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## **HARTNELL COMMUNITY COLLEGE DISTRICT**

**873989(GL)1.7 Life, Supplemental Life, Supplemental Accidental Death and Dismemberment and  
Dependent Life, Basic Accidental Death and Dismemberment**



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**INSURER INFORMATION NOTICE**

**NOTICE REQUIREMENT**

**IF YOU HAVE A COMPLAINT, AND CONTACTS BETWEEN YOU AND THE INSURER OR AN AGENT OR OTHER REPRESENTATIVE OF THE INSURER HAVE FAILED TO PRODUCE A SATISFACTORY SOLUTION TO THE PROBLEM, THEN YOU MAY CONTACT:**

**STATE OF CALIFORNIA INSURANCE DEPARTMENT  
CONSUMER COMMUNICATIONS BUREAU  
300 SOUTH SPRING STREET, SOUTH TOWER  
LOS ANGELES, CA 90013**

**1-800-927-HELP**

**THE HARTFORD'S ADDRESS AND TOLL-FREE NUMBER IS:**

**THE HARTFORD GROUP BENEFIT'S DIVISION  
POLICYHOLDER SERVICES, P.O. BOX 2999  
HARTFORD, CT 06104-2999  
TELEPHONE: 1-800-572-9047**



**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**  
Hartford, Connecticut  
(Herein called Hartford Life)

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**CERTIFICATE OF INSURANCE**

Under  
**The Group Insurance Policy**  
As of the  
**Effective Date**  
Issued by  
**HARTFORD LIFE**  
to  
**The Policyholder**

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This is to certify that We have issued and delivered the Group Insurance Policy (Policy) to the Policyholder. The Policy insures the Policyholder's employees who:

- are eligible for the insurance;
- become insured; and
- continue to be insured,

according to the terms of the Policy.

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

The terms of the Policy which affect an employee's insurance are summarized in the following pages.

This Certificate of Insurance, and the following pages, will become Your Booklet-certificate. The Booklet-certificate is a part of the Policy. This Booklet-certificate replaces any other which We may have issued to the Policyholder to give to You under the Policy specified herein.

**Terence Shields, Secretary**

**Michael Concannon, Executive Vice President**

Some of the terms used within this Booklet-certificate are capitalized and have special meanings. Please refer to the definitions at the end of this Booklet-certificate when reading about Your benefits.

## SCHEDULE OF INSURANCE

Final interpretation of all provisions and coverages will be governed by the Group Insurance Policy on file with Hartford Life at its home office.

The Policyholder: HARTNELL COMMUNITY COLLEGE DISTRICT

The Policy Number: GL-873989

Policy Effective Date: January 1, 2014

Anniversary Date: January 1 of each year, beginning in 2015.

### **Who is eligible for coverage?**

Eligible Class(es): All Active Full-time and Part-time Employees who are U.S. citizens or U.S. residents, excluding temporary and seasonal employees

Class 1: full-time or permanent part-time certificated management employees, classified employees, classified management, confidential employees or supervisory employees

Class 2: early retirees who retired on or after age 55 but less than age 65

Class 3: board members

All persons who are insured for employee coverage will be eligible for coverage for Dependents.

### **When will You become eligible? (Eligibility Waiting Period)**

You will be eligible for coverage on the first day of the month coincident with or next following Your date of hire.

The waiting period will be reduced by the period of time You were an Active Full-time or Part-time Employee with the Employer under the Prior Plan.

Retirees are eligible for coverage on the later of:

1. the date on which the individual meets the definition of a Retiree; or
2. the Policy Effective Date.

### **When will You become eligible for Dependent Coverage?**

You will become eligible for Dependent coverage on the later of:

1. the date You become eligible for employee coverage; or
2. the date You acquire Your first Dependent.

### **What is Evidence of Good Health?**

Evidence of Good Health is information about a person's health from which We can determine if coverage or increases in coverage will be effective. Information may include questionnaires, physical exams, or written documentation as required by Us.

Inquiries as to the status of Your submission of Evidence of Good Health should be addressed to Your Employer and/or Benefit Administrator. We, Your Employer and/or Benefit Administrator will notify You of approvals. We will notify You, in writing, of any disapprovals.

**When will Evidence of Good Health be required?**

Evidence of Good Health is required if:

1. You enroll for coverage more than 31 days after the date You are first eligible to do so for any amount of Life Insurance for Yourself; or
2. You elect no coverage when eligible to do so and later opt for coverage for any Amount of Life Insurance for Yourself.

Evidence of Good Health must be provided at Your own expense.

If Evidence of Good Health is not approved in the situation(s) described above, no coverage will become effective.

**AMOUNT OF LIFE INSURANCE  
Employee and Retiree Only**

**What Life benefits are available to You?**

**Basic Amount of Life Insurance:**

For Active Employees, an amount determined by the age bands listed below:

<b>Age</b>	<b>Life Benefit Amount</b>
Under age 25	\$108,160
25 but less than 30	\$94,640
30 but less than 35	\$81,120
35 but less than 40	\$69,628
40 but less than 45	\$55,432
45 but less than 50	\$41,574
50 but less than 55	\$27,040
55 but less than 60	\$21,632
60 but less than 65	\$18,252
65 but less than 70	\$11,865
70 but less than 75	\$ 7,175
75 but less than 80	\$ 5,015
80 and over	\$ 3,300

**Supplemental Amount of Life Insurance:**

For Active Employees, an amount determined by the age bands listed below:

<b>Age</b>	<b>Life Benefit Amount</b>
Under age 25	\$29,580
25 but less than 30	\$27,360
30 but less than 35	\$24,720
35 but less than 40	\$22,520
40 but less than 45	\$19,870
45 but less than 50	\$17,660
50 but less than 55	\$15,890
55 but less than 60	\$14,560
60 but less than 65	\$11,910
65 but less than 70	\$ 7,750
70 but less than 75	\$ 5,050
75 but less than 80	\$ 3,300
80 and over	\$ 2,150

**What Life benefits are available to Retirees?**

For Retired Employees, an amount determined by the age bands listed below:

<b>Age</b>	<b>Retiree Life Benefit Amount</b>
55 but less than 60	\$21,632
60 but less than 65	\$18,252
65 but less than 70	\$11,865
70 but less than 75	\$ 7,175
75 but less than 80	\$ 5,015
80 and over	\$ 3,300

**Are there other limitations which apply to Amounts of Life Insurance for Employees and Retirees?**

The Amount You elect is indicated on Your group enrollment form.

Your Amount of Life Insurance will be reduced by any life benefit:

1. paid to You under an accelerated death benefit in the Prior Plan; and
2. in force for You under any disability extension provision of the Prior Plan.

**If You convert, does it affect the Amount of Life Insurance benefit payable?**

The Amount of Life Insurance under the Policy will be reduced by the amount of the individual life insurance issued in accordance with the Conversion Privilege for reasons other than reductions in coverage.

**ACCIDENTAL DEATH, DISMEMBERMENT  
AND LOSS OF SIGHT BENEFIT (AD&D)**

**What AD&D Benefits are available to You?**

**Supplemental Principal Sum:**

An amount which equals the Supplemental Amount of Life Insurance in force for You.

Although Evidence of Good Health is not required for AD&D benefits, the Principal Sum will not exceed the Amount of Life Insurance for which You are insured.

The Amount You elect is indicated on Your group enrollment form.

**AMOUNT OF LIFE INSURANCE**

**What Life benefits are available to Your Dependents?**

**Dependent Spouse:**

An amount equal to \$1,500, not to exceed 100% of the Basic Amount of Life Insurance in force for the employee.

**Dependent Children:**

less than 6 month(s) of age:	\$100
6 month(s) of age or older:	\$1,500

**ELIGIBILITY AND ENROLLMENT**

**Must You contribute toward the cost of coverage?**

With respect to Basic Life Insurance and Dependent Life Insurance coverage, You do not contribute toward the cost.



With respect to Supplemental Life Insurance and Supplemental AD&D coverage, You must contribute toward the cost.

**How do You enroll?**

To enroll You must:

1. complete and sign a group insurance enrollment form which is satisfactory to Us; and
2. deliver it to the Employer.

If You do not enroll within 31 days after becoming eligible, the following limitations will apply to a later enrollment:

1. You must submit Evidence of Good Health; and
2. You may not enroll until:
  - a) an Annual Enrollment Period; or
  - b) You have a Change in Family Status.

Any such enrollment must be made during the Annual Enrollment Period or within 31 days of the Change in Family Status.

The Annual Enrollment Period is determined by Your Employer on a yearly basis.

**What constitutes a Change in Family Status?**

A Change in Family Status means:

1. Your marriage, or the birth or adoption of a child, or becoming the legal guardian of a child;
2. the death of or divorce from Your spouse;
3. the death of or emancipation of a child;
4. spouse's loss of employment which results in a loss of group insurance; or
5. change in classification from Part-time to Full-time or from Full-time to Part-time.

**When does coverage start?**

Your coverage will start on the latest of the dates determined below:

1. the date You become eligible, if You enroll or have enrolled by then;
2. the date on which You enroll, if You do so within 31 days after the date You are eligible;
3. the date We approve Evidence of Good Health which We may have required; or
4. the first day of the month following the Annual Enrollment Period if You enroll during an Annual Enrollment Period.

All of the above effective dates are subject to the Deferred Effective Date provision.

**What is the Deferred Effective Date provision for Retirees?**

If a Retiree is confined at home, in a hospital or elsewhere because of a physical or mental condition on the date an increase in coverage or a new benefit added to the Policy would otherwise have become effective, the effective date of any increase or additional benefit will be deferred until the Retiree is discharged from the hospital or no longer confined and has engaged in substantially all the normal activities of a healthy person of the same age for a period of at least 15 days in a row.

