

DisabilityFLEX® (GROUP VOLUNTARY SHORT-TERM DISABILITY INSURANCE) BENEFIT HIGHLIGHTS



In the U.S., a disabling injury occurs every second.¹

Ball State University

A disability can happen to anyone. A back injury, pregnancy, or serious illness can lead to months without a regular paycheck. If you're unable to work for a short period of time due to a non-work-related condition, illness or injury, short-term disability insurance offers financial protection by paying you a portion of your earnings.



To learn more about DisabilityFLEX insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

You have a choice of four disability plans, which allows you the flexibility to enroll for the coverage that best meets your needs.

BENEFITS				
	Benefit Amount		Benefit Starts	Benefit Duration
OPTION 1	You may choose your weekly benefit. Benefits are in \$100 increments, not to exceed 60% of your weekly earnings.	\$200 - \$1,000	Day 8	13 weeks
OPTION 2	You may choose your weekly benefit. Benefits are in \$100 increments, not to exceed 60% of your weekly earnings.	\$200 - \$1,000	Day 30	13 weeks
OPTION 3	You may choose your weekly benefit. Benefits are in \$100 increments, not to exceed 60% of your weekly earnings.	\$200 - \$1,000	Day 8	26 weeks
OPTION 4	You may choose your weekly benefit. Benefits are in \$100 increments, not to exceed 60% of your weekly earnings.	\$200 - \$1,000	Day 30	26 weeks

PREMIUMS

See the Premium Worksheet.²

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active employee who is considered benefits eligible.

AM I GUARANTEED COVERAGE?

You may elect coverage without providing evidence of insurability during your scheduled initial enrollment period.

You may also elect coverage if you initially declined, increase coverage or change your existing coverage outside your scheduled initial enrollment period and during a family status period by providing evidence of insurability. Coverage would become effective if your application is approved.

This coverage is subject to a pre-existing condition limitation, which is detailed on the Limitations & Exclusions sheet.³

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

Premiums are provided on the Premium Worksheet. You have a choice of plan options. 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.

WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Before benefits start, disabled means, due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings. After benefits start, if you are disabled and working, you must earn more than 20% but less than 80% of your pre-disability earnings to receive benefits.

Pre-disability earnings are defined in your policy.

WHEN CAN I ENROLL?

You may enroll from 10/27/2020 to 11/12/2020.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 01/01/2021.

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

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

WILL MY BENEFIT BE REDUCED FOR ANY REASON?

Your benefits are not reduced by any benefit for loss of income received as a result of a disability such as Social Security, other employer-based insurance coverage you may have, settlements or judgment for income loss, unemployment benefits, or retirements benefits that your employer fully or partially pays for (such as a pension).

If you are disabled and working, your benefit amount may be reduced.

¹Injury Facts. National Safety Council. 2015 Edition. P. 37. Web. 30 June 2017.

²Rates and/or benefits may be changed. 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.

³The Short Term Disability policy contains a Pre-Existing Condition Limitation. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.

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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 including the provisions, terms, conditions, limitations and exclusions 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>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

VOLUNTARY GROUP TERM LIFE INSURANCE BENEFIT HIGHLIGHTS



Approximately 50 million households recognize they need more life insurance (40 percent of households).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 thehartford.com/employeebenefits

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE
Employee	Benefit: Increments of \$10,000 Maximum: the lesser of 5x earnings or \$500,000
Spouse	Benefit: Increments of \$5,000. Maximum: the lesser of 50% of your supplemental coverage or \$250,000
Child(ren)	Benefit: Increments of \$5,000 Maximum: \$10,000

PREMIUMS

See the Life Premium Worksheet.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active employee who is considered benefits eligible.

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 currently participating in this coverage you may increase your current coverage by \$10,000, not to exceed \$200,000, without providing evidence of insurability. Additional coverage amounts will require evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you are electing coverage for the first time, evidence of insurability that is satisfactory to The Hartford will be required before any coverage can become effective.

If you are currently participating in this coverage you may increase your spouse's current coverage by \$5,000, not to exceed \$50,000 without providing evidence of insurability. Additional coverage amounts will require your spouse to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you are electing coverage for the first time, your spouse will be required to provide evidence of insurability that is satisfactory to The Hartford before any coverage can become effective.

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 from 10/27/2020 to 11/12/2020.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 1/1/2021.

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 2016. Web. 30 June 2017. <https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/Facts-of-Life-2016.pdf>

³Rates and/or benefits may be changed. 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.

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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

- 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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DisabilityFLEX® (GROUP SHORT TERM DISABILITY INSURANCE)

LIMITATIONS AND EXCLUSIONS

GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
 - War or act of war (declared or not)
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Your being engaged in an illegal occupation
 - Sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
 - Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment

PRE-EXISTING CONDITIONS

- Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:
 - You have not received treatment for your condition for 3 months before the effective date of your insurance, or
 - You have not received treatment for your condition for 3 months after the effective date of your insurance, or
 - You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment
- If you are unable to satisfy one of the requirements above, your coverage will be limited to a maximum of 4 weeks of benefits for that disability

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