



Voluntary Life and AD&D Insurance

Benefit Highlights Clarksville-Montgomery County School System	
What is voluntary life and AD&D insurance?	<p>Voluntary life and AD&D insurance is coverage that you pay for.</p> <p>Voluntary life and AD&D insurance pays your beneficiary (please see below) a benefit if you die while you are covered.</p> <p>This highlight sheet is an overview of your voluntary life and AD&D insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p>
Am I eligible?	You are eligible if you are a full-time active or part-time employee who works at least 15 hours per week on a regularly scheduled basis.
When can I enroll?	You can enroll within 31 days of the date you have a change in family status, or within 31 days of the completion of your eligibility waiting period as stated in your group policy.
When is it effective?	Coverage goes into effect 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.
How much voluntary life and AD&D insurance can I purchase?	<p>You can purchase voluntary life and AD&D insurance in increments of \$10,000.</p> <p>The maximum amount you can purchase cannot be more than \$500,000. Annual earnings are as defined in The Hartford's contract with your employer.</p>
AD&D Coverage	<p>AD&D provides benefits due to certain injuries or death from an accident. The covered injuries or death can occur up to 365 days after that accident. The insurance pays:</p> <ul style="list-style-type: none"> • 100% of the amount of coverage you purchase in the event of accidental loss of life, two limbs, the sight of both eyes, one limb and the sight of one eye, or speech and hearing in both ears or quadriplegia. • 75% for paraplegia or triplegia (paralysis of three limbs). • One-half (50%) for accidental loss of one limb, sight of one eye, or speech or hearing in both ears or hemiplegia. • One-quarter (25%) for accidental loss of thumb and index finger of the same hand or uniplegia. <p>Your total benefit for all losses due to the same accident will not be more than 100% of the amount of coverage you purchase.</p>

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Clarksville-Montgomery County School System Life NE-FS BHS
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Prepare today.
Help protect tomorrow.

<p>Am I guaranteed coverage?</p>	<p>If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of the lesser of 5 times your annual earnings or \$200,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.</p>
<p>What is a beneficiary?</p>	<p>Your beneficiary is the person (or persons) or legal entity (entities) who receives a benefit payment if you die while you are covered by the policy. You must select your beneficiary when you complete your enrollment application; your selection is legally binding.</p>
<p>Are there other limitations to enrollment?</p>	<p>If you do not enroll within 31 days of your first day of eligibility, you will be considered a late entrant. Typically, late entrants may need to show evidence of insurability and may be responsible for the cost of physical exams or other associated costs if they are required.</p>
<p>Spouse voluntary life and AD&D insurance</p>	<p>If you elect voluntary life and AD&D insurance for yourself, you may choose to purchase spouse voluntary life and AD&D insurance in increments of \$5,000, to a maximum of \$250,000.</p> <p>Coverage cannot exceed 50% of the amount of your employee voluntary/supplemental life insurance coverage. You may not elect coverage for your spouse if they are in active full-time military service.</p> <p>If your spouse is confined in a hospital or elsewhere because of disability on the date his or her insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days.</p> <p>If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$100,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.</p>
<p>Child(ren) voluntary life insurance</p>	<p>If you elect voluntary life and AD&D insurance for yourself, you may choose to purchase child(ren) voluntary life insurance coverage in the amount(s) of \$10,000 for each child – no medical information is required.</p> <ul style="list-style-type: none"> • If your dependent child(ren) is confined in a hospital or elsewhere because of disability on the date his or her insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days. • Your child(ren) must be at least 15 days but not yet age 26 to be covered. • Child(ren) age 26 or older may be covered if they were disabled prior to attaining age 26. • Child(ren) at least 15 days but not yet age 6 months are limited to a reduced benefit of \$250.
<p>Does my coverage reduce as I get older?</p>	<p>Your benefits will reduce by 50% at age 70. All coverage cancels at retirement.</p>

<p>Can I keep my Life coverage if I leave my employer?</p>	<p>Yes, subject to the contract, you have the option of:</p> <ul style="list-style-type: none"> • Converting your group life coverage to your own individual policy (policies). • If you leave your employer, portability is an option that allows you to continue your life insurance coverage. To be eligible, you must terminate your employment prior to Social Security Normal Retirement Age. This option allows you to continue all or a portion of your life insurance coverage under a separate portability term policy. Portability is subject to a minimum of \$5,000 and a maximum of \$250,000 and does include coverage for your spouse and child(ren). To elect portability, you must apply and pay the premium within 31 days of the termination of your life insurance. Evidence of insurability will not be required. <p>Dependent spouse portability is subject to a maximum of \$50,000.</p> <p>Dependent child(ren) portability is subject to a maximum of \$10,000.</p>
<p>What is the living benefits option?</p>	<p>If you are diagnosed as terminally ill with a 12 month life expectancy, you may be eligible to receive payment of a portion of your life insurance. The remaining amount of your life insurance would be paid to your beneficiary when you die.</p>
<p>Do I still pay my life insurance premiums if I become disabled?</p>	<p>If you become totally disabled before age 60 and your disability lasts for at least 6 months, your life insurance premium may be waived. The premium for your dependent's coverage will also be waived if you are disabled and approved for waiver of premium. Coverage for your dependents will end if the policy terminates.</p>

Important Details

As is standard with most term life insurance, this insurance coverage includes certain limitations and exclusions:

- the amount of your coverage may be reduced when you reach certain ages.
- death by suicide (two years).

