Approximately 50 million households recognize they need more life insurance (40 percent of households).\(^1\)

### COVERAGE INFORMATION

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>LIFE COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Benefit(^2): Increments of $10,000</td>
</tr>
<tr>
<td></td>
<td>Maximum: $1,500,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>Benefit(^2): Increments of $10,000,</td>
</tr>
<tr>
<td></td>
<td>Maximum: the lesser of 100% of your basic</td>
</tr>
<tr>
<td></td>
<td>and supplemental coverage or $250,000</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>Benefit: Increments of $5,000</td>
</tr>
<tr>
<td></td>
<td>Maximum: $20,000</td>
</tr>
</tbody>
</table>

### ASKED & ANSWERED

**WHO IS ELIGIBLE?**

You are eligible if you are an active full time employee who works at least 20 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 are currently participating in this coverage you may increase your current coverage by $10,000, not to exceed the lesser of 5 times your annual earnings or $400,000, without providing evidence of insurability. Additional coverage amounts will require evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you are electing coverage for the first time, evidence of insurability that is satisfactory to The Hartford will be required before any coverage can become effective.*

If you are currently participating in this coverage you may increase your spouse’s current coverage by $10,000, not to exceed $20,000 without providing evidence of insurability. Additional coverage amounts will require your spouse to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you are electing coverage for the first time, your spouse will be required to provide evidence of insurability that is satisfactory to The Hartford before any coverage can become effective.

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

\(^2\)Your benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
WHEN CAN I ENROLL?
You may enroll from 5/1/2020 to 5/31/2020.

WHEN DOES THIS INSURANCE BEGIN?
The effective date of this coverage is 7/1/2020.

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.
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 benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
• 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 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 has employee coverage under this certificate.
• Coverage may not be elected for a dependent who is in active full-time military service.
• Child(ren) may only be covered as a dependent of one employee.
• Infants may receive a reduced benefit prior to the age of six months.


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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.