

# BASIC and SUPPLEMENTAL GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans  
(53%) expressed a  
heightened need for life  
insurance because of  
COVID-19.<sup>1</sup>

## City of Leander

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer gives extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit  
[thehartford.com/employee-benefits/employees](http://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

APPLICANT	BASIC COVERAGE	SUPPLEMENTAL COVERAGE
<b>Employee</b>	Benefit <sup>2</sup> : \$15,000 AD&D: Included	Benefit <sup>3</sup> : Increments of \$10,000 Maximum: the lesser of 5x earnings or \$500,000 AD&D: Included
<b>Spouse</b>	Not Included	Benefit <sup>3</sup> : Increments of \$5,000 Maximum: the lesser of 50% of your supplemental coverage or \$250,000 AD&D: Included
<b>Child(ren)</b>	Not Included	Benefit: \$10,000 AD&D: Included

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

<sup>2</sup>35% @Age 65; 55% @ Age 70; 70% @ Age 75 and 80% @ Age 80, original amount

<sup>3</sup>35% @Age 65; 55% @ Age 70; 70% @ Age 75 and 80% @ Age 80, original amount

Thumb and Index Finger of Either Hand	25%	25%
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## PREMIUMS

Your employer pays 100% of the premium for your (employee) basic coverage. Your contribution for voluntary coverage is shown on the Premium Worksheet.<sup>4</sup>

## 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?

Basic life coverage, is available without having to provide information about your health.

For supplemental employee coverage, if you elect an amount that exceeds the guaranteed issue amount of \$200,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

For supplemental spouse coverage, if you elect an amount that exceeds the guaranteed issue amount of \$25,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

Supplemental child coverage 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?

Your employer pays 100% of the premium for your (employee) basic coverage.

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

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?

Your employer will automatically enroll you for basic coverage. If you have not already done so, you must designate a beneficiary.

You may enroll in supplemental coverage from 7/18/2022 to 8/5/2022.

### WHEN DOES THIS INSURANCE BEGIN?

Basic insurance will become effective for you on the date you become eligible.

The effective date of supplemental coverage is 10/1/2022.

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).

### 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. Conversion and portability are not available for AD&D coverage.

<sup>1</sup>Source: 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.

<sup>4</sup>Rates and/or benefits may be changed on a class basis. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

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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.

5962a and 5962b NS 07/21

# 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

- 35% @Age 65; 55% @ Age 70; 70% @ Age 75 and 80% @ Age 80, original amount
- 35% @Age 65; 55% @ Age 70; 70% @ Age 75 and 80% @ Age 80, original amount
- 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 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.

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

## GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### GENERAL LIMITATIONS AND EXCLUSIONS

- 35% @Age 65; 55% @ Age 70; 70% @ Age 75 and 80% @ Age 80, original amount
- 35% @Age 65; 55% @ Age 70; 70% @ Age 75 and 80% @ Age 80, original amount
- Exclusions: (Applicable to all benefits except the Life Insurance Benefit and the Accelerated Benefit) What is not covered under The Policy?
- The Policy does not cover any loss caused or contributed to by:
  - anaphylactic shock;
  - any form of auto-erotic asphyxiation;
  - failure to wear a Seat Belt while driving or riding as a passenger in a Motor Vehicle;
  - intentionally self-inflicted Injury;
  - stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis or aneurysm;
  - suicide or attempted suicide, whether sane or insane;
  - war or act of war, whether declared or not;
  - injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve or National Guard Service;
  - injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
  - injury sustained while On any aircraft:
    - as a pilot, crewmember or student pilot;
    - as a flight instructor or examiner;
    - if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization whose eligible persons are covered under The Policy; or
    - being used for tests, experimental purposes, stunt flying, racing or endurance tests;
  - injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician
  - injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
  - injury sustained while committing or attempting to commit a felony;
  - injury sustained while Intoxicated;
  - injury sustained while driving while Intoxicated;
  - injury sustained by illegal fireworks or the use of any legal fireworks when not following the manufacturer's lighting instructions;
  - driving and violating any applicable cellular device use or distracted driving laws; or
  - failure to wear a helmet while On or riding as a passenger On a motorcycle, bicycle, all-terrain vehicle (ATV) or any other type of motor bike.
- 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.
- 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.

5962c NS 05/21 Accident Form Series includes GBD-1000, GBD-1300, or state equivalent.

## VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

- 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
- Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
- 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.
- 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.

