

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million emergency department visits every year are caused by youth sports.¹

Missouri Higher Education Loan Authority

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit www.thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		
Coverage Type		Off-job only
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	\$100
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$50
Ambulance – Air	Once per accident	\$1,500
Ambulance – Ground	Once per accident	\$500
Blood/Plasma/Platelets	Once per accident	\$300
Child Care	Up to 30 days per accident while insured is confined	\$35
Daily Hospital Confinement	Up to 365 days per lifetime	\$300
Daily ICU Confinement	Up to 30 days per accident	\$600
Diagnostic Exam	Once per accident	\$300
Emergency Dental	Once per accident	Up to \$450
Emergency Room	Once per accident	\$300
Health Screening Benefit or Accident Prevention Benefit	Once per year for each covered person	\$50
Hospital Admission	Once per accident	\$1,500
Initial Physician Office Visit	Once per accident	\$300
Lodging	Up to 30 nights per lifetime	\$150
Medical Appliance	Once per accident	\$200
Rehabilitation Facility	Up to 15 days per lifetime	\$250
Transportation	Up to 3 trips per accident	\$500
Urgent Care	Once per accident	\$300
X-ray	Once per accident	\$100
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident	\$3,000
Arthroscopic Surgery	Once per accident	\$500
Burn	Once per accident	Up to \$15,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit
Concussion	Up to 3 per year	\$200
Dislocation	Once per joint per lifetime	Up to \$10,000
Eye Injury	Once per accident	Up to \$750

Fracture	Once per bone per accident	Up to \$10,000
Hernia Repair	Once per accident	\$400
Joint Replacement	Once per accident	\$4,000
Knee Cartilage	Once per accident	Up to \$2,000
Laceration	Once per accident	Up to \$1,000
Ruptured Disc	Once per accident	\$2,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$2,000
CATASTROPHIC		
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$50,000
Common Carrier Death	Within 90 days	\$150,000
Coma	Once per accident	\$15,000
Dismemberment	Once per accident	Up to \$30,000
Paralysis	Once per accident	Up to \$15,000
Prosthesis	Once per accident	Up to \$3,000
Organized Amateur Sports Injury Enhancement Benefit		25% of non-catastrophic benefits

PREMIUMS

The amounts shown are bi-weekly amounts (26 payments/deductions per year):⁴

COVERAGE TIER	
Employee Only	\$5.05 (\$0.36 per day)
Employee & Spouse	\$8.00 (\$0.57 per day)
Employee & Child(ren)	\$8.66 (\$0.62 per day)
Employee & Family	\$13.53 (\$0.96 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 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 (or under age 26 if a full-time student).

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll from 11/8/2023 to 11/22/2023.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 1/1/2024.

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).

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents 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 coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

¹National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf>, as viewed as of 10/14/2020
⁴Rates and/or benefits may be changed on a class basis.

The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. 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. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

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>. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. 5962g NS 08/21

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 ACCIDENT INSURANCE LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

THIS POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

5962g NS 05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

GROUP HOSPITAL INDEMNITY INSURANCE LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered event, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

Other Hospital Indemnity Policy Limitation (Over-insurance Limitation): If an employee is insured under any other hospital indemnity policy underwritten by The Hartford, any claim for benefit is only payable under the one policy elected by the employee (or beneficiary or estate, in the event of death). We will return the amount of premium paid for any other policy that is declined by the employee retroactive to the later of:

- the last date any benefit was paid for any covered person under the other policy
- the effective date of insurance for the employee under the other policy

Exclusions. This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentional self-infliction
- Voluntary intoxication (as defined by the law of the jurisdiction in which the illness or injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instruction of a physician or medical professional
- Voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption
- Voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary participation in a riot, or voluntary engagement in an illegal occupation
- Incarceration or imprisonment following conviction for a crime
- Travel in or descent from any vehicle or device for aviation or aerial navigation, except as a fare-paying passenger in a commercial aircraft (other than a charter airline) on a regularly scheduled passenger flight or while traveling on business of the policyholder
- Ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing
- Participation in any organized sport in a professional or semi-professional capacity
- Participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities

- Travel or activity outside the United States or Canada
- Active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of the certificate
- Involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer

This insurance also does not provide benefits, unless required by law, for:

- Elective abortion or complications thereof
- Artificial insemination, in vitro fertilization, test tube fertilization
- Sterilization, tubal ligation or vasectomy, and reversal thereof
- Aroma therapeutic, herbal therapeutic, or homeopathic services
- Any mental and nervous disorder, unless specifically allowed by a provision of the certificate
- Substance abuse, unless specifically allowed by a provision of the certificate
- Medical mishap or negligence on the part of any physician, medical professional, or therapist, including malpractice;
- Treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a covered person
- Custodial care, unless specifically allowed by a benefit provision in the certificate or any rider attached to the policy (if applicable)
- Elective or cosmetic surgery or procedures, except for reconstructive surgery:
 - Incidental to or following surgery for disease, infection or trauma of the involved body part
 - Due to congenital anomaly or disease of a dependent child which has resulted in a functional defect
- Dental care or treatment, except for:
 - Treatment due to an Injury to sound natural teeth within 12 months of an accident
 - Treatment necessary due to congenital disease or anomaly

Exclusions will vary by the jurisdiction/state in which the policy is issued.

