

LIMITED TIME OFFER

Elect **GUARANTEED COVERAGE** - no health questions!

- **New Hires** - enroll within **30 days** from date of employment
- **Newly Eligible** - enroll within **30 days** of status change date

What does **GUARANTEED COVERAGE** mean?

It is a special opportunity to elect insurance with no health questions or evidence of insurability required!

When an employee first becomes eligible for insurance benefits, there is a **one-time opportunity** to elect limited amounts of Optional Life Insurance and Short Term Disability Insurance, without providing evidence of insurability. We encourage you to take advantage of this opportunity as a newly eligible employee, **when coverage cannot be denied!**

Elect Guaranteed Issue (GI) amounts for Life, STD, and LTD on-line in Employee Self Service. For Life Insurance amounts beyond the GI offer and Optional Accidental Death & Dismemberment, complete the Optional Application. Refer to the brochures for plan details, cost, and instructions about how to apply. To qualify for the GI coverage, your initial enrollment must be completed on time and in accordance to the instructions from the State of Minnesota.

GUARANTEED ISSUE DETAILS

OPTIONAL LIFE INSURANCE <ul style="list-style-type: none">• Employee - Elect up to 2x your annual salary• Spouse - Elect \$5,000 or \$10,000• Child - Elect \$10,000 (live birth to age 26)	Coverage noted is guaranteed issue when newly eligible, however evidence of insurability is required for amounts greater than these and when enrolling in the future. As an exception, child life is guaranteed issue each annual enrollment period.
SHORT TERM DISABILITY (STD) <ul style="list-style-type: none">• Employee - Elect a monthly benefit of \$300 up to the lesser of 66 2/3% of your gross monthly salary or \$5,000 (see chart within the Hartford brochure enclosed)	All coverage is guaranteed issue when newly eligible. STD can be elected at any time, however enrolling in the future requires evidence of insurability.
LONG TERM DISABILITY (LTD) <ul style="list-style-type: none">• Employee - Elect a monthly benefit of \$300 up to a maximum amount, in accordance with your annual earnings, not to exceed \$7,000 (see chart within the Hartford brochure enclosed)	All coverage is guaranteed issue when newly eligible and each year during the annual enrollment period. Pre-existing conditions limitations always apply.
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) <ul style="list-style-type: none">• Employee - Elect up to \$200,000• Spouse - Elect up to \$25,000 (not to exceed employee's coverage amount)	All coverage is guaranteed issue and can be added at any time; evidence of insurability is never required. AD&D provides coverage for the accidental loss of a limb or eyesight and accidental death.

Need More Life Insurance?

APPLYING IS EASY

DID YOU KNOW

The State of Minnesota employees can apply for Optional Term Life, beyond the guaranteed issue offer available when newly eligible and at any time during the year!

See the rates for up to \$500,000 on the reverse side.

YOUR PLAN IS UNIQUE BECAUSE

- Employees can enroll their spouse, even if they do not have Optional Life coverage
- Spouse Life amounts can be greater than Employee Life amounts
- Employee and Spouse elections include an Accidental Death & Dismemberment benefit
- Child Life is available during annual enrollment **without** evidence of insurability

HOW TO APPLY

Step 1

Complete the attached Optional Application form, indicating the coverage type and amount desired.

Step 2

Submit your application to the State of Minnesota Group Insurance Plan (SEGIP). Instructions are on the Optional Application form to submit by Fax, Email, or Mail.

Step 3

Securian Financial will send a letter to your home with instructions to complete the online Evidence of Insurability questions.

Step 4

Securian Financial will reach out to you if additional information is needed. If none, you will be notified when the coverage is approved or declined.

HAVE QUESTIONS? WANT MORE INFORMATION?



WEB

www.ochsinc.com/stmn



EMAIL

ochs@ochsinc.com



PHONE

651-665-3789
1-800-392-7295

STATE OF MINNESOTA - Employee & Spouse Optional Term Life and AD&D Semi-Monthly Rates

Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Coverage											
\$5,000	0.15	0.20	0.23	0.25	0.43	0.78	1.23	2.03	3.25	5.25	8.50
\$10,000	0.30	0.40	0.46	0.50	0.86	1.56	2.46	4.06	6.50	10.50	17.00
\$20,000	0.60	0.80	0.92	1.00	1.72	3.12	4.92	8.12	13.00	21.00	34.00
\$30,000	0.90	1.20	1.38	1.50	2.58	4.68	7.38	12.18	19.50	31.50	51.00
\$40,000	1.20	1.60	1.84	2.00	3.44	6.24	9.84	16.24	26.00	42.00	68.00
\$50,000	1.50	2.00	2.30	2.50	4.30	7.80	12.30	20.30	32.50	52.50	85.00
\$60,000	1.80	2.40	2.76	3.00	5.16	9.36	14.76	24.36	39.00	63.00	102.00
\$70,000	2.10	2.80	3.22	3.50	6.02	10.92	17.22	28.42	45.50	73.50	119.00
\$80,000	2.40	3.20	3.68	4.00	6.88	12.48	19.68	32.48	52.00	84.00	136.00
\$90,000	2.70	3.60	4.14	4.50	7.74	14.04	22.14	36.54	58.50	94.50	153.00
\$100,000	3.00	4.00	4.60	5.00	8.60	15.60	24.60	40.60	65.00	105.00	170.00
\$110,000	3.30	4.40	5.06	5.50	9.46	17.16	27.06	44.66	71.50	115.50	187.00
\$120,000	3.60	4.80	5.52	6.00	10.32	18.72	29.52	48.72	78.00	126.00	204.00
\$130,000	3.90	5.20	5.98	6.50	11.18	20.28	31.98	52.78	84.50	136.50	221.00
\$140,000	4.20	5.60	6.44	7.00	12.04	21.84	34.44	56.84	91.00	147.00	238.00
\$150,000	4.50	6.00	6.90	7.50	12.90	23.40	36.90	60.90	97.50	157.50	255.00
\$160,000	4.80	6.40	7.36	8.00	13.76	24.96	39.36	64.96	104.00	168.00	272.00
\$170,000	5.10	6.80	7.82	8.50	14.62	26.52	41.82	69.02	110.50	178.50	289.00
\$180,000	5.40	7.20	8.28	9.00	15.48	28.08	44.28	73.08	117.00	189.00	306.00
\$190,000	5.70	7.60	8.74	9.50	16.34	29.64	46.74	77.14	123.50	199.50	323.00
\$200,000	6.00	8.00	9.20	10.00	17.20	31.20	49.20	81.20	130.00	210.00	340.00
\$210,000	6.30	8.40	9.66	10.50	18.06	32.76	51.66	85.26	136.50	220.50	357.00
\$220,000	6.60	8.80	10.12	11.00	18.92	34.32	54.12	89.32	143.00	231.00	374.00
\$230,000	6.90	9.20	10.58	11.50	19.78	35.88	56.58	93.38	149.50	241.50	391.00
\$240,000	7.20	9.60	11.04	12.00	20.64	37.44	59.04	97.44	156.00	252.00	408.00
\$250,000	7.50	10.00	11.50	12.50	21.50	39.00	61.50	101.50	162.50	262.50	425.00
\$260,000	7.80	10.40	11.96	13.00	22.36	40.56	63.96	105.56	169.00	273.00	442.00
\$270,000	8.10	10.80	12.42	13.50	23.22	42.12	66.42	109.62	175.50	283.50	459.00
\$280,000	8.40	11.20	12.88	14.00	24.08	43.68	68.88	113.68	182.00	294.00	476.00
\$290,000	8.70	11.60	13.34	14.50	24.94	45.24	71.34	117.74	188.50	304.50	493.00
\$300,000	9.00	12.00	13.80	15.00	25.80	46.80	73.80	121.80	195.00	315.00	510.00
\$310,000	9.30	12.40	14.26	15.50	26.66	48.36	76.26	125.86	201.50	325.50	527.00
\$320,000	9.60	12.80	14.72	16.00	27.52	49.92	78.72	129.92	208.00	336.00	544.00
\$330,000	9.90	13.20	15.18	16.50	28.38	51.48	81.18	133.98	214.50	346.50	561.00
\$340,000	10.20	13.60	15.64	17.00	29.24	53.04	83.64	138.04	221.00	357.00	578.00
\$350,000	10.50	14.00	16.10	17.50	30.10	54.60	86.10	142.10	227.50	367.50	595.00
\$360,000	10.80	14.40	16.56	18.00	30.96	56.16	88.56	146.16	234.00	378.00	612.00
\$370,000	11.10	14.80	17.02	18.50	31.82	57.72	91.02	150.22	240.50	388.50	629.00
\$380,000	11.40	15.20	17.48	19.00	32.68	59.28	93.48	154.28	247.00	399.00	646.00
\$390,000	11.70	15.60	17.94	19.50	33.54	60.84	95.94	158.34	253.50	409.50	663.00
\$400,000	12.00	16.00	18.40	20.00	34.40	62.40	98.40	162.40	260.00	420.00	680.00
\$410,000	12.30	16.40	18.86	20.50	35.26	63.96	100.86	166.46	266.50	430.50	697.00
\$420,000	12.60	16.80	19.32	21.00	36.12	65.52	103.32	170.52	273.00	441.00	714.00
\$430,000	12.90	17.20	19.78	21.50	36.98	67.08	105.78	174.58	279.50	451.50	731.00
\$440,000	13.20	17.60	20.24	22.00	37.84	68.64	108.24	178.64	286.00	462.00	748.00
\$450,000	13.50	18.00	20.70	22.50	38.70	70.20	110.70	182.70	292.50	472.50	765.00
\$460,000	13.80	18.40	21.16	23.00	39.56	71.76	113.16	186.76	299.00	483.00	782.00
\$470,000	14.10	18.80	21.62	23.50	40.42	73.32	115.62	190.82	305.50	493.50	799.00
\$480,000	14.40	19.20	22.08	24.00	41.28	74.88	118.08	194.88	312.00	504.00	816.00
\$490,000	14.70	19.60	22.54	24.50	42.14	76.44	120.54	198.94	318.50	514.50	833.00
\$500,000	15.00	20.00	23.00	25.00	43.00	78.00	123.00	203.00	325.00	525.00	850.00

Explore the benefits of life insurance



Life insurance coverage available with no health questions

There are certain times in which you can enroll for coverage without answering health questions. Below is a summary of those options.

A full list of your life insurance coverage options is outlined on the next page. To apply for coverage other than what's outlined here, you'll answer three questions about your health history — along with height and weight. Applicants previously declined coverage also will be required to answer the health questions.

Within 30 days of initial eligibility

- Employee: Elect up to two times your annual salary
- Spouse: Elect up to \$10,000
- Child: All coverage is guaranteed

During each open enrollment (when offered)

- Employee and spouse: Enroll or increase your optional life coverage based on the current amount in force

Current coverage	May add
\$0	\$5,000
\$5,000 to \$35,000	\$5,000
\$40,000 to \$55,000	\$10,000
\$60,000 to \$75,000	\$15,000
\$80,000 to 95,000	\$20,000
\$100,000 or more	\$25,000

- Child: All coverage is guaranteed

Health questions never required

- Enrolling for employee or spouse AD&D coverage never requires health questions

Prepared for:



Initial eligibility refers to the first time a person is eligible for coverage. For you, the employee, this is when you're hired and become eligible for benefits.

For your spouse, it's when you become eligible for benefits or within 30 days of a new marriage.

Your optional coverages

Optional coverages

Employee optional term life	\$5,000 increments	<ul style="list-style-type: none"> Maximum: \$500,000 Includes matching AD&D benefit
Spouse optional term life	\$5,000 increments	<ul style="list-style-type: none"> Maximum: \$500,000 Includes matching AD&D benefit
Child optional term life	\$10,000 per child	<ul style="list-style-type: none"> Children are eligible from live birth until age 26
Employee optional AD&D	\$5,000 increments	<ul style="list-style-type: none"> Maximum: \$200,000
Spouse optional AD&D	\$5,000 increments	<ul style="list-style-type: none"> Maximum: \$25,000 Coverage cannot exceed employee's amount and terminates at age 70

Semi-monthly cost of coverage

Employee/spouse optional term life and AD&D

Age	Rate per \$5,000
Under 30	\$0.15
30-34	0.20
35-39	0.23
40-44	0.25
45-49	0.43
50-54	0.78
55-59	1.23
60-64	2.03
65-69	3.25
70-75	5.25
75-79	8.50
80-84	13.75
85-89	27.53

Please note, employee and spouse rates increase with age and all rates are subject to change.

Child optional term life

One premium provides coverage for all eligible children

\$10,000	\$0.42
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Voluntary AD&D

Employee + spouse	\$0.08 per \$5,000
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Here's how to calculate your semi-monthly premium:

Coverage amount	\$ _____
÷ 5,000	\$ _____
× your rate (based on your age)	\$ _____
= Semi-monthly premium	\$ _____

Need some guidance on how much life insurance you need?

