

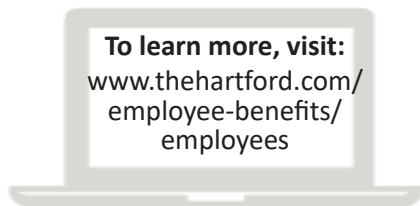
GROUP CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS

Underwritten by Hartford Life and Accident Insurance Company

For Employee of:

MISSOURI HIGHER EDUCATION LOAN AUTHORITY

(Policyholder)



Facing a serious illness at any age can be challenging – physically, emotionally and financially. Primary health insurance may pick up some or most of the tab, but can still leave medical and other recovery expenses that add up quickly. **Critical Illness insurance can provide a lump-sum cash benefit upon diagnosis of a covered illness that can be used however you choose.**

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Employees

Policy Situs/Issue State: Missouri

Policy Effective Date: January 1, 2024

Policy Anniversary: January 1

ELIGIBILITY & ENROLLMENT INFORMATION (Additional conditions may apply as described in the Certificate.)

Employee	To be eligible for coverage, an Employee must be performing the normal duties of their regular job for the policyholder for 20 or more hours each week and be receiving compensation from the policyholder for work performed. An Employee may also need to satisfy an Eligibility Waiting Period of 60 days before becoming eligible for coverage.
Dependent(s)	Dependent(s) must be able to perform normal and customary activities and not be confined (at home or in any medical facility) to be eligible for coverage. In addition, Dependent Child(ren) must be under age 26, unless otherwise allowed by the policy.
New Hire Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within 31 days following the day the Employee or Dependent(s) first become(s) eligible for coverage under the Policy. If an Employee does not elect coverage during the Employee's or Dependent's initial enrollment period, future enrollment may only occur as provided in the Changes in Coverage provision of the Certificate.
Ongoing Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within an Annual Enrollment Period specified by the Policyholder or during an Additional Enrollment Event.

COVERAGE ELECTION & AMOUNT(S)

In order to be insured under the Policy an Employee must elect coverage for themselves and any Dependent(s). The Employee is required to pay premium for the coverage elected. Payment of premium does not guarantee eligibility for coverage.

Any amount of insurance for a Spouse/Partner or Dependent Child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. All Coverage Amount(s) are Guaranteed Issue.

Employee	Choice of \$10,000 to \$40,000 in increments of \$10,000
Spouse/Partner	50% of the Employee's elected Coverage Amount
Dependent Child(ren)	50% of the Employee's elected Coverage Amount (per child)

CRITICAL ILLNESS BENEFITS

All Critical Illness Benefits are subject to all of the applicable Definitions, Additional Requirements, maximums, limitations, Exclusions and other provisions of the Policy. The amounts shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy.

All **Initial Occurrence Benefit Amounts** are a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Critical Illness, unless otherwise stated as a specific dollar amount. All **Reoccurrence Benefit Amounts** are a percentage of the Initial Occurrence Benefit Amount for the applicable Critical Illness that is payable or was previously paid under the Policy for a Covered Person.

CANCER & BENIGN TUMOR CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	25%	100%

Skin Cancer	\$250	None
Bone Marrow Failure	25%	None
Benign Brain or Spinal Cord (Intradural) Tumor		
• Early Diagnosis	10%	None
• Advanced Diagnosis	50%	None

HEART & VASCULAR CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Heart Attack (Myocardial Infarction)		
• ST-Segment Elevation Myocardial Infarction (STEMI)	100%	100%
• Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%	100%
Coronary Artery Disease		
• Minor Diagnosis	10%	100%
• Major Diagnosis	100%	100%
Stroke		
• Stroke Without Impairment (including Transient Ischemic Attack (TIA))	10%	100%
• Mild Stroke	10%	100%
• Moderate Stroke	25%	100%
• Severe Stroke	100%	100%
Aneurysm		
• Abdominal Aortic Aneurysm or Thoracic Aortic Aneurysm		
- Major Diagnosis	100%	100%
• Other Dissecting or Ruptured Aneurysm		
- Major Diagnosis	100%	100%

