

**A Proposal of Employee Benefits from The Hartford
for the U.S. Employees of**

Coppell Independent School District

Accident Insurance

Presented by: First Fincl Corp

Proposed Effective Date: September 1, 2025

Situs State/Jurisdiction: Texas

Date of Proposal Creation: June 5, 2025

Proposal valid until: August 4, 2025

Quote ID #: 1040626

Accident Insurance

Class Description(s): All Active Full-time Employees

Eligibility Requirement: Eligible person working 20 hours per week

Plan Information	Plan Design Options		
Plan Type	Custom Plan 1, Custom Plan 2		
Coverage Type	24 Hour (On and off-job)		
Employee Choice	Employees have their choice of plan designs, selected at time of enrollment.		
Dependent Benefit Amounts	Dependent benefit amounts are the same as employee benefit amounts unless otherwise indicated within the package.		
Accident Benefits			
The Hartford’s Accident plan(s) will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions. State specific variations may apply to the benefits shown below.			
Emergency, Hospital & Treatment Care Package ³ :			
Treatment/Service	Detail (Per covered person)	Custom Plan 1	Custom Plan 2
ACCIDENT FOLLOW-UP	Up to 3 Treatments/accident within 90 Days	\$150	\$200
ACUPUNCTURE	Up to 10 visits/accident within 365 Days	\$75	\$100
AMBULANCE – AIR	Once/accident within 72 Hours	\$2,000	\$2,500
AMBULANCE – GROUND	Once/accident within 90 Days	\$1,000	\$1,250
BLOOD/PLASMA/PLATELETS	Once/accident within 90 Days	\$400	\$500
CHILD CARE	Up to 30 Days/accident while insured is confined	\$75	\$100
CHIROPRACTIC CARE	Up to 10 visits/accident within 365 Days	\$75	\$100
DAILY HOSPITAL CONFINEMENT	Up to 365 Days/lifetime (Total daily and ICU)	\$500	\$750
DAILY ICU CONFINEMENT	Up to 30 Days/accident (Subject to 365 Days/lifetime)	\$750	\$1,000
DIAGNOSTIC EXAM	Once/accident within 90 Days	\$400	\$500
EMERGENCY DENTAL – CROWN	Highest benefit once/accident within 90 Days	\$600	\$900
EMERGENCY DENTAL – EXTRACTION	Highest benefit once/accident within 90 Days	\$300	\$450
EMERGENCY ROOM	Once /accident within 72 Hours	\$250	\$250
HOSPITAL ADMISSION	Once/accident within 90 Days	\$2,000	\$2,500
INITIAL PHYSICIAN OFFICE VISIT	Once/accident within 90 Days	\$250	\$250
LODGING	Up to 30 Nights/lifetime	\$150	\$200
MEDICAL APPLIANCE	Once/accident within 90 Days	\$300	\$450
PHYSICAL THERAPY	Up to 10 Visits/accident within 90 Days	\$100	\$125
REHABILITATION FACILITY	Up to 15 Days/lifetime within 90 Days	\$400	\$600
TRANSPORTATION	Up to 3 Trips/accident	\$600	\$800
URGENT CARE	Once /accident within 72 Hours	\$250	\$250
X-RAY	Once/accident within 90 Days	\$150	\$200
Specified Injury & Surgery Benefit Package:			
Injury/Treatment/Service	Detail (Per covered person)	Custom Plan 1	Custom Plan 2
ABDOMINAL/THORACIC SURGERY	Once/accident within 90 Days	\$4,000	\$5,000
ARTHROSCOPIC SURGERY	Once/accident within 90 Days	\$750	\$1,000
BURN – 2ND DEGREE (≥ 34% OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$1,500	\$2,000

