

# GROUP VOLUNTARY LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



Just over 1 in 4 of today's 20 year-olds will become disabled before they retire (age 67).<sup>1</sup>

## LaPetite Academy, Inc.

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.



To learn more about Long-Term Disability insurance, visit [thehartford.com/employeebenefits](https://www.thehartford.com/employeebenefits)

## COVERAGE INFORMATION

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION
60%	\$5,000	\$100	After 180 days disabled	Disabled before: Age 66 Benefit duration: As long as you are disabled Benefit duration maximum: 2 years

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time hourly employee and enrolled in the 2 year maximum benefit period with a 180 day elimination period and who works at least 30 hours per week on a regularly scheduled basis.

### AM I GUARANTEED COVERAGE?

If this is the first time you are eligible to elect coverage, evidence of insurability is not required. If you did not elect coverage the first time it was offered to you, evidence of insurability is required to elect coverage.

This coverage is subject to a pre-existing condition exclusion, which is detailed on the Limitations & Exclusions sheet. Please refer to the Limitations & Exclusions sheet provided with this benefit highlight sheet for more information on limitations and exclusions, such as pre-existing conditions.

### 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 leave your employer, or the coverage is no longer offered.

### **WHAT DOES IT MEAN TO BE DISABLED?**

Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% of your pre-disability earnings. Once you have been disabled for 1 year following the elimination period, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are less than or equal to 60% of your pre-disability earnings.

Pre-disability earnings are defined in your policy.

<sup>1</sup>U.S. Social Security Administration Fact Sheet. Web. 30 June 2017 <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>

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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.

## GROUP LONG TERM DISABILITY INSURANCE

### 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

### PRE-EXISTING CONDITIONS

- Your insurance excludes 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 been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
  - You have already satisfied the pre-existing condition requirement of your previous insurer

### LIMITATIONS

- **Mental Illness and Substance Abuse Limitation.** If you are disabled because of Mental Illness or because of alcoholism or the use of narcotics, sedatives, stimulants, hallucinogens or other similar substance, benefits will be payable for a maximum of 24 months in your lifetime, unless at the end of that 24 months, you are confined to a hospital or other place licensed to provide medical care for your disability.
- **Specified Condition Limitation.** If you are disabled because of any of the conditions or symptoms listed below, benefits will be payable for a maximum of 24 months in your lifetime:
  - Chemical and Environmental Illness
  - Chronic Fatigue Illness
  - Musculoskeletal and Connective Tissue Illness
  - Post concussive syndrome
  - Obstructive sleep apnea
  - Narcolepsy, cataplexy and other sleep syndromes
  - Fibromyalgia
  - Migraines, tension headaches, and cluster headaches
  - Irritable bowel disease, Crohn's disease, celiac disease, or ulcerative colitis
  - Chronic Lyme disease and other chronic illnesses due to tick borne infections
  - Any self-reported symptoms that have not been attributed to a specific diagnosis with objective and verifiable findings including but not limited to dizziness, fatigue, headache, loss of energy, numbness, pain, ringing in the ear or other perceived ear tones, stiffness, or cognitive dysfunction not supported by objective diagnostic testing

### OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
  - Social Security disability insurance (please see next section for exceptions)
  - Workers' compensation
  - Other employer-based insurance coverage you may have
  - Unemployment benefits
  - Settlements or judgments for income loss
  - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
  - Retirement benefits if you were already receiving them before you became disabled
  - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
  - Most personal disability policies
  - Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:

Insured's monthly [Pre-Disability Earnings/Basic Monthly Pay] \$3,000  
Long term disability benefits percentage x 60%  
Unreduced maximum benefit \$1,800  
Less Social Security disability benefit per month - \$900  
Less state disability income benefit per month - \$300  
Total amount of long term disability benefit per month \$600

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

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