GROUP SHORT-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS





In the U.S., a disabling injury occurs every second.¹

4Refuel US, LLC

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/employeebenefits

COVERAGE INFORMATION

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	SICKNESS BENEFIT STARTS	INJURY BENEFIT STARTS	BENEFIT DURATION
66.67%	\$200	On the 8 th day	On the 1 st day	13 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 30 hours per week on a regularly scheduled basis.

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.

¹Injury Facts. National Safety Council. 2015 Edition. P. 37. Web. 30 June 2017.

²Rates and/or benefits may be changed. **Prepare. Protect. Prevail. With The Hartford.** [®]

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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. 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.

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 basic life benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount. Your supplemental/voluntary life 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 has employee coverage filled this t 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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GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your basic AD&D benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
 - Your supplemental/voluntary AD&D benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
 - 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 •
 - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
 - 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.

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.
- Child(ren) may only be covered as a dependent of one employee.

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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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

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 disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

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