More than half of Americans (53%) expressed a heightened need for life insurance because of COVID-19.\footnote{1}

**BALL STATE UNIVERSITY**

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

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>LIFE COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Benefit: Increments of $10,000. Maximum: the lesser of 5x earnings or $500,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>Benefit: Increments of $5,000. Maximum: the lesser of 50% of your supplemental coverage or $250,000</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>Benefit: $5,000; $10,000</td>
</tr>
</tbody>
</table>

### PREMIUMS

See the Life Premium Worksheet.\footnote{3}

### ASKED & ANSWERED

**WHO IS ELIGIBLE?**

All benefit eligible employees according to the policy booklet.

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

**AM I GUARANTEED COVERAGE?**

If you enroll during your annual enrollment period or are newly eligible and elect an amount that exceeds the guaranteed issue amount of $200,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your annual or initial enrollment period, evidence of insurability will be required for all coverage amounts.

If you enroll during your annual enrollment period or are newly eligible and elect an amount that exceeds the guaranteed issue amount of $50,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your annual or initial enrollment period, evidence of insurability will be required for all coverage amounts.

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

**HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?**

Premiums are provided on the Life Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s).
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), 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.

---

2. Rates and/or benefits may be changed on a class basis. Rates are based on the age of the insured person and increase on January 1 of each year as you enter each new age category.

**The Buck’s Got Your Back®**
The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. 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. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding The Hartford’s compensation practices, please review our website http://www.thehartford.com/group-benefits-producer-compensation. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

5962a NS 07/21
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

• 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.

5962a NS 05/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

The Buck's Got Your Back®

The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. 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. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.