

# Life Insurance and AD&D

[www.hr.pitt.edu/life](http://www.hr.pitt.edu/life)

## The Hartford (Aetna)

1-855-396-7655

[enroll.thehartfordatwork.com/upittbene](http://enroll.thehartfordatwork.com/upittbene)

Life insurance and accidental death and dismemberment (AD&D) insurance help provide financial protection in the event of your death or that of a spouse/domestic partner or dependent child. To elect or change a beneficiary, contact The Hartford at **[enroll.thehartfordatwork.com/upittbene](http://enroll.thehartfordatwork.com/upittbene)**.

To report a death or to check on a claim, call 1-888-563-1124 and reference policy number 877187.

### Basic Group Life and AD&D Coverage

The University provides group term life insurance coverage to faculty and staff in the amount of one times your annual salary, rounded up to the next thousand capped at the plan maximum of \$50,000. AD&D coverage is also provided in the amount of one times your annual salary, rounded up to the next thousand capped at the plan maximum of \$50,000. There is no cost to you.

### Optional Coverage and Monthly Rates

<b>Group Life</b>	<p>Optional group term coverage is available to you at your choice of one to six times your annual salary, rounded up to the next thousand capped at the plan maximum of \$2 million. This is a fully employee-paid, after-tax benefit that does not reduce federal and state taxes. The monthly premium will be based on your age as of July 1 annually. New hires may elect the lesser of two times their annual salary or \$500,000 in optional life insurance without Evidence of Insurability (EOI). For EOI information, contact The Hartford at 1-800-331-7234.</p> <p>The cost is a calculation of the age-graded rate times each \$1,000 of coverage.</p> <table><tr><td>Less than 30 years.....</td><td>\$0.043</td></tr><tr><td>30-34 years.....</td><td>\$0.058</td></tr><tr><td>35-39 years.....</td><td>\$0.065</td></tr><tr><td>40-44 years.....</td><td>\$0.072</td></tr><tr><td>45-49 years.....</td><td>\$0.128</td></tr><tr><td>50-54 years.....</td><td>\$0.182</td></tr><tr><td>55-59 years.....</td><td>\$0.312</td></tr><tr><td>60-64 years.....</td><td>\$0.501</td></tr><tr><td>65-69 years.....</td><td>\$0.921</td></tr><tr><td>70 plus.....</td><td>\$1.493</td></tr></table> <div><p><b>To calculate your life insurance cost:</b></p><p><b>annual salary x additional coverage value (1-6) = total coverage</b></p><p>Employees age 42 with \$45,000 annual salary electing to have coverage of three (3) times their salary will have a total coverage of \$135,000.</p><p>Total coverage / 1,000 x age rate = cost per month</p><p>\$135,000 / 1,000 x .072 = \$9.72</p><p>Employee cost per month = \$9.72</p></div>	Less than 30 years.....	\$0.043	30-34 years.....	\$0.058	35-39 years.....	\$0.065	40-44 years.....	\$0.072	45-49 years.....	\$0.128	50-54 years.....	\$0.182	55-59 years.....	\$0.312	60-64 years.....	\$0.501	65-69 years.....	\$0.921	70 plus.....	\$1.493								
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<b>AD&amp;D</b>	<p>Coverage is available at your choice of one to six times your annual salary, rounded up to the next thousand capped at the maximum of \$2 million.</p> <p>Cost is not age-graded and is a constant rate times each \$1,000 of coverage (\$.015/\$1,000).</p>																												
<b>Dependent Life</b>	<p>Optional dependent life insurance is available to the spouse/domestic partner and children (up to age 26) of faculty and staff members.* Six options are available to choose from for a spouse or domestic partner and two options are available for a dependent child or children. The faculty and staff member would be the automatic beneficiary of any elected benefit. Coverage is subject to Evidence of Insurability (EOI) for spouse/domestic partner. EOI is not required for dependent child coverage. Cost is not age-graded and is constant regardless of the number of dependent children covered.</p> <table><tr><th colspan="2">Coverage for Spouse/Domestic Partner</th><th colspan="2">Coverage for Dependent Child(ren)</th></tr><tr><td>Option 1</td><td>\$1.18.....\$10,000</td><td>Option 1</td><td>\$.40.....\$5,000</td></tr><tr><td>Option 2</td><td>\$2.32.....\$15,000</td><td>Option 2</td><td>\$.80.....\$10,000</td></tr><tr><td>Option 3</td><td>\$2.63.....\$20,000</td><td></td><td></td></tr><tr><td>Option 4</td><td>\$7.74.....\$50,000</td><td></td><td></td></tr><tr><td>Option 5</td><td>\$10.77.....\$75,000</td><td></td><td></td></tr><tr><td>Option 6</td><td>\$14.61.....\$100,000</td><td></td><td></td></tr></table>	Coverage for Spouse/Domestic Partner		Coverage for Dependent Child(ren)		Option 1	\$1.18.....\$10,000	Option 1	\$.40.....\$5,000	Option 2	\$2.32.....\$15,000	Option 2	\$.80.....\$10,000	Option 3	\$2.63.....\$20,000			Option 4	\$7.74.....\$50,000			Option 5	\$10.77.....\$75,000			Option 6	\$14.61.....\$100,000		
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\* Proof of good health, also called Evidence of Insurability (EOI), is required for some types of coverage. EOI is an application process in which you provide information on the condition of your health or your dependent's health in order to be approved for coverage. The Hartford (Aetna) provides 90 days to submit the EOI application for approval or denial of coverage.