

GROUP VOLUNTARY LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



Just over 1 in 4 of today's 20 year-olds will become disabled before they retire (age 67).¹

EDGEWOOD INDEPENDENT SCHOOL DISTRICT

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.



To learn more about Long-Term Disability insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

COVERAGE LEVEL PLAN A	BENEFIT AMOUNT	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION
Option 1	Increments of \$100 between \$200 and \$8,000	The lesser of 66.67% of your monthly earnings or \$8,000	The greater of \$100 or 10% of the benefit	After 0 days disabled (Accident)	Disabled at age 61 or younger, benefits continue to end of the month age 65 Age at disability: Maximum duration: Age 62 42 months Age 63 36 months Age 64 30 months Age 65 24 months Age 66 21 months Age 67 18 months Age 68 15 months Age 69+ 12 months
Option 2				After 3 days disabled (Sickness)	
Option 3				After 14 days disabled	
Option 4				After 30 days disabled	
Option 5				After 60 days disabled	
Option 6				After 90 days disabled	
				After 180 days disabled	

COVERAGE LEVEL PLAN B	BENEFIT AMOUNT	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION (ACCIDENT)	BENEFIT DURATION (SICKNESS)		
Option 7	Increments of \$100 between \$200 and \$8,000	The lesser of 66.67% of your monthly earnings or \$8,000	The greater of \$100 or 10% of the benefit	After 0 days disabled (Accident) After 3 days disabled (Sickness)	Disabled at age 61 or younger, benefits continue to end of the month age 65	Age at Disability: Less than age 65 Maximum duration: 5years		
Option 8				After 14 days disabled				
Option 9				After 30 days disabled				
Option 10				After 60 days disabled			Age at Disability/Maximum Duration Age 62 42 months Age 63 36 months Age 64 30 months Age 65 24 months Age 66 21 months Age 67 18 months Age 68 15 months Age 69+ 12 months	Age 65 through 68 Maximum duration: To age 70
Option 11				After 90 days disabled			Age 69 and over Maximum duration: 1year	
Option 12				After 180 days disabled				

PREMIUMS

See the Premium Worksheet.²

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis

AM I GUARANTEED COVERAGE?

If you elect coverage during your scheduled enrollment period or if this is the first time you are eligible to elect coverage, evidence of insurability is not required. Outside your scheduled enrollment period and during a family status change period, evidence of insurability is required to elect coverage for the first time or make a change to enhance your current coverage.

This coverage is subject to a pre-existing condition exclusion, which is detailed on the Limitations & Exclusions sheet.³

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

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?

Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% of your pre-disability earnings. Once you have been disabled for 2 years following the elimination period, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are less than or equal to 66.67% of your pre-disability earnings.

Pre-disability earnings is your regular monthly rate of pay, not counting commissions, bonuses, overtime pay or any other fringe benefit or extra compensation.

¹U.S. Social Security Administration Fact Sheet. Web. 30 June 2017 <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>

²Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

³The Long Term Disability policy contains a Pre-Existing Condition Exclusion. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.

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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>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.