"Confined elsewhere" means the individual is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.

**What is the Deferred Effective Date provision for employees?**

If You are absent from work due to a physical or mental condition on the date Your insurance, an increase in coverage or a new benefit added to the Policy would otherwise have become effective, the effective date of Your insurance, any increase in insurance or the additional benefit will be deferred until the date You return to work as an Active Full-time or Part-time Employee.

**Are there exceptions to the Deferred Effective Date provision?**

**NOTE: NOT APPLICABLE TO RETIREES**

If You were insured under the Prior Plan on the day before the Policy Effective Date and You would be eligible for coverage on the Policy Effective Date except that You are not able to meet the requirements of the Deferred Effective Date provision, then:

1. the Deferred Effective Date provision will not apply to the original effective date of coverage; and
2. the coverage amount shown in the Schedule of Insurance will not apply to You.

Instead, You will be considered to be insured and Your coverage amount will be the lesser of:

1. the Amount of Life Insurance and Principal Sum under the Prior Plan; or
2. the Amount of Life Insurance and Principal Sum shown in the Schedule of Insurance,

reduced by:

1. any coverage amount in force or otherwise payable due to any disability benefit extension under the Prior Plan; or
2. any coverage amount that would have been in force due to any disability benefit extension under the Prior Plan had timely election for the disability provision been made.

You will remain insured under this provision until the first to occur of:

1. the date You return to work as an Active Full-time or Part-time Employee;
2. the date Your insurance terminates for a reason stated under the Termination provision;
3. the last day of a period of 12 consecutive months which begins on the Policy Effective Date; or
4. the last day You would have been covered under the Prior Plan, had the Prior Plan not terminated.

**When does coverage for Your Dependent(s) start?**

Each of Your Dependent(s) will become insured for non-contributory coverage for which We do not require Evidence of Good Health on the date on which You become eligible for such coverage. Enrollment will be automatic.

In no event will Dependent Coverage become effective before the date You become insured.

All effective dates of coverage are subject to the Deferred Effective Date provision for Dependents.

**What is the Deferred Effective Date provision for Dependents?**

If a Dependent, other than a newborn, is confined at home, in a hospital or elsewhere because of a physical or mental condition on the date insurance, an increase in coverage or a new benefit added to the Policy would otherwise have become effective, the effective date of insurance, any increase or additional benefit will be deferred until the Dependent is discharged from the hospital or no longer confined and has engaged in substantially all the normal activities of a healthy person of the same age for a period of at least 15 days in a row.

"Confined elsewhere" means the individual is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.

**Are there exceptions to the Deferred Effective Date provision?**

If You were insured with respect to a Dependent under the Prior Plan as of the day before the Policy Effective Date, the Deferred Effective Date provision will not apply to the original effective date of coverage for any Dependent.

Instead, Your Dependent will be considered to be insured and the Amount of Insurance will be the lesser of:

1. the Amount of Insurance in force on the life of the Dependent under the Prior Plan; or
2. the Amount of Insurance shown in the Schedule of Insurance.

**When are changes effective?**

The provisions, terms and conditions of the Schedule of Insurance or this Booklet-certificate may be modified, amended or changed at any time; consent from any covered individual is not required.

If there is any type of change in Your class, the Schedule of Insurance or the Booklet-certificate which:

1. decreases an amount of coverage or deletes, limits or restricts the availability of a benefit or provision, then that decrease, deletion, limitation or restriction will be effective on the date the change in class, the Schedule of Insurance or the Booklet-certificate is effective;
2. increases an amount of coverage or adds, improves or increases availability of a benefit or provision, then that increase, addition or improvement will be effective on the date the change in class, the Schedule of Insurance or the Booklet-certificate is effective, subject to application of the Deferred Effective Date provision and Our approval where Evidence of Good Health is required.

## **BENEFITS**

### **Life Insurance Benefit**

#### **To whom and how are benefits paid?**

A completed claim form, a certified copy of the death certificate and Your enrollment form must be sent to the Employer or Us. When the required claim papers are received and approved by Us, the Amount of Life Insurance will be paid.

Benefits payable for a Dependent's death are payable to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.

Your death benefit will be paid in a lump sum to the beneficiary(ies) designated by You in writing and on file with the Employer.

Unless You have requested something different, payment will be made as follows:

1. If more than one beneficiary is named, each will be paid an equal share.
2. If any named beneficiary dies before You, His share will be divided equally among the named surviving beneficiaries.

If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay:

1. up to \$500 of Your life insurance to any party that We deem is entitled because of their payment of burial expenses. We will be released from further liability for any amount so paid; and/or
2. the executors or administrators of Your estate; or
3. Your surviving relatives in the following order:
  - a) all to Your surviving spouse; or
  - b) if Your spouse does not survive You, in equal shares to Your surviving children; or
  - c) if no child survives You, in equal shares to Your surviving parents.

If a minor does not have a legal guardian, We may, until such a guardian is appointed, pay the person We deem to be caring for and supporting him. Such payment will be in monthly installments of not more than \$200.

#### **What benefit is payable if Your death results from suicide?**

No Supplemental Life benefit will be payable if death results from suicide, whether sane or insane, within 2 years of the effective date of Your coverage. Additionally, if death resulting from suicide, whether sane or insane, occurs within 2 years of the effective date of an increase in Your coverage, the death benefit payable is limited to the amount of coverage in force prior to the increase. The 2 year period includes the time coverage was in force under a Prior Plan.

### **Accelerated Death Benefit**

**This benefit is not available for Retirees.**

#### **What is the benefit?**

If You are or Your Dependent is diagnosed as being Terminally Ill and proof of such diagnosis is provided by an attending physician licensed to practice in the United States, and that person is:

1. less than age 70; and
2. insured for at least \$10,000,

then You may request that a portion of that person's Amount of Life Insurance be paid to You prior to death.

The request cannot exceed 80% of the in force Amount of Life Insurance, and is subject to a minimum of \$3,000 and a maximum of \$500,000. You may exercise this option only once per person.

For example, if You have an Amount of Life Insurance equal to \$20,000 and You are Terminally Ill, You can request any portion of the life insurance between \$3,000 to \$16,000 to be paid to You now instead of to Your beneficiary at Your death. However, if You decide to request only \$3,000 now, You cannot request the additional \$13,000 in the future.

**What does Terminal Illness/Terminally Ill mean?**

Terminally Ill or Terminal Illness means that an individual has a life expectancy of 12 months or less.

**RECEIPT OF ANY BENEFITS IN ACCORDANCE WITH THIS PROVISION WILL REDUCE LIFE INSURANCE BENEFITS PAYABLE UPON DEATH.**

**What if an individual is no longer Terminally Ill?**

If diagnosed as no longer Terminally Ill, coverage may or may not remain in force. Coverage which remains in force will be reduced by any amount of Accelerated Death Benefits received and premium is due for this reduced amount. If coverage does not remain in force, then the reduced amount of coverage may be converted.

**What limitations apply to this benefit?**

The Accelerated Death Benefit provision will be subject to all applicable terms and conditions of the Policy.

No Accelerated Death Benefit will be paid if You are required by law to accelerate benefits to meet the claims of creditors, or if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement.

**What if You made an assignment under this plan?**

If You have executed an assignment of rights and interest with respect to Your Amount of Life Insurance, in order to pay benefits to You under this provision, We must receive a release from the individual to whom the assignment was made before any benefits are payable.

**Accidental Death and Dismemberment (AD&D) Benefit  
Employee Only**

**NOTE: NOT APPLICABLE TO RETIREES**

**What conditions are necessary for benefits to become payable?**

We will pay a benefit if You suffer an accidental injury while insured and:

1. a Loss results directly from such injury, independent of all other causes; and
2. such Loss occurs within 365 days after the date of the accident causing the injury.

**When should We be notified of a claim?**

A claimant must give Us, or Our appropriate representative, written notice of a claim within 20 days after the Loss happens or starts. If notice cannot be given within that time, it must be given as soon as possible after that.

Such notice must include:

1. the claimant's name and address; and
2. the Policy or account number.

**Are special forms required to file a claim?**

Within 15 days of receiving a notice of claim, We or Our appropriate representative will send forms to the claimant for providing proof of Loss. If the forms are not provided within 15 days, the claimant may submit any other written proof which fully describes the nature and extent of claim.

**When must proof of Loss be given?**

Satisfactory written proof of Loss must be sent to Us or Our appropriate representative, within 90 days after the date of such Loss. However, all claims must be submitted to Us within 90 days of the date any individual's insurance terminates.

If proof is not given by the time it is due, it will not affect the claim if:

1. it was not possible to give proof within the required time; and
2. proof is given as soon as possible, but no later than a year after it is due unless the claimant is not legally competent.

**When and to whom will Your claim be paid?**

Benefits for Loss of life will be paid in accordance with Your life insurance beneficiary designation. Unless otherwise specified, benefits for all other Losses are payable to You.

Benefits for all other Losses will be paid as soon as due written proof is received. Benefits for all other Losses will be paid not more than 60 days after written proof is received.

Any payments other than for Loss of life which are owing at Your death may be paid to Your estate. If any payment is owed to:

1. Your estate;
2. a person who is a minor; or
3. a person who is not legally competent,

then We may pay up to \$1,000 to Your relative who is entitled to it in Our opinion. Any such payment shall fulfill Our responsibility for the amount paid.