Use Securian Financial's online benefits-decision tool, Benefit Scout®. By answering a few simple questions about your family and finances, you can determine the coverage that meets your needs and budget.

Visit lifebenefits.com/stmn

Enroll

Enroll for guaranteed issue (GI) coverage. For amounts greater than the GI limits, evidence of insurability (EOI) will be required. Obtain and complete the optional application at LifeBenefits.com/plandesign/statemn. You may enroll for optional AD&D anytime without EOI by completing the optional application.

Questions?

Coverage and enrollment:

Contact SEGIP at **651-355-0100**

Call Ochs at **651-665-3789** or **1-800-392-7295**

Visit LifeBenefits.com/plandesign/statemn

Ochs administers life and AD&D products on behalf of the issuing insurance company.

Beneficiaries:

Visit LifeBenefits.com to review or change your beneficiary for life and AD&D insurance.

Your user ID is the letters SOM followed by your eight-digit employee ID.

Your initial password is your eight-digit date of birth followed by the last four digits of your Social Security number.

If you have previously logged in, you chose a new password. For technical assistance, call **1-866-293-6047**.

Frequently asked questions

Q. What is term life and AD&D insurance?

A. Group term life insurance provides a cost-effective way to prepare for the unexpected by adding an extra level of protection during your working years. Your loved ones may benefit from life insurance to cover medical bills, funeral costs and estate management expenses. It can also be a critical resource in helping with your family's ongoing expenses.

Accidental death and dismemberment (AD&D) insurance provides additional financial protection in the event that a covered accident results in an insured person's loss of life, hearing, sight, paralysis and more, whether the accident occurs at work or elsewhere.

Q. Do I have to answer health questions?

A. Enrolling for coverage other than what is outlined on page one will require that you answer three questions about your health history, along with height and weight. Based on your answers, it will be determined whether anything further is needed to make a decision to approve or decline the application. If by any chance your application is not approved, you will still get any coverage that didn't require the health questions and it will not affect any coverage you already have.

Q. What happens when I retire?

A. If you or your spouse participate in the optional term life insurance program for the five consecutive years before reaching age 65, or the year you retire (whichever is later), you'll receive a no-cost permanent death benefit. This benefit comes at no cost to you or your spouse. If you retire(d) on or after 1-1-2024, the benefit is equal to 20 % of the smallest amount of optional term life insurance coverage carried during that five-year period prior to retiring. Retirees prior to 1-1-2024, receive(d) 15 % of the smallest amount of optional term life coverage carried.

Q. What if I retire early?

A. You can still participate in this benefit by continuing to pay the optional term life premiums at the same group rates until age 65 and/or your spouse reaches age 65. In order to qualify for the no-cost permanent life benefit, early retirees and their insured spouses must continue their premium payments to age 65.

Additional features

Beyond paying for a benefit in the event of your death, your group life insurance has other important features:

- Early benefit payments if diagnosed as terminally ill – if an insured person becomes terminally ill with a life expectancy of 12 months or less, he/she may request early payment of up to 100 percent of the life insurance amount.
- No premiums if you become disabled – if you become totally disabled before age 70, life insurance premiums may be waived.

Take your coverage with you

MN Continuation Law- If coverage is lost due to resignation, termination of employment, layoff or loss of eligibility due to reduction in hours, you may continue this insurance at the group rate until the earlier of 18 months or when insured under another group policy.

Conversion rights- After your group eligibility ends, you may apply within 31 days to convert this coverage to an individual insurance policy without having to answer health questions.

Premiums may be higher than those paid by active employees.

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life Insurance Company to State of Minnesota. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage. All elections or increases are subject to the actively-at-work requirement of the policy.

Products are offered under policy form series 03-30522 Rev 1-2006 and MHC-96-13240 Rev 1-2006.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Minnesota Life Insurance Company is a subsidiary of Securian Financial Group, Inc.



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Automatic access to Lifestyle Benefits

Your employer's group insurance programs help protect your financial wellness. And you and your family can rely on a suite of additional tools, support, guidance and services to help make life a little easier.

There is no additional fee or enrollment for these resources. Just access the services you need, whenever you need them. Lifestyle Benefits are automatically available to active U.S. employees insured with Securian Financial. Your spouse and insurance-eligible children can also use these resources, even if they're not covered under the insurance program.

Lifestyle Benefits available to you include:

- Legal, Financial and Grief Resources
- Travel Assistance
- Legacy Planning Resources
- Beneficiary Financial Coaching



Legal, Financial and Grief resources

from TELUS Health

Professional services for a variety of needs - from legal matters and financial situations to coping with loss - through comprehensive web and mobile resources, as well as consultations

Legal: Includes resources such as will prep templates - and a free, 30-minute consultation per issue, by phone or in an attorney's office (additional services available at 25 percent discount)

Funeral planning: Resources to make funeral arrangements, including a final wishes and funeral planning form and guidebooks, as well as a 10 percent discount on prearrangements and immediate-need end-of-life services

Financial: Includes telephone consults or 45-minute counseling session per issue on many topics – from budget analysis to tax planning. Includes online access to a financial fitness assessment

Grief support: Access master's-level consultants by phone for any stage of grief and referrals for loss support

Well-being: Includes a total well-being index with personalized recommendations for lifestyle changes, access to online self-guided programs to help with anxiety, depression and stress, as well as personalized fitness journeys based on personal goals

How to access:

LifeBenefits.com/Lfg

username: lfg

password: resources

1-877-849-6034



Travel Assistance

from RedpointWTP LLC

24/7 online, pre-trip resources and support for emergency travel assistance and other services when traveling 50+ miles from home

Pre-trip planning and trip support: Passport, visa, immunization and currency conversion information

Medical evacuation services: Pre-hospital and rental vehicle assistance, transportation to nearest appropriate medical facility once hospitalized, mortal remains repatriation, return of dependent children/pets, family member visitation, and travel companion transport

Security evacuation services: Transfer to nearest safe area, ID theft support and assistance replacing lost/stolen luggage

How to access:

LifeBenefits.com/travel

U.S./Canada:

1-855-516-5433

All other locations:

1-415-484-4677



Legacy Planning Resources

from Securian Financial

Online information and resources to help with multiple aspects of legacy planning – from end-of-life and funeral planning, final arrangements, directives and survivor assistance

Funeral concierge: Allows for coverage verification and direct payment to a funeral home so services can be provided before insurance payment is made

Express Assignment™: Same-day funeral home assignment service reduces concern about paying funeral expenses by working with the funeral home or lending agency

How to access:

securian.com/legacy



Beneficiary Financial Coaching

from Pricewaterhouse-Coopers LLP

Independent, objective and free financial coaching program for beneficiaries

Dedicated financial coaching: Telephone access to a coach for a specified period to help with financial decisions related to estate, insurance, investment, retirement and tax planning following the death of a loved one

Survivor guide workbooks: Resources focused on specific planning stages to help make decisions on critical financial and legal matters less overwhelming

How to access:

Beneficiaries receiving \$25,000 or more will be invited to take advantage of this program when the life insurance claim is paid. Telephone financial guidance provided to beneficiaries receiving \$100,000+.

