

# GROUP VOLUNTARY SHORT-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>

## THE STATE OF MINNESOTA

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.

## COVERAGE INFORMATION

| BENEFIT AMOUNT  | MAXIMUM   | MINIMUM   | SICKNESS BENEFIT STARTS      | INJURY BENEFIT STARTS        | BENEFIT DURATION |
|---|---|---|------------------------------|------------------------------|------------------|
| You may choose your benefit in increments of \$100 per month. | The plan maximum is \$5,000 per month. The maximum benefit you can elect cannot exceed 66.67% of your gross monthly salary. | The minimum benefit amount you can enroll for is \$300 per month. | On the 8th day of Disability | On the 1st day of Disability | 26 weeks         |

## PREMIUMS

See the Premium Worksheet.<sup>2</sup>

The cost of your coverage depends on the Maximum Monthly Benefit amount you select. You may choose any benefit amount shown in the Premium Worksheet up to the Maximum Monthly Benefit amount that corresponds with your monthly salary. All requests to increase short-term disability coverage levels after your initial enrollment opportunity will require evidence of insurability and The Hartford's approval.

To determine what your monthly salary:

$$\frac{\text{Hourly Rate of Pay}}{\text{Hours per Pay Period}} \times \text{X 26 pay periods} \div \text{by 12 months} = \frac{\text{Gross Monthly Salary}}{\text{Gross Monthly Salary}}$$

$$\frac{\text{Bi-Weekly (Gross) Salary}}{\text{Gross Monthly Salary}} \times \text{X 26 pay periods} \div \text{by 12 months} = \frac{\text{Gross Monthly Salary}}{\text{Gross Monthly Salary}}$$

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active employee eligible for insurance as determined by the State of Minnesota. 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 did not elect coverage during your initial enrollment opportunity, evidence of insurability is required to elect coverage or elect an increase in coverage level.

### 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 35 days of the first day of employment, reinstatement, or re-hire. Employees who become insurance eligible must enroll within 30 days of becoming eligible.

If you do not enroll during your initial enrollment opportunity, you may apply for coverage or apply to increase your coverage level at any time with evidence of insurability.

### 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?

You must be Totally Disabled for benefits to begin. Total Disability means you are unable to perform the essential duties of your occupation due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy, and as a result, you are earning 20% or less of your pre-disability weekly earnings.

If you return to work on a part-time or limited duty basis after benefits have commenced for Total Disability, you may be Disabled and Working. Disabled and Working means you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but no more than 80% of your pre-disability weekly earnings.

Pre-disability earnings are defined in your policy.

### HOW ARE THE BENEFIT PAYMENTS CALCULATED?

The benefit paid depends on the Maximum Monthly Benefit amount you elected at enrollment. You will elect a monthly benefit amount, but short-term disability benefits are paid weekly. The weekly benefit amount is determined by multiplying your monthly benefit amount by 12 months and then dividing that amount by 52 weeks. The daily benefit is determined by dividing the weekly amount by 7 days.

Disabled and Working Benefits (partial disability benefits) are paid weekly and equal 80% of your pre-disability earnings minus your weekly earnings while partially disabled, including sick pay. The Disabled and Working benefit cannot exceed the Maximum Monthly Benefit amount for which you are enrolled.

<sup>1</sup>U.S. Social Security Administration Fact Sheet, Web, 14 October 2020 <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>

<sup>2</sup>Rates and/or benefits may be changed on class basis.

### The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. 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. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford. 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 on the Minnesota Management & Budget/SEGIP website.