**What types of injuries are excluded from coverage?**

No benefit will be paid for a Loss caused or contributed to by:

1. sickness;
2. disease;
3. any medical treatment for items (1) or (2);
4. any infection, except a pus-forming infection of an accidental cut or wound;
5. war or any act of war, whether war is declared or not;
6. any injury received while in any armed service of a country which is at war or engaged in armed conflict;
7. any intentionally self-inflicted injury, suicide, or suicide attempt, whether sane or insane;
8. taking drugs, sedatives, narcotics, barbiturates, amphetamines or hallucinogens unless prescribed for or administered by a licensed physician; or
9. the injured person's intoxication.

Intoxication means that blood alcohol content or the results of other means of testing blood alcohol level, meet or exceed the legal presumption of intoxication under the law of the state where the accident took place.

**What is the benefit payable?**

The benefit payable for any Loss is that which is shown opposite the Loss in the following schedule. The Principal Sum is shown in the Schedule of Insurance. No benefit is payable for any Loss which is not shown in the schedule below.

<u>DESCRIPTION OF LOSS</u>	<u>BENEFIT</u>
Loss of life	100%
Loss of hand above wrist but below elbow	50%
Loss of a foot permanently severed at or above the ankle but below the knee	50% + \$10,000
Loss of an arm permanently severed at or above the elbow	75%
Loss of a leg permanently severed at or above the knee	75%
Loss of sight in one eye	50%
Loss of any combination of hand, foot, or sight of one eye, as defined above	100%
Loss of the thumb and index finger of same hand	25%
Loss of speech and loss of hearing	100%
Loss of speech or loss of hearing	50%
Paralysis of both arms and both legs	100% + \$10,000
Paralysis of both legs	50% + \$10,000
Paralysis of the arm and leg on either side of the body	50% + \$10,000
Paralysis of one arm or leg	25% + \$10,000
Brain Damage	100%

Loss means the following:

1. Loss of a hand or foot means that it is completely cut off at or above the wrist or ankle joint.
2. Loss of an eye means that sight in the eye is completely lost and cannot be recovered or restored.
3. Loss of speech or hearing means that speech or hearing is lost entirely and the Loss cannot be recovered or restored. Hearing must be lost in both ears.
4. Loss of movement of limbs means that the movement is completely lost and is irreversible.
5. Loss of thumb and index finger means actual severance through or above the metacarpophalangeal joints.

**What benefits are payable if Loss is incurred while a passenger on a common carrier?**

If Loss is sustained while a passenger on or in:

1. any means of transportation licensed to carry passengers for money; or
2. a transport-type aircraft of the national military air transport service of any country,

then the Principal Sum shown in the preceding schedule will be doubled.

A passenger is defined to be an individual other than a pilot, operator or crew member who is riding in or on, boarding, or dismounting from a means of transportation.

This common carrier provision will not apply to a Loss sustained by a passenger in an aircraft owned, operated, chartered, or leased by or for the Employer.

**Seat Belt/Air Bag Benefit**

Subject to all conditions and limitations of this AD&D Benefit, if You suffer a Loss under the AD&D Benefit, while:

1. a passenger riding in; or
2. the licensed operator of,

an Automobile and, at the time of the accident, You were properly wearing a Seat Belt as verified on the police report, then a Seat Belt Benefit will be payable in addition to the Principal Sum.

**What is the Seat Belt Benefit payable?**

The Seat Belt Use benefit is an additional benefit equal to 100% of the Full Amount shown in the SCHEDULE OF INSURANCE. However, the amount We will pay for this benefit will not be less than \$5,000 or more than \$10,000.

**What conditions are necessary for an Air Bag Benefit to become payable?**

The Air Bag Use Benefit is an additional benefit equal to 100% of the Full Amount shown in the SCHEDULE OF INSURANCE. However, the amount We will pay for this benefit will not be less than \$5,000 or more than \$10,000 provided that:

1. You were positioned in a seat that was equipped with a factory installed Air Bag;
2. You were properly strapped in the Seat Belt when the Air Bag inflated; and
3. the police report establishes that the Air Bag inflated properly upon impact.

Air Bag means an inflatable supplemental passive restraint system installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications, that inflates upon collision to protect an individual from injury and death. An Air Bag is not considered a Seat Belt.

Automobile means a duly registered, four wheeled, private passenger car, pick-up truck, van, self-propelled motor home or sport utility vehicle which is not being used as a Common Carrier.

Common Carrier means a conveyance operated by a concern, other than the Employer, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

Seat Belt means an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications.

**Education Benefit**

Subject to all conditions and limitations of this AD&D Benefit, if You die, then an Education Benefit will be paid in addition to the Principal Sum. This benefit is payable to each of Your dependents who qualifies as a Student.

**Who may qualify as a Student?**

A Student, for the purpose of this Education Benefit, means a person who is Your dependent on the date of Your death, and who:

1. is a post-high school student who attends a school for higher learning on a Full-time basis on the date of Your death; or
2. became a Full-time post-high school student in a school for higher learning within 365 days after Your death and was a student in the 12<sup>th</sup> grade on the date of Your death.

The term "Full-time" student shall mean registered for not less than 12 course credit hours per semester. If the institution establishes full-time student status by a method other than semester credit hours, We reserve the right to determine whether the student qualifies as Full-time.

No benefit is payable to any dependent who has not furnished proof to Us of his Student status.

**What is the Education Benefit payable?**

The Education Benefit payable is 100% of your full Principal Sum up to \$5,000 per year, per child for up to 4 years:

We will not pay more than one Education Benefit per Student during any one school year.

If the Student is a minor, We will pay benefits to the Student's legal representative.

**When will payments terminate?**

The Education Benefit will no longer be payable on the first to occur of:

1. the date on which the 4th Education Benefit for a Student is paid; or
2. the end of the 12<sup>th</sup> consecutive month during which the dependent has not furnished satisfactory proof to Us that he is a Student.

**What benefits are payable if no dependent qualifies as a Student?**

If no dependent qualifies as a Student, then We will pay \$2,500 in accordance with Your beneficiary designation.

**Day Care Benefit**

Subject to all conditions and limitations of this AD&D Benefit, if You die, then a Day Care Benefit is payable in addition to the Principal Sum. The Day Care Benefit is payable for each dependent if:

1. such dependent is less than age 7 at the time of death; and
2. proof of such dependent's enrollment in a Day Care Program is provided as described below.

**What is the Day Care Benefit payable?**

The Day Care Benefit payable is the lesser of:

1. \$5,000; or
2. 12% to a maximum of \$5,000 per year for up to 4 years.

One Day Care Benefit is payable each year for each dependent who qualifies for Day Care Benefits. No more than four Day Care Benefits will be payable for each dependent. Payment will be made to the person who has primary responsibility for such dependent's expenses.

**What proof must be given?**

Proof of a dependent's enrollment in a Day Care Program may be in the form of, but will not be limited to, the following:

1. a copy of the dependent's approved enrollment application in a Day Care Program;
2. canceled check(s) which prove payment for a Day Care Program; or
3. a letter from the Day Care Program stating that the dependent:
  - a) is attending a Day Care Program; or
  - b) has been enrolled in a Day Care Program and will be attending within 365 days of the date of Your death.

Proof of enrollment must be sent to Us prior to the last day of the 12th month on or next following the date of Your death.

Day Care Program means a program of child care which:

1. is operated in a private home, school or other facility;
2. provides and charges a fee for the care of children; and
3. is licensed as a Day Care Center or is operated by a licensed Day Care Provider, if such licensing is required by the state or jurisdiction in which it is located; or
4. if licensing is not required, provides child care on a daily basis for 12 months a year.

A Day Care Program will not mean a program of child care which is provided by an immediate relative of the child receiving the care. An immediate relative is a sibling, parent, step-parent, grandparent, aunt, or uncle.

**What benefits are payable if no person is eligible for Day Care Benefits?**

If no dependent qualifies for Day Care Benefits, then We will pay \$2,500 in accordance with Your beneficiary designation.

**Rehabilitation Benefit**

Subject to all conditions and limitations of this AD&D Benefit, if You suffer a Loss other than loss of life, then a Rehabilitation Benefit will be paid in addition to the Principal Sum.

**What is the Rehabilitation Benefit payable?**

The Rehabilitation Benefit payable is the lesser of:

1. the Expense Incurred for Rehabilitative Training; or
2. \$10,000.

Rehabilitative Training means any training which:

1. is required due to Your injury; and
2. prepares You for an occupation in which You would not have engaged except for the injury.



Expense Incurred means the actual cost of the:

1. training; and
2. materials needed for the training.

The expense must be incurred during the two-year period that begins on the date of Your accident.

### **Spouse Education Benefit**

Subject to all conditions and limitations of this AD&D Benefit, if You die, then a Spouse Education Benefit will be paid in addition to the Principal Sum. This benefit is payable to Your spouse.

### **What conditions are necessary for Spouse Education Benefits to become payable?**

To qualify for this Benefit, Your spouse must enroll in an Occupational Training program:

1. for the purpose of obtaining an independent source of income; and
2. within one year of the date of Your death.

### **What is the Spouse Education Benefit payable?**

The Spouse Education Benefit payable is 100% of the Principal Sum to a maximum of \$10,000 for up to 2 years.

We will pay the Spouse Education Benefit immediately after We receive proof that Your spouse has enrolled in an Occupational Training program.

### **What benefits are payable if there is no surviving spouse?**

If there is no surviving spouse, We will pay \$2,500 in accordance with Your beneficiary designation.

Occupational Training means any:

1. education;
2. professional; or
3. trade training

program which prepares the spouse for an occupation for which he otherwise would not have been qualified.

Expense Incurred means:

1. the actual tuition charged, exclusive of room and board; and
2. the actual cost of the materials needed

for the Occupational Training program. The expense must be incurred during the two year period that begins on the date of Your death.

