

VOLUNTARY GROUP TERM LIFE INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans
(53%) expressed a
heightened need for life
insurance because of
COVID-19.¹

DAVIS COUNTY SCHOOL DISTRICT

The group term life insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life insurance offers financial protection by providing you coverage in case of an untimely death. Life insurance is disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life insurance, visit
www.thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE
Employee	Benefit ² : Increments of \$10,000 Maximum: \$500,000
Spouse	Benefit ² : Increments of \$10,000. Maximum: the lesser of 100% of your supplemental coverage or \$200,000
Child(ren)	Benefit: Increments of \$5,000 Maximum: \$10,000

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee or board member 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.

(For more details, please see your employers policy booklet.)

AM I GUARANTEED COVERAGE?

If you are newly eligible, this coverage is offered without requiring you to provide evidence of insurability. If you were previously eligible and are electing coverage for the first time, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

For your spouse coverage, if you are newly eligible, this coverage is offered without requiring your spouse to provide evidence of insurability. If you were previously eligible and are electing coverage for the first time, your spouse 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.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period within 60 days of the date you have a change in family status, or within 60 days of the completion of any eligibility waiting period established by your employer.

³Your supplemental benefit will be reduced by 35% at age 65 and 60% at age 80. Reductions will be applied to the original benefit amount.

WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, 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), unless already insured with the prior carrier.

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.

¹LIMRA, Facts About Life 2020: <https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf>, as viewed on October 14, 2020.

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LIMITATIONS & EXCLUSIONS



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

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your supplemental benefit will be reduced by 35% at age 65 and 60% at age 80. Reductions will be applied to the original benefit amount.
- A supplemental or voluntary life benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who 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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