NOTICES

THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

The Policy may provide payment of several benefits as a result of claims from a single hospitalization or covered incident. Payment of one benefit under the Policy does not constitute acceptance of liability for all claims made under the Policy nor does it prohibit Us from further investigation of subsequent claims.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

5962h NS 05/21. Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

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The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. 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. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.



HOW TO USE YOUR HEALTH SCREENING BENEFIT.






WHAT IS A HEALTH SCREENING BENEFIT?

A health screening benefit is a cash benefit you can use to pay for a health screening for preventative care.

A health screening is a routine test done to find a problem or condition before signs show up. Screenings can help you maintain your health and prevent serious illness.

This benefit is available if you're enrolled with any of the following coverages with The Hartford:

-  Accident insurance, which we call Accidental Injury Benefits
-  Critical Illness¹ insurance, which we call Critical Illness Benefits
-  Hospital Indemnity insurance, which we call Hospital Cash Benefits

Things to Know

- Each covered person under your plan is eligible for their own health screening benefit upon filing a claim.²
- If you enroll in more than one coverage that has a health screening benefit, you can use the benefit for each coverage with a benefit.

Check out the chart below to find out if your health screening is eligible.

ELIGIBLE HEALTH SCREENINGS ³		
Abdominal aortic aneurysm ultrasound	Cervical cancer screening	Lipid panel
Aneurysm ultrasound	Chest X-ray	Mammography ⁴
Blood test for triglycerides	Colonoscopy	Pap smear
Bone marrow testing	COVID-19 testing	PAD ultrasound
Bone density screening	CT angiography	PSA (blood test for prostate cancer)
Breast ultrasound	Double contrast barium enema	Serum cholesterol test to determine HDL and LDL levels
CA 15-3 (blood test for breast cancer)	ECG/EKG	SPEP (blood test for myeloma)
CA 125 (blood test for ovarian cancer)	Fasting blood glucose test	Stress test (on a bicycle or treadmill)
Carotid ultrasound	Flexible sigmoidoscopy	Thermography
CEA (blood test for colon cancer)	Hemoccult stool analysis	

Other critical illness and cancer screening tests that are not listed here but are within generally accepted standards of medical care may also be eligible. Coverage availability varies by state. Not all tests are available in all states.



How Do I Use My Health Screening Benefit?

File a claim to access your health screening benefit with these steps:



STEP 1: CHECK ELIGIBILITY

Review the Health Screening chart to find out if your health screening is eligible.



STEP 2: ORGANIZE INFORMATION

Prepare to file your claim.⁵ You'll need the following information:

- Name, address and your group policy number
- Name of the health screening or test performed and the date completed; and
- Details of where the health screening was received and physician contact information (if applicable).



STEP 3: FILE YOUR CLAIM ONLINE OR OVER THE PHONE

You can file your claim however you're most comfortable, over the phone with one of our claims professionals or online through our portal.

- To file your claim by phone, call **866-547-4205**.
 - » Phones are open Monday-Friday, 8:00 am – 6:00 pm EST.
- To file your claim online, visit the Supplemental Insurance Claims Portal:
TheHartford.com/benefits/myclaim

- » Register for access if you haven't done so already. (Please note: We must have current eligibility from your benefits administrator for you and any dependents to be eligible to register on the portal.)
- » Log in to the portal.
- » Click "Complete Your Claim Form Online" under the Quick Links section.

Follow the prompts to complete and submit a Health Screening Benefit claim.



STEP 4: LEAVE IT TO US

Once the claim has been approved, the standard turnaround time for benefits to be paid is 3-5 business days.⁶

- Standard mail times will apply (if applicable).

For additional information, call **866-547-4205**
Monday through Friday, 8:00 am – 6:00 pm EST.



The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2023 The Hartford

¹ Critical Illness is referred to as "Specified Disease" in New York.

² Each person must complete an eligible health screening. Benefit payment is once per year, per covered person.

³ This document explains the typical Health Screening Benefits covered, but in no way changes or affects the policy as actually issued. For a full list of benefits covered, please refer to your company's policy booklet.

