

## GROUP BENEFITS FROM THE HARTFORD



### Long-term Disability Insurance

Benefit Highlights <b>The State of Minnesota</b>	
<b>What is long term disability insurance?</b>	<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 &amp; Budget/SEGIP website.</p>
<b>What is disability?</b>	<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>
<b>Am I eligible?</b>	<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>
<b>How much coverage would I have?</b>	<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>
<b>When can I enroll?</b>	<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>
<b>When is coverage effective?</b>	<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>

<p><b>What if I have a pre-existing condition?</b></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><b>When do benefits begin?</b></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><b>How long will benefits be paid?</b></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 border="0"> <thead> <tr> <th data-bbox="391 222 597 254"><b>Age at Disability</b></th> <th data-bbox="956 222 1230 254"><b>Duration of Payments</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="391 254 570 281">Prior to Age 63</td> <td data-bbox="899 254 1281 281">To NRA* or 48 months, if greater</td> </tr> <tr> <td data-bbox="391 281 423 308">63</td> <td data-bbox="1016 281 1141 308">42 months</td> </tr> <tr> <td data-bbox="391 308 423 336">64</td> <td data-bbox="1016 308 1141 336">36 months</td> </tr> <tr> <td data-bbox="391 336 423 363">65</td> <td data-bbox="1016 336 1141 363">30 months</td> </tr> <tr> <td data-bbox="391 363 423 390">66</td> <td data-bbox="1016 363 1141 390">27 months</td> </tr> <tr> <td data-bbox="391 390 423 417">67</td> <td data-bbox="1016 390 1141 420">24 months</td> </tr> <tr> <td data-bbox="391 417 423 445">68</td> <td data-bbox="1016 417 1141 445">21 months</td> </tr> <tr> <td data-bbox="391 445 532 472">69 and over</td> <td data-bbox="1016 445 1141 472">18 months</td> </tr> </tbody> </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>	<b>Age at Disability</b>	<b>Duration of Payments</b>	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
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<p><b>Under what circumstances could my monthly benefit be reduced?</b></p>	<p>Your monthly LTD benefit amount <b>will be reduced by</b> 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"> <li>• Workers' Compensation, occupational disease law, or similar law.</li> <li>• Social Security Disability Insurance benefits.</li> <li>• 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.</li> <li>• Governmental law or program that provides disability or unemployment benefits as a result of your job with the State.</li> <li>• Disability coverage under the employer's retirement plan, such as the Minnesota State Retirement System (MSRS).</li> <li>• Damages or settlements for income loss.</li> <li>• 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.</li> <li>• Retirement benefits you or your family receive from Social Security or similar plans.</li> </ul> <p>Your benefit payments <b>will not be reduced by</b> certain kinds of other income, such as:</p> <ul style="list-style-type: none"> <li>• Retirement benefits if you were receiving them before you became disabled.</li> <li>• Retirement benefits that are funded by your after-tax contributions.</li> <li>• Veteran's Administration Disability benefits.</li> <li>• Your personal savings, investments, a non-qualified deferred compensation plan, Profit-sharing plan, IRA, Keogh, tax sheltered annuity (TSA), 401(k) plan.</li> <li>• Any disability income received from a "no fault" automobile policy.</li> <li>• Most personal disability policies.</li> <li>• Social Security increases.</li> </ul>																		

<p><b>How are the benefit payments calculated?</b></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"> <li>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.</li> <li>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).</li> <li>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).</li> </ol> <p><b>Example 1:</b></p> <table border="0"> <tr> <td colspan="2"><b>Assumptions</b></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"><b>To calculate benefit payment</b></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> </table> <p><b>Example 2:</b></p> <table border="0"> <tr> <td colspan="2"><b>Assumptions</b></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"><b>To calculate benefit payment</b></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> </table>	<b>Assumptions</b>		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	<b>To calculate benefit payment</b>		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)		<b>Assumptions</b>		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	<b>To calculate benefit payment</b>		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)	
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<p><b>What does Long Term Disability Insurance cost?</b></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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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

<b>Your Gross Annual Salary</b>	<b>Maximum Monthly Amount Allowed From All Sources</b>	<b>Choose Maximum Monthly Benefit Amount</b>	<b>Minimum Monthly Benefit Amount Payable</b>	<b>Semi-Monthly Cost</b>	<b>Monthly Cost</b>
\$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®

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