

GROUP VOLUNTARY LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



More than 1 in 4 adults in the U.S. has some type of disability.¹

STATE OF MINNESOTA

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.

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																		
<p>You may choose any benefit option shown up to the Maximum Monthly Benefit amount based on your annual earnings. Benefit options are in increments of \$50 from \$300 up to \$1,000, then in increments of \$100 up to \$7,000.</p> <p>See the Premium Worksheet table for benefit options, Maximum Monthly Benefits and Maximum Monthly Amount Allowed From All Sources.</p>	The plan maximum is \$7,000 per month.	The greater of \$300 or 15% of the benefit	After 180 days disabled	<p>As long as you are disabled, Benefit duration maximum:</p> <table> <tr> <td>Age When Disabled:</td> <td>Benefits Payable</td> </tr> <tr> <td>Prior to Age 63</td> <td>The greater of your Social Security Normal Retirement Age or 48 months</td> </tr> <tr> <td>Age 63</td> <td>42 months</td> </tr> <tr> <td>Age 64</td> <td>36 months</td> </tr> <tr> <td>Age 65</td> <td>30 months</td> </tr> <tr> <td>Age 66</td> <td>27 months</td> </tr> <tr> <td>Age 67</td> <td>24 months</td> </tr> <tr> <td>Age 68</td> <td>21 months</td> </tr> <tr> <td>Age 69 and over</td> <td>18 months</td> </tr> </table>	Age When Disabled:	Benefits Payable	Prior to Age 63	The greater of your Social Security Normal Retirement Age or 48 months	Age 63	42 months	Age 64	36 months	Age 65	30 months	Age 66	27 months	Age 67	24 months	Age 68	21 months	Age 69 and over	18 months
Age When Disabled:	Benefits Payable																					
Prior to Age 63	The greater of your Social Security Normal Retirement Age or 48 months																					
Age 63	42 months																					
Age 64	36 months																					
Age 65	30 months																					
Age 66	27 months																					
Age 67	24 months																					
Age 68	21 months																					
Age 69 and over	18 months																					

PREMIUMS

See the Premium Worksheet.²

To determine the maximum amount for which you are eligible, locate your salary range in the first column and cross over to the 3rd column. You may enroll for any amount of coverage as shown up to that maximum amount. The 4th column also shows you what your minimum benefit would be for that particular coverage level. Before you enroll, make sure you understand how benefits are calculated.

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active employee as determined by the State of Minnesota who works at least 40 hours per week on a regularly scheduled basis. This includes elected and appointed public officials but excludes employees who are eligible for coverage under the Manager's Income Protection Plan.

AM I GUARANTEED COVERAGE?

If this is the first time you are eligible to elect coverage, evidence of insurability is not required. If you are electing coverage or increasing coverage during the Annual Enrollment Period, evidence of insurability is not required.

This coverage is subject to a pre-existing condition exclusion. 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.

HOW DO I PAY FOR THIS INSURANCE?

Premium 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 within 30 days following the day you are employed, reemployed or your employment is reinstated or you may enroll or increase coverage during the Annual Enrollment Period.

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. Your coverage will start on the 30th day following the day you are employed, reemployed or your employment is reinstated; or on the January 1 of the next plan year if you enroll during an Annual Enrollment Period.

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?

Total Disability means that during the elimination period and for the next 24 months, 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. After that period, you must be prevented from performing one or more of the essential duties of any occupation for which you are qualified by education, training or experience and has earnings potential greater than the maximum monthly amount from all sources.

Pre-disability earnings are defined in your policy.

¹Center for Disease Control and Prevention "Disability Impacts All of Us," September 2020: <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>, as viewed on 10/14/2020.

²Rates and/or benefits may be changed on a class basis.

