

DisabilityFLEXSM Coverage



Benefit Highlights
Ball State University

<p>What is DisabilityFLEX coverage?</p>	<p>DisabilityFLEX coverage is a non-occupational, voluntary short term disability program which pays you a weekly benefit amount if you cannot work because of a disabling illness or injury.</p> <p>This highlight sheet is an overview of your DisabilityFLEX coverage. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p>																				
<p>What is disability?</p>	<p>Disability is defined in The Hartford's contract with your employer. 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 less than 20% of your pre-disability weekly earnings or you are unable to perform some, but not all, of the essential duties of your occupation and as a result, you are earning less than 80% of your pre-disability weekly earnings.</p>																				
<p>Am I eligible?</p>	<p>You are eligible if you are an employee who is considered benefits eligible. Employees working in CA, HI, NY, NJ, RI or PR are not eligible for coverage.</p>																				
<p>How much coverage would I have?</p>	<p>You may elect to purchase a weekly benefit amount from \$200 to \$1,000 in increments of \$100. You may not elect an incremental benefit amount that is greater than 60% of your weekly earnings.</p> <table border="1" data-bbox="479 1144 1372 1669"> <thead> <tr> <th>If the amount of your annual earnings is:</th> <th>Your election cannot exceed the maximum weekly benefit amount of:</th> </tr> </thead> <tbody> <tr> <td>\$17,333.33 — \$25,999.99</td> <td>\$200</td> </tr> <tr> <td>\$26,000.00 — \$34,666.66</td> <td>Up to \$300</td> </tr> <tr> <td>\$34,666.67 — \$43,333.32</td> <td>Up to \$400</td> </tr> <tr> <td>\$43,333.33 — \$51,999.99</td> <td>Up to \$500</td> </tr> <tr> <td>\$52,000.00 — \$60,666.66</td> <td>Up to \$600</td> </tr> <tr> <td>\$60,666.67 — \$69,333.32</td> <td>Up to \$700</td> </tr> <tr> <td>\$69,333.33 — \$77,999.99</td> <td>Up to \$800</td> </tr> <tr> <td>\$78,000.00 — \$86,666.66</td> <td>Up to \$900</td> </tr> <tr> <td>More than \$86,666.67</td> <td>Up to \$1000</td> </tr> </tbody> </table> <p>Earnings are defined in The Hartford's contract with your employer.</p>	If the amount of your annual earnings is:	Your election cannot exceed the maximum weekly benefit amount of:	\$17,333.33 — \$25,999.99	\$200	\$26,000.00 — \$34,666.66	Up to \$300	\$34,666.67 — \$43,333.32	Up to \$400	\$43,333.33 — \$51,999.99	Up to \$500	\$52,000.00 — \$60,666.66	Up to \$600	\$60,666.67 — \$69,333.32	Up to \$700	\$69,333.33 — \$77,999.99	Up to \$800	\$78,000.00 — \$86,666.66	Up to \$900	More than \$86,666.67	Up to \$1000
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Page 1 of 3
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**Prepare today.
Help protect tomorrow.**

When can I enroll?	You can enroll during your scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of your eligibility waiting period as stated in your group policy.
When is it effective?	Coverage goes into effect subject to the terms and conditions of the policy. You must be actively at work with your employer on the day your coverage takes effect.
How long do I have to wait before I can receive my benefit?	Once your coverage is effective, you will be eligible to collect your disability insurance benefit starting on your choice of either the 8 th or 30 th day of disability. You choose how long you want to wait for your disability insurance benefits to start.
How long will I be able to receive my benefit?	Once you are eligible to start collecting your disability insurance benefit, your benefit could continue for up to a maximum of either 13 or 26 weeks. You choose the maximum number of weeks your disability benefit could continue for.
If I'm disabled, can the amount of my benefit be reduced by other income benefits?	No. Your weekly benefit amount will not be reduced by other income benefits, as defined in The Hartford's contract with your employer.
Are there other limitations to enrollment?	<p>If this is the first time you are eligible to elect coverage, evidence of insurability is not required.</p> <p>If you did not elect coverage the first time it was offered to you, evidence of insurability is required to elect coverage. Evidence of insurability is also required to make a change to enhance your current coverage.</p> <p>This coverage, like most group benefit insurance, requires that a certain number of eligible employees or a certain percentage of eligible employees participate. If that group participation minimum is not met, the insurance coverage that you have elected may not be in effect.</p>

Important Details

The following is an overview of your DisabilityFLEX coverage. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

Exclusions:

You cannot receive 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
- any case where your being engaged in an illegal occupation was a contributing cause to your disability
- sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
- any injury sustained as a result of doing any work for pay or profit for another employer

You must be under the regular care of a physician to receive benefits.

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 for before the effective date of your insurance, you will be covered for a disability due to that condition only if:

- you have not received treatment for your condition for after the effective date of your insurance, or
- you have been insured under this insurance for before your disability starts, so you can receive benefits even if you're receiving treatment.

This benefit highlights sheet is an overview of the DisabilityFLEX coverage being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the benefit highlights sheet and the insurance policy, the terms of the insurance policy apply.