

BASIC and SUPPLEMENTAL GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



Approximately 50 million households recognize they need more life insurance (40 percent of households).¹

State of New Mexico Risk Management Division

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

APPLICANT	BASIC COVERAGE	SUPPLEMENTAL COVERAGE
Employee	Class 1, 2, 3 & 5 Benefit: \$50,000 AD&D: Included Class 4 Benefit: \$75,000 AD&D: Included	Class 1 Benefit: Increments of \$10,000 Maximum: \$400,000 AD&D: Included Class 2, 3, 4 & 5 Benefit: Increments of \$10,000 Maximum: \$500,000 AD&D: Included
Spouse	All Classes - Not Included	All Classes Benefit: Increments of \$10,000 Maximum: \$250,000 AD&D: Included
Child(ren)	All Classes - Not Included	All Classes Benefit: Increments of \$5,000 Maximum: \$15,000 AD&D: Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	BASIC COVERAGE	SUPPLEMENTAL COVERAGE
Life	100%	100%
Both Hands or Both Feet or Sight of Both Eyes	100%	100%
One Hand and One Foot	100%	100%
Speech and Hearing in Both Ears	100%	100%
Either Hand or Foot and Sight of One Eye	100%	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%	100%
Movement of Both Lower Limbs (Paraplegia)	75%	75%
Movement of Three Limbs (Triplegia)	75%	75%

Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%	50%
Either Hand or Foot	50%	50%
Sight of One Eye	50%	50%
Speech or Hearing in Both Ears	50%	50%
Movement of One Limb (Uniplegia)	25%	25%
Thumb and Index Finger of Either Hand	25%	25%

ASKED & ANSWERED

WHO IS ELIGIBLE?

Class 1: You are eligible if you are an active full time legislator who works at least 20 hours per week on a regularly scheduled basis.

Class 2 & 5: You are eligible if you are an active full time or part time employee of the state or undercover agent who works at least 20 hours per week on a regularly scheduled basis.

Class 3: You are eligible if you are an active full time or part time employee of a local public body who works at least 20 hours per week on a regularly scheduled basis.

Class 4: You are eligible if you are an active full time or part time law enforcement officer who works at least 20 hours per week on a regularly scheduled basis.

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

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

Basic insurance is guaranteed issue coverage – it is available without having to provide information about your health.

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$150,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

If you are currently participating in this coverage you may increase your current coverage by \$10,000, not to exceed \$150,000, without providing 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 for any amount of Supplemental Life Insurance coverage including an initial amount.

For your spouse coverage, if you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$30,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you are currently participating in this coverage you may increase your spouse's current coverage by \$10,000, not to exceed \$30,000, without your spouse providing evidence of insurability. If you were previously eligible and are electing spouse coverage for the first time, you will need to provide evidence of insurability that is satisfactory to The Hartford for any amount of spouse coverage including an initial amount.

For your child(ren)'s supplemental coverage, this insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

AD&D is available without having to provide information about your or your family's health.

WHEN CAN I ENROLL?

Class 1: You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status, .

Classes 2, 4 & 5: Your employer will automatically enroll you for basic coverage. If you have not already done so, you must designate a beneficiary. You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

Class 3: Your employer will automatically enroll you for basic coverage. If you have not already done so, you must designate a beneficiary. You may enroll in supplemental coverage during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

Class 1: 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).

Classes 2, 4 & 5: Basic insurance will become effective for you on the date you become eligible. You may enroll in supplemental coverage during any scheduled enrollment period, or within 31 days of the date you have a change in family status. 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).

Class 3: Basic insurance will become effective for you on the date you become eligible. Subject to any eligibility waiting period established by your employer, supplemental 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).

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. Conversion and portability are not available for AD&D coverage.

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>

⁴Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on your birthday 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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GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- This insurance does not cover losses caused by:
 - Sickness; disease; or any treatment for either
 - Any infection, except certain ones caused by an accidental cut or wound
 - Intentionally self-inflicted injury, suicide or suicide attempt
 - War or act of war, whether declared or not
 - Injury sustained while in the armed forces of any country or international authority
 - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
 - Injury sustained while committing or attempting to commit a felony
 - Injury sustained while driving while intoxicated
- 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.
- Child(ren) may only be covered as a dependent of one employee.

DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you or your dependent(s) have coverage.

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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 are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.