BURN – 3RD DEGREE (≥ 18IN² OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$15,000	\$20,000	
BURN – SKIN GRAFT (FOR 3RD DEGREE BURN)	Once/accident	50% of burn benefit	50% of burn benefit	
CONCUSSION	Up to 3 Concussions/year within 72 Hours	\$200	\$400	
EYE INJURY – OBJECT REMOVAL	Highest benefit once/accident within 90 Days	\$400	\$600	
EYE INJURY – SURGERY	Highest benefit once/accident within 90 Days	\$750	\$1,000	
HERNIA REPAIR	Once/accident within 365 Days	\$750	\$1,000	
JOINT REPLACEMENT	Once/accident within 90 Days	\$5,000	\$7,500	
KNEE CARTILAGE – WITH REPAIR	Highest benefit once/accident within 12 Months	\$2,000	\$3,000	
KNEE CARTILAGE – WITHOUT REPAIR		\$500	\$750	
LACERATION – 2” TO 6”	Highest benefit once/accident within 72 Hours	\$500	\$750	
LACERATION – 6” OR GREATER	Highest benefit once/accident within 72 Hours	\$1,000	\$1,500	
ORGANIZED AMATEUR SPORTS INJURY	--	25% increase of non-catastrophic benefits		
RUPTURED DISC	Once/accident within 365 Days	\$2,000	\$3,000	
TENDON/LIGAMENT/CUFF – SINGLE	Highest benefit once/accident within 365 Days	\$1,500	\$2,000	
TENDON/LIGAMENT/CUFF – 2 OR MORE		\$3,000	\$4,000	
Specified Injury & Surgery Benefit Package: Dislocations (dollar amounts shown are for Open Surgical injuries)				
Injury	Detail (Per covered person)	Custom Plan 1	Custom Plan 2	
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount		
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount		
ANKLE, FOOT BONES (EXCEPT TOES)	Once/joint/lifetime (Open or closed)	\$5,000	\$7,500	
COLLARBONE – ACROMIO/SEPARATION		\$1,000	\$1,500	
COLLARBONE – STERNOCLAVICULAR		\$2,000	\$3,000	
ELBOW		\$2,000	\$3,000	
FINGER, TOE		\$500	\$750	
HIP		\$10,000	\$12,000	
KNEE		\$5,000	\$7,500	
LOWER JAW		\$2,000	\$3,000	
SHOULDER (GLENOHUMERAL)		\$2,000	\$3,000	
WRIST		\$2,000	\$3,000	
HAND BONES (EXCEPT FINGERS)		\$1,500	\$2,000	
CLOSED (NON-SURGICAL)		50% of open benefit		
INCOMPLETE/WITHOUT ANESTHESIA		25% of closed benefit		
MULTIPLE DISLOCATIONS/FRACTURES		--	≤ 200% of highest benefit	
Specified Injury & Surgery Benefit Package: Fractures (dollar amounts shown are for Open Surgical injuries)				

Injury	Detail (Per covered person)	Custom Plan 1	Custom Plan 2
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount	
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount	
ANKLE	Once/bone/accident within 90 Days	\$3,000	\$4,500
FOOT BONES (EXCEPT TOES)		\$3,000	\$4,500
COCCYX		\$1,500	\$2,000
COLLARBONE/CLAVICLE OR STERNUM		\$4,000	\$6,000
FINGER, TOE		\$500	\$750
FOREARM – RADIUS OR ULNA		\$3,000	\$4,500
HIP, THIGH/FEMUR		\$8,000	\$12,000
KNEECAP/PATELLA		\$3,000	\$4,500
LOWER JAW/MANDIBLE (EXC. ALV. PROCESS)		\$3,000	\$4,500
LOWER LEG – FIBULA OR TIBIA		\$4,000	\$6,000
NOSE, FACIAL BONES (EXCEPT JAW BONES)		\$3,000	\$4,500
PELVIS (EXCEPT COCCYX)		\$10,000	\$12,000
VERTEBRAE – PROCESSES		\$3,000	\$4,500
RIB		\$750	\$1,000
SHOULDER BLADE/SCAPULA		\$4,000	\$6,000
SKULL – DEPRESSED		\$10,000	\$12,000
SKULL – NON-DEPRESSED/SIMPLE		\$4,000	\$6,000
UPPER ARM/HUMERUS		\$3,000	\$4,500
UPPER JAW/MAXILLA (EXC. ALVEOLAR PROCESS)		\$3,000	\$4,500
VERTEBRAE – BODY		\$3,000	\$4,500
WRIST, HAND BONES (EXCEPT FINGERS)		\$3,000	\$4,500
CLOSED (NON-SURGICAL)		50% of open benefit	
CHIP FRACTURE		25% of closed benefit	
MULTIPLE FRACTURES/DISLOCATIONS	--	≤ 200% of highest benefit	
Catastrophic Benefits Package:			
Injury/Treatment/Service	Detail (Per covered person)	Custom Plan 1	Custom Plan 2
ACCIDENTAL DEATH – EMPLOYEE	Within 90 Days	\$75,000	\$100,000
ACCIDENTAL DEATH – SPOUSE		50% of employee benefit	
ACCIDENTAL DEATH – CHILD(REN)		25% of employee benefit	
COMMON CARRIER DEATH	Within 90 Days	3 times death benefit	3 times death benefit
COMA (≥ 168 CONTINUOUS HOURS)	Once/accident within 90 Days	\$15,000	\$20,000
HOME HEALTH CARE	Up to 30 Days/accident	\$100	\$125
PARALYSIS – QUADRIPLEGIA	Highest benefit once/accident within 90 Days	\$75,000	\$100,000
PARALYSIS – PARAPLEGIA		\$37,500	\$50,000

