

SUPPLEMENTAL GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans
(53%) expressed a
heightened need for life
insurance because of
COVID-19.¹

University of Pittsburgh

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit
thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit: 1x earnings, 1.5x earnings, 2x earnings, 2.5x earnings, 3x earnings, 3.5x earnings, 4x earnings, 4.5x earnings, 5x earnings, 5.5x earnings or 6x earnings Maximum: the lesser of 6x earnings or \$1,550,000 of your basic and supplemental coverage	AD&D: Included
Spouse	Benefit: \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000, \$100,000, \$125,000 or \$150,000	AD&D: Not Included
Child(ren)	Benefit: \$10,000, \$15,000 or \$20,000	AD&D: Not Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who are staff, faculty, librarian, research associate, postdoctoral associate or scholar or an active part-time employee who are faculty employees who are in the tenure stream or tenured for no less than half time or staff employee, who works at least 37.5 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

If you are currently participating in this coverage you may increase your current coverage by two increments, not to exceed the lesser of 3 times your annual earnings or \$500,000, without providing evidence of insurability. If you are electing coverage for the first time, you may elect coverage in the amount of two increments. Additional coverage amounts will require evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

If you are currently participating in this coverage you may increase your spouse's current coverage by two increments, not to exceed \$75,000 without providing evidence of insurability. If you are electing coverage for the first time, you may elect coverage in the amount of \$10,000. Additional coverage amounts will require your spouse to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

If your child(ren)'s coverage amount exceeds \$15,000, you will need to provide evidence of insurability for your child(ren) that is satisfactory to The Hartford before the excess can become effective.

AD&D is available without having to provide information about your health.

WHEN CAN I ENROLL?

You may enroll from 4/27/2022 to 5/25/2022.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 7/1/2022.

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

¹LIMRA, Facts About Life 2020: <https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf>, as viewed on October 14, 2020.

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5962a and 5962b NS 07/21

LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- A supplemental or voluntary life benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.

5962a NS 05/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

GROUP LIFE INSURANCE AND GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- This insurance does not cover losses caused by:
 - Sickness; disease; or any treatment for either
 - Any infection, except certain ones caused by an accidental cut or wound
 - Intentionally self-inflicted injury, suicide or suicide attempt
 - War or act of war, whether declared or not
 - Injury sustained while in the armed forces of any country or international authority
 - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
 - Injury sustained while committing or attempting to commit a felony
 - Injury sustained while driving while intoxicated
 - You must be a citizen or legal resident of the United States, its territories and protectorates.

THIS IS LIMITED ACCIDENT ONLY COVERAGE

DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you have coverage.

5962c NS 05/21 Accident Form Series includes GBD-1000, GBD-1300, or state equivalent.

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