MAJOR ORGAN CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Major Organ Failure	100%	100%
End Stage Renal Disease (ESRD)	100%	None

NEUROLOGICAL CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Dementia		
• Advanced Diagnosis	100%	None
Parkinson's Disease		
• Advanced Diagnosis	100%	None
Amyotrophic Lateral Sclerosis (ALS)		
• Advanced Diagnosis	100%	None
Multiple Sclerosis (MS)		
• Advanced Diagnosis	100%	None
Huntington's Disease (HD)		
• Advanced Diagnosis	50%	None
Severe Mental Health Disorder		
• Major Diagnosis	50%	None

CHRONIC/PROGRESSIVE & INFECTIOUS CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Other Chronic/Progressive Condition		
• Advanced Diagnosis	50%	None
Severe Infectious Disease		
• Major Diagnosis	25%	None

FUNCTIONAL LOSS & CATASTROPHIC CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Coma	100%	100%
Loss of Hearing	100%	None
Loss of Sight	100%	None
Loss of Speech	100%	None
Permanent Paralysis	100%	None
Severe Burn		
• Greater than 36% of Total Body Surface Area	100%	None

CHILD CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Cerebral Palsy • Advanced Diagnosis	100%	None
Congenital Heart Defect	100%	None
Congenital Metabolic Disorder	100%	None
Genetic Disorder	100%	None
Structural Congenital Defect	100%	None
Type 1 Diabetes	25%	None
Autism Spectrum Disorder	25%	None
Critical Illnesses included in the Child Conditions Category must be Diagnosed during Childhood, with the exception of Type 1 Diabetes which may be Diagnosed during Childhood or Adolescence.		

ADDITIONAL BENEFITS

All Additional Benefits are subject to the applicable Definitions, Exclusions and other provisions of the Policy. The amounts and maximums shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Additional Benefit(s) and General Limitations & Exclusions sections of this Certificate.

Benefit:	Benefit Amount:	Benefit Maximum:
Health Screening	\$50	Once per Policy Year

GENERAL LIMITATIONS & EXCLUSIONS

The limitations and exclusions included below apply to all benefits included in the Certificate unless otherwise noted below. Please note that certain Critical Illness Benefits and Additional Benefits may have additional limitations or requirements presented in the benefit provisions and definitions of the Certificate. All limitations and exclusions are fully described in the Certificate.

Unless otherwise stated in the Certificate, We will not pay benefits for any Critical Illness included in the Policy if a Covered Person was Diagnosed with such illness or condition prior to the Covered Person's effective date under the Policy.

Initial Occurrence Benefit Separation Period	Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for an Initial Occurrence Benefit to be payable for any other Critical Illness, an Initial Occurrence Benefit Separation Period of 30 days must be satisfied. This limitation is fully described in the Certificate.
Reoccurrence Benefit Separation Period	Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for a Reoccurrence Benefit to be payable for that same Critical Illness, a Reoccurrence Benefit Separation Period of 180 days must be satisfied.
Policy Benefit Maximum	Each Covered Person may receive multiple payments for Critical Illness Benefits under this Certificate until the Policy Benefit Maximum of 500% is reached. Any payments received by a Covered Person for any Additional Benefit(s) do not count toward this maximum. This limitation is fully described in the Certificate.