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Services provided by TELUS Health, PricewaterhouseCoopers LLP and RedpointWTP LLC are their sole responsibility. The services are not affiliated with Securian Financial or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services. To learn more, visit the appropriate website.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Minnesota Life Insurance Company and Securian Life Insurance Company are subsidiaries of Securian Financial Group, Inc.



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GROUP BENEFITS FROM THE HARTFORD



Short-term Disability Insurance

Benefit Highlights

The State of Minnesota

What is short term disability insurance?	<p>Short term disability insurance pays you a portion of your salary if you cannot work because of a disabling illness, injury, or pregnancy.</p> <p>This highlight sheet is an overview of your short term disability insurance. A certificate of Insurance that explains your coverage in detail is available on the Minnesota Management & Budget/SEGIP website.</p>
What is disability?	<p>Disability is defined in The Hartford's contract with the State of Minnesota. You must be Totally Disabled for benefits to begin. Total Disability means you are prevented from performing the essential duties of your occupation due to accidental bodily injury, sickness, mental illness, substance abuse, or pregnancy.</p> <p>If you receive benefits for Total Disability and then go back to work on a part-time or limited basis, you may qualify for a Partial Disability benefit. Partial Disability means that you are able to perform some but not all of the essential duties of your or any occupation and as a result you are earning more than 20% but not more than 80% of your regular pre-disability weekly earnings.</p>
Am I eligible?	<p>You are eligible if you are an active employee who is eligible for the 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.</p>
How much coverage would I have?	<p>The State of Minnesota's plan allows employees to choose their coverage amount in increments of \$100. The minimum benefit amount you can enroll for is \$300 per month and the maximum cannot exceed 66.67% of your gross monthly salary. See the following chart to determine your maximum monthly benefit level.</p> <p>The plan maximum is \$5,000 per month.</p> <p>Please contact SEGIP for more information.</p>
When can I enroll?	<p>You must enroll in the plan within 30 days of your first day of employment, reinstatement, or re-hire. Your coverage will take effect on the 30th day of employment. Employees who become insurance eligible must enroll within 30 days of becoming eligible. If you do not enroll during these time frames, you will be required to provide Evidence of Good Health.</p>
When is coverage effective?	<p>Your coverage effective date is subject to the terms and conditions of the policy. In no case will a new employee's elected benefits become effective sooner than 30 days of active employment. You must be Actively at Work on the day your coverage takes effect.</p>

How long do I have to wait before I can receive my benefit?	<p>Once you are approved for coverage, you will be eligible to collect your short term disability insurance benefit starting on the 1st day of total disability due to an accident or the 8th day of total disability due to an illness or pregnancy related claim. You must be under the care of a physician.</p> <p>Benefits are payable for up to 26 weeks as long as you remain totally disabled. If your employment at the State of Minnesota terminates while you are receiving benefits, your benefit payments will continue as long as you remain disabled up to the plan's maximum benefit duration period.</p>
If I'm disabled, can the amount of my benefit be reduced?	While you are Totally Disabled, your benefit will not be reduced by any other pay such as sick pay or vacation pay.
What if I choose <u>not</u> to enroll when I first become eligible?	<p>If you do not enroll during your initial enrollment opportunity, you may be required to provide Evidence of Good Health which is subject to medical underwriting and The Hartford's approval. You may also be responsible for the cost of physical exams or other associated costs if they are required during that process. Please note that coverage could be declined.</p> <p>Employees may apply for coverage or apply to increase their coverage level with Evidence of Good Health at any time.</p>
How are the benefit payments calculated?	<p>The benefit paid depends on how much you enrolled for. 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.</p> <p>Partial Disability benefits equal 80% of your pre-disability earnings minus what you earn in your partially disabled condition, <i>including sick pay</i>. The partial disability benefit cannot exceed the benefit amount for which you are enrolled or be paid beyond the 26-week maximum short term disability benefit duration period. Partial disability benefits are also paid weekly.</p>
What happens if my disability reoccurs?	<p>If you return to work as an active employee for 30 consecutive days or more, any recurrence of a disability will be treated as a new disability with respect to when benefits begin and the maximum duration that benefits are payable.</p> <p>If recurrent periods of disability are due to the same or a related cause and separated by less than 30 consecutive days of work as an active employee, they will be considered to be the same period of disability.</p>
What does short term disability insurance cost?	<p>The cost of your short term disability coverage depends on the monthly benefit amount you select. You may choose any benefit amount shown in the chart below 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 Good Health, subject to medical underwriting and The Hartford's approval. Here are two ways to determine what your monthly salary is:</p> $\frac{\text{Hourly pay rate} \times \text{Hours per pay period} \times 26 \text{ pay periods}}{\text{by 12 months}} = \text{Gross monthly salary}$ $\frac{\text{Bi-weekly (gross) salary} \times 26 \text{ pay periods}}{\text{by 12 months}} = \text{Gross monthly salary}$

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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.

