

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="391 226 602 254">Age at Disability</th><th data-bbox="959 226 1235 254">Duration of Payments</th></tr> <tr> <td data-bbox="391 258 570 285">Prior to Age 63</td><td data-bbox="902 258 1292 285">To NRA* or 48 months, if greater</td></tr> <tr> <td data-bbox="391 289 423 317">63</td><td data-bbox="1016 289 1146 317">42 months</td></tr> <tr> <td data-bbox="391 321 423 348">64</td><td data-bbox="1016 321 1146 348">36 months</td></tr> <tr> <td data-bbox="391 352 423 380">65</td><td data-bbox="1016 352 1146 380">30 months</td></tr> <tr> <td data-bbox="391 384 423 411">66</td><td data-bbox="1016 384 1146 411">27 months</td></tr> <tr> <td data-bbox="391 415 423 443">67</td><td data-bbox="1016 415 1146 443">24 months</td></tr> <tr> <td data-bbox="391 447 423 474">68</td><td data-bbox="1016 447 1146 474">21 months</td></tr> <tr> <td data-bbox="391 478 537 506">69 and over</td><td data-bbox="1016 478 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																		
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																		
<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><u>Example 1:</u></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><u>Example 2:</u></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	
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																																																	
<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>																																																

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.

5962d NS 05/21

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.

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.