



Stand Alone Accidental Death and Dismemberment Program

Description of Benefits



When to Use this Product

- When you need ultimate flexibility to choose desired AD&D coverage benefits
- When customization of benefit amounts is required
- For “family coverage”

Please Note: Available for groups with 100 or more eligible employees.

Advantages and Flexibility

Advantages of Hartford Life’s AD&D Program:

- High coverage limits;
- State-of-the-art product;
- 24-hour worldwide business and pleasure protection;
- Coverage for losses that occur within 365 days of the accident;
- Flexible and Comprehensive offering with a wide range of optional enhancements for broader protection;
- Available on a mandatory and voluntary basis; and
- Sold as a separate stand-alone policy

* Benefits up to \$1,000,000 are available. For information on higher amounts, please contact your Hartford representative

What Types of Groups Are Eligible For Coverage?

Groups with 100 or more employees, such as:

- Corporations;
- Partnerships;
- Individual employers;
- Government corporations, agencies or departments; and
- Other similar groups.



Who Is Eligible for Benefits?

- All full-time and part-time employees (who work a specified number of hours per week);
- Dependent spouses;
- Unmarried children who are less than age 19 (23 if a full-time student and primarily dependent upon the insured for support) – older if required by state law

When Are They Covered?

- Insureds (and if family coverage is purchased, their eligible dependents) are covered 24 hours a day anywhere in the world, whether at home, on the job, or while traveling.

What Benefits Are Available?

- **Standard** benefits are always included;
- You can then select any combination of **Optional** benefits to customize your program in any way you wish.

Standard Benefits

Benefits are payable when Loss occurs within 365 days after the injury and results directly from the injury, independent of other causes. Any loss resulting from sickness or disease or medical or surgical treatment of sickness or disease is not considered to have resulted from an injury.

Covered Employees

Benefit	Benefit Amounts Available	Coverage Description
Accidental Death and Dismemberment	Up to \$1,000,000	
Loss of Life	100% of Principal Sum	
Loss of Speech & Hearing	100% of Principal Sum	<ul style="list-style-type: none"> • Loss means that speech and hearing are lost entirely and cannot be recovered or restored. • Hearing must be lost in both ears.
Loss of Speech or Hearing	50% of Principal Sum	<ul style="list-style-type: none"> • Loss means that speech and hearing are lost entirely and cannot be recovered or restored. • Hearing must be lost in both ears.
Loss of a hand or a foot or an eye	50% of Principal Sum	<ul style="list-style-type: none"> • Loss of a hand or foot means that it is completely cut off at or above the wrist or ankle joint*. • Loss of an eye means that sight in the eye is completely lost and cannot be recovered or restored.
Loss of Thumb & Index Finger on either hand	25% of Principal Sum	<ul style="list-style-type: none"> • Loss of thumb & index finger means actual severance through or above the metacarpophalangeal joints*.



<p>Paralysis Benefit</p>	<ul style="list-style-type: none"> • If one of the following losses occurs as a result of an accidental injury, the paralysis benefit will pay: • 100% of the benefit amount for quadriplegia; • 75% of the benefit amount for triplegia or paraplegia; • 50% of the benefit amount for hemiplegia; • 25% of the benefit amount for uniplegia. 	<p>Pays a benefit for injuries that result in the complete and irreversible loss of movement of one or more limbs.</p> <ul style="list-style-type: none"> • Quadriplegia means loss of movement of both upper and lower limbs; • Triplegia means loss of movement of three limbs; • Paraplegia means loss of movement of both lower limbs; • Hemiplegia means loss of movement of both upper and lower limbs on one side of the body; • Uniplegia means loss of movement of one limb.
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*Please note that if limbs are successfully reattached after complete severance, benefits are still payable.



Covered Dependents

Benefit	Benefit Amounts Available	Coverage Description
<p>Accidental Death and Dismemberment</p>	<p>Under a family plan, dependents are covered for a percentage of the employee's AD&D benefit.</p> <p>The most common plan is 50/40/10/15. Hartford</p> <p>Life's plan is flexible enough to offer any combination of percentages. In addition, we can provide:</p> <ul style="list-style-type: none"> • non-standard family plans; • spouse only coverage; • child only coverage; • employee/spouse coverage, or; • employee/child combinations 	<p>The 50/40/10/15 plan means:</p> <ul style="list-style-type: none"> • The employee is covered for 100% of the AD&D benefit; • The spouse is insured for 50% of the AD&D benefit if there are no eligible dependent children. • If there are eligible dependent children, the spouse is insured for 40% and each child for 10% of the AD&D benefit; • If there is no spouse, each child is covered for 15% of the AD&D benefit amount.