Exclusions	<p>No benefits are payable under the Policy for any Critical Illness that results from, is caused by or that takes place during a Covered Person's:</p> <ul style="list-style-type: none"> • intentional self-inflicted illness or Injury, while sane, except for a Severe Mental Health Disorder • voluntarily taking or using any drug, narcotic, medication or sedative, unless it is: <ul style="list-style-type: none"> - taken or used as prescribed by a Physician, or - taken according to package directions, for any over-the-counter drug, medication or sedative • voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), or voluntary engagement in an illegal occupation • incarceration or imprisonment in any type of penal or detention facility • 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 this 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 <p>In addition, no benefits are payable under the Policy for any Critical Illness that results from or is caused by a Covered Person's Substance Use Disorder.</p> <p>In addition, no benefits are payable under the Policy for any Critical Illness for which Diagnosis is made outside the United States or Canada, unless the Diagnosis is confirmed in the United States. The date of Diagnosis in such circumstances is the date the Diagnosis was originally made outside the United States or Canada.</p>
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FEATURES

Continuation of Coverage	You may be able to continue insurance for You and Your Dependent(s) in certain circumstances when You are no longer Actively at Work, with payment of premium and subject to certain conditions. The available continuation option(s) are described in the Certificate.
Extended Continuation	You or an insured Spouse/Partner, in certain circumstances, may continue coverage under the Policy when insurance would otherwise end under the Termination of Coverage provision, with payment of premium and subject to certain conditions. This provision is fully described in the Certificate.
Ability Assist® EAP¹	24/7/365 access to help for financial, legal or emotional issues
HealthChampion^{SM1}	Administrative and clinical support following serious illness or injury

COVERAGE EFFECTIVE DATE (WHEN COVERAGE BEGINS)

In no event will Dependent insurance become effective before an Employee becomes insured. The Coverage Effective Date for any Employee or Dependent is subject to the Deferred Coverage Effective Date provision of the Certificate. Additional eligibility conditions may apply as described in the Certificate.

Annual Enrollment or Additional Enrollment Event	<p>Coverage will start on the later to occur of:</p> <ul style="list-style-type: none"> • the Policy Anniversary on or next following the last day of an Annual Enrollment Period, if an Employee or Dependent is enrolled during an Annual Enrollment Period, or • the first day of the month following the last day of an Additional Enrollment Event, if an Employee or Dependent is enrolled during an Additional Enrollment Event
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TERMINATION OF COVERAGE (WHEN COVERAGE ENDS)

Coverage for an Employee and any Dependent(s) will end on the last day of the month during which an Employee is no longer eligible for insurance under any provision of the Policy. Coverage for a Dependent will also end on the last day of the month during which a Dependent no longer satisfies the definition of Spouse/Partner or Dependent Child(ren). Additional circumstances under which coverage will end are described in the Certificate. Termination of coverage has no effect on benefits payable for a Critical Illness that is Diagnosed or Treatment that is received while a Covered Person was insured under the Policy.

HOW TO OBTAIN A COPY OF THE CERTIFICATE

The Certificate will become available after the enrollment period is complete and the terms of insurance under the Policy are finalized between the Policyholder and Us. The Policyholder should provide you with access to (or a copy of) the Certificate at that time. If You do not receive what you need from the Policyholder at that time, you may then contact Us at 800-523-2233 (toll-free).

PREMIUMS

The premium rate structure for this insurance is comprised of attained age rates per \$1,000 dollars of insurance for each Covered Person, with specified age bands. You are responsible for the payment of premiums for insurance under the Policy if you elect coverage. Payment of premium does not guarantee eligibility for insurance.

Please see the Critical Illness Insurance Premium Worksheet to calculate/determine the premium for the coverage you elect.

Premiums will be automatically deducted from your paychecks by the Policyholder, then remitted to Us as authorized by you during the enrollment process. Please contact the Policyholder for information regarding your paycheck deductions.

Additional considerations for premium payment may apply when insurance is continued under any continuation option, as described in the Certificate. Premiums for this coverage are subject to change in accordance with the provisions of the Policy. Contact the Policyholder or your benefits administrator for additional information on the current premium structure for the Policy.

NOTICES

NOTICE TO BUYER: This is a Critical Illness insurance policy. The policy provides limited benefits payable ONLY when certain losses occur as a result of diagnosis of covered specified diseases. Benefits are supplemental and are not intended to cover all medical expenses. The policy does not constitute comprehensive health insurance coverage and does not satisfy the minimum coverage requirements of the Affordable Care Act. You should not enroll for this insurance unless you are already covered by comprehensive health insurance coverage. Persons covered under Medicaid or an equivalent state or Title XIX program should not enroll for this insurance.