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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. A pre-existing condition means any accidental bodily injury, sickness, mental illness, pregnancy, or episode of substance abuse for which you received medical care during the 365-day period before your effective date of coverage, or the effective date of a change in coverage. Any manifestations, symptoms, findings or aggravations related to or resulting from the same disability are considered to be the same disability for purposes of determining a pre-existing condition. You will be covered for a disability due to that condition only if:
 - You have not received treatment for your condition for 365 days before the effective date of your insurance, or the effective date of an increase in coverage, or
 - You have been insured under this coverage for 730 days prior to your disability commencing, so you can receive benefits even if you're receiving treatment.
- Medical care is received when a physician or other health care provider is consulted or gives medical advice, or recommends, prescribes or provides treatment. Treatment includes, but is not limited to medical examinations, tests, attendance or observation, as well as the use of drugs, medicines, medical services, supplies or equipment.
- If you elect to increase your monthly benefit amount during any of the State's annual open enrollment periods, that incremental amount of increase will be subject to the full pre-existing condition limitation.

These examples are for purposes of illustrating the effect of this exclusion and is not intended to reflect the situation of a particular claimant under the Policy:

Example 1) Jane was treated for kidney stones 6 months before she enrolls for coverage. Because she received treatment during the 365 day period prior to her effective date of her coverage, Jane will not have coverage for problems related to her kidney stones until she has been continuously covered under the plan for 730 days (2 years). However, she is covered for disabilities unrelated to kidney stones during that 730 day period. Any disability related to kidney stones that begins after 730 days of being continuously insured would be covered.

Example 2) Bob was treated for an ulcer 1-1/2 years before he enrolls for coverage. Any disability related to his ulcer condition would not be excluded because he has not received treatment for his ulcers during the 365 day period prior to his effective date of coverage.

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
 - Plan or arrangement of coverage, whether insured or not, as a result of employment by or association with your employer, including vacation pay, vacation donation, sick pay, or which is a result of membership in or association with any group, association, union or other organization.
 - Individual insurance policy where the premium is wholly or partially paid by the employer
 - Unemployment benefits
 - Settlements or judgments for income loss
 - Retirement benefits that your employer fully or partially pays for (such as a pension plan), unless you immediately transfer the payment to another plan qualified by the U.S. Internal Revenue Service for the funding of a future retirement: (The portion, if any, of such retirement benefit that was funded by your after-tax contributions will not be included.)
 - Retirement benefits you or your family receive from Social Security or similar plans
 - Disability benefits under the employer's retirement plan, such as the Minnesota State Retirement System (MSRS)
- 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:

Example 1

Assumptions - Annual Salary:	\$32,000
Corresponding Maximum Monthly Amount From all Sources:	\$1,600
Amount of benefit employee has elected at enrollment:	\$1,000 (a)
Income from other sources (such as MSRS):	\$1,000
To calculate benefit payment:	
Maximum Monthly Benefit From all Sources:	\$1,600
Subtract income from other sources:	\$1,000
Difference:	= \$600 (b)
Your monthly LTD benefit is the lesser of (a) or (b):	\$600

Example 2

Assumptions - Annual Salary:	\$43,000
Corresponding Maximum Monthly Amount From all Sources:	\$2,200
Amount of benefit employee has elected at enrollment:	\$600 (a)
Income from other sources (such as MSRS):	\$1,000
To calculate benefit payment:	
Maximum Monthly Benefit From all Sources:	\$2,200
Subtract income from other sources:	\$1,000
Difference:	= \$1,200 (b)
Your monthly LTD benefit is the lesser of (a) or (b):	\$600

THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

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

5962d NS 05/21. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

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PREMIUM WORKSHEET



Rates and/or benefits may be changed on a class basis.

