

# Voluntary Life and AD&D

## The Hartford

## EMPLOYEE BENEFITS

### ABOUT LIFE AND AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

For full plan details, please visit your benefit website:

[www.mybenefitshub.com/reoakisd](http://www.mybenefitshub.com/reoakisd)



The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the 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.

Voluntary Life and AD&D Coverage Information		
APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit: Increments of \$10,000 Maximum: the lesser of 7x earnings or \$500,000	AD&D: Optional.
Spouse	Benefit: Increments of \$5,000. Maximum: the lesser of 100% of your supplemental coverage or \$250,000	AD&D: Optional.
Child(ren)	Benefit: \$10,000 (Max Age 26 Years Old)	AD&D: Optional.

  

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT		Voluntary Group Life Monthly Premiums		
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.		Age	Employee per \$10,000	Spouse per \$5,000
Life	100%	0-24	\$0.30	\$0.15
Both hands or both feet or sight of both eyes	100%	25-29	\$0.30	\$0.15
One hand and one foot	100%	30-34	\$0.40	\$0.20
Speech and Hearing in Both Ears	100%	35-39	\$0.70	\$0.35
Either hand or foot and sight of one eye	100%	40-44	\$1.00	\$0.50
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%	45-49	\$1.60	\$0.80
Movement of Both Lower Limbs (Paraplegia)	75%	50-54	\$2.40	\$1.20
Movement of Three Limbs (Triplegia)	75%	55-59	\$3.70	\$1.85
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%	60-64	\$5.50	\$2.75
Either hand or foot	50%	65-69	\$9.30	\$4.65
Sight of One Eye	50%	70-74	\$16.50	\$8.25
Speech or Hearing in Both Ears	50%	75+	\$33.70	\$16.85
Movement of One Limb (Uniplegia)	25%	Voluntary Group Life: Child(ren) Monthly Premiums- \$10,000		
Thumb and index finger of either hand	25%	0-26 \$1.75		
		AD&D Monthly Premiums		
		Employee per \$10,000 in coverage \$0.25		
		Spouse per \$10,000 in coverage \$0.25		
		Child- \$10,000 in coverage \$0.50		

### ASKED & ANSWERED

#### **WHO IS ELIGIBLE?**

You are eligible if you are an active full-time employee who works at least 15 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 enroll during your annual enrollment period or as a new hire and elect an amount that exceeds the guaranteed issue amount of \$250,000, you will need to provide evidence of insurability to the carrier before the excess amount can become effective. If you enroll after your annual or initial enrollment period, evidence of insurability will be required for all coverage amounts.

If you enroll during your annual enrollment period or as a new hire and elect an amount that exceeds the guaranteed issue amount of \$50,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your annual or initial enrollment period, evidence of insurability will be required for all coverage amounts.

This insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)’s health. AD&D 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?**

Insurance will become effective 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. Conversion and portability are not available for AD&D coverage.

#### **DOES MY BENEFIT AMOUNT EVER REDUCE?**

Yes, elected amounts will reduce to 50% of the approved amount when the employee reaches age 75.