This benefit summary provides a very brief summary of the terms and conditions of the Policy. For a complete description refer to the appropriate section of the Certificate or Policy (available as noted above). In the event of a discrepancy between this document and the Policy, the terms of the Policy apply. The capitalization of a term not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in the Certificate or refers to a specific provision contained within the Certificate or Policy. A person is not entitled to insurance because they received this benefit summary. A person is only entitled to insurance if they are eligible and insured in accordance with the terms of the Policy.

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. Benefits are subject to state availability. © 2022 The Hartford.

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY. 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.

Critical Illness Form Series includes GBD-3600, GBD-3700 or state equivalent.

¹Ability Assist® and HealthChampion™ are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

GROUP CRITICAL ILLNESS INSURANCE PREMIUM WORKSHEET



For Employee of:

MISSOURI HIGHER EDUCATION LOAN AUTHORITY (Policyholder)

This worksheet will assist you in determining the premium for the coverage you elect for yourself and any dependent(s). The amounts presented below may vary from amount(s) provided to you when you enroll or from amount(s) you actually pay for the coverage due to rounding or changes in your age/how your age is calculated for purposes of this coverage.

A few important things to know:

- Employee and Spouse/Partner premiums are determined/calculated using the Employee's age as of the Policy Effective Date or as of the most recent Policy Anniversary (whichever is later).
- Premiums for Employee and Spouse/Partner coverage will increase over time as the Employee reaches the starting age of each subsequent age band.
- Please contact the Policyholder or your benefits administrator if questions or for additional information on premiums for this coverage.

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Employees

Policy Situs/Issue State: Missouri

Policy Effective Date: January 1, 2024

Policy Anniversary: January 1

EMPLOYEE PREMIUMS (26 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Age

Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$1.15	\$1.53	\$2.03	\$2.69	\$3.72	\$5.69	\$7.45	\$9.60	\$12.94	\$17.42	\$23.25	\$29.76	\$36.18
\$20,000	\$2.31	\$3.06	\$4.06	\$5.38	\$7.43	\$11.37	\$14.91	\$19.19	\$25.88	\$34.85	\$46.50	\$59.51	\$72.35
\$30,000	\$3.46	\$4.60	\$6.09	\$8.07	\$11.15	\$17.06	\$22.36	\$28.79	\$38.82	\$52.27	\$69.74	\$89.27	\$108.53
\$40,000	\$4.62	\$6.13	\$8.12	\$10.76	\$14.86	\$22.74	\$29.82	\$38.38	\$51.77	\$69.69	\$92.99	\$119.02	\$144.70

SPOUSE/PARTNER PREMIUMS (26 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Age

Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$5,000	\$0.59	\$0.79	\$1.00	\$1.28	\$1.77	\$2.70	\$3.78	\$5.07	\$7.06	\$9.71	\$12.65	\$16.11	\$19.52
\$10,000	\$1.18	\$1.58	\$2.00	\$2.57	\$3.53	\$5.39	\$7.56	\$10.15	\$14.12	\$19.41	\$25.31	\$32.22	\$39.05
\$15,000	\$1.77	\$2.37	\$3.00	\$3.85	\$5.30	\$8.09	\$11.34	\$15.22	\$21.18	\$29.12	\$37.96	\$48.34	\$58.57
\$20,000	\$2.36	\$3.17	\$4.01	\$5.13	\$7.06	\$10.78	\$15.12	\$20.30	\$28.25	\$38.82	\$50.61	\$64.45	\$78.09

CHILD(REN) PREMIUMS (26 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

Coverage Amount	\$5,000	\$10,000	\$15,000	\$20,000
All Ages	\$1.41	\$2.81	\$4.22	\$5.62



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

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

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.

ELIGIBLE HEALTH SCREENINGS³

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.



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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.

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.