### **Adaptive Home and Vehicle Benefit**

Subject to all conditions and limitations of this AD&D Benefit, if You are injured, then an Adaptive Home and Vehicle Benefit will be payable in addition to the Principal Sum. For this Benefit to be payable:

1. such home alterations must be:
  - a) made by a person or persons with experience in such alterations; and
  - b) recommended by a recognized organization associated with the injury;
2. such vehicle modifications must be:
  - a) carried out by a person or persons with experience in such matters; and
  - b) approved by the Motor Vehicle Department.

### **What is the Adaptive Home and Vehicle Benefit payable?**

The Adaptive Home and Vehicle Benefit payable is the lesser of:

1. 5% of the Principal Sum; or
2. \$5,000; or
3. the actual one-time cost,

for such alterations and/or modifications, incurred within two years from the date of the accident, to Your:

1. principal residence; and/or
2. Private Automobile,

to make the residence accessible to You, or the Private Automobile driveable or rideable for You.

Private Automobile means a four wheeled, private passenger car, station wagon, pick-up truck, van or jeep-type automobile which is not being used as a Common Carrier.

Common Carrier means a conveyance operated by a concern, other than the Employer, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

### **Coma Benefit**

Subject to all conditions and limitations of this AD&D Benefit, if as a result of an injury You:

1. become Comatose, within 30 days from the date of the accident; and
2. remain continuously Comatose for at least 7 days,

then We will pay a Coma Benefit.

### **What is the Coma Benefit payable?**

The Coma Benefit payable is a monthly amount equal to 1% beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months.

The Coma Maximum Benefit Amount equals the Principal Sum under the AD&D Benefit, less all other payments under the AD&D Benefit for all losses which are due to the same accident.

### **When will payments terminate?**

The Coma Benefit will no longer be payable on the first to occur of the:

1. end of the month in which You die;
2. end of the month in which You recover from the Coma;
3. date on which the total of Coma Benefit payments equals the Coma Maximum Benefit Amount; or
4. date on which 100 Coma Benefit payments have been made.

Coma means complete and continuous:

1. unconsciousness; and
2. inability to respond to external or internal stimuli.

## **TERMINATION Employee and Retiree Coverage**

### **When does Your coverage terminate?**

Unless continued in accordance with the Exceptions to Termination section, Your insurance will terminate on the first to occur of:

1. the date the Policy terminates;
2. the last day of the period for which You made any required premium contribution, if You fail to make any further required contribution;
3. the date You are no longer in a class eligible for coverage;
4. the date Your Employer terminates Your employment; or
5. the date You are absent from work as an Active Full-time or Part-time Employee.

**EXCEPTIONS TO TERMINATION**  
**Not Applicable to Retirees**

**Under what conditions can Your insurance be continued under the continuation provisions?**

If You are absent from work as an Active Full-time or Part-time Employee, Your insurance may be continued up to the maximum period of time stated. In each instance, such continuation shall be at the Employer's option, but must be according to a plan which applies to all employees in the same way. Continued coverage:

1. is subject to any reductions in the Policy;
2. is subject to payment of premium by the Employer; and
3. terminates when the Policy terminates.

If You are on a documented leave of absence, other than Family or Medical Leave, all of Your coverages (including Dependent Life coverage) may be continued for up to 12 months.

If You are laid off due to lack of work, all of Your coverages (including Dependent Life coverage) may be continued until the last day of the month following the month in which the layoff commenced.

If You are granted a leave of absence according to the Family and Medical Leave Act of 1993, all of Your coverages (including Dependent Life coverage) may be continued for up to 12 weeks, or 26 weeks if You qualify for Family Military Leave, or longer if required by state law, following the date Your insurance would have terminated, subject to the following:

1. the leave authorization must be in writing;
2. the required premium for You must be paid;
3. Your benefit level will be that which was in effect on the day before said leave started, subject to any reductions included in the Policy;
4. the amount of Earnings upon which Your benefit may be based, will be that which was in effect on the day before said leave started; and
5. continued coverage will cease immediately if one of the following events should occur:
  - a) the leave terminates prior to the agreed upon date;
  - b) the Policy terminates;
  - c) You or the Policyholder fail to pay premium when due; or
  - d) the Policy no longer insures Your class.

In all other respects, the terms of Your insurance remain unchanged.

If You are absent from work due to sickness or injury, all of Your coverages (including Dependent Life coverage) may be continued until the last day of a period of 12 month(s) which begins on the date You were first absent from work as an Active Full-time or Part-time Employee. If You feel that Your condition may continue for an extended period of time, You should request that Your Employer file a waiver of premium claim.

**What is Waiver of Premium?**

Waiver of premium is a provision which allows for continued employee or Dependent life insurance, without payment of premium, while You are Disabled. This provision does not apply to Retirees.

**To what coverages does the Waiver of Premium apply?**

These provisions apply only to Your Basic and Supplemental Life Insurance and Dependent Life Insurance.

Waiver of Premium does not apply to any AD&D Insurance.

**What conditions must be satisfied before You qualify for Waiver of Premium?**

1. You must be less than 70, insured and Disabled; and
2. acceptable proof of Your condition must be furnished to Us within one year of Your last day of work as an Active Full-time or Part-time Employee.

**What does Disabled mean?**

Disabled means that You have a condition that prevents You from doing any work for which You are or could become qualified by education, training or experience and it is expected that this condition will last for at least six consecutive months from Your last day of work as an Active Full-time or Part-time Employee; or You have been diagnosed with a life expectancy of 12 months or less.

**When will We waive premium?**

We will waive premium after proof that You are Disabled is provided by an attending physician licensed to practice in the United States and We approve the proof. You will be notified by Us of the date We will begin to waive premium.

Continued coverage will be subject to any age reductions provided by any part of the Policy.

**What if You or Your Dependent die before You qualify for Waiver of Premium?**

If:

1. You or Your Dependent should die within one year of Your last day of work as an Active Full-time or Part-time Employee but prior to qualifying for waiver of premium; and
2. You were Disabled,

We will pay the Amount of Life Insurance which is in force for You or Your Dependent. Your Dependent Life coverage will terminate on the date You die. They may be eligible for conversion as of that date.

**Can We have You examined for proof that You continue to be Disabled?**

During the first two years following the date You qualify as Disabled, We may have You examined at reasonable intervals. Thereafter, We will only require an annual examination to confirm that You continue to be Disabled. If You fail to submit any required proof or refuse to be examined as required by Us, then Your coverage will terminate.

**What if You are no longer Disabled?**

If, for any reason, You are no longer Disabled, Your premium will no longer be waived. On that date, You may or may not return to work.

If You return to work in an Eligible Class, then all of Your coverages will be reinstated subject to the terms of the Policy in effect on the reinstatement date.

If You do not return to work within an Eligible Class, and You are not eligible for any other group life insurance, then You are entitled to the Conversion Privilege. You may convert the Amount of Life Insurance that is in force for You and Your Dependent on the date it is determined that You are no longer Disabled.

**How long will premiums be waived?**

Your premium will be waived and Your coverage will be continued until You attain age 70.

The premium for Dependent Life coverage will be waived and subject to all Policy provisions, Dependent Life coverage will continue until the first to occur of the date:

1. You die;
2. You no longer qualify for Waiver of Premium;
3. the date the Policy terminates; or
4. You attain age 70.

On the date waiver of premium terminates, if You do not return to work, You will be entitled to convert Your coverage. You may convert no more than Your Amount of Life Insurance that is in force on the date waiver of premium terminates. On the date the waiver of premium terminates for Dependent Life coverage, Your Dependents may be eligible to convert.

**What if the Policy terminates before You qualify for waiver of premium?**

If the Policy terminates before You qualify for waiver of premium, You may be eligible to convert. Additionally, You may later be approved for waiver of premium.

**What if the Policy terminates after You qualify for waiver of premium?**

Termination of the Policy will not affect Your coverage under the terms of this provision.

## **DEPENDENT COVERAGE**

### **When does Dependent Coverage terminate?**

Unless continued in accordance with the Exception to Termination section, a covered Dependent's insurance will terminate on the earliest of:

1. the date Your coverage terminates;
2. the last day of the period for which any required premium contribution is made, if You fail to make any further required contribution;
3. the date You are no longer eligible for Dependent Coverage;
4. the date the Dependent no longer meets the definition of Dependent; or
5. the date We or the Employer terminate Dependent Coverage.

## **EXCEPTIONS TO TERMINATION**

### **Under what conditions can Dependent child insurance be continued?**

If a covered Dependent child reaches the age at which He would otherwise cease to be a Dependent as defined, and the Dependent child is:

1. disabled and incapable of earning His own living ; and
2. primarily dependent on You for support and maintenance,

then Dependent coverage will not terminate solely due to age if You submit satisfactory proof of the Dependent child's disability to Us within 31 days of the date the Dependent child reaches such age.

Coverage will continue while the Policy remains in force as long as:

1. the child continues to meet the required conditions; and
2. any required premium is paid.

We will have the right to require satisfactory proof that the child continues to meet the required conditions as often as necessary during the first two years of continuation, but not more than once a year after that.

## **CONVERSION PRIVILEGE**

The following does not apply to any AD&D Benefits.

### **When can an individual convert?**

If insurance, or any portion thereof, terminates, then any individual covered under the Policy may convert his life insurance to a conversion policy without providing Evidence of Good Health.

If the qualifying event is policy termination or termination of coverage for a class then the individual must have been insured for at least 5 years under the Policy in order to be eligible for this conversion privilege.

### **What is the conversion policy?**

The conversion policy will:

1. be on one of the life insurance policy forms, except term insurance, then customarily issued by Us for conversion purposes;
2. contain no disability, supplementary or AD&D benefits; and
3. be effective on the 32nd day after group life insurance terminates.