PROSTHESIS – SINGLE	Highest benefit once/accident within 365 Days	\$2,000	\$2,500
PROSTHESIS – 2 OR MORE		\$4,000	\$5,000
Catastrophic Benefits Package: Dismemberments			
Injury	Detail (Per covered person)	Custom Plan 1	Custom Plan 2
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount	
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount	
BOTH HANDS OR BOTH FEET	Within 90 Days	\$75,000	\$100,000
SIGHT – BOTH EYES		\$75,000	\$100,000
SPEECH & HEARING (BOTH EARS)		\$75,000	\$100,000
1 HAND & 1 FOOT	Once/accident within 90 Days	\$75,000	\$100,000
1 HAND/FOOT & SIGHT OF 1 EYE		\$75,000	\$100,000
1 HAND OR 1 FOOT		\$37,500	\$50,000
SIGHT – 1 EYE		\$37,500	\$50,000
SPEECH OR HEARING (BOTH EARS)		\$75,000	\$100,000
THUMB & INDEX FINGER (SAME HAND)		\$10,000	\$15,000
Additional Plan Features & Services:			
POLICY AGE LIMIT	Not Included		
PORTABILITY	Included		
CONTINUATION OF COVERAGE	Included		
CONTINUITY OF COVERAGE	Included		
HEALTH SCREENING BENEFIT/ACCIDENT PREVENTION BENEFIT	\$50 once per year for each covered person		
ABILITY ASSIST® ¹	Included		
HEALTH CHAMPION SM ¹	Included		
THE HARTFORD'S CLAIMS CONNECTIONS	Auto-Submission/Auto-Adjudication ⁵ – When possible based on core claim events, claims for employees are initiated, filed and adjudicated automatically; If essential data elements to enable auto-adjudication are not readily available, claims for employees will be automatically submitted with follow-up as needed to employees		
Enrollment & Contribution:			
ENROLLMENT TYPE	Annual Open Enrollment ⁴		
EMPLOYEE CONTRIBUTION	100% employee paid (Voluntary)		
NUMBER OF ELIGIBLE EMPLOYEES	1507		

Rate Information:				
PLAN TYPE	Employee	Employee & Spouse	Employee & Child(ren)	Family
MONTHLY RATES – CUSTOM PLAN 1²	\$8.46	\$16.05	\$19.00	\$24.93
MONTHLY RATES – CUSTOM PLAN 2²	\$15.98	\$26.74	\$35.31	\$46.08
INITIAL RATE GUARANTEE PERIOD	3 Years <i>Please note: If at least 10% participation is not achieved for this product, The Hartford reserves the right to adjust the Initial Rate Guarantee Period to one (1) year or to reevaluate the risk.</i>			

¹ HealthChampionSM and Ability Assist[®] are offered through The Hartford by ComPsych[®]. 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.