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	\$2.04	\$4.08
\$600	\$400	\$2.72	\$5.44
\$750	\$500	\$3.40	\$6.80
\$900	\$600	\$4.08	\$8.16
\$1,050	\$700	\$4.76	\$9.52
\$1,200	\$800	\$5.44	\$10.88
\$1,350	\$900	\$6.12	\$12.24
\$1,500	\$1,000	\$6.80	\$13.60
\$1,650	\$1,100	\$7.48	\$14.96
\$1,800	\$1,200	\$8.16	\$16.32
\$1,950	\$1,300	\$8.84	\$17.68
\$2,100	\$1,400	\$9.52	\$19.04
\$2,250	\$1,500	\$10.20	\$20.40
\$2,400	\$1,600	\$10.88	\$21.76
\$2,550	\$1,700	\$11.56	\$23.12
\$2,700	\$1,800	\$12.24	\$24.48
\$2,850	\$1,900	\$12.92	\$25.84
\$3,000	\$2,000	\$13.60	\$27.20
\$3,150	\$2,100	\$14.28	\$28.56
\$3,300	\$2,200	\$14.96	\$29.92
\$3,450	\$2,300	\$15.64	\$31.28
\$3,600	\$2,400	\$16.32	\$32.64
\$3,750	\$2,500	\$17.00	\$34.00
\$3,900	\$2,600	\$17.68	\$35.36
\$4,050	\$2,700	\$18.36	\$36.72
\$4,200	\$2,800	\$19.04	\$38.08
\$4,350	\$2,900	\$19.72	\$39.44
\$4,500	\$3,000	\$20.40	\$40.80
\$4,650	\$3,100	\$21.08	\$42.16
\$4,800	\$3,200	\$21.76	\$43.52
\$4,950	\$3,300	\$22.44	\$44.88
\$5,100	\$3,400	\$23.12	\$46.24
\$5,250	\$3,500	\$23.80	\$47.60
\$5,400	\$3,600	\$24.48	\$48.96
\$5,550	\$3,700	\$25.16	\$50.32
\$5,700	\$3,800	\$25.84	\$51.68
\$5,850	\$3,900	\$26.52	\$53.04
\$6,000	\$4,000	\$27.20	\$54.40
\$6,150	\$4,100	\$27.88	\$55.76
\$6,300	\$4,200	\$28.56	\$57.12
\$6,450	\$4,300	\$29.24	\$58.48

Employee's Monthly Salary	Maximum Monthly Benefit	Semi-monthly Cost	Monthly Cost
\$6,600	\$4,400	\$29.92	\$59.84
\$6,750	\$4,500	\$30.60	\$61.20
\$6,900	\$4,600	\$31.28	\$62.56
\$7,050	\$4,700	\$31.96	\$63.92
\$7,200	\$4,800	\$32.64	\$65.28
\$7,350	\$4,900	\$33.32	\$66.64
\$7,500	\$5,000	\$34.00	\$68.00

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

Important Details

A certificate of Insurance that explains your coverage in detail is available on the Minnesota Management & Budget/SEGIP website.

Exclusions:

You cannot receive short term 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
- any case where your being engaged in an illegal occupation was a contributing cause to your disability
- sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
- any injury sustained as a result of doing any work for pay or profit for another employer

You must be under the regular care of a physician to receive benefits.

This benefit highlights sheet is an overview of the short term disability insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the benefit highlights sheet and the insurance policy, the terms of the insurance policy apply.

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GROUP BENEFITS FROM THE HARTFORD



Long-term Disability Insurance

Benefit Highlights

The State of Minnesota

What is long term disability insurance?	<p>Long term disability insurance pays you a portion of your Earnings if you cannot work because of a disabling illness or injury.</p> <p>This highlight sheet is an overview of your long term disability insurance. A certificate of Insurance that explains your coverage in detail is available on the Minnesota Management & Budget/SEGIP website.</p>
What is disability?	<p>Disability is defined in The Hartford's contract with the State of Minnesota. Total disability means that during the elimination period and for the next 24 months, you are prevented by accidental bodily injury, sickness, mental illness, substance abuse, or pregnancy, from performing the essential duties of your occupation. After that period, it means you are unable to perform the essential duties of any occupation for which you are or could become qualified by education, training, or experience.</p>
Am I eligible?	<p>You are eligible if you are an active employee who is eligible for the 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.</p>
How much coverage would I have?	<p>The State of Minnesota's plan allows employees to choose their coverage amount mostly in increments of \$100. The minimum benefit amount you can enroll for is \$300 per month and the maximum is determined by your annual rate of basic earnings. See the following chart to determine your maximum monthly benefit level.</p> <p>The plan maximum is \$7,000 per month.</p> <p>"Earnings" are defined in The Hartford's contract with the State of Minnesota.</p>
When can I enroll?	<p>You must enroll in the plan within 30 days of your first day of employment, reinstatement, or re-hire. Your coverage will take effect on the 30th day of employment. Employees who become insurance eligible must enroll within 30 days of becoming eligible.</p> <p>If you do not enroll during your initial enrollment opportunity, you will be allowed to enroll for coverage or increase your coverage during any of the State's annual open enrollment periods without Evidence of Good Health.</p>
When is coverage effective?	<p>Coverage goes into effect subject to the terms and conditions of the policy. In no case will newly elected benefits become effective sooner than 30 days of active employment. You must be Actively at Work with your employer on the day your coverage takes effect.</p>

<p>What if I have a pre-existing condition?</p>	<p>If a period of disability begins within 730 days of your effective date of coverage, that disability is subject to the pre-existing condition limitation provision. If the disabling condition is found to be preexisting, benefits are not payable for that disability. This provision applies to all employees who enroll for coverage.</p> <p>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.</p> <p>All manifestations, symptoms or findings which result from the same or related disability, or from any aggravations of a disability, are considered to be the same disability for the purposes of determining a pre-existing condition.</p> <p>Medical care is received when a physician is consulted or medical advice is given, or treatment is recommended, prescribed by, or received from a physician. 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.</p> <p>If you elect to increase your monthly benefit amount during any of the State's annual open enrollment periods, that <i>incremental amount of increase</i> will be subject to the full pre-existing condition limitation.</p> <p>This limitation does not apply to any period of disability that is not related to a pre-existing condition as defined.</p> <p>Here are a few examples of how this provision is applied:</p> <p>Example 1) Jane was treated for kidney stones 6 months ago, and enrolls for coverage shortly thereafter (so she received treatment during the 365 day period prior to her effective date). She 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.</p> <p>Example 2) Bob was treated for an ulcer 1-1/2 years ago and has not had any medical care (as defined above) since. If Bob enrolled for long term disability coverage now, any disability related to his ulcer condition would be eligible because he has not received treatment for his ulcers during the 365 day period prior to his effective date of coverage.</p>
<p>When do benefits begin?</p>	<p>Long term disability insurance benefits begin after you have been totally disabled for a period of time known as the elimination period. It is the latter of 6 consecutive months or the exhaustion of any Employer-sponsored short term disability benefits. Attempts to return to work for a period of 30 days or less during the elimination period will not interrupt or extend the elimination period. You must be under the care of a physician to receive benefits.</p>

