

GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS



65% of American cancer survivors did not have sufficient income to cover **out-of-pocket expenses** for cancer treatment and other incurred debts **related to the illness.**¹

STATE INDUSTRIAL PRODUCTS CORPORATION

Facing a serious illness can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Critical Illness insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose - from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Critical Illness insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

BENEFITS & FEATURES

| COVERAGE AMOUNTS | |
|---|---------------------------------|
| Employee Coverage Amount ⁶ | \$10,000 or \$20,000 |
| Spouse Coverage Amount | 50% of your coverage amount |
| Child(ren) Coverage Amount | \$5,000 |
| COVERED ILLNESSES | BENEFIT AMOUNTS |
| CANCER CONDITIONS | |
| Benign Brain Tumor*; Invasive Cancer* | 100% of coverage amount |
| Non-invasive Cancer | 25% of coverage amount |
| VASCULAR CONDITIONS | |
| Heart Attack* (Myocardial Infarction); Heart Transplant*; Stroke* | 100% of coverage amount |
| Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft | 25% of coverage amount |
| OTHER SPECIFIED CONDITIONS | |
| Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Transplant*; Paralysis | 100% of coverage amount |
| Bone Marrow Transplant | 25% of coverage amount |
| ADDITIONAL BENEFITS | BENEFIT AMOUNTS |
| Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*) | 100% of original benefit amount |

⁶Your benefit will be reduced by 50% at age 70.

| | |
|---|---------------------------------------|
| Health Screening Benefit | \$50 once per year per covered person |
| FEATURES | DETAILS |
| Coverage Maximum – Primary Insured & Spouse/Partner | 500% of coverage amount |
| Coverage Maximum – Child(ren) | 300% of coverage amount |
| Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues | |
| HealthChampion ^{SM3} – Administrative and clinical support following serious illness or injury | |

PREMIUMS

See the Premium Worksheet.⁴

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 19 (or under age 26 if a full-time student).

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to “spouse” includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

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.⁵

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

Premiums are provided on the Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

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 dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, 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 conversion and portability are described in the certificate.

¹Insights From Survivors: Managing the Personal, Emotional and Financial Impact of Cancer, Washington National Institute for Wellness Solutions, 2014.

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⁴Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

⁵The Critical Illness policy is guaranteed issue, but does contain a Pre-Existing Condition Limitation. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.

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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. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details including the provisions, terms, conditions, limitations and exclusions are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. 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>. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.