

## Group Basic Life and Supplemental Life Benefit Highlights

<p><b>Eligibility</b></p>	<p>As an active full-time employee, you are eligible for the Group Basic Life. You and your dependents are eligible for the Supplemental Life insurance plans as further defined within your certificate.</p>
<p><b>Basic Life Benefit Amounts</b></p>	<p>Basic Life insurance is provided to you by Uinta County School District #6 at no cost to you. Following are the Basic Life benefit amounts:</p> <p>Employee: \$50,000</p>
<p><b>Basic Accidental Death and Dismemberment Benefit Amount</b></p>	<p>Basic Accidental Death and Dismemberment insurance is provided to you by Uinta County School District #6 at no cost to you in the following amount:</p> <p>Employee: \$50,000</p> <p>Spouse: \$5,000</p> <p>Child: \$2,500</p> <p>*Spouse and Dependent Children are not eligible for coverage under the Accidental Death and Dismemberment plan.</p>
<p><b>Employee Supplemental Life Benefit Amount</b></p>	<p>You have the option to purchase Supplemental Life insurance coverage in increments of \$5,000, from \$20,000 to a maximum of \$500,000. Retirees are not eligible for this plan.</p>
<p><b>Guaranteed Issue Amount</b></p>	<p>The Guaranteed Issue Amount is the amount of insurance that you may elect without providing evidence of good health. The Guaranteed Issue Amount applies for new hires who apply for coverage within 31 days of their new hire date. Following are the Guaranteed Issue Amounts for the Supplemental Life plans:</p> <p>Employee: \$50,000</p> <p>Spouse: \$25,000</p> <p>If you enroll after the new hire period, and are defined as a late entrant, evidence of good health will be required for all coverage amounts.</p>
<p><b>Benefit Reductions</b></p>	<p>Your Employee and Spouse Basic and Supplemental Life coverage amounts are reduced beginning at age 65. Benefits terminate upon retirement.</p>
<p><b>Dependent Supplemental Life Coverage</b></p>	<p>You may also elect coverage on the lives of your Spouse and/or Dependent Children. To qualify, children must be unmarried and under the age of 26. Also, unmarried children who are disabled may be eligible if certain conditions are met. Please refer to your certificate for more information on the definition of eligible dependent children.</p> <p>Evidence of good health will not be required for your Spouse unless you are a late enrollee, or your Spouse coverage amount exceeds the Guaranteed Issue amount noted above.</p> <p><b>Spouse Benefit Amount:</b> Increments of \$5,000 to a maximum of \$250,000 (not to exceed 50% of your Employee Supplemental Life amount). You may not elect coverage for your Spouse if your Spouse is covered as an employee under this policy. During the employee's initial new hire or eligibility period, your Spouse may elect coverage up to the guaranteed issue amount of \$25,000. Amounts over \$25,000 require evidence of good health. <b>Note: Spouse premium rates are based on spouse's age.</b></p> <p><b>Child Benefit Amount:</b> If you apply for a minimum of \$20,000 on the Employee Supplemental Life plan, you may apply for Supplemental Life coverage on your Dependent Child(ren) for either \$5,000 or \$10,000 (maximum). The Child Benefit Amount is not subject to providing evidence of good health.</p>

<b>Portability</b>	If you leave your Employer, Portability is an option that allows you to continue your Life insurance coverage. To be eligible, you must terminate your employment prior to the Social Security definition of Normal Retirement Age (age 65 or older based on your year of birth), and you must be porting a minimum of \$5,000. The employee's portable Supplemental Life amount is subject to a maximum of \$250,000. The portability maximum for Spouse coverage is \$50,000, and \$10,000 for Dependent Child(ren). The employee's Supplemental Life plan must be ported for Spouse and Dependent Child(ren) coverages to also be eligible for portability. To elect Portability, you must apply and pay the premium within 31 days of the termination of your Employee Supplemental Life Insurance. Evidence of good health will not be required.
<b>Travel Assist</b>	This program provides you, your Spouse and covered Dependent Children with immediate access to doctors, medical facilities and certain other travel-related services when faced with a medical emergency while traveling 100 miles or more from home or foreign country. Please refer to the included Travel Assist brochure for further plan information.
<b>Living Benefits Option</b>	Should you be diagnosed as terminally ill with a life expectancy of 12 months or less, the Living Benefits Option allows you to receive an accelerated payment of a portion of your group life insurance. The option is available to individuals with at least \$10,000 in group life insurance coverage from Hartford Life, subject to any maximum age limit described in your booklet. You may request a minimum accelerated payment of \$3,000 up to a maximum of 80% of your coverage not to exceed \$500,000. Funds are paid directly to you, with no policy restrictions on how you use them. The remaining benefit is then payable to the beneficiary upon your death.
<b>Waiver of Premium</b>	This provision applies if you become Disabled before age 60 and your Disability lasts for at least 6 months. You must provide proof of your condition within one year of your last day of work and once we approve, your coverage will continue without payment of premium up to Normal Retirement Age, as long as you remain Disabled. The premium for your dependent's coverage will also be waived if you are Disabled and approved for waiver of premium. Coverage for your dependents will end if the policy terminates. Payment of premium is required until waiver is approved by The Hartford.

### Limitations and Exclusions

As is standard with most term life insurance plans, Coverage Amounts will be reduced at certain ages in order to prevent premium increases. Check your Benefit Highlights Sheet for these details. In addition, under the Supplemental Life plan, death by suicide is covered only after the employee has been insured for two years. Therefore, if death results from suicide, no benefit will be payable for any Supplemental Life coverage that became effective within two years of the date of death. This suicide provision does not apply to Basic Life coverage.

Other exclusions may apply depending upon your coverage. Refer to your certificate for further plan information.

This Benefit Highlights Sheet and the accompanying Brochure and Enrollment Form explain the general purposes of the insurance described, but in no way change or affect the policy as actually issued. In the event of any discrepancy between any of these documents and the policy, the terms of the policy apply. Complete coverage information is in the certificate of insurance booklet issued to each insured individual. Please read it carefully and keep it in a safe place with your other important papers.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies: Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

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Underwritten by:  
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