Optional Benefits

You can choose any of the following. The standard benefit percentage and maximum are included. These schedules may be varied to match a plan design.

Benefit	Benefit Amounts Available	Coverage Description
Accelerated Benefit	<ul style="list-style-type: none"> Up to 50% of the Principal Sum 	<ul style="list-style-type: none"> Pays a benefit to the Insured Person if the accident results in their life expectancy to last 6 months or less. Receipt of accelerated benefits may be taxable. Seek assistance from your personal tax advisor for more information.
Accident Hospital Indemnity	<ul style="list-style-type: none"> 1% of the Principal Sum not to exceed \$1,500/mo 	<ul style="list-style-type: none"> Provides a monthly benefit for up to 12 months when injury due to an accident results in hospital confinement; The monthly benefit is prorated for hospitalizations periods of less than a month Waiting periods (up to 10 days) and retro/non-retro plans are available.
Adaptive Home and Vehicle Benefit	<ul style="list-style-type: none"> 5% of the Principal Sum not to exceed \$5000* 	<ul style="list-style-type: none"> Pays for the actual one-time costs to make the Insured Person's principal residence and/or private auto accessible.
Anti-Inflation Benefit	<ul style="list-style-type: none"> The AD&D benefit can be increased 2% per year to a maximum of 10% 	<ul style="list-style-type: none"> The AD&D benefit will automatically be increased on an annual or bi-annual basis for continuous coverage.
Bereavement Counseling Benefit	<ul style="list-style-type: none"> \$50 per visit with a maximum amount of \$150 per covered person 	<ul style="list-style-type: none"> If the Insured Person dies from a covered accident, the benefit will pay for expenses incurred by his or her spouse & dependent children for bereavement counseling.



<p>Child Education Benefit</p>	<ul style="list-style-type: none"> • 2.5% of the Principal Sum for each dependent child not to exceed \$2500* • A minimum benefit is payable if there is no child that qualifies as a student 	<ul style="list-style-type: none"> • Pays a benefit for each dependent child who qualifies as a post secondary school student if the employee and/or covered spouse dies, and the AD&D is payable; • Benefit is payable every year for up to four consecutive years.
<p>Coma Benefit</p>	<ul style="list-style-type: none"> • Pays 1% of the Principal Sum per month 	<ul style="list-style-type: none"> • Pays a benefit if the employee or a covered family member becomes comatose as a result of and within 30 days of an accident, and remains comatose for at least 30 days.
<p>Common Carrier – Double Indemnity</p>	<ul style="list-style-type: none"> • This benefit doubles the amount of Principal Sum payable 	<ul style="list-style-type: none"> • A benefit is payable if a loss occurs while the employee, or a covered family member, is a passenger on a common carrier.
<p>Common Disaster Benefit</p>	<ul style="list-style-type: none"> • Spouse’s AD&D benefit will equal Insured Person’s AD&D benefit 	<ul style="list-style-type: none"> • This benefit increases the spouse’s AD&D benefit to equal the Insured Person’s AD&D benefit if both die in the same covered accident, subject to the maximum amount stipulated in the policy.
<p>Continuation of Medical Coverage Benefit</p>	<ul style="list-style-type: none"> • Pays 2.5% of the Principal Sum per year for 3 years not to exceed \$2500* • If no dependent qualifies or continues coverage - a minimum benefit is payable 	<ul style="list-style-type: none"> • Pays a benefit if the employee loses his or her life in a covered accident and the covered dependent(s) chose to continue their medical coverage in accordance with COBRA.
<p>Conversion Privilege</p>		<ul style="list-style-type: none"> • Allows an insured to convert his or her coverage to an Accidental Death and Dismemberment conversion policy when coverage cannot be continued through the group.
<p>Critical Burn Benefit</p>	<ul style="list-style-type: none"> • 5% of the Principal Sum not to exceed \$5000* 	<ul style="list-style-type: none"> • Pays a benefit if the Insured Person is critically burned (more severely than 2nd degree burns over at least 25% or his/her body) and must undergo reconstructive surgery, as determined by a physician.
<p>Day Care Benefit</p>	<ul style="list-style-type: none"> • 2.5% of the Principal Sum not to 	<ul style="list-style-type: none"> • If the AD&D benefit is payable due to the death of an employee and/or covered