<p>How long will benefits be paid?</p>	<p>As long as you remain totally disabled as defined in the policy, long term disability payments will continue according to the following schedule:</p> <table> <tr> <th data-bbox="391 222 602 254">Age at Disability</th><th data-bbox="959 222 1235 254">Duration of Payments</th></tr> <tr> <td data-bbox="391 254 570 285">Prior to Age 63</td><td data-bbox="902 254 1292 285">To NRA* or 48 months, if greater</td></tr> <tr> <td data-bbox="391 285 423 317">63</td><td data-bbox="1016 285 1146 317">42 months</td></tr> <tr> <td data-bbox="391 317 423 348">64</td><td data-bbox="1016 317 1146 348">36 months</td></tr> <tr> <td data-bbox="391 348 423 380">65</td><td data-bbox="1016 348 1146 380">30 months</td></tr> <tr> <td data-bbox="391 380 423 411">66</td><td data-bbox="1016 380 1146 411">27 months</td></tr> <tr> <td data-bbox="391 411 423 443">67</td><td data-bbox="1016 411 1146 443">24 months</td></tr> <tr> <td data-bbox="391 443 423 474">68</td><td data-bbox="1016 443 1146 474">21 months</td></tr> <tr> <td data-bbox="391 474 537 506">69 and over</td><td data-bbox="1016 474 1146 506">18 months</td></tr> </table> <p>*NRA is the Normal Retirement Age that means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act</p>	Age at Disability	Duration of Payments	Prior to Age 63	To NRA* or 48 months, if greater	63	42 months	64	36 months	65	30 months	66	27 months	67	24 months	68	21 months	69 and over	18 months
Age at Disability	Duration of Payments																		
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64	36 months																		
65	30 months																		
66	27 months																		
67	24 months																		
68	21 months																		
69 and over	18 months																		
<p>Under what circumstances could my monthly benefit be reduced?</p>	<p>Your monthly LTD benefit amount will be reduced by other income benefits you or your family receive or are eligible to receive as a result of the period of disability for which you claim benefits under this plan such as:</p> <ul style="list-style-type: none"> • Workers' Compensation, occupational disease law, or similar law. • Social Security Disability Insurance benefits. • Plan or arrangement of coverage as a result of employment by or association with your employer, including vacation pay, vacation donation, or as a result of membership in or association with any group, association, union or other organization. • Governmental law or program that provides disability or unemployment benefits as a result of your job with the State. • Disability coverage under the employer's retirement plan, such as the Minnesota State Retirement System (MSRS). • Damages or settlements for income loss. • Retirement benefits from retirement plans that are wholly or partially funded by employer contributions, unless you immediately transfer the payment to another plan qualified by the U.S. Internal Revenue Service for the funding of a future retirement. • Retirement benefits you or your family receive from Social Security or similar plans. <p>Your benefit payments will not be reduced by certain kinds of other income, such as:</p> <ul style="list-style-type: none"> • Retirement benefits if you were receiving them before you became disabled. • Retirement benefits that are funded by your after-tax contributions. • Veteran's Administration Disability benefits. • Your personal savings, investments, a non-qualified deferred compensation plan, Profit-sharing plan, IRA, Keogh, tax sheltered annuity (TSA), 401(k) plan. • Any disability income received from a "no fault" automobile policy. • Most personal disability policies. • Social Security increases. 																		

<p>How are the benefit payments calculated?</p>	<p>The benefit paid depends on how much you enrolled for, and benefits are paid monthly. Your monthly long term disability benefit may be reduced by the amount of other income benefits you receive, but it will not be less than the greater of \$300 or 15% of the benefit amount purchased.</p> <p>To determine the monthly benefit payable, use the following steps:</p> <ol style="list-style-type: none"> 1. The Hartford first verifies your regular gross annual earnings with the State which enables them to determine the “Maximum Monthly Amount Allowed from All Sources” that corresponds with your earnings. 2. The total amount of other income or benefits that you are receiving from other sources (as defined in the policy) is subtracted from the “Maximum Monthly Amount Allowed from All Sources” figure that corresponds with your annual salary (see second column on chart). 3. The benefit payable by the plan is the lesser of the amount remaining from step 2 or the amount of coverage you purchased and are eligible for at the time of disability. HOWEVER, it will not be less than the Minimum Monthly Benefit Amount Payable, which is the greater of \$300 or 15% of the benefit amount purchased (see fourth column on chart). <p>Example 1:</p> <table> <tr> <td colspan="2">Assumptions</td></tr> <tr> <td>Annual Salary:</td><td>\$ 32,000</td></tr> <tr> <td>Corresponding Maximum Monthly Amount From All Sources:</td><td>\$ 1,600</td></tr> <tr> <td>Amount of benefit employee enrolled for:</td><td>\$ 1,000</td></tr> <tr> <td>Income from other sources (such as MSRS):</td><td>\$ 1,000</td></tr> <tr> <td colspan="2"><u>To calculate benefit payment</u></td></tr> <tr> <td>Maximum Monthly Amount From All Sources:</td><td>\$ 1,600</td></tr> <tr> <td>Subtract income from other sources -</td><td>\$ 1,000</td></tr> <tr> <td>Difference</td><td>= \$ 600</td></tr> <tr> <td colspan="2">The Hartford pays a monthly benefit of:</td></tr> <tr> <td colspan="2">(because it is the lesser of the difference shown and the amount the employee had enrolled for)</td></tr> <tr> <td colspan="2">\$ 600</td></tr> </table> <p>Example 2:</p> <table> <tr> <td colspan="2">Assumptions</td></tr> <tr> <td>Annual Salary:</td><td>\$ 43,000</td></tr> <tr> <td>Corresponding Maximum Monthly Amount From All Sources:</td><td>\$ 2,200</td></tr> <tr> <td>Amount of benefit employee enrolled for:</td><td>\$ 600</td></tr> <tr> <td>Income from other sources (such as MSRS):</td><td>\$ 1,000</td></tr> <tr> <td colspan="2"><u>To calculate benefit payment</u></td></tr> <tr> <td>Maximum Monthly Amount From All Sources:</td><td>\$ 2,200</td></tr> <tr> <td>Subtract income from other sources -</td><td>\$ 1,000</td></tr> <tr> <td>Difference</td><td>= \$ 1,200</td></tr> <tr> <td colspan="2">The Hartford pays a monthly benefit of:</td></tr> <tr> <td colspan="2">(because it is the lesser of the difference shown and the amount the employee had enrolled for)</td></tr> <tr> <td colspan="2">\$ 600</td></tr> </table>	Assumptions		Annual Salary:	\$ 32,000	Corresponding Maximum Monthly Amount From All Sources:	\$ 1,600	Amount of benefit employee enrolled for:	\$ 1,000	Income from other sources (such as MSRS):	\$ 1,000	<u>To calculate benefit payment</u>		Maximum Monthly Amount From All Sources:	\$ 1,600	Subtract income from other sources -	\$ 1,000	Difference	= \$ 600	The Hartford pays a monthly benefit of:		(because it is the lesser of the difference shown and the amount the employee had enrolled for)		\$ 600		Assumptions		Annual Salary:	\$ 43,000	Corresponding Maximum Monthly Amount From All Sources:	\$ 2,200	Amount of benefit employee enrolled for:	\$ 600	Income from other sources (such as MSRS):	\$ 1,000	<u>To calculate benefit payment</u>		Maximum Monthly Amount From All Sources:	\$ 2,200	Subtract income from other sources -	\$ 1,000	Difference	= \$ 1,200	The Hartford pays a monthly benefit of:		(because it is the lesser of the difference shown and the amount the employee had enrolled for)		\$ 600	
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<p>What does Long Term Disability Insurance cost?</p>	<p>As indicated in the following chart, the cost of your long term disability protection is determined by the amount of coverage you choose. 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.</p>																																																