⁴ If a separate mammography benefit is included in a Critical Illness 3.0 plan design/certificate, a separate mammography benefit is paid instead of a health screening benefit.

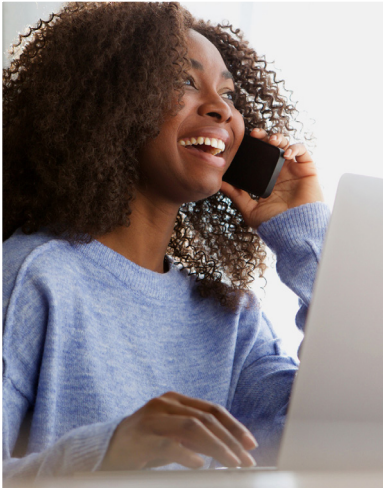
⁵ Claims must be submitted within 12 months of screening date.

⁶ Based on average claims turnaround time.

Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. Critical Illness Form Series includes GBD-2600, GBD-2700, GBD-3600, GBD-3700, or state equivalent. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.

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HOW TO FILE A CLAIM FOR YOUR ACCIDENT PREVENTION BENEFIT



The Accident Prevention Benefit (APB) is an optional benefit available with The Hartford's group accident plans.

If your employer offers Accident insurance coverage from The Hartford that includes an APB, you and each of your dependents — spouse/partner and any dependent child(ren) — are eligible to receive one per covered person for each calendar year that you're enrolled in the plan and upon filing a claim.¹

THE HARTFORD MAKES IT EASY TO FILE A CLAIM. JUST FOLLOW THESE STEPS:

STEP 1

Review the list of covered exams, tests, screenings and programs covered under the Accident Prevention Benefit to determine if you may be eligible for the benefit.

STEP 2

Prepare to file your claim.² You'll need the following information:

- Name, address and the group policy number;
- Name of the exam, test, screening or program and the date completed; and
- Details of where the exam, test, screening or program was completed and physician contact information (if applicable).

STEP 3 - FILE A CLAIM OVER THE PHONE

- File your claim by calling **866-547-4205**.
- Available Monday through Friday, 8:00am – 6:00pm EST.

STEP 3 - SUBMIT A CLAIM VIA MAIL OR FAX

- Download an APB claim form at [TheHartford.com/benefits/myclaim](https://www.thehartford.com/benefits/myclaim).
- Complete the form and mail or fax it to:
The Hartford Supplemental Insurance Benefit Department
P.O. Box 99906
Grapevine, TX 76099
Fax Number: 469-417-1952

NEXT STEPS

- Once the claim has been approved, the standard turnaround time for benefits to be paid is between 3-10 business days.³
- Standard mail times will apply (if applicable).

HOW TO SUBMIT A CLAIM FOR CRITICAL ILLNESS AND ACCIDENT INSURANCE

Experiencing an illness and/or an accident can be challenging. Now you need to file a claim, and the process may seem overwhelming. But The Hartford is here to make this as easy as possible.

REFERENCE THE ACTION STEPS AND RESOURCES BELOW TO HELP YOU WITH YOUR CLAIM.

ACTION	
<p>When should a claim be filed?</p>	<p>Critical Illness*</p> <ul style="list-style-type: none"> • After a physician has diagnosed you or a covered dependent with a covered illness. • After you or a covered dependent have undergone a health screening and are eligible for a wellness or health screening benefit.
	<p>Accident</p> <ul style="list-style-type: none"> • After you or your covered dependents receive services performed as a result of an accident. • After you or a covered dependent have undergone a health screening and are eligible for a wellness or health screening benefit.
<p>Who can file a claim and how?</p>	<p>Anyone insured under the policy, or an authorized representative, can file a claim at any time, from anywhere. You can file your claim in different ways depending on what's most convenient to you:</p> <p>1. ONLINE</p> <ul style="list-style-type: none"> • Visit the Supplemental Insurance Claims Portal at TheHartford.com/benefits/myclaim. • Register for access if you have not done so already. (Please note: We must have current eligibility from your benefits administrator for you and any dependents to be eligible to register on the portal.) • Log in to the portal. • Click on “Complete Your Claim Form Online” under the Quick Links section. • Follow the prompts to complete and submit a claim. <p>2. FILE A CLAIM OVER THE PHONE</p> <p>Call the number below and a customer service rep will guide you through the process.</p> <ul style="list-style-type: none"> • File your claim by calling 866-547-4205 • Available Monday through Friday, 8:00 a.m. – 6:00 p.m. EST. <p>3. SUBMIT A CLAIM VIA MAIL OR FAX</p> <ul style="list-style-type: none"> • Download a claim form at TheHartford.com/benefits/myclaim. • Complete the form and mail or fax it to: The Hartford Supplemental Insurance Benefit Department P.O. Box 99906 Grapevine, TX 76099 Fax Number: 469-417-1952 <p>For assistance filing your claim, call 866-547-4205</p>