AD&D insurance does not cover losses caused by or contributed by:

<ul style="list-style-type: none"> • 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; 	<ul style="list-style-type: none"> • injury sustained while in the armed forces of any country or international authority; • taking prescription or illegal drugs unless prescribed for or administered by a licensed physician; • injury sustained while committing or attempting to commit a felony; • the injured person's intoxication.
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Other exclusions may apply depending upon your coverage. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

This benefit highlights sheet is an overview of the insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the benefit highlights sheet and the insurance policy, the terms of the insurance policy apply.



Clarksville-Montgomery County School System Rate Chart

Dependent Basic Life Insurance

Bi-weekly Cost

*Rates are based on 20 pay periods per year.

Life Benefit Amount	Cost
\$7,500 for my spouse and \$3,750 for each child	\$1.75

Voluntary Life and AD&D Insurance

Bi-weekly Cost

*Rates are based on 20 pay periods per year.

Your cost may change when you move into a new age category.

Life and AD&D Benefit Amount	Employee Age Bracket											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.54	\$0.54	\$0.60	\$0.78	\$1.20	\$1.92	\$2.82	\$4.14	\$6.72	\$12.06	\$16.98	\$36.54
\$20,000	\$1.08	\$1.08	\$1.20	\$1.56	\$2.40	\$3.84	\$5.64	\$8.28	\$13.44	\$24.12	\$33.96	\$73.08
\$30,000	\$1.62	\$1.62	\$1.80	\$2.34	\$3.60	\$5.76	\$8.46	\$12.42	\$20.16	\$36.18	\$50.94	\$109.62
\$40,000	\$2.16	\$2.16	\$2.40	\$3.12	\$4.80	\$7.68	\$11.28	\$16.56	\$26.88	\$48.24	\$67.92	\$146.16
\$50,000	\$2.70	\$2.70	\$3.00	\$3.90	\$6.00	\$9.60	\$14.10	\$20.70	\$33.60	\$60.30	\$84.90	\$182.70
\$60,000	\$3.24	\$3.24	\$3.60	\$4.68	\$7.20	\$11.52	\$16.92	\$24.84	\$40.32	\$72.36	\$101.88	\$219.24
\$70,000	\$3.78	\$3.78	\$4.20	\$5.46	\$8.40	\$13.44	\$19.74	\$28.98	\$47.04	\$84.42	\$118.86	\$255.78
\$80,000	\$4.32	\$4.32	\$4.80	\$6.24	\$9.60	\$15.36	\$22.56	\$33.12	\$53.76	\$96.48	\$135.84	\$292.32
\$90,000	\$4.86	\$4.86	\$5.40	\$7.02	\$10.80	\$17.28	\$25.38	\$37.26	\$60.48	\$108.54	\$152.82	\$328.86
\$100,000	\$5.40	\$5.40	\$6.00	\$7.80	\$12.00	\$19.20	\$28.20	\$41.40	\$67.20	\$120.60	\$169.80	\$365.40
\$110,000	\$5.94	\$5.94	\$6.60	\$8.58	\$13.20	\$21.12	\$31.02	\$45.54	\$73.92	\$132.66		
\$120,000	\$6.48	\$6.48	\$7.20	\$9.36	\$14.40	\$23.04	\$33.84	\$49.68	\$80.64	\$144.72		
\$130,000	\$7.02	\$7.02	\$7.80	\$10.14	\$15.60	\$24.96	\$36.66	\$53.82	\$87.36	\$156.78		
\$140,000	\$7.56	\$7.56	\$8.40	\$10.92	\$16.80	\$26.88	\$39.48	\$57.96	\$94.08	\$168.84		
\$150,000	\$8.10	\$8.10	\$9.00	\$11.70	\$18.00	\$28.80	\$42.30	\$62.10	\$100.80	\$180.90		
\$160,000	\$8.64	\$8.64	\$9.60	\$12.48	\$19.20	\$30.72	\$45.12	\$66.24	\$107.52	\$192.96		
\$170,000	\$9.18	\$9.18	\$10.20	\$13.26	\$20.40	\$32.64	\$47.94	\$70.38	\$114.24	\$205.02		
\$180,000	\$9.72	\$9.72	\$10.80	\$14.04	\$21.60	\$34.56	\$50.76	\$74.52	\$120.96	\$217.08		
\$190,000	\$10.26	\$10.26	\$11.40	\$14.82	\$22.80	\$36.48	\$53.58	\$78.66	\$127.68	\$229.14		
\$200,000	\$10.80	\$10.80	\$12.00	\$15.60	\$24.00	\$38.40	\$56.40	\$82.80	\$134.40	\$241.20		

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To determine the cost for coverage amounts not shown in the chart above, add the cost of insurance for the highest amount shown to the cost for the additional coverage amount until you reach your desired total. For example to calculate the cost for coverage in the amount of \$150,000 you would add the cost of \$100,000 to the cost of \$50,000.

Child(ren) Voluntary Life Insurance

Bi-weekly Cost

***Rates are based on 20 pay periods per year.**

Life Benefit Amount	Cost (for all covered children)
\$10,000	\$1.18