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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	\$0.75	\$1.50
\$6,501 - \$7,000	\$350	\$350	\$300	\$0.88	\$1.75
\$7,001 - \$8,000	\$400	\$400	\$300	\$1.00	\$2.00
\$8,001 - \$9,000	\$450	\$450	\$300	\$1.13	\$2.25
\$9,001 - \$10,000	\$500	\$500	\$300	\$1.25	\$2.50
\$10,001 - \$11,000	\$550	\$550	\$300	\$1.38	\$2.75
\$11,001 - \$12,000	\$600	\$600	\$300	\$1.50	\$3.00
\$12,001 - \$12,500	\$650	\$650	\$300	\$1.63	\$3.25
\$12,501 - \$13,000	\$700	\$700	\$300	\$1.75	\$3.50
\$13,001 - \$14,000	\$750	\$750	\$300	\$1.88	\$3.75
\$14,001 - \$15,000	\$800	\$800	\$300	\$2.00	\$4.00
\$15,001 - \$16,000	\$850	\$850	\$300	\$2.13	\$4.25
\$16,001 - \$18,000	\$900	\$900	\$300	\$2.25	\$4.50
\$18,001 - \$19,000	\$950	\$950	\$300	\$2.38	\$4.75
\$19,001 - \$20,000	\$1,000	\$1,000	\$300	\$2.50	\$5.00
\$20,001 - \$22,000	\$1,100	\$1,100	\$300	\$2.75	\$5.50
\$22,001 - \$24,000	\$1,200	\$1,200	\$300	\$3.00	\$6.00
\$24,001 - \$26,000	\$1,300	\$1,300	\$300	\$3.25	\$6.50
\$26,001 - \$28,000	\$1,400	\$1,400	\$300	\$3.50	\$7.00
\$28,001 - \$30,000	\$1,500	\$1,500	\$300	\$3.75	\$7.50
\$30,001 - \$32,000	\$1,600	\$1,600	\$300	\$4.00	\$8.00
\$32,001 - \$34,000	\$1,700	\$1,700	\$300	\$4.25	\$8.50
\$34,001 - \$36,000	\$1,800	\$1,800	\$300	\$4.50	\$9.00
\$36,001 - \$38,000	\$1,900	\$1,900	\$300	\$4.75	\$9.50
\$38,001 - \$40,000	\$2,000	\$2,000	\$300	\$5.00	\$10.00
\$40,001 - \$42,000	\$2,100	\$2,100	\$315	\$5.25	\$10.50
\$42,001 - \$44,000	\$2,200	\$2,200	\$330	\$5.50	\$11.00
\$44,001 - \$46,000	\$2,300	\$2,300	\$345	\$5.75	\$11.50
\$46,001 - \$48,000	\$2,400	\$2,400	\$360	\$6.00	\$12.00
\$48,001 - \$50,000	\$2,500	\$2,500	\$375	\$6.25	\$12.50
\$50,001 - \$52,000	\$2,600	\$2,600	\$390	\$6.50	\$13.00
\$52,001 - \$54,000	\$2,700	\$2,700	\$405	\$6.75	\$13.50
\$54,001 - \$56,000	\$2,800	\$2,800	\$420	\$7.00	\$14.00
\$56,001 - \$58,000	\$2,900	\$2,900	\$435	\$7.25	\$14.50
\$58,001 - \$60,000	\$3,000	\$3,000	\$450	\$7.50	\$15.00
\$60,001 - \$61,000	\$3,100	\$3,100	\$465	\$7.75	\$15.50
\$61,001 - \$62,000	\$3,200	\$3,200	\$480	\$8.00	\$16.00