## GROUP SHORT 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
  - 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

### 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.

5962e NS-5/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

### The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. 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. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

# PREMIUM WORKSHEET



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

| Employee's Monthly Salary | Maximum Monthly Benefit | Semi-monthly Cost | Monthly Cost |
|---------------------------|-------------------------|-------------------|--------------|
| \$450                     | \$300                   | \$2.19            | \$4.38       |
| \$600                     | \$400                   | \$2.92            | \$5.84       |
| \$750                     | \$500                   | \$3.65            | \$7.30       |
| \$900                     | \$600                   | \$4.38            | \$8.76       |
| \$1,050                   | \$700                   | \$5.11            | \$10.22      |
| \$1,200                   | \$800                   | \$5.84            | \$11.68      |
| \$1,350                   | \$900                   | \$6.57            | \$13.14      |
| \$1,500                   | \$1,000                 | \$7.30            | \$14.60      |
| \$1,650                   | \$1,100                 | \$8.03            | \$16.06      |
| \$1,800                   | \$1,200                 | \$8.76            | \$17.52      |
| \$1,950                   | \$1,300                 | \$9.49            | \$18.98      |
| \$2,100                   | \$1,400                 | \$10.22           | \$20.44      |
| \$2,250                   | \$1,500                 | \$10.95           | \$21.90      |
| \$2,400                   | \$1,600                 | \$11.68           | \$23.36      |
| \$2,550                   | \$1,700                 | \$12.41           | \$24.82      |
| \$2,700                   | \$1,800                 | \$13.14           | \$26.28      |
| \$2,850                   | \$1,900                 | \$13.87           | \$27.74      |
| \$3,000                   | \$2,000                 | \$14.60           | \$29.20      |
| \$3,150                   | \$2,100                 | \$15.33           | \$30.66      |
| \$3,300                   | \$2,200                 | \$16.06           | \$32.12      |
| \$3,450                   | \$2,300                 | \$16.79           | \$33.58      |
| \$3,600                   | \$2,400                 | \$17.52           | \$35.04      |
| \$3,750                   | \$2,500                 | \$18.25           | \$36.50      |
| \$3,900                   | \$2,600                 | \$18.98           | \$37.96      |
| \$4,050                   | \$2,700                 | \$19.71           | \$39.42      |
| \$4,200                   | \$2,800                 | \$20.44           | \$40.88      |
| \$4,350                   | \$2,900                 | \$21.17           | \$42.34      |
| \$4,500                   | \$3,000                 | \$21.90           | \$43.80      |
| \$4,650                   | \$3,100                 | \$22.63           | \$45.26      |
| \$4,800                   | \$3,200                 | \$23.36           | \$46.72      |
| \$4,950                   | \$3,300                 | \$24.09           | \$48.18      |
| \$5,100                   | \$3,400                 | \$24.82           | \$49.64      |
| \$5,250                   | \$3,500                 | \$25.55           | \$51.10      |
| \$5,400                   | \$3,600                 | \$26.28           | \$52.56      |
| \$5,550                   | \$3,700                 | \$27.01           | \$54.02      |
| \$5,700                   | \$3,800                 | \$27.74           | \$55.48      |
| \$5,850                   | \$3,900                 | \$28.47           | \$56.94      |
| \$6,000                   | \$4,000                 | \$29.20           | \$58.40      |
| \$6,150                   | \$4,100                 | \$29.93           | \$59.86      |
| \$6,300                   | \$4,200                 | \$30.66           | \$61.32      |
| \$6,450                   | \$4,300                 | \$31.39           | \$62.78      |

| <b>Employee's Monthly Salary</b> | <b>Maximum Monthly Benefit</b> | <b>Semi-monthly Cost</b> | <b>Monthly Cost</b> |
|----------------------------------|--------------------------------|--------------------------|---------------------|
| \$6,600                          | \$4,400                        | \$32.12                  | \$64.24             |
| \$6,750                          | \$4,500                        | \$32.85                  | \$65.70             |
| \$6,900                          | \$4,600                        | \$33.58                  | \$67.16             |
| \$7,050                          | \$4,700                        | \$34.31                  | \$68.62             |
| \$7,200                          | \$4,800                        | \$35.04                  | \$70.08             |
| \$7,350                          | \$4,900                        | \$35.77                  | \$71.54             |
| \$7,500                          | \$5,000                        | \$36.50                  | \$73.00             |

5962e NS 07/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

**The Buck's Got Your Back®**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2020 The Hartford.