

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



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

Wachusett Regional School District

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 two disability plans, which allows you the flexibility to enroll for the coverage that best meets your needs.

BENEFITS		OPTION 1	OPTION 2
Benefit Amount	You may choose your weekly benefit. Benefits are in \$100 increments, not to exceed 60% of your weekly earnings.	\$100 - \$1,500	\$100 - \$1,500
Benefit Starts	You may choose when you want your benefit to start.	Day 15	Day 30
Benefit Duration		13 weeks	13 weeks

PREMIUMS

See the Premium Worksheet.²

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis. Employees working in California, Hawaii, New Jersey, Rhode Island or Puerto Rico are not eligible for coverage.

AM I GUARANTEED COVERAGE?

You may elect coverage without providing evidence of insurability during your scheduled initial enrollment period or during subsequent scheduled enrollment periods occurring annually thereafter. You may also increase or change existing benefits without providing evidence of insurability during subsequent scheduled enrollment periods or during qualified family status change periods.

You may also elect coverage during a qualified family status change period by providing evidence of insurability. Coverage would become effective if your application is approved.

Electing or changing coverage is only permitted during scheduled annual enrollment periods or qualified family status change periods.

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 is your regular monthly rate of pay, not counting commissions, bonuses, overtime pay or any other fringe benefit or extra compensation.

WHEN CAN I ENROLL?

You may enroll 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?

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.

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 the policy anniversary date on or following your birthday 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.

Prepare. Protect. Prevail. With The Hartford. ®

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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.

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.

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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