



To: Structured Settlement Brokers
From: Hartford Life's Structured Settlement Team
RE: **Qualified Assignments Involving Plaintiff Attorney Fees**

Hartford Life Insurance Company (Hartford Life) and Hartford CEBSCO* are pleased to announce that we are now able to accept qualified assignments involving structured attorney fees where the underlying claim involves physical injury or physical sickness.

To take advantage of this offering, just follow these three simple steps:

Step 1. Call your sales consultant at (800) 200-6822 for a plaintiff attorney fee quote.

Step 2. Prepare the settlement documents in accordance with Hartford's Life's *Guidelines for Qualified Assignments Involving Plaintiff Attorney Fees*. (Attached)

Step 3. Submit completed documents to Hartford Life for processing and contract issuance.

Plaintiff attorney fees may be assigned even if the Plaintiff chooses not to structure his or her payments. Depending on the preference of the attorney, Hartford Life can make payments via check or electronic funds transfer directly to the attorney or to his or her firm. A fee of \$250 will be charged for each attorney fee assigned.

Best of all, there's little extra paperwork involved for you.

If you have any questions regarding this new feature, or if you would like to obtain a quote, please call us toll-free at (800) 200-6822.

**Hartford Comprehensive Employee Benefit Service Company (Hartford CEBSCO) is an affiliate of Hartford Life Insurance Company and acts as the assignment company for certain annuity policies as provided for in Section 130(c) of the Internal Revenue Code (IRC).*



Guidelines for Qualified Assignments Involving Plaintiff Attorney Fees

REQUIRED DOCUMENTATION

Annuity Application: Only one application should be completed (unless the attorney is receiving lifetime benefits) with the Plaintiff as the annuitant. The attorney must be designated as a payee on the Schedule A.

Required Language: Include the following language in the **Settlement Agreement** and the **Qualified Assignment** documents:

“The Plaintiff authorizes and instructs payment to be made to his or her attorney as provided herein. Such amount shall be paid from the periodic payments that otherwise would be payable to the Plaintiff pursuant to this Agreement. The Plaintiff acknowledges and agrees that these payment instructions are solely for the Plaintiff’s convenience. These payments do not provide the Plaintiff’s attorney with any ownership interest in any portion of the annuity or the settlement other than the right to receive the payments in the future as more specifically set forth herein.

Plaintiff as Claimant. On all assignment documents, the Plaintiff (not the attorney) should be listed as the claimant (even on stand-alone attorney fee payments).

Indemnity/Hold Harmless Letter: Must be printed on attorney letterhead and executed by the plaintiff’s attorney.

Internal Revenue Service Form W-9. Plaintiff’s attorney must complete and sign IRS form W-9.

Information Request Form. This form should be completed for plaintiff’s attorney.

THE FINE PRINT

1. Beneficiary should be the attorney’s estate. The attorney may not change this designation.
2. Joint annuities may not be elected.
3. The plaintiff’s attorney may not receive secured creditor status. If secured creditor status is in effect on the plaintiff structure, a separate uniform qualified assignment must be completed. The plaintiff should still be listed as the claimant.
4. Hartford Life will report any annuity payments identified as attorney fees, made during a calendar year, to the attorney (or his/her firm) and the Internal Revenue Service on IRS form 1099-MISC.



ATTORNEY INFORMATION REQUEST FORM

FOR _____

Date of Birth: _____ Social Security Number/TIN: _____

Resident Address: _____

Payment Instructions

Please select one of the following payment options:

Checks should be made payable to and mailed as follows:

Name

Address

City State ZIP

Please send payments by electronic funds transfer (EFT) in accordance with the following:

BANK NAME _____

ADDRESS _____

CITY _____ ZIP _____

ACCOUNT NUMBER _____

This account is a: Checking Savings

- If using a **Checking Account**, please attach a **“VOIDED CHECK”** (this provides bank & routing numbers).
- If using a **Savings Account**, please provide the **TRANSIT ROUTING NUMBERS** for your account in the space below. Your bank can provide you with this formation:
