



## Basic Term Life



### The Hartford Life and Accident Insurance Company

#### Group Numbers

**Basic Term Life - 677984**  
**Basic & Voluntary AD&D - S07449**

The following is a brief description of the coverage provided through this group plan. Coverage is governed at all times by the complete terms of the Master Group Insurance policy issued to Colorado State University. The basic group term life and AD&D Insurance Plan is provided by The Hartford Life and Accident Insurance Company. (Referred to as The Hartford or Hartford.)

General information about the plans is provided in this Summary Plan Booklet. Additional information is contained in the Certificate of Coverage, available on line at [www.hrs.colostate.edu/benefits/fap-insplans.html](http://www.hrs.colostate.edu/benefits/fap-insplans.html)

#### Plan Description

##### You are enrolled in \$70,000 of University provided Basic Group Term Life and AD&D

- For non-accidental deaths, the basic group term life and AD&D Insurance benefit will be \$70,000 less any age reduction (see Benefit Reduction) or Accelerated Death Benefit previously paid under this plan.
- For deaths resulting from an accident, the benefit will be equal to \$140,000 (\$70,000 basic group term life PLUS \$70,000 Accidental Death), less

any age reductions (see Benefit Reduction) or Accelerated Death Benefit previously paid under this plan.

- For injuries resulting from an accident, you may be eligible to receive a Dismemberment benefit equal to a full or prorata basic group term life and AD&D benefit based on the loss. Full details are contained in the Certificate of Coverage.
- There are many AD&D benefit enhancements included in your plan. Please refer to Hartford's Certificate for details.

The following AD&D Exclusions apply to losses from:

- Intentionally self-inflicted Injury;
- Suicide or attempted suicide, whether sane or insane;
- War or act of war, whether declared or not;
- Injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority;
- Injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
- Injury sustained while On any aircraft:
  - as a flight instructor or examiner;
  - being used for tests, experimental purposes, stunt flying, racing or endurance tests;
  - 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; or
  - as a pilot, crewmember or student pilot;
- Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
- Injury sustained while driving while Intoxicated.

#### Benefit Reduction

Basic group term life and AD&D Insurance Benefits reduce to 65% of

the Plan coverage amount in January of the year following your 70<sup>th</sup> birthday and further reduce to 50% of the Plan coverage amount in January of the year following your 75th birthday.

#### Living Benefits Option (Accelerated Death Benefit)

Accelerated Death Benefits are available if you are diagnosed with a terminal illness, which is expected to result in your death within 12 months and from which there is no reasonable prospect of recovery. You may be eligible to receive up to 80% of your life insurance benefits up to a maximum of \$56,000.

#### Continuation of Life Insurance Benefits Due to Total Disability

If You are Totally Disabled, your Life Insurance Benefits may be continued if:

- the Total Disability began while you were insured under this Policy;
- the Total Disability began before you reached age 60;
- You have completed your Disability Elimination Period; and
- Proof of the Total Disability is given to The Hartford as described.

You must notify The Hartford of your Total Disability during the Disability Application Period which is the nine consecutive months of Total Disability beginning on the date you first become Totally Disabled.

#### Actively At Work Provision

You must be actively at work for the coverage to begin. Please refer to the Certificate of Insurance from The Hartford for official plan details.

#### Beneficiary Designations

Beneficiary designations are made using CSU's Online Benefits Enrollment System. The employee may change beneficiary designations at any time; the change will take effect as of the date signed. Court Orders: Beneficiary

---

designations may be governed by court orders involving participants. These orders may mandate that the life insurance beneficiary named be a spouse, former spouse, or child (ren). For these court orders to be honored by the life insurance carrier, it is imperative that Human Resources receives copies of any court orders addressing life insurance. Also, the employee must take appropriate steps to change beneficiaries on file to reflect the court order.

## Termination of Coverage

Your insurance will terminate at the end of the month in which your active service stops or you cease to be in a class of employees eligible for coverage.

## Conversion / Portability

Subsequent to coverage termination, you will be contacted by The Hartford regarding your Conversion and/or Portability options. If you wish to convert (no age limit) or port (limited to age 70) your coverage, you must do so within 31 days of your notification date. Portability rates match the voluntary life rates; you must request a quote for Conversion rates from The Hartford. If you have questions about the coverage, contact The Hartford at **(877) 320-0484**.

## Value Added Services

The Hartford includes several value added services at no cost to you.

### Travel Assistance with ID Theft Resolution Services

Toll-free emergency assistance is available to you, your spouse, domestic partner, civil union partner or your children 24 hours a day, seven days a week when traveling 100 miles or more away from your primary home for 90 days or less. The Travel Assistance program

provides three kinds of services for your business or vacation travels:

- Emergency medical assistance
- Emergency personal services
- Pre-trip planning

Sometimes travel emergencies can be complicated by a lost or stolen wallet or medical information compromised by identity theft. For this reason the travel assistance program is enhanced to include services for Identity Theft Protection & Assistance.

Identity theft is one of the fastest growing crimes in the United States today. And while you may take precautions to protect yourself, anyone can be the victim of ID theft. The identity theft program provides education to prevent or avoid ID theft and resolution services if you suffer the unfortunate experience of having your identity stolen.

Identity Theft Protection and Assistance service relieves the time burden and personal stress caused by identity theft. Caseworkers are available 24/7 to act as your advocate, advising and handling certain administrative tasks on your behalf to rectify any issues you may encounter as a result of identity theft.

The Hartford's Travel Assistance and Identity Theft Resolution programs are provided by Europ Assistance USA, a leader in the assistance industry. Europ Assist has been helping customers in times of crisis for more than 46 years. They have the expertise to handle the complex issues involved with travel emergencies and identity theft.

Services include:

- Medical referrals
- Medical monitoring
- Medical evacuation
- Repatriation
- Traveling companion assistance
- Dependent children assistance
- Visit by a family member or friend
- Emergency medical payments

- Return of mortal remains
- Medication and eyeglass assistance
- Sending and receiving emergency messages
- Emergency travel arrangements
- Emergency cash
- Locating lost items (i.e. wallet)
- Legal assistance
- Bail advancement
- Translation services
- Identity theft awareness and education
- Identity theft victim solutions

If you would like information, please visit [www.thehartford.com/employeebenefits](http://www.thehartford.com/employeebenefits)

**Note:** Some restrictions and exclusions apply. See the website for full details.

Contact Europ Assistance Services USA at:

Toll Free from U.S. or Canada:

**(800) 243-6108**

Collect from other locations:

**(202) 828-5885**

Fax: **(202) 331-1528**

## Life Conversations

Rely on Life Conversations for reassuring support and the right answers:

- Selecting the appropriate amount of life insurance
- Creating a will / Estate Planning
- Funeral Planning
- Grief Counseling

Life Conversations is a single source to help families prepare for the future and navigate difficult end-of-life decisions.

Life Conversations includes access to tools and services, including Everest, the first nationwide funeral planning and concierge service.

Call **(866) 854-5429** or visit [www.hartfordlifeconversations.com](http://www.hartfordlifeconversations.com) for more information.

---



## Voluntary Group Term Life



### The Hartford Life and Accident Insurance Company

#### Group #677984

The following is a brief description of the coverage available through this group plan. Coverage is governed at all times by the complete terms of the Master Group Insurance policy issued to Colorado State University.

The voluntary group term life insurance Plan is provided by The Hartford Life and Accident Insurance Company. (Referred to as The Hartford or Hartford.)

#### Plan Description

This voluntary group term life insurance plan is an optional plan, which allows you to choose levels of coverage, in increments of \$10,000, up to \$500,000 for the employee and up to \$300,000 for the spouse, domestic partner or civil union partner of the employee. You can also elect coverage for your eligible children who are at least 14 days old, up to age 26. Premiums are after-tax and based on your age and the level of coverage you elect.

If you are enrolling your spouse, domestic partner or civil union partner, the premiums will be based on your spouse, domestic partner or civil union partner's age and the level of coverage you are electing. If your spouse, domestic partner or civil union partner is also a benefits eligible CSU employee, you may not carry duplicate life coverage (spouse, domestic partner or civil union partner and children). If life insurance coverage is desired, each

employee must enroll separately and may not cover the spouse, domestic partner or civil union partner as a dependent for life insurance purposes. Dependent children can be insured under only one parent.

Complete details of this benefit are available in the Certificates of Coverage online at [www.hrs.colostate.edu/benefits/fap-insplans.html](http://www.hrs.colostate.edu/benefits/fap-insplans.html)

#### Benefit Reduction

Life insurance benefits reduce to 65% of the prior coverage in January of the year following the 70th birthday and further reduce to 50% of the amount of prior coverage in January of the year following the 75th birthday. Premiums will be based on the reduced coverage.

#### Living Benefits Option (Accelerated Death Benefit)

Accelerated Death Benefits are available if you are diagnosed with a terminal illness, which is expected to result in your death within 12 months and from which there is no reasonable prospect of recovery. You may be eligible to receive up to 80% of your life insurance benefits up to a maximum of \$400,000.

The following **Voluntary Group Term Life Exclusions** apply: results from suicide, while sane or insane within one year from the date insurance begins. Results from suicide, while sane or insane, within one year from the effective date of any increase in the amount of coverage, the amount of the increase will not be paid.

#### Continuation of Life Insurance Benefits Due to Total Disability

If You are Totally Disabled, Your Voluntary group term life insurance benefits may be eligible to continue without payment of premium provided:

- (a) the Total Disability began while you were insured under this Policy;
- (b) the Total Disability began before You reached age 60;
- (c) You have completed Your Disability Elimination Period; and
- (d) Proof of the Total Disability is given to The Hartford as described.

You must notify The Hartford of Your Total Disability during the Disability Application Period which is the nine consecutive months of Total Disability beginning on the date you first become Totally Disabled. If you exercise your portability privilege, you will not be eligible for waiver of premium due to total disability

#### New Hire/Newly Eligible Initial Enrollment

##### Coverage up to Guarantee Issue Amounts

You may enroll within 30 days of your eligibility date. "Initial" enrollments up to \$250,000 in coverage will be guaranteed for the employee, \$50,000 guaranteed for the spouse, domestic partner or civil union partner and child life may be added automatically without requiring evidence of insurability.

##### Coverage above Guarantee Issue Amounts

Initial enrollments in excess of \$250,000 for the employee or \$50,000 for the spouse, domestic partner or civil union partner will require completion/approval of a Personal Health Application (Evidence of Insurability).

##### Effective Date

Coverage for guaranteed issue amounts is generally effective the first of the month following your hire/change date providing you meet any applicable actively at work provisions. Insurance premiums are paid in the month of coverage.

For coverage over the guaranteed issue amount, coverage will be effective upon approval from The Hartford.

### Actively At Work Provision

You must be actively at work for initial coverage or policy increases to begin. Please refer to the Certificate of Insurance from The Hartford for official plan details.

## Children's Life Insurance \$20,000

<b>Child(ren)</b>	<b>\$20,000</b>
<b>Per Unit</b>	<b>\$1.50</b>

Child(ren) rates are per UNIT. A unit consists of all eligible child(ren) per family. If your spouse, domestic partner or civil union partner also works at CSU and is eligible for the CSU Benefits Plan, only one of you may choose children's life insurance coverage. Duplicate coverage is not allowed under this plan.

## Benefits Open Enrollment

### Employee Group Term Voluntary Life

You may apply for voluntary group term life insurance coverage from \$10,000 to \$500,000 in \$10,000 increments. During the Benefits Open Enrollment period, you can enroll, apply for an increase, decrease, or cancel your employee voluntary group term life insurance coverage.

Open Enrollment allows you to elect to commence or increase your employee voluntary group term life coverage in increments of \$10,000 up to \$30,000 automatically, unless the total policy amount exceeds \$250,000 which requires completion/approval of a Personal Health Application (Evidence of Insurability). In addition, for any change, you must enter in the CSU Online Benefits Enrollment System. Changes made during the Open Enrollment Period will become effective January 1st following the Open Enrollment

Period, unless evidence of insurability is required, which may delay the effective date based upon underwriting requirements.

### Spouse, Domestic Partner or Civil Union Partner Voluntary Group Term Life

You may purchase spouse, domestic partner or civil union partner voluntary group term life insurance coverage from \$10,000 to \$300,000 in \$10,000 increments. During the Benefits Open Enrollment period, you can enroll, apply for an increase, decrease, or cancel your spouse, domestic partner or civil union partner voluntary group term life insurance coverage.

Open Enrollment allows you to commence or increase your spouse, domestic partner or civil union partner voluntary group term life coverage in increments of \$10,000 up to \$30,000 automatically, unless the total policy amount exceeds \$50,000, which requires completion/approval of a Personal Health Application (Evidence Insurability).

In addition, for any change, you must enter it in the CSU Online Benefits Enrollment System. Changes made during the Open Enrollment Period will become effective January 1st following the Open Enrollment period, unless evidence of insurability is required, which may delay the effective date based upon underwriting requirements.

### Children's Voluntary Group Term Life

Any request to add or enroll a child or children in dependent life insurance during the Open Enrollment period must be entered in the CSU Online Benefits Enrollment System. Changes made during the Open Enrollment Period will become effective the first of the following plan year.

### Effective Date

Coverage will not become effective until the later of: the first day of the

calendar year after the annual Open Enrollment period ends; the date underwriting approval is granted if applicable; or the first day that you are actively at work after the change is requested.

Coverage will be effective on January 1<sup>st</sup> of the following calendar year, or the first of the month following the date of the approval notice from The Hartford if the amount applied for requires approval of the Personal Health Application (Evidence of Insurability).

You and your eligible dependents must be actively at work for the coverage to begin. Please refer to the Certificate of Insurance from The Hartford for official plan details.

## Qualifying Events Incurred Outside of the Open Enrollment Period

### Decreases in coverage

You can *decrease* or cancel your coverage at any time by making the change in the CSU online enrollment system.

### Increases in coverage

Applications for *increases* in coverage outside of the Open Enrollment period are only approved if you have incurred a qualifying event, subject to restrictions, and as defined in the "Change in Coverage" section of the Certificate of Insurance from The Hartford. Application must be made within 30 days from the qualifying event.

The employee and spouse, domestic partner or civil union partner may enroll in coverage up to the guaranteed issue amounts without evidence of insurability when they experience a qualifying event. Guarantee issue amounts are \$250,000 employee, \$50,000 spouse, domestic partner or civil union partner and \$20,000 child(ren).

If you request coverage in excess of guaranteed issue amounts, approval amounts, completion of a Personal Health Application (Evidence of Insurability) and approval by The Hartford is required. Qualifying events are the determining factor in what may be changed mid-year to allow employees flexibility in modifying coverage mid-year.

### Effective Date

Coverage will be effective the first of month following the specific life event date or the first of the month following the date of the approval notice from The Hartford if the amount applied for requires approval of an Evidence of Insurability Form.

You and your eligible dependents must be actively at work for the coverage to begin. Please refer to the Certificate of Insurance from The Hartford for official plan details.

### Premiums



Premiums for the Voluntary group term life insurance are made by post-tax deduction only. Premiums are based on your age as of January 1<sup>st</sup> of each calendar year.

### To calculate monthly premium

Locate the amount of coverage you wish to select along the top row of the Employee table. Then locate your age bracket along the left column of the table. Your monthly premium is the amount located where the row and column you have identified meet (down from top row and right from left column).

Follow the same method to determine your spouse, domestic partner or civil union partner rate.

The child rate is a flat rate of \$1.50 regardless of the number of children you have.

Total the **Employee, Spouse, Domestic Partner or Civil Union Partner**, if applicable, and **Child** (if any) rates to obtain your **Total Monthly Premium**.

### Beneficiary

Beneficiary designations are made using CSU's Online Benefits Enrollment System. The employee may change beneficiary designations at any time; the change will take effect as of the date entered in the online system or signed.

Court Orders: Beneficiary designations may be governed by court orders involving participants. These orders may mandate that the life insurance beneficiary named be a spouse, former spouse, or child (ren). For these court orders to be honored by the life insurance carrier, it is imperative that Human Resources receives copies of any court orders addressing life insurance. Also, the employee must take appropriate steps to change beneficiaries on file to reflect the court order.

**The employee is the beneficiary for any eligible Spouse, Domestic Partner, Civil Union Partner or Children enrolled in the plan.**

For further details on beneficiary designation and other information, refer to the Certificate of Coverage.

### Termination of Coverage

Your insurance will terminate at the end of the month in which your active service stops, you cease to be in a class of employees eligible for coverage, you cease to make the required contribution, or the Plan is terminated

Eligible individuals coverage terminates as of the last day of the month in which the individual loses eligibility (i.e., divorce, termination of a domestic partnership or civil union partnership, attainment of age 26 for voluntary group term life or the last day of the calendar month when the employees insurance terminates, whichever occurs first.)

### Conversion / Portability

Subsequent to coverage termination, you will be contacted by The Hartford regarding your Conversion and/or Portability options. If you wish to convert (no age limit) or port (limited to age 70) your coverage, you must do so within 31 days of your notification date.

Portability rates match the voluntary life rates; you must request a quote for Conversion rates from The Hartford. A child reaching the plans limiting age of 26 is not eligible for Portability, but may apply for Conversion. If you have questions about the coverage, contact The Hartford at **(877) 320-0484**.

### Value Added Services

The Hartford includes several value added services at no cost to you.

### Travel Assistance with ID Theft Resolution Services

Toll-free emergency assistance is available to you, your spouse, domestic partner, civil union partner or your children 24 hours a day, seven days a week when traveling 100 miles or more away from your primary home for 90 days or less. The Travel Assistance program provides three kinds of services for your business or vacation travels:

- Emergency medical assistance
- Emergency personal services
- Pre-trip planning

---

Sometimes travel emergencies can be complicated by a lost or stolen wallet or medical information compromised by identity theft. For this reason the travel assistance program is enhanced to include services for Identity Theft Protection & Assistance.

Identity theft is one of the fastest growing crimes in the United States today. And while you may take precautions to protect yourself, anyone can be the victim of ID theft. The identity theft program provides education to prevent or avoid ID theft and resolution services if you suffer the unfortunate experience of having your identity stolen.

Identity Theft Protection and Assistance service relieves the time burden and personal stress caused by identity theft. Caseworkers are available 24/7 to act as your advocate, advising and handling certain administrative tasks on your behalf to rectify any issues you may encounter as a result of identity theft.

The Hartford's Travel Assistance and Identity Theft Resolution programs are provided by Europ Assistance USA, a leader in the assistance industry. Europ Assist has been helping customers in times of crisis for more than 46 years. They have the expertise to handle the complex issues involved with travel emergencies and identity theft.

Services include:

- Medical referrals
- Medical monitoring
- Medical evacuation
- Repatriation
- Traveling companion assistance
- Dependent children assistance
- Visit by a family member or friend
- Emergency medical payments
- Return of mortal remains
- Medication and eyeglass assistance

- Sending and receiving emergency messages
- Emergency travel arrangements
- Emergency cash
- Locating lost items (i.e. luggage, wallet)
- Legal assistance
- Bail advancement
- Translation services
- Identity theft awareness and education
- Identity theft victim solutions

If you would like additional information, please visit [www.thehartford.com/employeebenefits](http://www.thehartford.com/employeebenefits)

Note: Some restrictions and exclusions apply. See the website for full details.

Contact Europ Assistance Services USA at:

Toll Free from U.S. or Canada:

**(800) 243-6108**

Collect from other locations:

**(202) 828-5885**

Fax: **(202) 331-1528**

### **Life Conversations**

Rely on Life Conversations for reassuring support and the right answers:

- Selecting the appropriate amount of life insurance
- Creating a will / Estate Planning
- Funeral Planning
- Grief Counseling

Life Conversations is a single source to help families prepare for the future and navigate difficult end-of-life decisions.

Life Conversations includes access to tools and services, including Everest, the first nationwide funeral planning and concierge service. Call **(866) 854-5429** or visit

[www.hartfordlifeconversations.com](http://www.hartfordlifeconversations.com) for more information.

---



## 2017–Voluntary Life Rates (Employee, Spouse, Domestic Partner, Civil Union Partner)

Voluntary Employee Life coverage may be purchased in \$10,000 increments up to \$500,000. Voluntary Spouse, Domestic Partner or Civil Union Partner Life coverage may be purchased in \$10,000 increments up to \$300,000.

Amount	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70	70+
\$10,000	\$0.35	\$0.50	\$0.60	\$0.79	\$1.23	\$1.85	\$3.43	\$5.00	\$8.70	\$15.50
\$20,000	0.70	1.00	1.20	1.58	2.46	3.70	6.86	10.00	17.40	31.00
\$30,000	1.05	1.50	1.80	2.37	3.69	5.55	10.29	15.00	26.10	46.50
\$40,000	1.40	2.00	2.40	3.16	4.92	7.40	13.72	20.00	34.80	62.00
\$50,000	1.75	2.50	3.00	3.95	6.15	9.25	17.15	25.00	43.50	77.50
\$60,000	2.10	3.00	3.60	4.74	7.38	11.10	20.58	30.00	52.20	93.00
\$70,000	2.45	3.50	4.20	5.53	8.61	12.95	24.01	35.00	60.90	108.50
\$80,000	2.80	4.00	4.80	6.32	9.84	14.80	27.44	40.00	69.60	124.00
\$90,000	3.15	4.50	5.40	7.11	11.07	16.65	30.87	45.00	78.30	139.50
\$100,000	3.50	5.00	6.00	7.90	12.30	18.50	34.30	50.00	87.00	155.00
\$110,000	3.85	5.50	6.60	8.69	13.53	20.35	37.73	55.00	95.70	170.50
\$120,000	4.20	6.00	7.20	9.48	14.76	22.20	41.16	60.00	104.40	186.00
\$130,000	4.55	6.50	7.80	10.27	15.99	24.05	44.59	65.00	113.10	201.50
\$140,000	4.90	7.00	8.40	11.06	17.22	25.90	48.02	70.00	121.80	217.00
\$150,000	5.25	7.50	9.00	11.85	18.45	27.75	51.45	75.00	130.50	232.50
\$160,000	5.60	8.00	9.60	12.64	19.68	29.60	54.88	80.00	139.20	248.00
\$170,000	5.95	8.50	10.20	13.43	20.91	31.45	58.31	85.00	147.90	263.50
\$180,000	6.30	9.00	10.80	14.22	22.14	33.30	61.74	90.00	156.60	279.00
\$190,000	6.65	9.50	11.40	15.01	23.37	35.15	65.17	95.00	165.30	294.50
\$200,000	7.00	10.00	12.00	15.80	24.60	37.00	68.60	100.00	174.00	310.00
\$210,000	7.35	10.50	12.60	16.59	25.83	38.85	72.03	105.00	182.70	325.50
\$220,000	7.70	11.00	13.20	17.38	27.06	40.70	75.46	110.00	191.40	341.00
\$230,000	8.05	11.50	13.80	18.17	28.29	42.55	78.89	115.00	200.10	356.50
\$240,000	8.40	12.00	14.40	18.96	29.52	44.40	82.32	120.00	208.80	372.00
\$250,000	8.75	12.50	15.00	19.75	30.75	46.25	85.75	125.00	217.50	387.50
\$260,000	9.10	13.00	15.60	20.54	31.98	48.10	89.18	130.00	226.20	403.00
\$270,000	9.45	13.50	16.20	21.33	33.21	49.95	92.61	135.00	234.90	418.50
\$280,000	9.80	14.00	16.80	22.12	34.44	51.80	96.04	140.00	243.60	434.00
\$290,000	10.15	14.50	17.40	22.91	35.67	53.65	99.47	145.00	252.30	449.50
\$300,000	10.50	15.00	18.00	23.70	36.90	55.50	102.90	150.00	261.00	465.00
\$310,000	10.85	15.50	18.60	24.49	38.13	57.35	106.33	155.00	269.70	480.50
\$320,000	11.20	16.00	19.20	25.28	39.36	59.20	109.76	160.00	278.40	496.00
\$330,000	11.55	16.50	19.80	26.07	40.59	61.05	113.19	165.00	287.10	511.50
\$340,000	11.90	17.00	20.40	26.86	41.82	62.90	116.62	170.00	295.80	527.00
\$350,000	12.25	17.50	21.00	27.65	43.05	64.75	120.05	175.00	304.50	542.50
\$360,000	12.60	18.00	21.60	28.44	44.28	66.60	123.48	180.00	313.20	558.00
\$370,000	12.95	18.50	22.20	29.23	45.51	68.45	126.91	185.00	321.90	573.50
\$380,000	13.30	19.00	22.80	30.02	46.74	70.30	130.34	190.00	330.60	589.00
\$390,000	13.65	19.50	23.40	30.81	47.97	72.15	133.77	195.00	339.30	604.50
\$400,000	14.00	20.00	24.00	31.60	49.20	74.00	137.20	200.00	348.00	620.00
\$410,000	14.35	20.50	24.60	32.39	50.43	75.85	140.63	205.00	356.70	635.50
\$420,000	14.70	21.00	25.20	33.18	51.66	77.70	144.06	210.00	365.40	651.00
\$430,000	15.05	21.50	25.80	33.97	52.89	79.55	147.49	215.00	374.10	666.50
\$440,000	15.40	22.00	26.40	34.76	54.12	81.40	150.92	220.00	382.80	682.00
\$450,000	15.75	22.50	27.00	35.55	55.35	83.25	154.35	225.00	391.50	697.50
\$460,000	16.10	23.00	27.60	36.34	56.58	85.10	157.78	230.00	400.20	713.00
\$470,000	16.45	23.50	28.20	37.13	57.81	86.95	161.21	235.00	408.90	728.50
\$480,000	16.80	24.00	28.80	37.92	59.04	88.80	164.64	240.00	417.60	744.00
\$490,000	17.15	24.50	29.40	38.71	60.27	90.65	168.07	245.00	426.30	759.50
\$500,000	17.50	25.00	30.00	39.50	61.50	92.50	171.50	250.00	435.00	775.00



## Voluntary Accidental Death and Dismemberment (AD&D)



### The Hartford Life and Accident Insurance Company

#### Group #S07449

#### Plan Description

Eligible enrolled participants will be protected 24-hours a day, 365 days a year, for covered accidents occurring anywhere in the world, on or off the job, at home or while traveling (subject to the Exclusions and Limitations of the Contract). These program benefits are paid in a lump sum.

#### Enrollment

##### New Hire/Newly Eligible Initial Enrollment

You may enroll in this Voluntary AD&D Insurance within 30 days of the date you become eligible.

##### Effective Date

Coverage is generally effective the first of the month following your hire/change date providing you meet any applicable actively at work provisions. Insurance premiums are paid in the month of coverage.

##### Mid-Year Changes Qualifying Events

At the time of an IRS approved qualifying event, you can increase, decrease or cancel your coverage by making the change in the CSU Online Benefits Enrollment System, within 30 days of the qualifying event. It is necessary to provide documentation to Human Resources to substantiate the qualifying event

and to establish the eligibility for, and the effective date of, the requested change.

#### Benefits Open Enrollment

##### Enrollment

You may enroll, cancel, or change your coverage level during the Benefits Open Enrollment period each year.

##### Effective Date

Coverage will be effective January 1<sup>st</sup> of the following calendar year providing you meet any applicable actively at work provisions.

#### Outside of Open Enrollment

##### Enrollment

At any time of the year, you can cancel or decrease your coverage by making the change in the CSU Online Benefits Enrollment System.

#### Amount of Insurance

You may elect any multiple of \$25,000 up to a Maximum Amount of \$500,000.

##### Amount of Insurance under Dependent Coverage

The amount of insurance on each of your eligible Dependents is a percent of your amount of Employee Insurance under the Coverage. The percent that applies on any date is shown below. It is based on the persons who are then your eligible dependents.

- Your spouse, domestic partner or civil union partner: 60%
- Your child(ren): 25% on each child
- Your spouse, domestic partner or civil union partner and child(ren): 50% on your spouse, domestic partner or civil union partner, and 15% on each child.

#### Dependent Coverage

Your dependents are covered as long as they remain eligible. For Voluntary AD&D Insurance, a dependent means any of your children from live birth to 26 years of age.

Exceptions: Your spouse, domestic partner, civil union partner, or child is not eligible for enrollment while on active duty in the armed forces of any country or when insured under the Group Contract as an employee.

It is your responsibility to remove any ineligible individuals within 30 days of a qualifying event. For example, when the child no longer meets the age requirement (turns 26 or becomes an ineligible dependent prior to age 26, or you divorce.)

#### Termination of Coverage

Your insurance will terminate at the end of the month in which your active service stops, you cease to be in a class of employees eligible for coverage, you cease to make the required contribution, or the plan is terminated.

#### Actively At Work Provision

You must be actively at work for the coverage to begin. Please refer to the Certificate of Insurance from The Hartford for official plan details.

#### Conversion

Subsequent to coverage termination, you will be contacted by the Hartford regarding your Conversion options. If you wish to convert your coverage, you must do so within 31 days of your notification date. You must request a quote for Conversion rates from The Hartford. If you have questions, about the coverage, contact The Hartford at **(877) 320-0484**.



## Portability Policy

There is no Portability Policy available for this plan.

## Beneficiary Designation

You may name any beneficiary(ies) you wish. If you purchase coverage for your family under the Family Plan, you are automatically your dependents' beneficiary for loss of life. You may change your beneficiary at any time.

## Accidental Death & Dismemberment Benefit

### Full Amount of Insurance

Loss of life or  
Loss of one hand & one foot, or  
Loss of both hands or both feet, or  
Loss of either hand or foot and sight of one eye, or  
Loss of speech and hearing of both ears

### One-half the Full Amount of Insurance

Loss of either hand or foot, or  
Loss of sight of one eye, or  
Loss of speech or hearing of both ears

### One-quarter the Full Amount of Insurance

Loss of thumb and index finger of either hand.

2017—Voluntary AD&D Coverage and Benefit Amounts					Monthly Premiums	
Employee	Spouse, Domestic Partner or Civil Union Partner			Each Child if <u>no</u> Spouse, Domestic Partner or Civil Union Partner (25% of the Employee coverage level)	Employee Only Coverage	Family Coverage
	If no Children (60% of the Employee coverage level)	With Children (50% of the Employee coverage level)	Each Child (15% of the Employee coverage level)			
\$25,000	\$15,000	\$12,500	\$3,750	\$6,250	\$0.38	\$0.95
50,000	30,000	25,000	7,500	12,500	0.75	1.90
75,000	45,000	37,500	11,250	18,750	1.13	2.85
100,000	60,000	50,000	15,000	25,000	1.50	3.80
125,000	75,000	62,500	18,750	31,250	1.88	4.75
150,000	90,000	75,000	22,500	37,500	2.25	5.70
175,000	105,000	87,500	26,250	43,750	2.63	6.65
200,000	120,000	100,000	30,000	50,000	3.00	7.60
225,000	135,000	112,500	33,750	56,250	3.38	8.55
250,000	150,000	125,000	37,500	62,500	3.75	9.50
275,000	165,000	137,500	41,250	68,750	4.13	10.45
300,000	180,000	150,000	45,000	75,000	4.50	11.40
325,000	195,000	162,500	48,750	81,250	4.88	12.35
350,000	210,000	175,000	52,500	87,500	5.25	13.30
375,000	225,000	187,500	56,250	93,750	5.63	14.25
400,000	240,000	200,000	60,000	100,000	6.00	15.20
425,000	255,000	212,500	63,750	106,250	6.38	16.15
450,000	270,000	225,000	67,500	112,500	6.75	17.10
475,000	285,000	237,500	71,250	118,750	7.13	18.05
500,000	300,000	250,000	75,000	125,000	7.50	19.00

---

## Paralysis Benefit

### Full Amount of Insurance

Quadriplegia (loss of movement of both upper and lower limbs)

### Three-Quarters the Full Amount of Insurance

Paraplegia (loss of movement of both upper and lower limbs)

Triplesia (loss of movement of three limbs)

### One-Half the Full Amount of Insurance

Hemiplegia (loss of movement of both upper and lower limbs on one side of the body)

### One-Quarter the Full Amount of Insurance

Uniplegia (loss of movement of one limb.)

## Monthly COMA Benefit

If a covered insured is injured in a covered accident, which results in a coma for at least **31** consecutive days, the Program will begin payment of a Monthly Coma Benefit. Payment of this benefit will continue each month as long as the insured person remains in a comatose condition, up to a maximum of **100** months. This benefit will be paid at a rate of **1%** of the Amount of Insurance less any benefits paid as a result of the same covered accident.

*("Coma" means complete and continuous unconsciousness; and inability to respond to external or internal stimuli, as verified by a physician.)*

## Extended Dependents Coverage

If you elect the Family Plan coverage and die in a covered accident, your family's coverage may be continued, at no cost to your family, for a specified period, from the date of your death, provided your spouse,

domestic partner, civil union partner and/or dependent children remain eligible under the Plan.

## Child Care Expenses Benefit

If you elect the Family Plan coverage and die in a covered accident, the Plan will provide child care assistance to each eligible dependent child who is enrolled in a licensed child care center, or who enrolls in a licensed child care center within 90 days from the date of the covered accident. This important benefit pays **5%** of your Amount of Insurance up to **\$5,000** annually for up to 4 consecutive years, paid annually. If you have no eligible children who qualify, the Plan will pay a lump sum of **\$500** to your beneficiary.

## Spouse, Domestic Partner or Civil Union Partner Education Benefit

If you elect the Family Plan coverage and you die in a covered accident, the Plan will provide a Occupational Training Benefit to your eligible spouse, domestic partner or civil union partner. The expense must be incurred within 2 years of the employee's date of death. This Training Benefit is a lump-sum payment of the lesser of **5%** of your Amount of Insurance or **\$5,000**.

## Child Education Benefit

If you elect the Family Plan coverage and die in a covered accident, the Plan will provide an Child Education Benefit to each eligible dependent child who is a full-time student at a college, University, vocational school, or trade school over the 12th grade level at the time of (or enrolls within 365 days of) your death.

This Child Education Benefit is an annual payment of the lesser of **5%**

of your Amount of Insurance or **\$5,000**. Payments will be made each year for up to 4 consecutive years for each child who qualifies. Benefit payments will cease when the child ceases to be a full-time student or reaches the age of 26. If there are no dependent children who qualify for this benefit, a single lump sum of **\$500** will be paid to your beneficiary.

## Seat Belt/Air Bag Benefit

Because of the added protection seat belts and air bags bring to drivers and passengers every day, this special benefit is provided for you and your family members. If, while insured for this benefit, you or your covered dependent suffer accidental death due to a covered accident in which you or your covered dependent was seated in an automobile with a seat belt properly fastened, the Plan will pay an additional **10%** of the Principal Sum, to a maximum of **\$25,000**. An additional Air bag benefit may be payable if the injured person was positioned in a seat equipped with a factory-installed Air Bag and properly strapped in the seat belt when the Air Bag inflated. The Air Bag Benefit pays **5%** of the Principal Sum to a maximum of **\$5,000**.

