REQUEST AND AUTHORIZATION FOR DEDUCTIONS FROM LONG-TERM DISABILITY BENEFIT

IMPORTANT: This form <u>must be signed and dated</u> when choosing medical, dental and/or vision coverage so that premiums can be deducted from your LTD benefit by The Hartford and forwarded to the Office of Pensions. If your LTD benefit is not enough to deduct your premiums, you will receive instructions to make payment.

I am requesting and authorizing The Hartford to withhold full and/or partial current and/or retroactive health care deductions from my Long-Term Disability (LTD) benefit for the purpose of paying health care premiums due for my chosen medical, dental and/or vision care coverage through the State of Delaware. Additionally, I acknowledge 1) that while the State of Delaware will establish the initial priority order of deductions should there be insufficient funds to cover all deductions, I may request a change in the priority order of my deductions by contacting the State of Delaware's Office of Pensions and 2) that the State of Delaware may periodically revise the amount of premium/cost and communicate that revised amount to The Hartford. In such event, I authorize The Hartford to deduct that revised amount from any LTD benefit that may be payable to me. Health care deductions will be forwarded to the State of Delaware's Office of Pensions by The Hartford. I understand and agree that The Hartford assumes no liability and expressly disclaims any and all liability which may result from the termination, cancellation, or interruption of any health care coverage paid through the utilization of The Hartford's Benefit Deduction Service. I further understand and agree that if the State of Delaware's disability policy with The Hartford should terminate and/or if I return to work in any capacity for the State of Delaware or another employer, my health care deductions will cease to be deducted from my Long-Term Disability benefit. Should my benefits be insufficient to cover the deductions, I will be billed by the State of Delaware and will be required to pay the cost of insurance directly to the State of Delaware.

Signature	
C	
Date	