² Rates/benefits may change on a class or plan basis. Actual per pay period premium deductions may differ slightly from monthly billed amounts due to rounding. The Hartford offers a billing tolerance to help account for this difference.

³ Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities for the aged, drug addicts or alcoholics.

⁴ Assumes all eligible employees can enroll in the plan and/or increase existing benefits without providing evidence of insurability during the scheduled initial enrollment period and subsequent scheduled enrollment periods occurring annually thereafter. Annual Open Enrollment necessitates that pre-defined enrollment experience practices are agreed to be implemented by the employer.

⁵ Core claims events include STD, LTD, leave, life, AD&D and workers' compensation claim events insured or administered by The Hartford for this policyholder. It is strongly recommended that the policyholder provide employee personal or work email or cell phone in the eligibility file/eligibility information for an employee to receive notifications. Program applies to covered event claims only (accidents, covered illness diagnosis or hospitalizations).

Accident (please confirm what sold):

Custom Plan 1 ____ **Custom Plan 2**

SIGNATURE CONFIRMS THE ABOVE SOLD RATES AND PLAN DESIGN OPTION(S).

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Qualifications and Assumptions

The following are the qualifications upon which this proposal is based:

Our quote is contingent upon receipt of complete census data including voluntary coverage elections. All missing information must be received prior to the quote "valid until date" listed on the cover of this proposal. The quote will not be binding until all missing information is received, reviewed, and approved in writing by The Hartford.

The following are assumptions upon which this proposal is based:

1. The effective date of this case will be 9/1/2025.
2. Proposal and rates are valid until 08/04/2025.
3. Rates assume a SIC code of 8211.
4. Quote assumes a situs state of Texas. The Hartford standard filed contract language applies, subject to state exceptions. If specially drafted contract language is approved by Underwriting, then it is subject to approval by the Department of Insurance.
5. Assumes a fully insured, non-participating, non-dividend eligible funding arrangement, unless otherwise specified.
6. Assumes employees must be actively-at-work on the effective date and the deferred effective date provision applies.
7. The Hartford reserves the right to re-price:
 - If the sold plan design differs from the proposed/quoted plan design.
 - For change in State or Federal Insurance regulations that impacts the plan design.
 - If a material misstatement of the information provided in the RFP, bid specifications, claim experience, or plan of benefits is discovered post-sale.
 - If the quoted minimum enrollment threshold is not met.
8. If any contributory lines of coverage are sold, a 45-day Grace Period will apply to all lines of coverage.
9. We assume the company has been in business for at least 2 years. If otherwise, additional underwriting approval will be required prior to sale.
10. Assumes claims incurred prior to the effective date of the contract will be the liability of the prior carrier.
11. Assumes the plan of benefits is subject to ERISA regulations.
12. Quote assumes 1 Contract/Booklet, 1 Bill Unit, and 1 Experience Unit.
13. Coverage for Retirees is not included.
14. We assume all eligible employees are U.S. citizens or U.S. residents, working in U.S. locations who have met the full time eligibility requirements. If coverage is needed for any other type of employees such as Expatriates, U.S. Expatriates, Third Country Nationals, or Local Nationals, please review the request with The Hartford.
15. If at least 10% participation is not achieved for this product, The Hartford reserves the right to adjust the Rate Guarantee to one (1) year or to re-evaluate the risk.

This proposal is only a summary of the benefits offered to your company. The rates and costs shown in this proposal are based on the information provided. Rates may be affected by the actual enrollment and (transferred business information) provided. This proposal does not constitute a final offer or agreement. It is the producer's responsibility to present all terms and conditions in this proposal.

Deviations

Our proposal reflects our standard product and, consequently, may deviate from the features and/or plan designs that you requested. Accordingly, please review our proposal carefully. Unless otherwise listed below, we have not identified specific areas where our proposal deviates from your request. Please note that this proposal does not constitute a final offer or agreement, and it is only a summary of the benefits offered to your company.

The rates and costs shown in this proposal are based on the information provided. Rates may be affected by the actual enrollment (and transferred business information) provided. Please consult with the producer regarding all terms and conditions in this proposal.