GROUP BENEFITS



	<p>exceed \$2500*</p> <ul style="list-style-type: none"> • Maximum of 4 payments per eligible child 	<p>spouse, a benefit is payable for each dependent child who is less than the stipulated age at the time of the Insured Person's death and is enrolled in or will be enrolled in a day care program.</p>
<p>Dependent Child Dismemberment Benefit</p>	<ul style="list-style-type: none"> • The amount payable for a child's dismemberment will be doubled under this benefit 	
<p>Extended Care Facility</p>	<ul style="list-style-type: none"> • Up to 5% of the Principal Sum* • The total amount payable under this benefit, when combined with the AD&D benefit for the same injury, will not exceed the Principal Sum 	<ul style="list-style-type: none"> • Pays a monthly benefit if an insured person is confined in an extended care facility due to a Permanent Total Disability that was caused by a covered injury; • Benefits normally begin in the 13th month of consecutive confinement and will not be payable for more than 50 consecutive months.
<p>Extended Dependents Coverage</p>		<ul style="list-style-type: none"> • If the employee dies in a covered accident, the premium for the covered dependents will be waived for up to 1 year.



<p>Felonious Assault Benefit</p>	<ul style="list-style-type: none"> • 10% of the Principal Sum not to exceed \$25,000* 	<ul style="list-style-type: none"> • Pays an additional benefit if an Insured Person is injured as a result of a felonious assault. <p>Coverage is available on a business-hours-only basis or on a 24-hour basis. This benefit is not payable for a loss from a felonious assault that is committed by:</p> <ul style="list-style-type: none"> • a member of the Insured Person's family; • a member of the household in which the Insured Person lives; or • the Insured Person's fellow employees.
<p>Funeral Expense Benefit</p>	<ul style="list-style-type: none"> • 2.5% of the Principal Sum not to exceed \$2500* 	<ul style="list-style-type: none"> • Provides a benefit for funeral expenses when a covered loss of life occurs; • Benefits paid will not exceed Customary Funeral Expenses.
<p>HIV Occupational Accident Benefit</p>	<ul style="list-style-type: none"> • \$50, 000 or \$100,000 not to exceed the Principal Sum* 	<ul style="list-style-type: none"> • Pays a benefit if HIV is contracted due to an injury on the job. The Insured Person: • must not have previously tested positive for HIV, or • if they had previously tested positive, the Insured Person must have subsequently tested negative prior to the date of accident. • We will not pay for any costs incurred for HIV tests or any related testing.
<p>Newborn Coverage</p>	<ul style="list-style-type: none"> • Benefits and amounts will be the same as those currently available for dependent children coverage under the policy. 	<ul style="list-style-type: none"> • If an Insured Person has a newborn child or adopts or receives a foster or stepchild while covered under the policy, the new child will automatically be covered under the policy for 31 days after the date of birth or the date of financial dependence.



