Baltimore City Public Schools
The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer gives 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.

Approximately 50 million households recognize they need more life insurance (40 percent of households).¹

To learn more about Life and AD&D insurance, visit thehartford.com/employeebenefits

### COVERAGE INFORMATION

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>LIFE COVERAGE</th>
<th>AD&amp;D COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Benefit: $70,000</td>
<td>AD&amp;D: Included</td>
</tr>
<tr>
<td>Dependent(s)</td>
<td>Spouse Benefit: $2,000 Child(ren) Benefit: $1,000</td>
<td>AD&amp;D: Not Included</td>
</tr>
</tbody>
</table>

### 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.

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

### PREMIUMS
Your employer pays 100% of the premium for your and your dependents’ coverage.³
ASKED & ANSWERED

WHO IS ELIGIBLE?
You are eligible if you are an active full time and part time employee of the Baltimore City Public Schools who receives the benefits of the Baltimore Teachers Union (BTU). Full time employees who work at least 30 hours per week on a regularly scheduled basis. Part time employees (.5 FTE - Full Time Equivalent) who work at least 17.5 hours on a regularly scheduled basis.

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

AM I GUARANTEED COVERAGE?
If your coverage amount exceeds $70,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

This insurance is guaranteed issue coverage - it is available without having to provide information about your family's health.

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

WHEN CAN I ENROLL?
Your employer will automatically enroll you and your dependent(s) for this coverage. If you have not already done so, you must designate a beneficiary.

WHEN DOES THIS INSURANCE BEGIN?
This insurance will become effective for you and your dependents on the date you become eligible.

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, you are no longer actively working, you leave your employer, 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 an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion are described in the certificate. Conversion is not available for AD&D coverage.
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

• 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.
• Infants may receive a reduced benefit prior to the age of six months.

GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

• No Reductions

• 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
  • Injury sustained on aircraft in certain circumstances
  • Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
  • Injury sustained while riding, driving, or testing any motor vehicle for racing
  • 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.

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.

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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. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

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