Accident Insurance Benefit and Feature Information

Please note the following descriptions that further explain some of our benefits and features. The descriptions are based on our standard language. The information provided below is applicable in most states, however, please be aware that state variations may apply.

Voluntary Enrollment Services

An Easy Enrollment Process, Maximizing Employee Participation

As benefit costs continue to rise and consume a larger portion of a company's budget, voluntary coverage enhances an employer's group plan at no additional cost to the employer.

The Hartford is committed to making it as easy as possible to communicate information on your plan and the associated cost to your employees. Our goals are to engage employees so they fully understand the benefits offering, and make it easy for them to enroll. To accomplish this, The Hartford will prepare enrollment packages for employees that include:

- ✓ **Benefits information to help employees better understand the need for coverage and their employer's benefits offering, including online educational tools, brochures, calculators, etc.**
- ✓ **Benefit Highlight Sheets describing plan provisions in more detail to help explain product offerings.**
- ✓ **Personalized Enrollment Forms for each employee to help simplify the employee's purchase decision displaying costs (payroll deduction amount) based on the employee's age, salary, and coverage choices. This service is offered at no charge to employers.**

To help ensure a smooth enrollment process and to maximize participation, The Hartford will work with you to:

- ✓ **Develop a comprehensive enrollment strategy that best fits the case.**
- ✓ **Identify the appropriate tools to support the enrollment strategy. (e.g. online enrollment, onsite meetings, employee-focused communication materials, etc.)**
- ✓ **Create a census that allows us to produce a detailed and personalized enrollment package for each employee.**
- ✓ **Assess the needs for an on-site benefits counselor to help explain coverage options and plan details as well as answer questions related to enrollment.**
- ✓ **Identify an enrollment period convenient for you, but that also provides us sufficient time to manage the post-enrollment process.**
- ✓ **Identify post enrollment communication needs including tabulating enrollment results (coverage elections and related payroll deduction amounts) and transferring those results over to the employer electronically.**

Enrollment Strategy: Consultative Marketing Support (without Print Solution)

The proposal includes the following Consultative Marketing Support Plan:

- ✓ An Enrollment Manager support throughout enrollment process.
- ✓ Annual Marketing Campaigns during rate guarantee period.
- ✓ A Decision Support Tool for employee education on voluntary coverage.
- ✓ Consultation to identify enrollment opportunities through use of the Hartford's Enrollment Optimizer.
- ✓ Three Digital Touches (e.g. email) to employer from the Hartford. Employer sends to employee.
- ✓ Review enrollment results with recommendation for future enrollments.

Partnered communication and execution is needed to successfully educate your employees on their coverage selections. If the following conditions are not met during the enrollment process, The Hartford reserves the right to re-price at the next coverage anniversary date.

- ✓ Provide The Hartford a 6-8 week lead time prior to the first date of enrollment activity.
- ✓ Employer will ensure a minimum of 75% of employees complete an active enrollment decision (accept / reject) at a product-by-product level.
- ✓ Employer or enrollment platform will provide current eligibility file /census file that contains name, date of birth, gender and salary.
- ✓ Employer or enrollment platform will send a pre-enrollment message to employees describing the coverage plan and employee purchase option(s).
- ✓ Employer will exhibit enrollment information on the employer intranet and / or hard copy on company premises.
- ✓ Employer's enrollment platform will utilize the Hartford-configured Evidence of Insurability Single Sign-On (SSO) capability or standalone online Evidence of Insurability solution.
- ✓ Employer or enrollment platform may provide employee-paid product education / decision support tool.

Enrollment Types Available

Annual Open Enrollment: This standard enrollment type has a scheduled enrollment period for initial enrollment and scheduled enrollment periods for subsequent enrollments occurring annually thereafter. Annual Open Enrollment requires that certain employer characteristics are met and defined enrollment experience practices are agreed upon and implemented by the employer (in partnership with The Hartford).

