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

• The amount of coverage may be reduced at certain ages for you and your spouse.
• 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.

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 is in active full-time military service.

GROUP SHORT TERM DISABILITY INSURANCE
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

PRE-EXISTING CONDITIONS

• Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:
  • You have not received treatment for your condition for 90 days before the effective date of your insurance, or
  • You have not received treatment for your condition for 90 days after the effective date of your insurance, or
  • You have been insured under this coverage for 365 days prior to your disability commencing, so you can receive benefits even if you’re receiving treatment, or
  • You have already satisfied the pre-existing condition requirement of your previous insurer

• If you are unable to satisfy one of the requirements above, your coverage will be limited to a maximum of 4 weeks of benefits for that disability

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


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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 are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.