

Amendatory Rider



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
200 Hopmeadow Street
Simsbury, Connecticut 06089
(A stock Insurance company)

This rider is attached to a certificate given in connection with Policy Number GL-675443, issued to STRYKER CORPORATION.

This rider becomes effective March 7, 2016.

The certificate is hereby amended in the following manner:

With respect to All Full-time Active Employees of Stryker Corporation excluding corporate pilots, part-time employees, bargaining unit employees, board of directors, retired employees, employees employed by a foreign subsidiary, branch or division, independent contractors and other workers not on this Policyholder's payroll or employees of Stryker Puerto Rico, Your certificate is amended as follows:

The **Effective Date for Changes in Coverage** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

Effective Date for Changes in Coverage: *When will changes in coverage become effective?*

Any decrease in coverage will take effect on the date of the change, except for a decrease during the Annual Enrollment Period. Any decrease in coverage made during the Annual Enrollment Period will take effect on the January 1st on or next following the last day of the Annual Enrollment Period.

Any increase in coverage will take effect on the latest of:

- 1) the date of the change;
- 2) the date requirements of the Deferred Effective Date provision are met;
- 3) the date Evidence of Insurability is approved, if required; or
- 4) the January 1st on or next following the last day of the Annual Enrollment Period, except for an increase as a result of a Change in Family Status.

The **Increase in Amount of Life Insurance** provision shown in the **Period of Coverage** section of the **Life Insurance** portion of Your certificate is amended to read as follows:

Increase in Amount of Life Insurance: *If I request an increase in the Amount of Life Insurance for myself must I provide Evidence of Insurability?*

If You are:

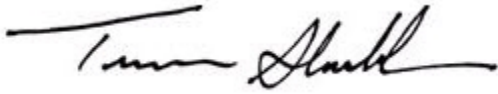
- 1) already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You must provide Evidence of Insurability for any increase greater than the Guaranteed Issue Amount for elections made within 30 days of a Change in Family Status;
- 2) not already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You must provide Evidence of Insurability for any increase greater than the Guaranteed Issue Amount for elections made within 30 days of a Change in Family Status;
- 3) already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You must provide Evidence of Insurability for an increase of more than one level for elections made during an Annual Enrollment Period; or
- 4) not already enrolled for an Amount of Supplemental Life Insurance under The Policy, then You must provide Evidence of Insurability for any level of coverage elected during an Annual Enrollment Period, including an initial amount.

In any event, if the Amount of Life Insurance You request is greater than the Guaranteed Issue Amount, You, as applicable, must provide Evidence of Insurability.

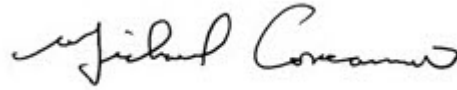
If Your Evidence of Insurability is incomplete or disqualifies You from coverage, the Amount of Life Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.

In all other respects the certificate remains the same.

Signed for Hartford Life and Accident Insurance Company



Terence Shields, Secretary



Michael Concannon, Executive Vice President