ACTION	
<p>What information will you need to provide when submitting your claim?</p>	<ul style="list-style-type: none"> • The form will ask you to provide some information about you, and if you're filing the claim for a dependent, their information as well. • Then, select which type of claim you're filing. Continue through the form, only filling out the relevant sections. • In the Benefit Information section, check off each box that applies to the event or services you received as a result of your covered illness and/or accident and/or hospital stay. • Be sure you sign the Authorization to Obtain and Disclose Information (which helps us obtain information for the claim from medical providers, if needed) and sign the claim form itself. <p>In addition to filling out the form, you'll also need to provide supporting documentation to prove the claim. Examples of documents include: ER, urgent care, physician visit or hospital discharge papers; exam, lab or test results/reports; physician notes; Explanation of Benefits (EOBs) from your health insurance provider; itemized medical or hospital bills; or medical records.</p> <p>Please call us for guidance with your claim submission – we're happy to help you understand how to complete the claim successfully. By thoroughly completing the form and gathering your documentation, we'll be able to better serve you and ensure your claim is processed as quickly as possible.</p> <p>We may also need to work with medical providers to fully prove your claim, but we'll let you know during the claims process if this is necessary.</p>
<p>What happens next?</p>	<p>After you submit your claim, our dedicated claims team will review the claim and contact you with any questions or to request additional information needed for your claim. Our goal is to ensure you receive all benefits you're entitled to, as quickly as possible.</p> <p>We will review your total Voluntary benefits coverage with The Hartford to determine if you might be eligible for additional benefits based on other insurance policies you've purchased. If you are filing a Critical Illness claim and forgot to tell us about a hospital stay for a Hospital Indemnity claim, for example, we've got you covered.</p> <p>Once the claim has been approved, the standard turnaround time for benefits to be paid is between 3-10 business days.¹ Standard mail times will apply (if applicable).</p> <p>In the meantime, if you filed your claim online, you can use the site to monitor your claim status and access additional claims-related information at TheHartford.com/benefits/myclaim. For all claims, claims status or questions, you are welcome to call 866-547-4205</p>



TO GET STARTED,

visit [TheHartford.com/benefits/myclaim](https://www.TheHartford.com/benefits/myclaim)

Or for assistance contact our Customer Service Center at **866-547-4205**



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THESE POLICIES PROVIDE LIMITED BENEFITS. These limited benefit plans (1) do not constitute major medical coverage, and (2) do not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: The Critical Illness policy provide limited benefits health insurance only. The Accident policy provides ACCIDENT insurance only. **IMPORTANT NOTICE — THE ACCIDENT POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.** These policies do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

*Critical Illness is referred to as "Specified Disease" in New York.

Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

The policy number is 715365

¹Based on average claims turnaround time.

TO FILE YOUR ACCIDENT PREVENTION BENEFIT CLAIM:

CALL THIS NUMBER:

866-547-4205

Monday through Friday,
8:00am – 6:00pm EST

DOWNLOAD A CLAIM FORM:

TheHartford.com/benefits/myclaim

YOU'LL NEED TO PROVIDE:

- Name, address and the group policy number
- Name of the exam, test, screening or program and the date completed
- Details of where the exam, test, screening or program was completed and physician contact info (if applicable)

MAIL OR FAX THE DOCUMENTATION TO:

THE HARTFORD
SUPPLEMENTAL INSURANCE
BENEFIT DEPARTMENT

P.O. Box 99906
Grapevine, TX 76099
Fax Number: 469-417-1952

WHAT'S ELIGIBLE FOR COVERAGE⁴

When the Accident Prevention Benefit is included in an accident plan, the exams, tests, screenings and programs covered under the benefit include:

- Dental exam
- Eye exam
- Hearing exam
- Annual physical
- Sports physical
- Well-child exam
- Employer-sponsored wellness or biometric screening
- Serum cortisol test (for stress levels)
- Successful completion of an appropriately licensed or accredited:
 - » Emotion management or stress reduction program
 - » Driver safety and training program
 - » Motorcycle safety and training program
 - » Workplace safety and training program

 (Snap a photo with a mobile device to capture information above.)

For additional information, call **866-547-4205** Monday through Friday,
8:00am – 6:00pm EST.



Business Insurance
Employee Benefits
Auto
Home

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¹ Each person must complete an eligible health screening. Benefit payment is once per year, per covered person.

² Claims must be submitted within 12 months of screening date.

³ Based on average claims turnaround time.

⁴ This document explains the typical Accident Prevention Benefits covered, but in no way changes or affects the policy as actually issued. For a full list of benefits covered, please refer to your company's policy booklet.

Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

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