Voluntary Life Insurance
The Hartford

VOLUNTARY GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENTINSURANCE BENEFIT HIGHLIGHTS

THE HARTFORD

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

City of Roseburg

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.

To learn more about Life and AD&D insurance, visit **thehartford.com/employeebenefits**

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit[2]: Increments of $10,000 Maximum: the lesser of 5x earnings or $300,000	AD&D: Optional: Life must be elected to elect AD&D.
Spouse	Benefit[2]: Increments of $10,000. Maximum: the lesser of 100% of your supplemental coverage or $250,000	AD&D: Optional: Life must be elected to elect AD&D.
Child(ren)	Benefit: Increments of $2,000 Maximum: $10,000	AD&D: Optional: Life must be elected to elect AD&D.

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT	
Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.	
LOSS FROM ACCIDENT	**COVERAGE**
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

[2]65% at 65, 45% at 70, 30% at 75, 20% at 80, 15% at 85, and 10% at 90

PREMIUMS

See the Life Premium Worksheet.[3]

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of $100,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of $40,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

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

AD&D is available without having to provide information about your or your family's health.

HOW DO I PAY FOR THIS INSURANCE?

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate.Conversion and portability are not available for AD&D coverage.

[1]LIMRA, Facts About Life 2016. Web. 30 June 2017. <https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/Facts-of-Life-2016.pdf>
[3]Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website http://thehartford.com/group-benefits-producer-compensation. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

LIMITATIONS & EXCLUSIONS

This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- 65% at 65, 45% at 70, 30% at 75, 20% at 80, 15% at 85, and 10% at 90
- A benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

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GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- 65% at 65, 45% at 70, 30% at 75, 20% at 80, 15% at 85, and 10% at 90
- This insurance does not cover losses caused by:
  - Sickness; disease; or any treatment for either
  - Any infection, except certain ones caused by an accidental cut or wound
  - Intentionally self-inflicted injury, suicide or suicide attempt
  - War or act of war, whether declared or not
  - Injury sustained while in the armed forces of any country or international authority
  - Injury sustained on aircraft in certain circumstances
  - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
  - Injury sustained while riding, driving, or testing any motor vehicle for racing
  - Injury sustained while committing or attempting to commit a felony
  - Injury sustained while driving while intoxicated
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Child(ren) may only be covered as a dependent of one employee.

DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you or your dependent(s) have coverage.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

Premium Worksheet

THE HARTFORD

Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

VOLUNTARY TERM LIFE INSURANCE
Monthly Premium Amount (Cost per Pay Period – 12/Year)

Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$10,000	$0.90	$0.85	$0.97	$1.10	$1.92	$2.97	$4.72	$7.40	$10.38	$16.81	$33.35	$68.67
$20,000	$1.80	$1.70	$1.94	$2.20	$3.84	$5.94	$9.44	$14.80	$20.76	$33.62	$66.70	$137.34
$30,000	$2.70	$2.55	$2.91	$3.30	$5.76	$8.91	$14.16	$22.20	$31.14	$50.43	$100.05	$206.01
$40,000	$3.60	$3.40	$3.88	$4.40	$7.68	$11.88	$18.88	$29.60	$41.52	$67.24	$133.40	$274.68
$50,000	$4.50	$4.25	$4.85	$5.50	$9.60	$14.85	$23.60	$37.00	$51.90	$84.05	$166.75	$343.35
$60,000	$5.40	$5.10	$5.82	$6.60	$11.52	$17.82	$28.32	$44.40	$62.28	$100.86	$200.10	$412.02
$70,000	$6.30	$5.95	$6.79	$7.70	$13.44	$20.79	$33.04	$51.80	$72.66	$117.67	$233.45	$480.69
$80,000	$7.20	$6.80	$7.76	$8.80	$15.36	$23.76	$37.76	$59.20	$83.04	$134.48	$266.80	$549.36
$90,000	$8.10	$7.65	$8.73	$9.90	$17.28	$26.73	$42.48	$66.60	$93.42	$151.29	$300.15	$618.03
$100,000	$9.00	$8.50	$9.70	$11.00	$19.20	$29.70	$47.20	$74.00	$103.80	$168.10	$333.50	$686.70
$110,000	$9.90	$9.35	$10.67	$12.10	$21.12	$32.67	$51.92	$81.40	$114.18	$184.91	$366.85	$755.37
$120,000	$10.80	$10.20	$11.64	$13.20	$23.04	$35.64	$56.64	$88.80	$124.56	$201.72	$400.20	$824.04
$130,000	$11.70	$11.05	$12.61	$14.30	$24.96	$38.61	$61.36	$96.20	$134.94	$218.53	$433.55	$892.71
$140,000	$12.60	$11.90	$13.58	$15.40	$26.88	$41.58	$66.08	$103.60	$145.32	$235.34	$466.90	$961.38
$150,000	$13.50	$12.75	$14.55	$16.50	$28.80	$44.55	$70.80	$111.00	$155.70	$252.15	$500.25	$1,030.05
$160,000	$14.40	$13.60	$15.52	$17.60	$30.72	$47.52	$75.52	$118.40	$166.08	$268.96	$533.60	$1,098.72
$170,000	$15.30	$14.45	$16.49	$18.70	$32.64	$50.49	$80.24	$125.80	$176.46	$285.77	$566.95	$1,167.39
$180,000	$16.20	$15.30	$17.46	$19.80	$34.56	$53.46	$84.96	$133.20	$186.84	$302.58	$600.30	$1,236.06
$190,000	$17.10	$16.15	$18.43	$20.90	$36.48	$56.43	$89.68	$140.60	$197.22	$319.39	$633.65	$1,304.73
$200,000	$18.00	$17.00	$19.40	$22.00	$38.40	$59.40	$94.40	$148.00	$207.60	$336.20	$667.00	$1,373.40
$210,000	$18.90	$17.85	$20.37	$23.10	$40.32	$62.37	$99.12	$155.40	$217.98	$353.01	$700.35	$1,442.07
$220,000	$19.80	$18.70	$21.34	$24.20	$42.24	$65.34	$103.84	$162.80	$228.36	$369.82	$733.70	$1,510.74
$230,000	$20.70	$19.55	$22.31	$25.30	$44.16	$68.31	$108.56	$170.20	$238.74	$386.63	$767.05	$1,579.41
$240,000	$21.60	$20.40	$23.28	$26.40	$46.08	$71.28	$113.28	$177.60	$249.12	$403.44	$800.40	$1,648.08
$250,000	$22.50	$21.25	$24.25	$27.50	$48.00	$74.25	$118.00	$185.00	$259.50	$420.25	$833.75	$1,716.75
$260,000	$23.40	$22.10	$25.22	$28.60	$49.92	$77.22	$122.72	$192.40	$269.88	$437.06	$867.10	$1,785.42
$270,000	$24.30	$22.95	$26.19	$29.70	$51.84	$80.19	$127.44	$199.80	$280.26	$453.87	$900.45	$1,854.09
$280,000	$25.20	$23.80	$27.16	$30.80	$53.76	$83.16	$132.16	$207.20	$290.64	$470.68	$933.80	$1,922.76
$290,000	$26.10	$24.65	$28.13	$31.90	$55.68	$86.13	$136.88	$214.60	$301.02	$487.49	$967.15	$1,991.43
$300,000	$27.00	$25.50	$29.10	$33.00	$57.60	$89.10	$141.60	$222.00	$311.40	$504.30	$1,000.50	$2,060.10

SPOUSE VOLUNTARY TERM LIFE INSURANCE
Monthly Premium Amount (Cost per Pay Period – 12/Year)

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
$10,000	$0.90	$0.85	$0.97	$1.10	$1.92	$2.97	$4.72	$7.40	$10.38	$16.81	$33.35	$68.67
$20,000	$1.80	$1.70	$1.94	$2.20	$3.84	$5.94	$9.44	$14.80	$20.76	$33.62	$66.70	$137.34
$30,000	$2.70	$2.55	$2.91	$3.30	$5.76	$8.91	$14.16	$22.20	$31.14	$50.43	$100.05	$206.01
$40,000	$3.60	$3.40	$3.88	$4.40	$7.68	$11.88	$18.88	$29.60	$41.52	$67.24	$133.40	$274.68
$50,000	$4.50	$4.25	$4.85	$5.50	$9.60	$14.85	$23.60	$37.00	$51.90	$84.05	$166.75	$343.35
$60,000	$5.40	$5.10	$5.82	$6.60	$11.52	$17.82	$28.32	$44.40	$62.28	$100.86	$200.10	$412.02
$70,000	$6.30	$5.95	$6.79	$7.70	$13.44	$20.79	$33.04	$51.80	$72.66	$117.67	$233.45	$480.69
$80,000	$7.20	$6.80	$7.76	$8.80	$15.36	$23.76	$37.76	$59.20	$83.04	$134.48	$266.80	$549.36
$90,000	$8.10	$7.65	$8.73	$9.90	$17.28	$26.73	$42.48	$66.60	$93.42	$151.29	$300.15	$618.03
$100,000	$9.00	$8.50	$9.70	$11.00	$19.20	$29.70	$47.20	$74.00	$103.80	$168.10	$333.50	$686.70

