

## GROUP BENEFITS FROM THE HARTFORD



### Short-term Disability Insurance

#### Benefit Highlights

#### The State of Minnesota

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| <p><b>What is short term disability insurance?</b></p> | <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 &amp; Budget/SEGIP website.</p>  |
| <p><b>What is disability?</b></p>                      | <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> |
| <p><b>Am I eligible?</b></p>                           | <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>   |
| <p><b>How much coverage would I have?</b></p>          | <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>   |
| <p><b>When can I enroll?</b></p>                       | <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>   |
| <p><b>When is coverage effective?</b></p>              | <p>Your coverage will start on the date determined below:</p> <ol style="list-style-type: none"> <li>1) the 30th day following the day You are employed, reemployed or Your employment is reinstated;</li> <li>2) the January 1 of the next plan year if You enroll during an Annual Enrollment Period; or</li> <li>3) for benefit amounts requiring Evidence of Insurability, on the date We approve such evidence.</li> </ol> <p>You must be Actively at Work on the initial effective date of coverage or coverage will be delayed until the date You return to active payroll status.</p>  |

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| <p><b>How long do I have to wait before I can receive my benefit?</b></p>         | <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>  |
| <p><b>If I'm disabled, can the amount of my benefit be reduced?</b></p>           | <p>While you are Totally Disabled, your benefit will not be reduced by any other pay such as sick pay or vacation pay.</p>  |
| <p><b>What if I choose <u>not</u> to enroll when I first become eligible?</b></p> | <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>  |
| <p><b>How are the benefit payments calculated?</b></p>                            | <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>                            |
| <p><b>What happens if my disability reoccurs?</b></p>                             | <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>  |
| <p><b>What does short term disability insurance cost?</b></p>                     | <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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# 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      |

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### 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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