Your Gross Annual Salary	Maximum Monthly Amount Allowed From All Sources	Choose Maximum Monthly Benefit Amount	Minimum Monthly Benefit Amount Payable	Semi-Monthly Cost	Monthly Cost
\$6,001 - \$6,500	\$300	\$300	\$300	\$0.81	\$1.62
\$6,501 - \$7,000	\$350	\$350	\$300	\$0.95	\$1.89
\$7,001 - \$8,000	\$400	\$400	\$300	\$1.08	\$2.16
\$8,001 - \$9,000	\$450	\$450	\$300	\$1.22	\$2.43
\$9,001 - \$10,000	\$500	\$500	\$300	\$1.35	\$2.70
\$10,001 - \$11,000	\$550	\$550	\$300	\$1.49	\$2.97
\$11,001 - \$12,000	\$600	\$600	\$300	\$1.62	\$3.24
\$12,001 - \$12,500	\$650	\$650	\$300	\$1.76	\$3.51
\$12,501 - \$13,000	\$700	\$700	\$300	\$1.89	\$3.78
\$13,001 - \$14,000	\$750	\$750	\$300	\$2.03	\$4.05
\$14,001 - \$15,000	\$800	\$800	\$300	\$2.16	\$4.32
\$15,001 - \$16,000	\$850	\$850	\$300	\$2.30	\$4.59
\$16,001 - \$18,000	\$900	\$900	\$300	\$2.43	\$4.86
\$18,001 - \$19,000	\$950	\$950	\$300	\$2.57	\$5.13
\$19,001 - \$20,000	\$1,000	\$1,000	\$300	\$2.70	\$5.40
\$20,001 - \$22,000	\$1,100	\$1,100	\$300	\$2.97	\$5.94
\$22,001 - \$24,000	\$1,200	\$1,200	\$300	\$3.24	\$6.48
\$24,001 - \$26,000	\$1,300	\$1,300	\$300	\$3.51	\$7.02
\$26,001 - \$28,000	\$1,400	\$1,400	\$300	\$3.78	\$7.56
\$28,001 - \$30,000	\$1,500	\$1,500	\$300	\$4.05	\$8.10
\$30,001 - \$32,000	\$1,600	\$1,600	\$300	\$4.32	\$8.64
\$32,001 - \$34,000	\$1,700	\$1,700	\$300	\$4.59	\$9.18
\$34,001 - \$36,000	\$1,800	\$1,800	\$300	\$4.86	\$9.72
\$36,001 - \$38,000	\$1,900	\$1,900	\$300	\$5.13	\$10.26
\$38,001 - \$40,000	\$2,000	\$2,000	\$300	\$5.40	\$10.80
\$40,001 - \$42,000	\$2,100	\$2,100	\$315	\$5.67	\$11.34
\$42,001 - \$44,000	\$2,200	\$2,200	\$330	\$5.94	\$11.88
\$44,001 - \$46,000	\$2,300	\$2,300	\$345	\$6.21	\$12.42
\$46,001 - \$48,000	\$2,400	\$2,400	\$360	\$6.48	\$12.96
\$48,001 - \$50,000	\$2,500	\$2,500	\$375	\$6.75	\$13.50
\$50,001 - \$52,000	\$2,600	\$2,600	\$390	\$7.02	\$14.04
\$52,001 - \$54,000	\$2,700	\$2,700	\$405	\$7.29	\$14.58
\$54,001 - \$56,000	\$2,800	\$2,800	\$420	\$7.56	\$15.12
\$56,001 - \$58,000	\$2,900	\$2,900	\$435	\$7.83	\$15.66
\$58,001 - \$60,000	\$3,000	\$3,000	\$450	\$8.10	\$16.20
\$60,001 - \$61,000	\$3,100	\$3,100	\$465	\$8.37	\$16.74
\$61,001 - \$62,000	\$3,200	\$3,200	\$480	\$8.64	\$17.28