$110,000	$9.90	$9.35	$10.67	$12.10	$21.12	$32.67	$51.92	$81.40	$114.18	$184.91	$366.85	$755.37
$120,000	$10.80	$10.20	$11.64	$13.20	$23.04	$35.64	$56.64	$88.80	$124.56	$201.72	$400.20	$824.04
$130,000	$11.70	$11.05	$12.61	$14.30	$24.96	$38.61	$61.36	$96.20	$134.94	$218.53	$433.55	$892.71
$140,000	$12.60	$11.90	$13.58	$15.40	$26.88	$41.58	$66.08	$103.60	$145.32	$235.34	$466.90	$961.38
$150,000	$13.50	$12.75	$14.55	$16.50	$28.80	$44.55	$70.80	$111.00	$155.70	$252.15	$500.25	$1,030.05
$160,000	$14.40	$13.60	$15.52	$17.60	$30.72	$47.52	$75.52	$118.40	$166.08	$268.96	$533.60	$1,098.72
$170,000	$15.30	$14.45	$16.49	$18.70	$32.64	$50.49	$80.24	$125.80	$176.46	$285.77	$566.95	$1,167.39
$180,000	$16.20	$15.30	$17.46	$19.80	$34.56	$53.46	$84.96	$133.20	$186.84	$302.58	$600.30	$1,236.06
$190,000	$17.10	$16.15	$18.43	$20.90	$36.48	$56.43	$89.68	$140.60	$197.22	$319.39	$633.65	$1,304.73
$200,000	$18.00	$17.00	$19.40	$22.00	$38.40	$59.40	$94.40	$148.00	$207.60	$336.20	$667.00	$1,373.40
$210,000	$18.90	$17.85	$20.37	$23.10	$40.32	$62.37	$99.12	$155.40	$217.98	$353.01	$700.35	$1,442.07
$220,000	$19.80	$18.70	$21.34	$24.20	$42.24	$65.34	$103.84	$162.80	$228.36	$369.82	$733.70	$1,510.74
$230,000	$20.70	$19.55	$22.31	$25.30	$44.16	$68.31	$108.56	$170.20	$238.74	$386.63	$767.05	$1,579.41
$240,000	$21.60	$20.40	$23.28	$26.40	$46.08	$71.28	$113.28	$177.60	$249.12	$403.44	$800.40	$1,648.08
$250,000	$22.50	$21.25	$24.25	$27.50	$48.00	$74.25	$118.00	$185.00	$259.50	$420.25	$833.75	$1,716.75
$260,000	$23.40	$22.10	$25.22	$28.60	$49.92	$77.22	$122.72	$192.40	$269.88	$437.06	$867.10	$1,785.42
$270,000	$24.30	$22.95	$26.19	$29.70	$51.84	$80.19	$127.44	$199.80	$280.26	$453.87	$900.45	$1,854.09
$280,000	$25.20	$23.80	$27.16	$30.80	$53.76	$83.16	$132.16	$207.20	$290.64	$470.68	$933.80	$1,922.76
$290,000	$26.10	$24.65	$28.13	$31.90	$55.68	$86.13	$136.88	$214.60	$301.02	$487.49	$967.15	$1,991.43
$300,000	$27.00	$25.50	$29.10	$33.00	$57.60	$89.10	$141.60	$222.00	$311.40	$504.30	$1,000.50	$2,060.10

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VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE
Monthly Premium Amount (Cost per Pay Period – 12/Year)

Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount
$10,000	$0.43	$90,000	$3.87	$170,000	$7.31	$250,000	$10.75
$20,000	$0.86	$100,000	$4.30	$180,000	$7.74	$260,000	$11.18
$30,000	$1.29	$110,000	$4.73	$190,000	$8.17	$270,000	$11.61
$40,000	$1.72	$120,000	$5.16	$200,000	$8.60	$280,000	$12.04
$50,000	$2.15	$130,000	$5.59	$210,000	$9.03	$290,000	$12.47
$60,000	$2.58	$140,000	$6.02	$220,000	$9.46	$300,000	$12.90
$70,000	$3.01	$150,000	$6.45	$230,000	$9.89		
$80,000	$3.44	$160,000	$6.88	$240,000	$10.32		

SPOUSE VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE
Monthly Premium Amount (Cost per Pay Period – 12/Year)

Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount
$10,000	$0.43	$90,000	$3.87	$170,000	$7.31	$250,000	$10.75
$20,000	$0.86	$100,000	$4.30	$180,000	$7.74	$260,000	$11.18
$30,000	$1.29	$110,000	$4.73	$190,000	$8.17	$270,000	$11.61
$40,000	$1.72	$120,000	$5.16	$200,000	$8.60	$280,000	$12.04
$50,000	$2.15	$130,000	$5.59	$210,000	$9.03	$290,000	$12.47
$60,000	$2.58	$140,000	$6.02	$220,000	$9.46	$300,000	$12.90
$70,000	$3.01	$150,000	$6.45	$230,000	$9.89		
$80,000	$3.44	$160,000	$6.88	$240,000	$10.32		

CHILD(REN) VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE
Monthly Premium Amount (Cost per Pay Period – 12/Year)

Benefit Amount	Cost For All Children	Benefit Amount	Cost For All Children
$2,000	$0.12	$8,000	$0.48
$4,000	$0.24	$10,000	$0.60
$6,000	$0.36		