These enrollment experience practices include:

- Personalized enrollment experience created online or through paper forms
- Mandatory employee group meetings (or alternatively, Benefit Fairs with MyTomorrow® interactive presentation)
- Employer support of enrollment events to help ensure the attendance of at least 75% of eligible employees
- On-site Hartford benefit counselors at each employer location for employee group meetings, Benefit Fairs and possible on-site enrollment

Coverage is Guaranteed Issue and does not require Evidence of Insurability including when:

- Enrolling or changing coverage during any scheduled annual enrollment period
- New hires enrolling within 31 days of eligibility
- Changing existing coverage within 31 days of Change in Family Status

Electing or changing coverage outside of scheduled annual enrollment periods or qualified Family Status Change periods is not permitted. Enrollment or coverage changes will be deferred until the next scheduled annual enrollment period.

For certain coverages, pre-existing condition limitations apply.

Traditional (EOI): This optional enrollment type has a scheduled enrollment period and standard evidence of insurability (EOI) requirements apply for late entrants (employees who were previously eligible for coverage and did not enroll within 31 days of the date they were initially eligible) and increases in coverage.

Open Enrollment: This optional enrollment type allows all eligible employees to enroll in the plan and/or increase existing coverage amounts without providing evidence of insurability during a scheduled enrollment period. Plan Guarantee Issue limits, maximums and or pre-existing condition limitations apply. Open Enrollment requires that certain employer characteristics are met and defined enrollment experience practices are agreed upon and implemented by the employer (in partnership with The Hartford).

Accident Benefits

This insurance offers added financial protection by paying a cash benefit if a covered person is injured as the result of a covered accident. Accident benefits are intended to help employees and their loved ones handle the out-of-pocket expenses and unexpected bills that can follow an accidental injury. Lump sum benefits are paid to the employee (or designated beneficiary), based on the amount stated in the schedule of benefits and subject to any plan limitations or exclusions.

Health Screening Benefit and Accident Prevention Benefit

These optional provisions offer a benefit once each year for each covered person who undergoes a covered screening or prevention activity (as defined in the policy). These benefits may not be available in all states.

Health Screening Test means any of the following: abdominal aortic aneurysm ultrasound; blood test for triglycerides; bone marrow testing; bone density screening; breast ultrasound; CA 15-3 (blood test for breast cancer); CA 125 (blood test for ovarian cancer); carotid ultrasound; CEA (blood test for colon cancer); cervical cancer screening; chest X-Ray; colonoscopy; COVID-19 testing when performed by an appropriately licensed medical professional; CT angiography; ECG/EKG; double contrast barium enema; fasting blood glucose test; flexible sigmoidoscopy; hemoccult stool analysis; lipid panel; mammography; pap smear; PAD ultrasound; PSA (blood test for prostate cancer); serum cholesterol test (for HDL and LDL levels); SPEP (blood test for myeloma); stress test (on a bicycle or treadmill); or thermography. Any other generally medically accepted cancer-screening test is also included in this definition.

Accident Prevention Screening Test or Program means any of the following:

- (a) a dental exam, eye exam or hearing exam conducted by a Physician or medical professional;
- (b) an annual physical, sports physical or well child exam conducted by a Physician or medical professional;
- (c) an employer-sponsored wellness or biometric screening;
- (d) a serum cortisol test (for stress levels); or
- (e) successful completion of an appropriately licensed or accredited:
 - 1) emotion management or stress reduction program;
 - 2) driver safety and training program;
 - 3) motorcycle safety and training program; or
 - 4) workplace safety and training program.

Ability Assist[®] Employee Assistance Program²

Employees receive professional counseling for financial, legal and emotional issues, 24/7/365. Includes unlimited phone access and three face-to-face sessions per year. Services are also available to spouses and dependent children.

² Ability Assist[®] is offered through The Hartford by ComPsych[®]. 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.

HealthChampionSM Health Care Support Service²

A service that offers unlimited access to benefit specialists and nurses for administrative and clinical support to address medical care and claims concerns. Service includes: claim and billing support, explanation of benefits, cost estimates/fee negotiation, information related to conditions and available treatments, and support to help prepare for medical visits.