## Critical Burn Benefit

If an Insured Employee is accidentally critically burned and requires reconstructive surgery, as determined by a physician, a Critical Burn Benefit may be payable. This Benefit will be equal to the lesser of **25%** of the Employee's Principal Sum or **\$25,000**.

*(Critically Burned means burns are certified by a Physician as more severe than second degree burns and result in scarring over at least 25% of the body which will last indefinitely and can only be corrected through reconstructive surgery.)*

---

## Exposure & Disappearance

A loss will be covered if an Insured is exposed to the elements because of a covered accident due to forced landing, stranding, sinking or wrecking of a conveyance in which the insured was an occupant at the time of the accident. We will presume an insured suffered a loss of life if his or her body has not been found within one year after a covered accident involving the disappearance of a conveyance in which the insured was an occupant at the time due to accidental forced landing, stranding, sinking or wrecking.

## War Risk Benefit



This benefit amends the limitation of the Contract, to offer coverage if death or dismemberment is related to an act of War, whether or not declared. The benefit covers Worldwide territories, excluding the geographical limits, territorial waters, or the airspace above the countries listed below as defined within the Group Master Policy (this list is subject to change):

United States of America, including the District of Columbia

Afghanistan	Macedonia
Algeria	Pakistan
Angola	Saudi Arabia
Canada	Somalia
Chechnya	Sri Lanka
Colombia	Tajikistan
Iraq	Turkmenistan
Israel	UAE
Jammu & Kashmir	Uzbekistan
Jordan	Yemen
Kuwait	
Lebanon	

There are many other AD&D benefit enhancements included in your plan. Please refer to your plan documents for details.

## Exclusions and Limitations

A Loss is not covered if it results from any of these:

- (1) Intentionally self-inflicted Injury;
- (2) Suicide or attempted suicide, whether sane or insane;
- (3) War or act of war, whether declared or not;
- (4) Injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority;
- (5) Injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
- (6) Injury sustained while On any aircraft:
  - (a) as a flight instructor or examiner;
  - (b) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
  - (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; or
  - (d) as a pilot, crewmember or student pilot;
- (7) Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
- (8) Injury sustained while driving while Intoxicated.

**Only one benefit, the largest to which the owner is entitled, is payable for all losses resulting from one accident.** No loss sustained prior to such covered accident shall be included in determining the amount payable.

## Value Added Services

The Hartford includes several value added services at no cost to you.

### Travel Assistance with ID Theft Resolution Services

Toll-free emergency assistance is available to you, your spouse, domestic partner, civil union partner or your children 24 hours a day,

seven days a week when traveling 100 miles or more away from your primary home for 90 days or less. The Travel Assistance program provides three kinds of services for your business or vacation travels:

- Emergency medical assistance
- Emergency personal services
- Pre-trip planning

Sometimes travel emergencies can be complicated by a lost or stolen wallet or medical information compromised by identity theft. For this reason the travel assistance program is enhanced to include services for Identity Theft Protection & Assistance.

Identity Theft is one of the fastest growing crimes in the United States today. And while you may take precautions to protect yourself, anyone can be the victim of ID theft. The identity theft program provides education to prevent or avoid ID theft and resolution services if you suffer the unfortunate experience of having your identity stolen. Identity Theft Protection and Assistance service relieves the time burden and personal stress caused by identity theft. Caseworkers are available 24/7 to act as your advocate, advising and handling certain administrative tasks on your behalf to rectify any issues you may encounter as a result of identity theft.

The Hartford's Travel Assistance and Identity Theft Resolution programs are provided by Europ Assistance USA, a leader in the assistance industry. Europ Assist has been helping customers in times of crisis for more than 46 years. They have the expertise to handle the complex issues involved with travel emergencies and identity theft.

Services include:

- Medical referrals
- Medical monitoring
- Medical evacuation

- 
- Repatriation
  - Traveling companion assistance
  - Dependent children assistance
  - Visit by a family member or friend
  - Emergency medical payments
  - Return of mortal remains
  - Medication and eyeglass assistance
  - Sending and receiving emergency messages
  - Emergency travel arrangements
  - Emergency cash
  - Locating lost items (i.e. luggage, wallet)
  - Legal assistance
  - Bail advancement
  - Translation services
  - Identity theft awareness and education
  - Identity theft victim solutions

Life Conversations is a single source to help families prepare for the future and navigate difficult end-of-life decisions.

Life Conversations includes access to tools and services, including Everest, the first nationwide funeral planning and concierge service.

Call **(866) 854-5429** or visit [www.hartfordlifeconversations.com](http://www.hartfordlifeconversations.com) for more information.

If you would like additional information, please visit [www.thehartford.com/employeebenefits](http://www.thehartford.com/employeebenefits)

Note: Some restrictions and exclusions apply. See the website for full details.

Contact Europ Assistance Services USA at:

Toll Free from U.S. or Canada:

**(800) 243-6108**

Collect from other locations:

**(202) 828-5885**

Fax: **(202) 331-1528**

## Life Conversations

Rely on Life Conversations for reassuring support and the right answers:

- Selecting the appropriate amount of life insurance
  - Creating a will / Estate Planning
  - Funeral Planning
  - Grief Counseling
-