Your Gross Annual Salary	Maximum Monthly Amount Allowed From All Sources	Choose Maximum Monthly Benefit Amount	Minimum Monthly Benefit Amount Payable	Semi-Monthly Cost	Monthly Cost
\$62,001 - \$63,000	\$3,300	\$3,300	\$495	\$8.91	\$17.82
\$63,001 - \$64,000	\$3,400	\$3,400	\$510	\$9.18	\$18.36
\$64,001 - \$65,000	\$3,500	\$3,500	\$525	\$9.45	\$18.90
\$65,001 - \$67,000	\$3,600	\$3,600	\$540	\$9.72	\$19.44
\$67,001 - \$69,000	\$3,700	\$3,700	\$555	\$9.99	\$19.98
\$69,001 - \$71,500	\$3,800	\$3,800	\$570	\$10.26	\$20.52
\$71,501 - \$73,000	\$3,900	\$3,900	\$585	\$10.53	\$21.06
\$73,001 - \$75,000	\$4,000	\$4,000	\$600	\$10.80	\$21.60
\$75,001 - \$77,000	\$4,100	\$4,100	\$615	\$11.07	\$22.14
\$77,001 - \$79,000	\$4,200	\$4,200	\$630	\$11.34	\$22.68
\$79,001 - \$81,000	\$4,300	\$4,300	\$645	\$11.61	\$23.22
\$81,001 - \$83,000	\$4,400	\$4,400	\$660	\$11.88	\$23.76
\$83,001 - \$85,000	\$4,500	\$4,500	\$675	\$12.15	\$24.30
\$85,001 - \$87,000	\$4,600	\$4,600	\$690	\$12.42	\$24.84
\$87,001 - \$89,000	\$4,700	\$4,700	\$705	\$12.69	\$25.38
\$89,001 - \$91,000	\$4,800	\$4,800	\$720	\$12.96	\$25.92
\$91,001 - \$93,000	\$4,900	\$4,900	\$735	\$13.23	\$26.46
\$93,001 - \$96,000	\$5,000	\$5,000	\$750	\$13.50	\$27.00
\$96,001 - \$98,000	\$5,100	\$5,100	\$765	\$13.77	\$27.54
\$98,001 - \$100,000	\$5,200	\$5,200	\$780	\$14.04	\$28.08
\$100,001 - \$102,000	\$5,300	\$5,300	\$795	\$14.31	\$28.62
\$102,001 - \$104,000	\$5,400	\$5,400	\$810	\$14.58	\$29.16
\$104,001 - \$106,000	\$5,500	\$5,500	\$825	\$14.85	\$29.70
\$106,001 - \$108,000	\$5,600	\$5,600	\$840	\$15.12	\$30.24
\$108,001 - \$110,000	\$5,700	\$5,700	\$855	\$15.39	\$30.78
\$110,001 - \$112,000	\$5,800	\$5,800	\$870	\$15.66	\$31.32
\$112,001 - \$114,000	\$5,900	\$5,900	\$885	\$15.93	\$31.86
\$114,001 - \$116,000	\$6,000	\$6,000	\$900	\$16.20	\$32.40
\$116,001 - \$118,000	\$6,100	\$6,100	\$915	\$16.47	\$32.94
\$118,001 - \$120,000	\$6,200	\$6,200	\$930	\$16.74	\$33.48
\$120,001 - \$122,000	\$6,300	\$6,300	\$945	\$17.01	\$34.02
\$122,001 - \$124,000	\$6,400	\$6,400	\$960	\$17.28	\$34.56
\$124,001 - \$126,000	\$6,500	\$6,500	\$975	\$17.55	\$35.10
\$126,001 - \$128,000	\$6,600	\$6,600	\$990	\$17.82	\$35.64
\$128,001 - \$130,000	\$6,700	\$6,700	\$1,005	\$18.09	\$36.18
\$130,001 - \$132,000	\$6,800	\$6,800	\$1,020	\$18.36	\$36.72
\$132,001 - \$133,500	\$6,900	\$6,900	\$1,035	\$18.63	\$37.26
\$133,501 - \$135,500	\$7,000	\$7,000	\$1,050	\$18.90	\$37.80

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