

GROUP SHORT-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



Just over 1 in 4 of today's
20 year-olds will become
disabled before they retire
(age 67).¹

COUNTY OF ELK

A disability can happen to anyone. A back injury, pregnancy, or serious illness can lead to months without a regular paycheck. If you're unable to work for a short period of time due to a non-work-related condition, illness or injury, short-term disability insurance offers financial protection by paying you a portion of your earnings.



To learn more about Short-Term Disability insurance, visit
thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	SICKNESS BENEFIT STARTS	INJURY BENEFIT STARTS	BENEFIT DURATION
66.67%	\$400	On the 15 th day	On the 15 th day	26 weeks

PREMIUMS

Your employer pays 100% of the premium for your coverage.²

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 35 hours per week on a regularly scheduled basis, excluding elected officials and department head employees.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage - it is available without having to provide information about your health.

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer.

Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but less than 80% of your pre-disability weekly earnings.

Pre-disability earnings are defined in your policy.

¹U.S. Social Security Administration Fact Sheet, Web, 14 October 2020 <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>

²Rates and/or benefits may be changed on class basis.

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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 Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

5962e NS 05/21

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



COUNTY OF ELK

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.

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



To learn more about Life and AD&D insurance, visit
thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

APPLICANT	BASIC COVERAGE	SUPPLEMENTAL COVERAGE
Employee	Benefit: 1x earnings Maximum: \$50,000 AD&D: Included	Benefit ² : Increments of \$5,000 Maximum: \$25,000

LOSS FROM ACCIDENT - PERCENT OF COVERAGE AMOUNT PER ACCIDENT	
	BASIC COVERAGE
Length of time after accident that covered accidents or death can occur within	365 days
Percent of coverage amount that the total benefit for all losses due to the same accident will not exceed	100%
LOSS FROM ACCIDENT	BASIC COVERAGE
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%

PREMIUMS

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

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 35 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

Basic insurance is guaranteed issue coverage – it is available without having to provide information about your health.

Supplemental insurance is guaranteed issue coverage – it is available without having to provide information about your health.

AD&D is available without having to provide information about your 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.

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

WHEN DOES THIS INSURANCE BEGIN?

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

Supplemental 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.

WHEN DOES THIS INSURANCE END?

This insurance will end when you 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 under a group portability certificate or an individual conversion life certificate. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion is not available for AD&D coverage. Portability may be available for AD&D coverage.

¹Source: 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.

⁴Rates and/or benefits may be changed on a class basis.. 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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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

- Your supplemental benefit will be reduced by 100% at age 70.
- 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 must be a citizen or legal resident of the United States, its territories and protectorates.

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

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your supplemental benefit will be reduced by 100% at age 70.
- 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 must be a citizen or legal resident of the United States, its territories and protectorates.

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 have coverage.

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

GROUP SHORT TERM DISABILITY INSURANCE

LIMITATIONS AND EXCLUSIONS

GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
 - War or act of war (declared or not)
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Your being engaged in an illegal occupation
 - Sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
 - Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment
 - You have already satisfied the pre-existing condition requirement of your previous insurer

OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
 - Social Security disability insurance (please see next section for exceptions)
 - Other employer-based insurance coverage you may have
 - Unemployment benefits
 - Settlements or judgments for income loss
 - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
 - Retirement benefits if you were already receiving them before you became disabled
 - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
 - Most personal disability policies
 - Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy.

Insured's weekly [Pre-Disability Earnings/Basic weekly Pay] \$1,000
Short term disability benefits percentage x 60%
Unreduced maximum benefit \$600
Less Social Security disability benefit per week - \$300
Less state disability income benefit per week - \$100
Total amount of short term disability benefit per week \$200

THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This Disability policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

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