

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



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



STATE OF ARIZONA

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.

The State of Arizona provides, at no cost to you, Basic Life and AD&D Insurance in an amount of \$15,000. Supplemental Life Insurance, which you pay for, is coverage in addition to the Basic Life Insurance that your employer provides to you. Accidental Death and Dismemberment Insurance (AD&D) pays your beneficiary a death benefit if you die due to a covered accident while you are insured. It also pays you a benefit for certain accidental injuries. AD&D covers losses that occur away from work or at work. Benefits are paid in addition to any Worker's Compensation benefits you collect.



This highlight sheet is an overview of your Basic, Supplemental Life and AD&D Insurance. A Certificate of Insurance is available at [benefitoptions.az.gov](http://benefitoptions.az.gov) to explain your coverage in detail.

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

## COVERAGE INFORMATION

APPLICANT	LIFE AND AD&D COVERAGE	
<b>Employee</b>	Benefit: Increments of \$5,000 Maximum: the lesser of 3x earnings or \$500,000 Note: At annual enrollment or a qualifying life event, you are limited to increasing coverage in increments of \$5,000 up to \$20,000, not to exceed the lesser of 3 times your annual base pay or \$500,000.	
<b>Dependent(s)</b>	Option 1	Spouse Benefit: \$2,000 Child(ren) Benefit: \$2,000
	Option 2	Spouse Benefit: \$4,000 Child(ren) Benefit: \$4,000
	Option 3	Spouse Benefit: \$6,000 Child(ren) Benefit: \$6,000

<b>Dependent(s)</b>	Option 4	Spouse Benefit: \$10,000 Child(ren) Benefit: \$10,000
	Option 5	Spouse Benefit: \$12,000 Child(ren) Benefit: \$12,000
	Option 6	Spouse Benefit: \$15,000 Child(ren) Benefit: \$15,000
	Option 7	Spouse Benefit: \$50,000 Child(ren) Benefit: \$50,000

<b>AD&amp;D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT</b>	
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.	
<b>LOSS FROM ACCIDENT</b>	<b>COVERAGE</b>
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%

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active employee or officer who is benefit eligible as defined by the Arizona Administrative Code Title 2, Chapter 6.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26. Children age 19 or older may be covered if they were disabled prior to attaining age 19.

### AM I GUARANTEED COVERAGE?

Newly benefit eligible employees can elect Supplemental Life and AD&D coverage valued at up to \$500,000 or 3 times your base pay, whichever is less—no medical information is required.

At annual enrollment or a qualifying life event (as defined in the policy), a benefit eligible employee will be limited to increasing coverage in increments of \$5,000 up to \$20,000, not to exceed the lesser of 3 times your annual base pay or \$500,000.

**WHEN CAN I ENROLL?**

You may enroll during any scheduled enrollment period, within your initial new hire period, or within 31 days of the date you have a change in family status.

**WHEN DOES THIS INSURANCE BEGIN?**

Insurance will become effective subject to the terms and conditions of the policy. 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>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)>

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This Benefit Highlights document 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 document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details including the provisions, terms, conditions, limitations and exclusions are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. 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>. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

# 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

- 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.

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## GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### GENERAL LIMITATIONS AND EXCLUSIONS

- 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.

### THIS IS LIMITED ACCIDENT ONLY COVERAGE

#### 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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