

account(s) per IRS regulation. ***Please review the FSA Plan Description and Instructions online for more details at www.healthhub.com.***

SUPPLEMENTAL TERM LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT PLAN
(Underwritten by HARTFORD Life Insurance Company)
Group # 677313

The minimum coverage for an employee's supplemental life policy is \$50,000, and for the spouse/domestic partner is \$25,000. However, the maximum supplemental term life coverage for the employee and spouse/domestic partner coverage is \$150,000. The dependent children coverage will remain unchanged at \$10,000.

EXISTING POLICY HOLDERS will be defaulted to the same level of coverage and premium for the new Plan Year. Therefore, to maintain your existing coverage, you do not need to fill out any paperwork.

TO ENROLL OR MAKE A CHANGE: To enroll or withdraw from the voluntary term life program, select new coverage, or make a change to your current policy. You must:

- Make your selection online via **www.iElect.com**.
- If enrolling or making a change, complete both the HARTFORD Life Insurance Application and Evidence of Insurability (EOI) forms through SECOVA online enrollment by the deadline.
 - » Failure to complete both online applications will automatically disqualify you from the Hartford underwriting application process.

How to pay for your supplemental life premium?

Your payroll deductions may change if you are in a different age bracket on January 1 of the new Plan Year. You can view premium rates on the iElect website. Premium rates are calculated on a monthly basis and payroll deductions will be deducted accordingly over the twelve pay periods. Hartford enforces the 12-months premium over 12 equal payroll deductions. To avoid late payment for 10- and 11-month employees, the District will apply a double (11-month employee: July or August + September) and/or triple (10-month employee: July + August + September) premium deduction at the earliest payroll cycle. This action will bring the account up-to-date with the payment schedule.

Please refer to the *Evidence of Coverage* or the *Summary Plan Description* for details of benefit limitations, exclusions, and general program parameters.