

# VOLUNTARY GROUP TERM LIFE INSURANCE BENEFIT HIGHLIGHTS



Approximately 50 million households recognize they need more life insurance (40 percent of households).<sup>1</sup>

## County of Santa Cruz

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 [thehartford.com/employeebenefits](http://thehartford.com/employeebenefits)

## COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE
Employee	Benefit <sup>2</sup> : Increments of \$25,000 Maximum: \$300,000
Spouse	Benefit <sup>2</sup> : in the amount(s) of \$20,000. Maximum: 100% of your basic and supplemental coverage
Child(ren)	Benefit: Increments of \$5,000 Maximum: \$10,000

## PREMIUMS

See the Life Premium Worksheet.<sup>3</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active employee who meets the employer's definition of an eligible employee.

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

### AM I GUARANTEED COVERAGE?

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$125,000, 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.

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 or electing to increase your spouse's current coverage, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

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

### HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Life Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s).

<sup>2</sup>Your benefit will be reduced by 35% at age 70 and 50% at age 75. Reductions will be applied to the original amount.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

**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.

<sup>1</sup>LIMRA, Facts About Life 2016. Web. 30 June 2017. <[https://www.limra.com/uploadedFiles/limra.com/LIMRA\\_Root/Posts/PR/\\_Media/PDFs/Facts-of-Life-2016.pdf](https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/Facts-of-Life-2016.pdf)>

<sup>3</sup>Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on January 1 of each year as you enter each new age category.

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# GROUP VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



In the U.S., a disabling injury occurs every second, and an accidental death occurs every 4 minutes.<sup>1</sup>

## County of Santa Cruz

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, help replace income lost while not working, 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 [thehartford.com/employeebenefits](http://thehartford.com/employeebenefits)

## COVERAGE INFORMATION

You (the primary insured) may enroll for one of the following AD&D coverage amounts<sup>2</sup>: increments of \$25,000. The maximum amount you can elect is the lesser of 10 x earnings or \$300,000.

You may also enroll your spouse the following AD&D coverage amounts<sup>2</sup>:

Maximum: \$20,000, not to exceed 50% of employee AD&D coverage.

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	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 Both Upper and Lower Limbs of One Side of Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing	50%
Thumb and Index Finger of Either Hand	25%

## PREMIUMS

See the AD&D Premium Worksheet.<sup>3</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active employee who meets the employer's definition of an eligible employee.

Your spouse is also eligible for coverage.

<sup>2</sup>Your benefit will reduce by 35% at age 70 and 50% at age 75. Reductions will be applied to the original amount.

### **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.

### **HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?**

Premiums are provided on the AD&D Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your spouse.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### **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 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 spouse) 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 spouse 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.

<sup>1</sup>Injury Facts. National Safety Council. 2015 Edition. P. 37. Web. 30 June 2017.

<sup>3</sup>Rates and/or benefits may be changed.

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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

- Your benefit will reduce by 35% at age 70 and 50% at age 75. Reductions will be applied to the original amount.
- A 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 only 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.

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## GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### GENERAL LIMITATIONS AND EXCLUSIONS

- Your benefit will reduce by 35% at age 70 and 50% at age 75. Reductions will be applied to the original amount.
- This insurance does not cover losses caused by:
  - Sickness; disease; or any treatment for either
  - Any infection, except certain ones caused by an accidental cut or wound
  - Intentionally self-inflicted injury, suicide or suicide attempt
  - War or act of war, whether declared or not
  - Injury sustained while in the armed forces of any country or international authority
  - Injury sustained on aircraft in certain circumstances
  - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
  - Injury sustained while riding, driving, or testing any motor vehicle for racing
  - Injury sustained while committing or attempting to commit a felony
  - Injury sustained while driving while intoxicated
- 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 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.

### 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.

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