**How much can be converted?**

If the qualifying event is policy termination or termination of coverage for a class, then the amount which may be converted is limited to the lesser of:

1. the amount of group coverage in force prior to the qualifying event, reduced by the amount of any other group coverage for which the individual becomes covered within 31 days of termination of group coverage; or
2. \$2,000.

If conversion is due to retirement or any other qualifying event, the full amount of coverage lost may be converted.

**How does an individual convert coverage?**

To convert life insurance, the individual must, within 31 days of the date group coverage terminates, make written application to Us and pay the premium required for his age and class of risk.

**What if death occurs during the conversion election period?**

If the individual should die within the 31 day conversion election period, We will, upon receipt of acceptable proof of His death, pay the Amount of Life Insurance He was entitled to convert.

## GENERAL PROVISIONS

**When can this plan be contested?**

Except for non-payment of premium, the Policy cannot be contested after two years from the Policy Effective Date.

No statement relating to insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the individual's lifetime. In order to be used, the statement must be in writing and signed by the affected individual.

**Are there any rights of assignment?**

Except for the dismemberment benefits under the AD&D Benefit, You have the right to absolutely assign all of Your rights and interest under the Policy including, but not limited to, the following:

1. the right to make any contributions required to keep the insurance in force;
2. the privilege of converting; and
3. the right to name and change a beneficiary.

However, You may not assign rights to the Employer, and if You are terminally ill, You may not make an absolute assignment if the benefits under the Policy would be used as collateral for a loan.

No absolute assignment of rights and interest shall be binding on Us until and unless:

1. the original of the form documenting the absolute assignment; or
2. a true copy of it,

is received and acknowledged by Us at our home office.

We have no responsibility:

1. for the validity or effect of any assignment; or
2. to provide any assignee with notices which We may be obligated to provide to You.

**How do You designate or change Your beneficiary?**

You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us and filing the form with the Employer. Only satisfactory forms sent to the Employer prior to Your death will be accepted.

Designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change from the Employer.

In no event may a beneficiary be changed by a Power of Attorney.

**Can We have a claimant examined or request an autopsy?**

We reserve the right to have a claimant examined and to have an autopsy performed, if not forbidden by law. Any such examinations will be as reasonably required by Us and at Our expense.

**What notification will You receive if Your claim is denied?**

If a claim for benefits is wholly or partly denied, the claimant will be furnished with written notification of the decision. This written decision will:

1. give the specific reason(s) for the denial;
2. make specific reference to the provisions upon which the denial is based; and
3. provide an explanation of the review procedure.

**What recourse do You have if Your claim is denied?**

On any denied claim, the claimant or His representative may appeal to Us for a full and fair review.

The claimant may:

1. request a review upon written application within 60 days of receipt of claim denial;
2. review pertinent documents; and
3. submit issues and comments in writing.

A request for an appeal will not be denied if not submitted within 60 days if it is not reasonably possible to make such request within 60 days. In this case, the request must be submitted as soon as reasonably possible thereafter.

A decision will be made by Us no more than 60 days after the receipt of the request, except in special circumstances (such as the need to hold a hearing), but in no event more than 120 days after the request for review is received.

## DEFINITIONS

With respect to Class 1:

**Active Full-time or Part-time Employee** – An employee who works for the Employer on a regular basis in the usual course of the Employer's business. An employee must work at least the number of hours in the Employer's normal work week. This must be at least 30 hours for Full-time employees and at least 30 hours for Part-time employees. You will be considered actively at work with Your Employer on a day which is one of Your Employer's scheduled work days if You are performing, in the usual way, all of the regular duties of Your job on a Full-time basis with respect to Full-time employees, or on a Part-time basis with respect to Part-time employees, on that day. You will also be considered actively at work on a paid vacation day or a day which is not one of Your Employer's scheduled work days only if You were actively at work on the preceding scheduled work day.

With respect to Class 3:

**Active Full-time Employee** – An employee who works for the Employer on a regular basis in the usual course of the Employer's business. An employee must work at least the number of hours in the Employer's normal work week. This must be at least 0 hours. You will be considered actively at work with Your Employer on a day which is one of Your Employer's scheduled work days if You are performing, in the usual way, all of the regular duties of Your job on a Full-time basis on that day. You will also be considered actively at work on a paid vacation day or a day which is not one of Your Employer's scheduled work days only if You were actively at work on the preceding scheduled work day.

**Amount of Life Insurance** – This term means both the Basic and Supplemental Life Amounts unless otherwise stated in specific provisions and benefits.

**Anniversary Date** – The date occurring in each calendar year which is an anniversary of the Policy Effective Date.

**Dependent**

1. Your spouse; and
2. Your child who is:
  - a) not yet 21 years old; or
  - b) 21, but has not yet attained age 25, is primarily dependent upon You for financial support and attends an accredited school (other than a correspondence school) on a regular and full-time student basis as his principal activity; or
  - c) 21 years old or older and is disabled and primarily dependent upon You for financial support. Such child must have become disabled before attaining age 21.

The term "spouse" means an individual who is either:

1. in a marriage with the employee which is recognized by the law in the state of residence; or
2. the employee's domestic partner.

The term "domestic partner" means:

1. any individual with whom the employee executes a Domestic Partner Affidavit acceptable to Us, to establish that they are domestic partners for purposes of this Policy (such person will remain a domestic partner as long as he continues to meet the requirements described in the Domestic Partner Affidavit); or
2. with respect to California residents only, an individual who is in a registered domestic partnership with the employee in accordance with California law.

The term "child", shall also include Your:

1. stepchild;
2. legally adopted child; and
3. any other child related to You by blood or marriage or domestic partnership and who lives with You in a regular parent-child relationship, provided that You claim such child as a dependent on Your most current federal income tax return Form 1040.

You may not elect coverage for Your Dependent if Your Dependent is covered as an employee under the Policy. Any person who is in full-time military, naval or air force service cannot be a Dependent. No person can be insured as a Dependent of more than one employee under the Policy.

**Employer** – The Policyholder named in the Schedule of Insurance.

**He/His** – He or she. His or her.

**Prior Plan** – A plan of group term life insurance sponsored by the Employer which was in force on the day before the Policy Effective Date.

**Retiree** – A former Active Full-time or Part-time Employee of the Employer who:

- is at least age 55, but less than age 65;
- was an active employee on the day prior to early retirement; and
- has completed at least 15 or more consecutive years of active Full-time service with the Employer.

**We/Us/Our** – The Hartford Life and Accident Insurance Company.

**You/Your** – The employee to whom this Booklet-certificate is issued.



**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**  
**ACCIDENT ONLY COVERAGE**  
**OUTLINE OF COVERAGE**

Read Your Certificate Carefully. This outline of coverage provides a very brief description of some important features of your certificate. The certificate itself must be consulted for important details of the coverage provided. Please see the Table of Contents in the front of your Certificate for the location of the sections and provisions referred to in this outline.

- (1) Accident Only Coverage. This category of coverage is designed to provide, to persons insured, benefits for certain losses resulting from a covered accident ONLY, subject to any limitations set forth in the policy. Benefits are not provided for basic hospital, basic medical-surgical, or major-medical expenses.
- (2) Benefits. The benefits provided by your coverage are indicated in the Schedule of Insurance in your Certificate. Benefit provisions are described in the Benefits section of your Certificate.
- (3) Exceptions, Reductions, and Limitations. No benefits are provided for any loss resulting from sickness. Other exceptions, reductions and limitations to your coverage are described in the Schedule of Insurance and in the Benefits section of your Certificate. In addition, exclusions and limitations, including any limitations for pre-existing conditions, are described in the Exclusions section of your Certificate.
- (4) Continuation of Coverage. Please see the provisions relating to eligibility for coverage in the Schedule of Insurance, and to continuation and termination of coverage in the Termination provision of the Benefits section of your Certificate.
- (5) Premiums/Contributions. The premium or contribution required for your coverage is shown in the Schedule of Insurance in your Certificate. Your premiums or contributions may increase or decrease as indicated in the Schedule of Insurance in your Certificate.

Accident Only OOC (CA)



Certificate of Insurance  
**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**  
Hartford, Connecticut

**Policyholder:** Hartnell Community College District  
**Policy Number:** 72-ADD-S07726  
**Policy Effective Date:** January 1, 2014

We have issued a policy to the Policyholder. Our name, the Policyholder name and the Policy Number are shown above. The provisions of the policy which are important to you are summarized in this Certificate; consisting of this Certificate and any additional forms which have been made a part of this Certificate. This Certificate replaces all certificates which may have been given to you earlier for the policy. The policy alone is the only contract under which payment will be made. Any difference between the policy and this Certificate will be settled according to the provisions of the policy.

Terence Shields, *Secretary*

Michael Concannon, *Executive Vice President*

## SCHEDULE

### **Eligible Persons:**

All Active Full-time and Part-time Employees who are U.S. citizens or U.S. residents, excluding temporary and seasonal employees:

- Class 1: full-time or permanent part-time certificated management employees, classified employees, classified management, confidential employees or supervisory employees
- Class 2: early retirees who retired on or after age 55 but less than age 65
- Class 3: board members

With respect to Class 1:

**Full-time or Part-time Employee** means a person who:

- a) is regularly employed by the Policyholder in the usual course of their business; and
- b) works at least 30 hours per work week.

With respect to Class 3:

**Full-time Employee** means a person who:

- a) is regularly employed by the Policyholder in the usual course of their business; and
- b) works at least 0 hours per work week.

### **Waiting Period:**

You will be eligible for coverage on the first day of the month following Your date of hire.