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Portability

The Hartford's accident policies allow insureds to port their coverage due to a qualifying event. With this valuable feature, participants can port their coverage with a choice of three different plan designs. All an employee has to do is enroll for portability at termination. The choice in plan design allows the employee to select the coverage that best meets their financial protection needs at the time of port.

Since the coverage is offered at a group rate, this can be an affordable way for many insureds to help stay protected even when they leave their employer.

Portability is not available if an employee or covered dependent is entering active military service. An employee cannot port coverage if termination of coverage is due to non-payment of premium, termination of the group policy or termination of the Employer as a Participating Employer under a group policy.

State variations can apply.

Continuation of Coverage

The Hartford's policies allow insurance to continue under the group plan in certain circumstances when an employee is unable to satisfy the active work and/or minimum work hours requirements of a plan, such as when an employee is on family or medical leave. Flexible options are available to suit the needs of any group.

Continuity of Coverage

The Hartford's policies include a clause that allows the insured person who was previously insured under a group accident policy offered by another insurance carrier, to enroll in our plan. The insured will be enrolled for the same coverage tier in effect under the prior plan, unless a different tier is elected by the insured.

Accident Insurance – Exclusions

The information provided below is applicable in most states; however, please be aware that state variations may apply.

A benefit is not payable for an injury that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury.
- War or act of war, whether declared or undeclared.
- A nuclear, chemical, biological, or radiological event.
- A covered person's participation in a felony, riot or insurrection.
- A covered person's service in the armed forces or units auxiliary to it.
- A covered person's taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a physician.
- A covered person's sickness or bacterial infection.
- A covered person's participation in bungee jumping or hand gliding.
- A covered person's participation or competition in semi-professional or professional sports.
- Cosmetic surgery or any other elective procedure that is not medically necessary.
- A covered person being intoxicated as defined by the jurisdiction in which the cause of loss was incurred.
- While a covered person is 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.
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven. This exclusion does not apply where a covered person is riding as a fare-paying passenger on a regularly scheduled commercial airline or as a passenger for transportation only and not as a pilot or crew member.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

Accident Insurance – Commissions

Commissions and Other Payments to Producers

Note to Producers: In 2015, we changed the way that we administer flat commissions. Flat commissions continue to be an alternative to graded commissions. For all proposals with a flat commission, the policyholder must receive the services listed in Schedule C or E of the Group Insurance Producer Agreement, which are available to you on our website <http://thehartford.com/group-benefits-producer-compensation> and on the Producer View website at www.ProducerView.com.

The Hartford compensates producers for the sale and service of our products. In most cases, producers are paid a Commission, which is either a graded or fixed flat percentage of the premium and is incorporated into the premium rate(s). In addition, producers may be eligible for various types of Other Payments. Other Payments are incurred as general operating expenses of The Hartford and will not be directly charged to any policy issued as the result of this quote.

Commissions and certain Other Payments are paid pursuant to the Hartford's Group Insurance Producer Agreement ("GIPA"). Quotes based on fixed or flat percentage Commissions reflect services provided by the producer to the policyholder. We rely on the producer to determine that these Commissions are supported by services described in the GIPA. The Hartford reports Commissions and Other Payments on the annual Schedule A Worksheet provided to policyholders in accordance with applicable law.

For additional information regarding eligibility for Commissions and Other Payments and terms and conditions relating thereto, please review our website <http://thehartford.com/group-benefits-producer-compensation> or contact your Hartford representative. Producers may also access the GIPA on Producer View.

Schedule C: For the voluntary plan(s), a policy-level heaped commission schedule which pays 70% for the first year and 10% each subsequent year has been built into the rates presented in this proposal.

THIS IS AN ACCIDENT-ONLY POLICY

The Hartford® is The Hartford Insurance Group and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This proposal explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this proposal and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability.

This proposal includes a quote(s) for one or more products, which are issued on the following forms: Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. Accidental Death and Dismemberment Form Series for all states except PR, WA and CA includes GBD-1000 and GBD-1300, or state equivalent, and in PR, WA and CA Form 7582 and Form PA-5427, or state equivalent. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent. Life Form Series includes GBD-1000, GBD-1100, Z-PORT, or state equivalent. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.