to be an FRA Member; the first premium due date on or next following the date you become eligible for Medicare; the first premium due date on or next following the date you attain age 65, unless you have a Notice of Disallowance for Benefits under Medicare Part A from the Social Security Administration; if covered under the Emergency Supplement, the first premium due date on or next following the date you no longer reside within the Catchment Area of a Service Hospital. Dependents' coverage ceases when your coverage terminates; premiums are not paid; or the cease to be eligible dependents.

This brochure 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 brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the Hartford Life and Accident Insurance Company and Talcott Resolution Life Insurance Company (formerly Hartford Life Insurance Company) detail exclusions, limitations, reduction of benefits and terms under which policies may not 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 coverage is available only for residents of the United States excluding AZ, ID, LA, ME, MD, MN, MT, NM, OR, Puerto Rico, WA and WV.

Administered by:



Mercer Consumer,
a service of Mercer Health & Benefits Administration LLC
P.O. Box 14464
Des Moines, IA 50306-8993

QUESTIONS?

Call: 1-800-424-1120
www.frainsure.com

AR Insurance License #100102691

CA Insurance License #0G39709

In CA d/b/a Mercer Health & Benefits Insurance Services LLC

Underwritten by:



Hartford Life and Accident Insurance Company,
Hartford, CT and Talcott Resolution Life Insurance
Company (formerly Hartford Life Insurance
Company), Windsor, CT.

Policies are underwritten by Hartford Life and Accident Insurance Company, Home Office Hartford, CT, and Talcott Resolution Life Insurance Company, Home Office Windsor, CT, (formerly known as Hartford Life Insurance Company). Hartford Life and Accident Insurance Company acts as the administrator for Talcott Resolution Life Insurance Company. The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including Hartford Life and Accident Insurance Company.

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