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	\$8.25	\$16.50
\$63,001 - \$64,000	\$3,400	\$3,400	\$510	\$8.50	\$17.00
\$64,001 - \$65,000	\$3,500	\$3,500	\$525	\$8.75	\$17.50
\$65,001 - \$67,000	\$3,600	\$3,600	\$540	\$9.00	\$18.00
\$67,001 - \$69,000	\$3,700	\$3,700	\$555	\$9.25	\$18.50
\$69,001 - \$71,500	\$3,800	\$3,800	\$570	\$9.50	\$19.00
\$71,501 - \$73,000	\$3,900	\$3,900	\$585	\$9.75	\$19.50
\$73,001 - \$75,000	\$4,000	\$4,000	\$600	\$10.00	\$20.00
\$75,001 - \$77,000	\$4,100	\$4,100	\$615	\$10.25	\$20.50
\$77,001 - \$79,000	\$4,200	\$4,200	\$630	\$10.50	\$21.00
\$79,001 - \$81,000	\$4,300	\$4,300	\$645	\$10.75	\$21.50
\$81,001 - \$83,000	\$4,400	\$4,400	\$660	\$11.00	\$22.00
\$83,001 - \$85,000	\$4,500	\$4,500	\$675	\$11.25	\$22.50
\$85,001 - \$87,000	\$4,600	\$4,600	\$690	\$11.50	\$23.00
\$87,001 - \$89,000	\$4,700	\$4,700	\$705	\$11.75	\$23.50
\$89,001 - \$91,000	\$4,800	\$4,800	\$720	\$12.00	\$24.00
\$91,001 - \$93,000	\$4,900	\$4,900	\$735	\$12.25	\$24.50
\$93,001 - \$96,000	\$5,000	\$5,000	\$750	\$12.50	\$25.00
\$96,001 - \$98,000	\$5,100	\$5,100	\$765	\$12.75	\$25.50
\$98,001 - \$100,000	\$5,200	\$5,200	\$780	\$13.00	\$26.00
\$100,001 - \$102,000	\$5,300	\$5,300	\$795	\$13.25	\$26.50
\$102,001 - \$104,000	\$5,400	\$5,400	\$810	\$13.50	\$27.00
\$104,001 - \$106,000	\$5,500	\$5,500	\$825	\$13.75	\$27.50
\$106,001 - \$108,000	\$5,600	\$5,600	\$840	\$14.00	\$28.00
\$108,001 - \$110,000	\$5,700	\$5,700	\$855	\$14.25	\$28.50
\$110,001 - \$112,000	\$5,800	\$5,800	\$870	\$14.50	\$29.00
\$112,001 - \$114,000	\$5,900	\$5,900	\$885	\$14.75	\$29.50
\$114,001 - \$116,000	\$6,000	\$6,000	\$900	\$15.00	\$30.00
\$116,001 - \$118,000	\$6,100	\$6,100	\$915	\$15.25	\$30.50
\$118,001 - \$120,000	\$6,200	\$6,200	\$930	\$15.50	\$31.00
\$120,001 - \$122,000	\$6,300	\$6,300	\$945	\$15.75	\$31.50
\$122,001 - \$124,000	\$6,400	\$6,400	\$960	\$16.00	\$32.00
\$124,001 - \$126,000	\$6,500	\$6,500	\$975	\$16.25	\$32.50
\$126,001 - \$128,000	\$6,600	\$6,600	\$990	\$16.50	\$33.00
\$128,001 - \$130,000	\$6,700	\$6,700	\$1,005	\$16.75	\$33.50
\$130,001 - \$132,000	\$6,800	\$6,800	\$1,020	\$17.00	\$34.00
\$132,001 - \$133,500	\$6,900	\$6,900	\$1,035	\$17.25	\$34.50
\$133,501 - \$135,500	\$7,000	\$7,000	\$1,050	\$17.50	\$35.00

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

Important Details

- Premiums are payable during the elimination period but not while receiving benefits.
- The Hartford's nurses and vocation rehabilitation counselors offer return-to-work assistance when appropriate.
- The Hartford offers a Social Security Assistance Program to help disability claimants obtain Social Security Disability benefits. The program provides you with information describing the application process and provides assistance if you appear eligible but your claim is initially denied.

Exclusions:

This plan does not cover, and no benefits will be payable for, any disability that is due to:

- war or act of war (declared or not)
- the commission of, or attempt to commit a felony
- an intentionally self-inflicted injury
- any case where your being engaged in an illegal occupation was a contributing cause to your disability

This benefit highlights sheet is an overview of the long term disability insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the benefit highlights sheet and the insurance policy, the terms of the insurance policy apply.

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.

Optional Insurance Application

Information: Refer to the **Your Employee Benefits** booklet at mn.gov/mmb/segip for the amount of optional coverage you may elect. The carrier will contact you if evidence of insurability is required. SEGIP will complete your enrollment when we are notified of your acceptance. Long Term Disability may be elected or increased upon initial eligibility or during the annual Open Enrollment. You may decrease or cancel optional coverages anytime.

If both you and your spouse are separately eligible for the full employer contribution through respective employers, then you may not purchase Spouse Life insurance or Accidental Death & Dismemberment insurance coverage for each other. You may only both participate in life insurance coverage as employees. Child Life insurance may only be purchased by one SEGIP participant.

Employee Information – All Information is required			
Name (Last, First, Middle Initial)	SSN XXX-XX-	Employee ID #	
Address	Phone: Work	Home	
City, State, Zip code	Birthdate (mm/dd/yyyy)		
Email	Gender	male	female

Employee Optional Insurance	Current Coverage	+/- Amount of coverage	New total
Additional Life			
Accidental Death & Dismemberment			
Short Term Disability			
Long Term Disability			

Spouse Information – Complete ONLY if applying for or increasing Spouse Optional Insurance.			
Name (Last, First, Middle Initial)	Birthdate (mm/dd/yyyy)		
	Gender	male	female
SSN	Date of Marriage (mm/dd/yyyy)		

Spouse Optional Insurance	Current Coverage	+/- Amount of coverage	New total
Spouse Life			
Accidental Death & Dismemberment			

Child Life:	Cancel	Enroll	Name	DOB
One Child Life Insurance policy of \$10,000 covers all insurance eligible children.				

Employee Authorization

I understand that I must immediately notify SEGIP if my spouse's or dependent's eligibility status changes. I understand that my spouse/dependents are only eligible for coverage according to the eligibility rules defined in the SEGIP Summary of Benefits and/or the applicable union contract or compensation plan. I understand that attempting to enroll or enrolling an ineligible dependent may result in me being liable for all claims paid by the Plan on behalf of an ineligible dependent and that I may be subject to employment discipline, including discharge, as well as criminal penalties. If paid through the State of Minnesota central payroll system, I authorize payroll deductions for my share of the premiums on a before-tax basis.

Employee signature

Today's Date (mm/dd/yyyy)

Submit your form to SEGIP: Secure fax 651-296-5445; Mail MMB/SEGIP, 400 Centennial Building, 658 Cedar Street, Saint Paul, MN 55155; Scan and email (secure only when sent from a @state.mn.us account) segip.mmb@state.mn.us.

Questions? Call us at 651-355-0100

Notice of Collection of Private Data

Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why SEGIP is requesting data about you, how we will use it, who will see it, and your obligation to provide it.

What data will we use?

We will use the data you provide us at this time, as well as data previously provided us, about yourself and your spouse and dependent(s). If you provide any data about you or your dependents that is not necessary, we will not use it for any purpose.

Why do we ask you for this data?

We ask for this data so that we can successfully administer employee benefits, develop new programs, and to determine if existing programs are properly managed and meet member needs, and to comply with federal and state laws and rules. This data is used to process your request to add, waive, drop, or change coverage for yourself and your spouse and dependents. The requested data helps us to determine eligibility, to identify you, and to contact you, your spouse, and dependents.

What will happen if you do not answer the questions we ask?

You are not required to provide the data requested. If you do not answer these questions, the insurance benefit transaction you requested for you, your spouse, dependent, or other insurance benefit transaction may be delayed or denied.

Who else may see this data about you and your spouse and dependents?

We may give data about you, your spouse and dependents to your insurance carrier, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to have the data; and anyone authorized by a court order. The parents of a minor may see data on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that data.

How else may this data be used?

We can use or release this data only as stated in this notice unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.

February 2018