CBIA HEALTH CONNECTIONS
THE POWER OF CHOICE

THE HARTFORD

Supplemental Life Insurance

BENEFIT HIGHLIGHTS

What is supplemental life insurance?	Supplemental life insurance is coverage that you pay for. It is in addition to your basic life insurance benefit provided by your employer. Supplemental life insurance pays your *beneficiary* (see below) a benefit if you die while you are covered.
Why do I need supplemental life insurance?	Supplemental life insurance provides affordable financial security for your loved ones. It is especially important coverage if your family depends on your income.
Am I eligible?	You are eligible if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis. In addition, you must be enrolled in a CBIA Health Connections basic life insurance benefit through your employer.
When is it effective?	Coverage goes into effect subject to the terms and conditions of the policy. In no case will newly elected benefits become effective sooner than date of hire. You must be actively at work with your employer on the day your coverage takes effect.
How much supplemental life insurance can I purchase?	You can purchase supplemental life insurance in the amount of $10,000, $25,000, $50,000, $75,000 or $100,000. If you are age 65 or older, age restrictions will apply.
What is a beneficiary?	Your beneficiary is the person (or persons) or legal entity (entities) who receives a benefit payment if you die while you are covered by the policy. You must select your beneficiary when you complete your enrollment application; your selection is legally binding.
Are there other limitations to enrollment?	If you do not enroll when first eligible, you will be considered a "late entrant." Late entrants must show evidence of insurability and may be responsible for the cost of physical exams or other associated costs if they are required. Approval of your supplemental life insurance benefit is determined by The Hartford.
Does my coverage reduce as I get older?	Yes. Your benefit reduction is 35% of original amount at age 65, 50% of original amount at age 70, rounded up to the next higher $1,000. All coverage cancels at retirement.
Can I keep my supplemental life coverage if I leave my employer?	Yes. Options are available to continue your group life and supplemental life coverage if you leave your employer. Contact your benefits administrator for details.
What is the "living benefits" option?	If you are diagnosed as terminally ill with a 12 month life expectancy, you may be eligible to receive payment of a portion of your life insurance. The remaining amount of your life insurance would be paid to your beneficiary when you die.
Do I still pay my life insurance premiums if I become disabled?	If you become totally disabled before age 60 and your disability lasts for at least 9 months, your life insurance premium may be waived.

IMPORTANT DETAILS

As is standard with most term life Insurance, this Insurance coverage includes limitations and exclusions:

- The amount of your coverage may be reduced when you reach certain ages.
- Death by suicide (two years)

Other exclusions may apply depending upon your coverage. Once a group policy is issued to your employer, a Certificate of Insurance will be available to explain your coverage in detail.

This benefit highlights sheet is an overview of the insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, condition, limitations and exclusions of your insurance coverage. In the event of any difference between the benefit highlights sheet and the insurance policy, the terms of the insurance policy apply.

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SUPPLEMENTAL LIFE INSURANCE ENROLLMENT FORM

Print Name | Social Security Number | Group Number

Date of Birth | Date of Hire | Company Name

Instructions

- **Step 1:** Enter and/or check your coverage elections. *You may only elect—and will be covered for—levels of coverage included in your employer's contract.*
- **Step 2:** Sign and date this form.
- **Step 3:** Please keep a copy of this form for your records then return to your employer.

Supplemental Life Insurance Monthly Costs

To calculate your premium, use your age as of the effective date of your supplemental life benefit.

If you are under age 65, use the table below to find your monthly cost.

	AGE							
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64
$10,000	$0.70	$0.80	$1.20	$1.90	$3.00	$5.00	$8.10	$10.80
$25,000	$1.75	$2.00	$3.00	$4.75	$7.50	$12.50	$20.25	$27.00
$50,000	$3.50	$4.00	$6.00	$9.50	$15.00	$25.00	$40.50	$54.00
$75,000	$5.25	$6.00	$9.00	$14.25	$22.50	$37.50	$60.75	$81.00
$100,000	$7.00	$8.00	$12.00	$19.00	$30.00	$50.00	$81.00	$108.00

If you are age 65 or older, age reductions apply. Use the table below to find your monthly cost.

	AGE		
	65-69	70-74	75+
$10,000 reduces to:	$7,000 benefit/$11.90	$5,000 benefit/$14.90	$5,000 benefit/$26.25
$25,000 reduces to:	$17,000 benefit/$28.90	$13,000 benefit/$38.74	$13,000 benefit/$68.25
$50,000 reduces to:	$33,000 benefit/$56.10	$25,000 benefit/$74.50	$25,000 benefit/$131.25
$75,000 reduces to:	$49,000 benefit/$83.30	$38,000 benefit/$113.24	$38,000 benefit/$199.50
$100,000 reduces to:	$65,000 benefit/$110.50	$50,000 benefit/$149.00	$50,000 benefit/$262.50

I elect to purchase ❑ $10,000 ❑ $25,000 ❑ $50,000 ❑ $75,000 ❑ $100,000 in supplemental life coverage at the monthly cost shown above.

Beneficiary Designation

You must select your beneficiary—the person (or persons) or legal entity (or entities) who receives a benefit payment if you die while covered by the plans. Please make sure that you also name a contingent beneficiary—who would receive your benefit if your primary beneficiary dies first.

Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each beneficiary. Please provide all of the information requested below. If your beneficiary is not related to you either by blood or by marriage, insert the words, "Not Related" as their stated relationship. If you need assistance, contact your benefits administrator or your own legal advisor.

	Full Name	Address	Social Security #	Relationship	Date of Birth	%
Primary Beneficiary						
Contingent Beneficiary						

Confirmation

I acknowledge that I have been given the opportunity to enroll in the supplemental life insurance coverage described in the benefit highlight sheets and offered through CBIA Service Corp. I acknowledge that I am an active full-time employee who works at least 30 hours per week on a regularly scheduled basis.

I understand and agree that if I decline coverage now, but later decide to enroll, I will be required to provide evidence of insurability that is satisfactory to The Hartford and be approved for such coverage before it becomes effective. I understand my request for coverage may be denied by The Hartford.

I understand and agree that insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to the policyholder (CBIA) can fully describe the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.

If I have life insurance coverage with The Hartford, I understand and agree that my life insurance benefit is reduced at a specified age stated in the policy.

I authorize my employer to make the appropriate payroll deductions from my earnings.

I understand that no insurance will be valid or in force if I am not eligible in accordance with the terms of the group policy as issued to my employer.

Signed | Date