The waiting period will be reduced by the period of time You were an Active Full-time or Part-time Employee with the Employer under the Prior Plan.

Retirees are eligible for coverage on the later of:

1. the date on which the individual meets the definition of a Retiree; or
2. the Policy Effective Date

### **Basic Principal Sum:**

For Active Employees an amount determined by the age bands listed below:

<b>Age</b>	<b>Basic Principal Sum:</b>
Under age 25	\$50,000
25 but less than 30	\$50,000
30 but less than 35	\$50,000
35 but less than 40	\$50,000
40 but less than 45	\$42,640
45 but less than 50	\$31,980
50 but less than 55	\$20,800
55 but less than 60	\$16,640
60 but less than 65	\$14,040
65 but less than 70	\$11,865
70 but less than 75	\$ 7,175
75 but less than 80	\$ 5,015
80 and over	\$ 3,300

For Retired Employees an amount determined by the age bands listed below:

<b>Age</b>	<b>Retiree Basic Principal Sum</b>
55 but less than 60	\$16,640
60 but less than 65	\$14,040
65 but less than 70	\$11,865
70 but less than 75	\$ 7,175
75 but less than 80	\$ 5,015
80 and over	\$ 3,300

**Eligible Dependents:** Eligible Person's Spouse and Child(ren)

**Policy Age Limit:** None

**Principal Sum for Each of Your Eligible Dependents  
(Please see Accidental Death and Dismemberment Benefit)**

**Seat Belt/Air Bag Coverage**

Maximum Amount: \$10,000  
Percentage of Principal Sum: 100%  
Minimum Amount: \$5,000

**Education Benefit**

Maximum Amount: \$5,000  
Percentage of Principal Sum: 100%

**Spouse Education Benefit**

Maximum Amount: \$10,000  
Percentage of Principal Sum: 100%

**Rehabilitation Benefit**

Maximum Amount: \$10,000

**Day Care Benefit**

Maximum Amount: \$5,000  
Percentage of Principal Sum: 12%

**Coma Benefit**

Waiting Period: 30 days from the date of the accident; and remain continuously Comatose for at least 7 days.

**DEFINITIONS**

**We, us or our** means the insurance company named on the face page.

**You, your or Insured Person** means an Eligible Person while he or she is covered under the policy.

**Covered Person** means you, or your Eligible Dependent while you, he or she is covered under the policy.

**Retiree** means a former Active Full-time Employee of the Employer who:

- a) is at least age 55, but less than age 65;
- b) was an active employee on the day prior to early retirement; and
- c) has completed at least 15 or more consecutive years of active Full-time service with the Employer.

**Injury** means bodily injury resulting directly and independently of all other causes from an accident which occurs while the Covered Person is covered under the policy. Loss resulting from:

- a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- b) medical or surgical treatment of a sickness or disease;

is not considered as resulting from Injury.

**On**, when used with reference to any conveyance (land, water or air), means in or on, boarding or alighting from the conveyance.

**Civil or Public Aircraft** means an aircraft which:

- a) has a current and valid Airworthiness Certificate;
- b) is piloted by a person who has a valid and current certificate of competency of a rating which authorizes him or her to pilot the aircraft; and
- c) is not operated by the militia or armed forces of any state, national government or international authority.

**Airworthiness Certificate** means:

- a) the "Standard" Airworthiness Certificate issued by the United States Federal Aviation Administration; or
- b) a foreign equivalent issued by the governmental authority with jurisdiction over civil aviation in the country of its registry.

**Military Transport Aircraft** means a transport aircraft operated by:

- a) the United States Air Mobility Command (AMC); or
- b) a national military air transport service of any country.

**Written Request** means any form provided by us for the particular request.

## **INSURED PERSONS PERIOD OF COVERAGE**

**Effective Date:** Your coverage becomes effective on the later of:

- a) the Policy Effective Date; or
- b) the first day of the month on or next following the date you become eligible.

**Termination:** Your coverage terminates on the earlier of:

- a) the date the policy is terminated; or
- b) the Premium Due Date on or next following the date you:
  - 1) cease to be an Eligible Person, or
  - 2) attain the Policy Age Limit, if any, shown in the Schedule.

## **DEPENDENTS PERIOD OF COVERAGE**

You are insured with Dependents Coverage if you have any dependents as defined below.

**Eligibility:** Eligible Dependents are defined below. In any event, you are not an Eligible Dependent.

**Eligible Dependents:**

1. **Spouse** means your spouse unless:
  - a) you and your spouse are legally separated or divorced; or
  - b) your spouse has attained the Policy Age Limit, if any, shown in the Schedule.

The term "spouse" used in this policy will include, with respect to California residents only, an individual who is in a registered domestic partnership with the Eligible Person in accordance with California law. Reference to an Eligible Person's marriage or divorce shall include his or her registered domestic partnership or dissolution of his or her registered domestic partnership.

2. **Child** or **Children** means your unmarried child, stepchild, legally adopted child, or foster child any other child related to You by blood or marriage or domestic partnership and who lives with You in a regular parent-child relationship, provided that You claim such child as a dependent on Your most current federal income tax return Form 1040:

- a) not yet 21 years old; or
- b) 21, but has not yet attained age 25, is primarily dependent upon You for financial support and attends an accredited school (other than a correspondence school) on a regular and full-time student basis as his principal activity; or
- c) 21 years old or older and is disabled and primarily dependent upon You for financial support. Such child must have become disabled before attaining age 21.

**Effective Date:** Each Eligible Dependent will become covered under the policy on the later of:

- a) the date you become an Insured Person;
- b) the date the person qualifies as an Eligible Dependent.

**Termination:** Coverage of each Eligible Dependent terminates on the Premium Due Date on or next following the earlier of:

- a) the date you cease to be an Insured Person; or
- b) the date he or she ceases to qualify as an Eligible Dependent.

**Incapacitated Child:** Coverage of a child who, on the date he or she reaches age 21 or 25, is:

- a) covered under the policy;
- b) mentally or physically incapable of earning his or her own living; and
- c) unmarried and primarily dependent on you for support and maintenance;

will not terminate solely due to age.

However, you must give us written notice of the incapacity within 31 days of the termination date.

Coverage will continue as long as:

- a) the incapacity continues; and
- b) the required premium is paid.

We may, from time to time, require proof of continued incapacity and dependency. After the first two years, we cannot require proof more than once each year.

## EXCLUSIONS

The policy does not cover any loss resulting from:

1. intentionally self-inflicted Injury, suicide or attempted suicide, whether sane or insane;
2. war or act of war, whether declared or undeclared;
3. Injury sustained while full-time in the armed forces of any country or international authority;
4. Injury sustained while riding On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
5. Injury sustained while riding On any aircraft:
  - a) as a pilot, crewmember or student pilot;
  - b) as a flight instructor or examiner; or
  - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization whose eligible persons are covered under the policy;
6. Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
7. Injury sustained while committing or attempting to commit a felony;
8. Injury sustained while operating a motor vehicle while legally intoxicated from the use of alcohol.

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If a Covered Person's Injury results in any of the following losses within 365 days after the date of accident, we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident. Your amount of the Principal Sum is determined in the Enrollment Form on file with the Policyholder. The amount of Principal Sum for each of your Covered Dependents is shown below.

**Dependent Spouse:**

An amount equal to \$1,500, not to exceed 50% of the Basic Amount of Life Insurance in force for the employee.

**Dependent Children:**

less than 6 month(s) of age:	\$100
6 month(s) of age or older:	\$1,500

<u>DESCRIPTION OF LOSS</u>	<u>BENEFIT</u>
Loss of life	100%
Loss of hand above wrist but below elbow	50%
Loss of a foot permanently severed at or above the ankle but below the knee	50% + \$10,000
Loss of an arm permanently severed at or above the elbow	75%
Loss of a leg permanently severed at or above the knee	75%
Loss of sight in one eye	50%
Loss of any combination of hand, foot, or sight of one eye, as defined above	100%
Loss of the thumb and index finger of same hand	25%
Loss of speech and loss of hearing	100%
Loss of speech or loss of hearing	50%
Paralysis of both arms and both legs	100% + \$10,000
Paralysis of both legs	50% + \$10,000
Paralysis of the arm and leg on either side of the body	50% + \$10,000
Paralysis of one arm or leg	25% + \$10,000
Brain Damage	100%

Loss means the following:

1. Loss of a hand or foot means that it is completely cut off at or above the wrist or ankle joint.
2. Loss of an eye means that sight in the eye is completely lost and cannot be recovered or restored.
3. Loss of speech or hearing means that speech or hearing is lost entirely and the Loss cannot be recovered or restored. Hearing must be lost in both ears.
4. Loss of movement of limbs means that the movement is completely lost and is irreversible.
5. Loss of thumb and index finger means actual severance through or above the metacarpophalangeal joints.

If loss is sustained by a Covered Person while riding as a passenger on any Common Carrier, the amount of Principal Sum payable under the Accidental Death and Dismemberment Benefit will be doubled. However, in no event will the Principal Sum stated in the Enrollment Form on file with the Policyholder be increased by more than the Common Carrier Limit. The Common Carrier Limit is shown in the Schedule.

**Common Carrier** means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

### **EXPOSURE**

Exposure to the elements will be presumed to be Injury if:

- a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which the Covered Person was an occupant at the time of the accident; and
- b) the policy would have covered Injury resulting from the accident.

### **DISAPPEARANCE**

A Covered Person will be presumed to have suffered loss of life if:

- a) his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- c) the policy would have covered Injury resulting from the accident.