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## ADDITIONAL SERVICES



### City of Leander

If you are enrolled in insurance coverage with The Hartford, you may also be eligible to receive additional services. These services help with challenges that come before and after a claim. Be sure to read the information provided below; The Hartford wants to be there when you need us.

### SERVICES AVAILABLE

COVERAGE ENROLLED IN	ADDITIONAL SERVICES AVAILABLE
Life	Ability Assist Counseling Services Health Champion Beneficiary Assist Counseling Services EstateGuidance Will Services Funeral Concierge Services Travel Assistance and ID Theft Protection Services

### ASKED & ANSWERED

#### WHAT IS ABILITY ASSIST COUNSELING SERVICES?

**Ability Assist®<sup>1</sup> Counseling Services** provides access to Master's degree clinicians for 24/7 assistance if you're enrolled in our life plan. This includes 3 face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal, and work-life concerns.

For more information on Ability Assist® Counseling Services:

Call 1-800-964-3577

Visit [www.guidanceresources.com](http://www.guidanceresources.com)

Company name: **Abili** Company ID: **HLF902**

#### WHAT IS BENEFICIARY ASSIST COUNSELING SERVICES?

**Beneficiary Assist®<sup>2</sup> Counseling Services** offers compassionate expertise to help you, your beneficiaries (those you name in your policy) and immediate family members cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with professionals, as well as five face-to-face sessions\* available for up to one year.

For more information on Beneficiary Assist® Counseling Services, call 1-800-411-7239.

\*California residents are limited to three prepaid behavioral health counseling sessions in any six-month period. Except for acute emergencies and other special circumstances, additional sessions for California employees are available on a fee-for-service basis.

#### WHAT IS ESTATEGUIDANCE WILL SERVICES?

**EstateGuidance®<sup>3</sup> Will Services** helps you protect your family's future by creating a customized and legally binding online will. Online support is also available from licensed attorneys, if needed.

For more information on EstateGuidance® Will Services:

[www.estateguidance.com](http://www.estateguidance.com) Use Code: **WILLHLF**

#### WHAT IS FUNERAL CONCIERGE SERVICES?

**Funeral Concierge Services®<sup>4</sup>** provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers—often resulting in significant financial savings. In addition, Express Pay is a service that delivers proceeds in as little as 48 hours, allowing beneficiaries to use proceeds immediately for funeral expenses.

For more information on Funeral Concierge Services:

Call 1-866-854-5429 or visit [www.everestfuneral.com/hartford](http://www.everestfuneral.com/hartford) Use Code: **HFEVLC**

## WHAT IS HEALTHCHAMPION?

**HealthChampion<sup>SM5</sup>** offers unlimited access to benefit specialists and nurses for administrative and clinical support to address medical care and insurance claims concerns if you're enrolled in our life plan. Service includes: claims and billing support, explanation of benefits, cost estimates and fee negotiation, information related to conditions and available treatments, and support to help prepare for medical visits.

For more information on HealthChampion<sup>SM</sup> Services

Call 1-800-964-3577

Visit [www.guidanceresources.com](http://www.guidanceresources.com)

Company name: **Abili** Company ID: **HLF902**

## WHAT IS TRAVEL ASSISTANCE AND ID THEFT PROTECTION SERVICES?

**Travel Assistance Services and ID Theft Protection Services<sup>6</sup>** includes pre-trip information to help you feel more secure while traveling. It can also help you access medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise. The ID theft protection services are available to you and your family at home or when you travel. Protection is provided two ways: educational materials to help prevent identity theft and access to caseworkers to help resolve problems that result from identity theft.

For more information on Travel Assistance Services or ID Theft Services:

Call from United States: 1-800-243-6108

Call collect from other locations: 202-828-5885

Fax: 202-331-1528

Travel Assistance Identification Number: **GLD-09012**

You'll be asked to provide your employer's name, a phone number where you can be reached, nature of the problem, Travel Assistance Identification Number, and your company policy number which can be obtained through your Human Resources/Personnel department.

If you have a serious medical emergency, please obtain emergency medical services first, and then contact Generali Global Assistance for follow-up.

<sup>1</sup>AbilityAssist<sup>®</sup> services are offered through The Hartford by ComPsych<sup>®</sup>. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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<sup>4</sup>Funeral Concierge services is offered through Everest Funeral Package, LLC (Everest). Everest and the Everest logo are service marks of Everest Funeral Package, LLC. Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest ReGroup, Ltd., Everest Reinsurance Company or any of their affiliates. The Hartford is not responsible and assumes no liability for the services provided by Everest Funeral Package, LLC as described in these materials and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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