

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

**One Hartford Plaza**

**Hartford, Connecticut 06155**

**(A stock insurance company)**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company.

# Insurance Declaration Document:

Connecticut Paid Family and Medical Leave Insurance Coverage

The purpose of this declaration is to provide documentation of insurance coverage commencing on or before January 1, 2022 to support a request for private plan exemption from the Paid Family and Medical Leave Insurance Authority (Authority) for the provision of paid leave benefits under Conn. Gen. Stat. § 31-49o.

1. **Employer’s Name, Address, and Contact:**

a. Name of Employer:

b. Address:

a. Contact:

i. Name:

ii. Email Address:

iii. Phone Number:

1. **Insurance Coverage to comply with Conn. Gen. Stat. §§ 31-49e to 31-49t, inclusive, and the applicable guidelines published by the Authority to clarify procedures, practices and policies related to sections 31-49e to 31-49t, inclusive, to be provided by:**
2. Name of Insurer: Hartford Life and Accident Insurance Company
3. Address: One Hartford Plaza; Hartford, CT 06155
4. Contact:
5. Name: Sheila W. Sokolski, Assistant Vice President, Group Benefits Operations
6. Email Address: [statutory.disability@thehartford.com](http://teams.thehartford.com/team/amproduct/Team%20Documents/Paid%20Leave%20Product%20Information/MA%20PFML%20Fully-Insured%20Product/Documents%20Related%20to%20the%20Marketing%20Statement%20Email%20and%20Process%20for%20Questions/statutory.disability@thehartford.com)
7. Phone Number: 866-294-7987

d. Policy Number: Form GBD-1855 PFML (2021) (CT)

1. **Effective Date of Insurance Coverage (not later than January 1, 2022):** January 1, 2022

4. **Certification by Insurer and Employer: Issuance of Policy**

The Employer and the Insurer agree that the Insurer will provide insurance coverage to the Employer’s covered individuals for benefits under CT PFML Law. The insurer agrees that policy forms must be filed with the Connecticut Insurance Department (CID) within 60 days following issuance of the CID Policy Filing Guidance Notice that identifies the standards and provisions that a PFML policy must contain to be consistent with the Authority standards for an acceptable CT PFML policy.

The Employer and the Insurer agree that the insurance policy that is issued will comply with all requirements of the CT PFML Law including but not limited to the requirements listed in this Insurance Declaration Document.

5. **Acknowledgement by Employer**

The Employer acknowledges and understands that if this policy is not in force on January 1, 2022, the employer will be responsible for contributions pursuant to Conn. Gen. Stat. § 31-49g, retroactive to January 1, 2021, and furthermore, the Employer may not collect retroactive contributions from covered employees to satisfy this requirement.

Employer :

By its duly authorized representative,

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Name:       Date

Title:

Hartford Life and Accident Insurance Company

By its duly authorized representative:



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Sheila W. Sokolski Date

Assistant Vice President, Operations