### **SEAT BELT AND AIR BAG BENEFIT**

If a Covered Person's Injury results in a covered Loss while:

- a) a passenger riding in; or
- b) the licensed operator of;



a duly registered Automobile, and while wearing a Seat Belt at the time of Accident as verified on the police report, then the amount of the Principal Sum will be increased by the Seat Belt Benefit Amount stated in the Schedule.

If the above Seat Belt Benefit is payable, We will pay an additional Percentage of the Principal Sum to a Maximum Amount as an Air Bag Benefit as stated in the Schedule if:

- a) the Covered Person was positioned in a seat that was equipped with a factory-installed Air Bag;
- b) the Covered Person was properly strapped in the Seat Belt when the Air Bag inflated; and
- c) the police report establishes that the Air Bag inflated properly upon impact.

**Air Bag** means an inflatable supplemental passive restraint system installed by the manufacturer of the Automobile or proper replacement parts as required by the Automobile manufacturer's specifications that inflates upon collision to protect an individual from Injury and death. An Air Bag is not considered a Seat Belt.

**Accident**, for the purposes of Seat Belt Coverage, means the unintentional collision of an Automobile during which the Covered Person is wearing a Seat Belt.

**Automobile** means a four-wheeled, private passenger car, station wagon, van or jeep-type vehicle which is not being used as a Common Carrier.

**Common Carrier** means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

**Seat Belt** means:

- a) a belt, lap restraint, or shoulder restraint installed by the manufacturer of the Automobile; or
- b) a child's car seat properly placed in the Automobile.

**Exclusions:** This Seat Belt and Air Bag Coverage does not cover any loss if the Covered Person:

- a) is under the influence of any intoxicant, excitant, hallucinogen, or any narcotic or other drug, or similar substance as verified in the police accident report (unless administered under the advice of a physician); and
- b) is operating the Automobile.

## **EDUCATION BENEFIT**

If:

- a) your eligible child(ren) are covered under the policy; and
- b) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of your death or your Covered Spouse's death;

we will pay an Education Benefit to each Student as provided below.

A Student is a person for whom we receive proof that he or she:

- a) is covered as your eligible child(ren) on the date of your death;
- b) is a full-time post-high school student in a school for higher learning on the date of your death; or
- c) became a full-time post-high school student in a school for higher learning within 365 days after your death and was a student in the 12th grade on the date of your death or your Covered Spouse's death.

He or she is not considered to be a Student after the first to occur of:

- a) our payment of the fourth Education Benefit to or on behalf of that person; or
- b) the end of the 12th consecutive month during which we have not received proof that he or she is a Student.

The Education Benefit is an amount equal to 100% of your full Principal Sum up to \$5,000 per year, per child for up to 4 years.

We will not pay more than one Education Benefit to any one Student during any one school year.

The Education Benefit is payable to each person:

- a) on the date; and
- b) for whom;

we have received proof that he or she is a Student.

If he or she is a minor, we will pay the benefit to the Student's legal representative.

If:

- a) a Principal Sum is payable because of your death; and
- b) no person qualifies as a Student;

we will pay the Minimum Amount in accordance with the **Payment of Claims** provision for payment of benefits for loss of life.

Your Principal Sum is determined in the Enrollment Form on file with the Policyholder. The Maximum Amount, Percent and Minimum Amount are shown in the Schedule.

### **SPOUSE EDUCATION BENEFIT**

If your Injury results in loss of life and:

- a) your Eligible Spouse is covered under the policy; and
- b) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit;

we will pay an Education Benefit to your Surviving Covered Spouse as provided below.

The Surviving Covered Spouse, to qualify for the Education Benefit, must enroll in an Occupational Training program:

- a) for the purpose of obtaining an independent source of income;
- b) within one (1) year of the date of your death.

The Education Benefit is an amount equal to 100% of the Principal Sum to a maximum of \$10,000 for up to 2 years.

The expense must be incurred within two (2) years of the date of your death.

We will pay the Education Benefit due immediately after we receive proof that the Spouse has enrolled in an Occupational Training program.

**Occupational Training** means any:

- a) education;
- b) professional; or
- c) trade training;

program which prepares the Spouse for an occupation for which he or she otherwise would not have been qualified.

**Expense Incurred** means:

- a) the actual tuition charged, exclusive of room and board; and
- b) the actual cost of the materials needed;

for the Occupational Training program.

If a Principal Sum is payable because of your death and there is no Surviving Covered Spouse, we will pay the Minimum Amount in accordance with the **Payment of Claims** provision.

Your amount of the Principal Sum is determined in the Enrollment Form on file with the Policyholder.

The Maximum Amount, Minimum Amount, and Percentage of Principal Sum are shown in the Schedule.

### **REHABILITATION BENEFIT**

If your Injury results in any loss, other than loss of life, payable under the policy, within 365 days after the date of accident, we will pay a benefit equal to the lesser of:

- a) the Expense Incurred for Rehabilitative Training; or
  - b) the Maximum Amount;
- for Rehabilitative Training.

The expense must be incurred within 2 years of the date of accident.

Your amount of Principal Sum is determined in the Enrollment Form on file with the Policyholder. The Percentage of Principal Sum and Maximum Amount are shown in the Schedule.

**Rehabilitative Training** means any training which:

- a) is required due to your Injury;
- b) prepares you for an occupation in which you would not have engaged except for the Injury.

**Expense Incurred** means the actual cost:

- a) of the training; and
- b) of the materials needed for the training.

### **DAY CARE BENEFIT**

We will pay a Day Care Benefit for each of your Eligible Dependents who are covered under the policy if:

- a) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of your death; and
- b) such dependent is under age 7 at the time of the death; and
- c) proof of enrollment in a Day Care Program is provided as described below.

Payment will be made to the person who has legal physical custody of the Eligible Dependent and who has primary responsibility for the Eligible Dependent's expenses. Payment will be made in accordance with the Claims provision of the Policy.

Proof of enrollment for each child in a Day Care Program may be in the form of, but will not be limited to, the following:

- a) a copy of the child's approved enrollment application in a Day Care Program; or
- b) cancelled check(s) evidencing payment to a Day Care facility or Day Care Provider; or
- c) a letter from the Day Care facility or Day Care provider stating that the child:
  - 1) is attending a Day Care Program; or
  - 2) has been enrolled in a Day Care Program and will be attending within 365 days of the date of your death.

Proof of enrollment must be sent to us prior to the last day of the 12th month on or next following the date of your death.

One Day Care Benefit payment will be made each year, for a maximum of 4 Day Care Benefit payments, for each Eligible Dependent.

The Day Care Benefit payable is 12% of your full Principal Sum up to \$5,000 per year.

We will pay the Minimum Amount stated in the Schedule in accordance with the Claims Provision for payment of benefits for loss of life if:

- a) a Principal Sum is payable because of your death or your Covered Spouse's death; and
- b) no person qualifies as an Eligible Child for a Day Care Benefit.

The Maximum Amount, Minimum Amount, and Percent are shown in the Schedule.

Your amount of Principal Sum is determined in the Enrollment Form on file with the Policyholder. Your Covered Spouse's amount of Principal Sum is shown in the Accidental Death and Dismemberment section as a percentage of your Principal Sum.

**Day Care Program** means a program of child care which:

- a) is operated in a private home, school or other facility; and
- b) provides, and makes a charge for, the care of children; and
- c) is licensed as a Day Care center or is operated by a licensed Day Care provider, if such licensing is required by the state of jurisdiction in which it is located; or
- d) if licensing is not required, provides child care on a daily basis for 12 months a year.

### **COMA BENEFIT**

If, as the result of an Injury, a Covered Person:

- a) becomes Comatose within 30 days from the accident; and
- b) remain continuously Comatose for at least 7 days;

we will pay 1% of the Comatose Maximum Benefit Amount beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months.

Payment will cease on the earliest to occur of:

- 1) the end of the month in which the Covered Person dies;
- 2) the end of the month in which the Covered Person recovers from the Coma; or
- 3) when the total payment equals the Comatose Maximum Benefit Amount.

The Comatose Maximum Benefit Amount equals the Principal Sum less all other payments under the Accidental Death and Dismemberment Benefit for the Injury.

**Coma** means complete and continuous:

- a) unconsciousness; and
- b) inability to respond to external or internal stimuli.

Your amount of the Principal Sum is determined in the Enrollment Form on file with the Policyholder. The amount of Principal Sum for each of your Covered Dependents is shown in the Accidental Death and Dismemberment Benefit as a percent of your Principal Sum. The Waiting Period is shown in the Schedule.

We will not pay more than the Principal Sum under this benefit, and the Accidental Death and Dismemberment Benefit for all losses including Coma, which are due to the same accident.

### **CLAIMS**

**Notice of Claim:** The person who has the right to claim benefits (the claimant or beneficiary) must give us written notice of a claim within 20 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include your name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent.

**Claim Forms:** When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us.

**Proof of Loss:** Proof of loss must be sent to us in writing within 90 days after:

- a) the end of a period of our liability for periodic payment claims; or
- b) the date of the loss for all other claims.

If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

**Time of Claim Payment:** We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after we receive the proof of loss, while the loss and our liability continue; or
- b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately after we receive the proof of loss.

**Payment of Claims:** We will pay any benefit due for loss of life:

- a) according to the beneficiary designation in effect under the policy at the time of death; or
- b) >if no beneficiary is designated, according to the beneficiary designation under the Group Life Insurance Policy issued to the Policyholder and in effect at time of death; otherwise
- c) to your estate.

All other benefits due and not assigned will be paid to you, if living. Otherwise, the benefits may, at our option, be paid:

- a) according to the beneficiary designation; or
- b) to your estate.

