# **VOLUNTARY GROUP TERM LIFE INSURANCE BENEFIT HIGHLIGHTS**





More than half of Americans (53%) expressed a heightened need for life insurance because of COVID-19.1

# HARTFORD FIRE INSURANCE COMPANY

The group term life insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life insurance offers financial protection by providing you coverage in case of an untimely death. Life insurance is disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life insurance, visit our interactive benefits education tool, **MyTomorrow**® at **THEHARTFORD.COM/BENEFITS/THEHARTFORD** 

# **COVERAGE INFORMATION**

APPLICANT	LIFE COVERAGE	
Employee	Benefit: 1x earnings, 2x earnings, 3x earnings, 4x earnings, 5x earnings, 6x earnings, 7x earnings, or 8x earnings.  Maximum: the lesser of 8x earnings or \$2,000,000	
Spouse	Benefit: in the amount(s) of \$10,000, \$25,000, \$50,000, \$100,000, \$200,000 or \$250,000 Maximum: 100% of your basic and supplemental coverage	
Child(ren)	Benefit: \$5,000; \$10,000; \$15,000	

# **ASKED & ANSWERED**

# WHO IS ELIGIBLE?

You are eligible if you are an active employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

# CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

# **AM I GUARANTEED COVERAGE?**

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$475,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

For your spouse coverage, if you are newly eligible, this coverage is offered without requiring your spouse to provide evidence of insurability. If you were previously eligible and are electing coverage for the first time, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

For your child(ren)'s coverage, this insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

#### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

#### WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

#### WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

## CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate.

LiMRA, Facts About Life 2020: https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf, as viewed on October 14, 2020.

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The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding The Hartford's compensation practices, please review our website http://thehartford.com/group-benefits-producer-compensation. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

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# GROUP VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS





A preventable-injuryrelated death occurs every
3 minutes in the United
States. On average, this
means there are 19 deaths
and 5,310 medically
consulted injuries every
hour.<sup>1</sup>

# HARTFORD FIRE INSURANCE COMPANY

Group Voluntary Accidental Death & Dismemberment (AD&D) insurance pays your beneficiary a death benefit if you die due to a covered accident or pays you if you are unexpectedly injured in a covered accident. The benefits are paid in lump sum amounts to you (or your beneficiary), and can be used to pay for health care expenses not covered by your major medical insurance, out of pocket costs, funeral expenses, or however you choose. Accidental death benefits are paid in addition to any life insurance.



To learn more about AD&D insurance, visit our interactive benefits education tool, **MyTomorrow**® at **THEHARTFORD.COM/BENEFITS/THEHARTFORD** 

# **COVERAGE INFORMATION**

You (the primary insured) may enroll for one of the following AD&D coverage amounts<sup>2</sup>: 1x earnings; 2x earnings; 3x earnings; 4x earnings; 5x earnings; 6x earnings; 7x earnings; or 8x earnings. The maximum amount you can elect is the lesser of 8 x earnings or \$2,000,000.

You may also enroll your dependent(s) for AD&D coverage. Your dependent(s) will be covered at a percentage of your coverage amount.2

COVERAGE TIER	SPOUSE PERCENTAGE	CHILD(REN) PERCENTAGE
Spouse	50%	0%
Child(ren)	0%	15%
Spouse & Child(ren)	40%	10%

# AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE AMOUNT
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

## **ASKED & ANSWERED**

#### WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

#### CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

#### **AM I GUARANTEED COVERAGE?**

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health.

#### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

#### WHEN DOES THIS INSURANCE BEGIN?

If insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

#### WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

#### CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under an individual conversion certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion are described in the certificate.

National Safety Council, Dec. 2018, https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/minute-by-minute/data-details/, as viewed as of 10/14/2020.

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# **LIMITATIONS & EXCLUSIONS**



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

#### **GROUP LIFE INSURANCE**

GENERAL LIMITATIONS AND EXCLUSIONS

- A supplemental or voluntary life benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
   You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

  DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may not be elected for dependents when you elect and are approved for coverage for yourself. Coverage may not be elected for a dependent who has employee coverage under this certificate. Coverage may not be elected for a dependent who is in active full-time military service.

- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

## **GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

GENERAL LIMITATIONS AND EXCLUSIONS

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for a dependent who has employee coverage under this certificate.
- Child(ren) may only be covered as a dependent of one employee.

**DEFINITIONS** 

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you or your dependent(s) have coverage.

5962a NS 05/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent

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