Newlywed Coverage	<ul style="list-style-type: none"> • Benefits and amounts will be the same as those currently available for dependent spouse coverage under the policy. 	<ul style="list-style-type: none"> • If an Insured Person marries while covered under the policy, his or her new spouse will automatically be covered under the policy for 31 days after the date of marriage.
Permanent Total Disability	<ul style="list-style-type: none"> • Up to 100% of the Principal Sum 	<ul style="list-style-type: none"> • Pays a benefit (less any amount paid under the AD&D benefit) if the employee or covered spouse is injured and becomes permanently totally disabled within 365 days of the accident. <p>Benefit payments can be lump sum, monthly or weekly.</p>
Rehabilitation Benefit	<ul style="list-style-type: none"> • 2.5% of the Principal Sum not to exceed \$2500* 	<ul style="list-style-type: none"> • If the AD&D benefit is payable due to a covered injury, other than loss of life, a benefit is payable for expenses incurred for rehabilitative training; • The expense must be incurred within 2 years of the date of the accident.
Repatriation Benefit	<ul style="list-style-type: none"> • 2.5% of the Principal Sum not to exceed \$2500* 	<ul style="list-style-type: none"> • Pays a benefit for preparation and transportation of a covered person's body for cremation or burial for a covered loss of life occurring outside the state of residence.
Seat Belt & Air Bag	<ul style="list-style-type: none"> • 10% of the Principal Sum for Seat Belt not to exceed \$25, 000; • An additional 5% of the Principal Sum for Air Bag, not to exceed \$5000 respectively. 	<ul style="list-style-type: none"> • Pays an additional benefit if a covered person dies from injuries sustained in a motor vehicle while a passenger or a licensed driver and was wearing a seat belt as verified in the police report. • An additional amount is payable, the seatbelt benefit is payable, and if the air bag also inflated properly upon impact, as verified in the police report.
Spouse Education Benefit	<ul style="list-style-type: none"> • 2.5% of the Principal Sum not to exceed \$2500* 	<ul style="list-style-type: none"> • If the AD&D benefit is payable due to the death of an employee, pays an additional benefit for expenses incurred by the surviving spouse for occupational training.
Survivor Benefit	<ul style="list-style-type: none"> • Pays either .5% or 1% of the Principal Sum per month for up to 3, 6, 9, or 12 months 	<ul style="list-style-type: none"> • Pays a benefit to the surviving eligible spouse or dependent children upon the covered accidental death of the employee or covered spouse.
Therapeutic	<ul style="list-style-type: none"> • 2.5% of the Principal Sum not to 	<ul style="list-style-type: none"> • If the AD&D benefit is payable due to a

GROUP BENEFITS



Counseling Benefit	exceed \$2500*	covered injury, other than loss of life, a benefit is payable for expenses incurred for any necessary therapeutic counseling; • Therapeutic Counseling must be required within 90 days of the loss.
Traumatic Brain Injury Benefit	• Up to 100% of the Principal Sum	• Pays a benefit if there is permanent, complete and irreversible injury to the brain within 365 days of the date of the accident.
Waiver of Premium		• Premium is waived for any period of total disability that has lasted for a minimum of at least 9 months.
War Risk Coverage		• Covers loss resulting from war or act of war in specified countries for employees and/or covered family members.

* Please note that in some situations, these benefits contain benefit maximum limitations – please contact your Hartford representative for details.



Definitions:

Disabled or Disability, for the purpose of the Permanent Total Disability Benefit, means Your inability to perform the material and substantial duties of any occupation for which you are suited by education, training and experience.

Injury means bodily injury resulting:

- 1) directly from an accident; and
 - 2) independently of all other causes;
- which occurs while You or Your Dependents are covered under The Policy.

Loss resulting from:

- 1) sickness or disease, except a pus-forming infection which occurs through an accidental wound;
or
 - 2) medical or surgical treatment of a sickness or disease;
- is not considered as resulting from Injury.

Common Carrier (if applicable) means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by that concern.

Common Carrier will not mean any such conveyance which is hired or used for a sport, gamesmanship, contest, sightseeing, observatory and/or recreational activity, regardless of whether such conveyance is licensed.



Hospital means an institution which:

- 1) operates pursuant to law;
- 2) primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis;
- 3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of Physicians; and
- 4) provides 24-hour nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

- 1) a nursing home, convalescent home, or skilled nursing facility;
- 2) a place for rest, custodial care, or for the aged;
- 3) a clinic; or
- 4) a place for the treatment of mental illness, alcoholism, or substance abuse.

However, a place for the treatment of mental illness, alcoholism or substance abuse will be regarded as a Hospital if it is:

- 1) part of an institution that meets the above requirements; and
- 2) listed in the American Hospital Association Guide as a general Hospital.

Loss of Use means total paralysis of an Entire Limb or Limbs which:

- 1) has continued without interruption for a period of not less than 12 consecutive months; and
- 2) is determined by a Physician to be permanent, complete and irreversible.