If a benefit due is payable to:

- a) your estate; or
  - b) you or a beneficiary who is either a minor or not competent to give a valid release for the payment;
- we may pay up to \$1,000 of the benefit due to some other person.

The other person will be someone related to you or the beneficiary by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith.

**Appealing Denial of Claims:** If a claim for benefits is wholly or partially denied, notice of the decision shall be furnished to you. The written decision will:

- a) give the specific reason or reasons for denial;
- b) make specific reference to the policy provision on which the denial is based;
- c) provide a description of any additional information necessary to prepare the claim and an explanation of why it is necessary; and
- d) provide an explanation of the review procedure.

On any denied claim, you or your representative may appeal to us for a full and fair review. The claimant may:

- a) request a review upon written application within 60 days of the receipt of claim denial;
- b) review pertinent documents;
- c) submit issues and comments in writing.

We will make a decision no more than 60 days after the receipt of the request for review, except in special circumstances (such as the need to hold a hearing), but in no case more than 120 days after we receive the request for review. The written decision will include specific reasons on which the decision is based.

**Physical Examinations and Autopsy:** While a claim is pending we have the right at our expense:

- a) to have the person who has a loss examined by a physician when and as often as we feel is necessary; and
- b) to make an autopsy in case of death where it is not forbidden by law.

**Legal Actions:** You cannot take legal action against us:

- a) before 60 days following the date proof of loss is sent to us;
- b) after 3 years following the date proof of loss is due.

**Naming a Beneficiary:** You may name a beneficiary or change a revocably named beneficiary by giving your Written Request to the Policyholder. Your request takes effect on the date you execute it, regardless of whether you are living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received your request.

**Assignment:** We will recognize any assignment you make under the policy, provided:

- a) it is duly executed; and

- b) a copy is on file with us.

We and the Policyholder assume no responsibility for the validity or effect of an assignment.

## **INFORMATIONAL NOTICE**

### **Continuation During a Family or Medical Leave Not Applicable to Retirees**

If you are granted a leave of absence according to the Family and Medical Leave Act of 1993, your insurance may be continued for up to 12 weeks, or longer if required by state law, following the date your coverage would have terminated, subject to the following:

- 1) the leave authorization is in writing;
- 2) the required premium is paid; and
- 3) your benefit level, or the amount of earnings upon which that benefit may be based, will be that in effect on the day before the leave commenced; and
- 4) continuation will cease immediately if one of the following events should occur:
  - a) the leave terminates prior to the agreed upon date;
  - b) the termination of the Policy;
  - c) non-payment of premium when due by the Policyholder or you;
  - d) the Policy no longer insures your class.

In all other respects, the terms of the insurance remain unchanged.

**Form PA-8684 (HLA)**

**Printed in U.S.A.**

**The Plan Described in this Booklet  
is Insured by the**

**Hartford Life and Accident Insurance Company**  
Hartford, Connecticut

**Member of The Hartford Insurance Group**



## GETTING THROUGH A LOSS IS HARD. GETTING SUPPORT TO COPE IS EASY.

The loss of a loved one can leave you feeling overwhelmed. In addition to grief, you may have financial and legal worries. Questions you can't easily answer alone. And maybe some unresolved issues. If you're covered under The Hartford's **Group Life or Accident insurance policy**, you have access to Beneficiary Assist® counseling services provided by ComPsych.<sup>1</sup>

### PROFESSIONAL HELP AFTER A LOSS OR TERMINAL ILLNESS.

Beneficiary Assist provides you, your eligible beneficiaries and immediate family members with unlimited 24/7 phone access to help related to the death of yourself or a loved one. That includes:

- Legal advice, financial planning and emotional counseling for up to one year from the date the claim is filed.

- Up to five face-to-face sessions or equivalent professional time for one service or a combination.

### HANDLING A SPECTRUM OF NEEDS WITH COMPASSION AND EXPERTISE.

Because Beneficiary Assist covers a spectrum of concerns, you and your beneficiaries will have a convenient, single source for the following needs. Emotional or grief counseling. ComPsych GuidanceExperts<sup>SM</sup> are master's and doctoral level clinicians who'll listen to your concerns with compassion and refer you to the right resources for:

- Grief and loss.
- Stress, anxiety and depression.
- Relationship/marital conflict.
- Problems with children.
- Job pressures.
- Substance abuse.

*continued*







### CASE ILLUSTRATION: SOLID FOOTING.<sup>2</sup>

Greg's sudden death at the age of 42 came as an enormous blow to his wife, Sharon. Besides the shock and grief, Sharon had to struggle with debt and claims to Greg's estate by children from a former marriage. She went back and forth between anger and depression.

Through Beneficiary Assist, she was able to link up with counselors who listened compassionately and referred her to a grief expert. She also used the legal and financial counseling resources to get solid answers to complex questions.

### FINANCIAL INFORMATION AND RESOURCES.

With loss often come tough financial decisions. Share your concerns with certified public accountants and certified financial planners for assistance with:

- Managing a budget.
- Estate closure.
- Retirement impacts.
- Tax questions.
- Getting out of debt.

### LEGAL SUPPORT AND RESOURCES.

When legal uncertainties arise, get the help you need. Attorneys are available for private consultations for the following:

- Estate and probate.
- Debt and bankruptcy.
- Real estate transactions.
- Family law.

If additional legal representation is needed beyond the face-to-face visits, you can be referred to a qualified attorney in your area. You may qualify for a 25 percent reduction in the attorney's customary fees by using the ComPsych Network.

### REACH OUT.

Find out more about Beneficiary Assist counseling services by calling **1-800-411-7239**. It's a service you'll be glad to have when you need it.

**Prepare. Protect. Prevail.®**

Visit us at [THEHARTFORD.COM/EMPLOYEEBENEFITS](http://THEHARTFORD.COM/EMPLOYEEBENEFITS)



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home office is Hartford, CT.

<sup>1</sup> Beneficiary Assist® is offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time.

<sup>2</sup> This case illustration is fictitious and for illustrative purposes only.

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**ADDED PEACE OF MIND WHEN IT'S NEEDED THE MOST.**

The death of a loved one is one of life's most stressful situations. Quick, often costly decisions must be made while emotions are at their peak. Yet, how many people know how to plan a funeral? That's why your employer offers a funeral planning and concierge service through The Hartford's **Group Life insurance program** – provided by Everest,<sup>1</sup> the first to offer this service nationwide.

**THE RESOURCES TO HELP YOU MAKE CONFIDENT, INFORMED DECISIONS.**

Everest's advisors help families understand all of their options and put them into action while staying within their budget. Here are the services they offer you, your spouse/partner and children under the age of 26.

EVEREST SERVICES	
<b>24/7 Advisor Assistance</b>	<ul style="list-style-type: none"> <li>• Round-the-clock access to Everest Advisors.</li> <li>• Assistance with all funeral planning issues.</li> </ul>
<b>PriceFinder<sup>SM</sup> Research Reports</b>	<ul style="list-style-type: none"> <li>• The only nationwide database of funeral home prices.</li> <li>• Detailed local funeral home price comparisons.</li> <li>• Unlimited access to reports available on demand via the Web site.</li> </ul>
<b>Online Planning Tools</b>	<ul style="list-style-type: none"> <li>• Unlimited use of Everest's online planning, research, and knowledge tools.</li> <li>• Create simple or detailed funeral plans using various reference materials, including 10 key decisions everyone should make.</li> <li>• Information can be stored, updated, retrieved and printed on demand.</li> </ul>

*continued*





**CASE ILLUSTRATION: A SHOULDER TO LEAN ON.<sup>2</sup>**

April had always thought that she and her husband would spend their golden years together. So when he began to lose his battle with pancreatic cancer, she was completely unprepared. However, April had a knowledgeable and trusted resource: Everest services were included as part of her insurance program.

Her Everest advisor assisted with every aspect of the funeral planning process, giving April peace of mind during this stressful time. And she received an expedited life insurance payment within a week of her husband's death, which helped ease many of the family's financial pressures. Everest's services relieved April of some of the stress that comes with loss, allowing her to focus on her family.

**EVEREST SERVICES *con't***

**At-Need Family Support**

- Concierge services at or near the time of death provided by Everest's licensed funeral directors, who offer as much or as little assistance as the family desires.
- Communication of the plan with the funeral home of choice, removing the family from a sales-focused environment.
- Pricing information presented to the family in an easy-to-understand format.
- Negotiation of the funeral costs with the funeral home, often resulting in significant financial savings.

**Express Claim Processing**

- Includes Express Pay, an innovative claims payment service that can deliver benefits in as little as 48 hours.
- Allows your beneficiary to use the insurance proceeds to pay for immediate funeral expenses.

**A TRUSTED ADVISOR DURING THE WORST OF TIMES.**

We can't always predict, but we can prepare. Find out more about The Hartford's Funeral and Concierge Services by calling **1-866-854-5429**.

Or visit **WWW.EVERESTFUNERAL.COM/HARTFORD** and use this code: **HFEVLC**.

**Prepare. Protect. Prevail.<sup>®</sup>**

Visit us at **THEHARTFORD.COM/EMPLOYEEBENEFITS**



The Hartford<sup>®</sup> is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home office is Hartford, CT.

<sup>1</sup> Funeral Concierge Services are offered through Everest Funeral Package, LLC (Everest). Everest and the Everest logo are service marks of Everest Funeral Package, LLC. PriceFinder is a service mark of Everest Information Services, LLC. Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest ReGroup, Ltd., Everest Reinsurance Company or any of their affiliates. The Hartford is not responsible and assumes no liability for the services provided by Everest Funeral Package, LLC as described in these materials.

<sup>2</sup> This case illustration is fictitious and for illustrative purposes only.