Standard Exclusions & Limitations:

Losses caused by any of the following events are not covered:

- Intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
- War or act of war, whether declared or not;
- Injury sustained while in the armed forces of any country or international authority;
- Injury sustained while riding on any aircraft, unless it's a civilian or public aircraft, or military transport aircraft;
- Injury sustained while riding on any aircraft as a pilot, crewmember, student pilot, flight instructor, or examiner;
- Injury sustained while riding on any aircraft owned, operated or leased by or for the policyholder or any employer or organization whose eligible persons are covered under the policy;
- Injury sustained while taking drugs including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
- Injury sustained while committing or attempting to commit a felony;
- Injury sustained while operating a motor vehicle while legally intoxicated from the use of alcohol.
- Injury sustained while riding in or driving in a scheduled race or testing any Motor Vehicle
- The injured person's intoxication (Intoxication means that blood alcohol content or the results of other means of testing blood alcohol level, meet or exceed the legal presumption of intoxication under the law of the state where the accident took place)

Effective Date:

Non-Contributory Coverage will start the date You become eligible.

Contributory Coverage will start on the latest to occur of:

- 1) The first day of the month on or next following the date You become eligible, if You enroll on or before that date; or
- 2) the first day of the month on or next following the last day of the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or
- 3) the first day of the month on or next following the date You enroll if You do so within 31 days of the date You are eligible.



Deferred Effective Date: *When will my effective date for coverage or a change in my coverage be deferred?*

With respect to Active Employees, if, on the date You are to become covered:

- 1) under The Policy;
- 2) for increased benefits; or
- 3) for a new benefit;

You are not Actively at Work due to a physical or mental condition, such coverage will not start until the date You are Actively at Work.

Standard Age Reduction Schedule (others are available):

Accidental Death and Dismemberment Reduction on and after Age 70:

We will reduce Your Principal Sum on the Premium Due Date on or next following the date You attain ages 70, 75, 80 and 85. The reduced amount will be determined by multiplying the Principal Sum shown in the Enrollment Form on file with the Policyholder by the percentage shown below for Your attained age:

Your Age Percentage of Principal Sum

Age 70-74 65%

Age 75-79 45%

Age 80-84 30%

Age 85 or over 15%

These reductions also apply if:

- 1) You become covered under The Policy; or
 - 2) Your coverage increases;
- on or after the date You attain age 70.



Termination:

Your coverage will end on the earliest of the following:

- 1) the date The Policy terminates;
- 2) the date You are no longer in a class eligible for coverage, or the class is cancelled;
- 3) the date the required premium is due but not paid;
- 4) the date You or Your Employer terminates Your employment;
- 5) the date Your Employer ceases to be a Participating Employer;
- 6) the date You are no longer Actively at Work; or
- 7) the date You attain age 70;

Unless continued in accordance with an applicable Continuation Provision.

Request for Quote:

All quoting will be done by The Hartford. To obtain a quote, please contact your local Hartford Sales Representative. The following information is necessary in order for us to provide you with a quote:

- Name/address of business;
- Nature of business;
- Number of eligible lives (salaried);
- Does the organization offer a plan now? If yes, with which company?

If possible, please provide:

- copy of the current plan booklet, and
- three to five years premium and claim information, and
- current census with enrolled participants, and;
- current rates



State Availability:

The above listed optional benefits are available in most states. Please note that due to state requirements, some benefits may be modified and/or restricted in certain states. Furthermore, some states require a specific minimum number of employees in order to issue a quotation.

For More Information:

For additional information, please call your Hartford representative or visit us at www.accidentlines.com. We also have a flexible companion AD&D program that we market with our Group Life product. We'd be happy to send you additional information about this program as well. This brochure explains the general purposes of the insurance program, but in no way changes or affects the policy as actually issued. In the event of any discrepancy between the brochure and the contract, the terms of the contract apply.

You have a 30 day right from Your original Certificate Effective Date to examine Your certificate. If You are not satisfied, You may return it to Us within 30 days of Your original Certificate Effective Date. In that event, We will consider it void from its Effective Date and any premiums paid will be refunded. Any claims paid under The Policy during the initial 30 day period will be deducted from the refund.



Underwritten By:

Hartford Life & Accident Insurance Company, Inc.
Hartford Life Insurance Company, Inc. (New York)

To Be Used With Policy Form:

GBD-1300 A.1

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