

Submitting Claims

Life, Accidental Death & Dismemberment and Waiver of Premium

This section provides information on the following topics to help guide you through the insurance claim process.

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Introduction

Part of your job is to help claimants understand how to file a claim correctly— so the process can take place efficiently. You will also be completing forms, or portions of forms. The following guide gives directions for submitting a claim under each type of insurance, indicating your responsibilities as well as the claimant's.

Please Note

Because the benefit provisions in group policies differ, some of the claim forms described in this guide may apply to benefits not included in your particular group plan. If you have questions about which benefits are included in your plan, please refer to your insurance policy.

Where to Send Claim Forms – for Life, AD&D and/or Waiver of Premium Claims

Please submit your claims to the office listed in “Your Plan” in the Administration Overview section of this manual.

Life Claim – for Employee or Dependent

When Should a Claim be Filed?

Claims should be filed as soon as possible following the death of the insured person.

Who Can File a Claim?

The employer files the claim on behalf of the employee, on appropriate forms along with a Certified original copy of the Death Certificate.

What Is the Process for Filing a Claim?

The employer:

1. Provides a Proof of Death claim form to the beneficiary for completion and he or she returns this to the employer with the Certified Death Certificate (not a photocopy), and
2. Completes the applicable employer or policyholder statement on the Proof of Death form. (See the Sample Forms section of this manual for instructions.); and
3. Submits the following to The Hartford:
 - Certified Death Certificate (not a photocopy)
 - Proof of Death form with Employer and Beneficiary statements completed. The signatures of the policyholder's representative and the beneficiary (ies) are required.
 - Enrollment forms – Please include the following Enrollment forms:
 - The employee's original Enrollment Form upon hire
 - The Enrollment Form showing coverage elections in force on the day preceding The Hartford's Policy's Effective Date.
 - If re-enrollment was required at the effective date of the Group Life Policy with The Hartford, please include the Enrollment Form that was completed during the re-enrollment
 - All Enrollment Forms reflecting a change in amount of benefit election(s) since The Hartford's Policy Effective Date..
 - Beneficiary Designation form (original and any updates)
 - Proof of Earnings, such as W-2's, if the policy defines Earnings as such.

Under the following circumstances, please also submit the additional information noted below:

- If Policy Interests were Assigned – Please submit the completed Absolute Assignment form.
- If Benefits were Assigned to a Funeral Home – Submit the Assignment form from the funeral home. (Funeral homes have their own assignment forms for this purpose.) All beneficiaries must sign the form if payment of the funeral home bill will be shared between them.

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- If the Death Benefit is Payable to “Estate” –Submit a certified copy of the Certificate of Appointment as Executor, Administrator or Personal Representative, which is obtained through the local Probate Court by the executor of the estate.
- If the Beneficiary is a Minor –Provide a certified copy of the Probate Court Order showing who has been appointed as Legal guardian of the minor’s estate or property, along with a birth certificate of the minor. (Proceeds will be paid to the legal guardian of the minor’s estate.) Note: A “natural” guardian is not always the “Legal” guardian.
- If a Waiver of Premium Claim Was Filed Prior to Death – Please advise the date the waiver claim was submitted.

When Are Benefits Paid?

The life insurance benefit will be paid when The Hartford receives all necessary information regarding the covered employee’s or covered dependent’s death, and determines that benefits are payable.

Additional Important Information

In the event of a Dependent’s death, you should advise the employee that the beneficiary designation on the employee’s coverage should be reviewed and modified, if the recently deceased dependent was listed as the employee’s beneficiary.

Waiver of Premium Claim

When Should a Claim be Filed?

Important! This benefit is time sensitive. Please be aware that the Policy requires that Notice and Proof of Loss be submitted to The Hartford's Life Claim office *within the time frame dictated by your Policy*. Note that the standard claim filing deadline is 12 months from the date last worked. Please check your policy's Waiver of Premium filing requirement. Failure to submit a completed claim in this time frame may result in claim denial.

While Proof of Loss must generally be submitted within 12 months from the date last worked, we recommend that the employee and employer each submit their portions of the completed claim 2 months prior to the end of the Waiver of Premium elimination period (see the policy). Please see "What is the Process for Filing a Claim?" below to determine what information must be submitted.

Who Can File a Claim?

Both the employer and employee forward their portions of the Group Life Waiver of Premium Application directly to The Hartford's claim office. The attending physician sends the completed Attending Physician's Statement directly to The Hartford's claim office.

What is the Process for Filing a Claim?

The employer:

1. Detaches and completes the "Employer Section" of the Waiver of Premium Application and signs and dates the employer's certification;
2. Sends the following to The Hartford's claim office so that it arrives before the 12 month deadline:
 - "Employer Section" of the application;
 - All appropriate enrollment forms or coverage level screen prints if contributory coverage exists; and
 - The most recent beneficiary designation form.
3. Gives the remaining sections of the Waiver of Premium Application to the claimant:
 - Employee Section 1;
 - Employee Section 2 (Authorization to Obtain and Release Information); and
 - Attending Physician's Statement.

The claimant:

1. Reads, completes, signs and dates the Employee Sections 1 and 2 of the claim application;
2. Detaches the Attending Physician's Statement (APS) from the Waiver of Premium Application, completes the top Employee Section of the APS, gives the APS to his or her physician to complete and asks the physician to return the completed form directly to The Hartford's claim office within 10 days.
3. Sends the completed Employee Sections 1 and 2 directly to The Hartford's claim office so that they arrive before the 12 month deadline.

When Does the Waiver of Premium benefit become Effective?

Please refer to the Waiver of Premium section of the policy to determine the Waiver of Premium elimination period and when this benefit becomes effective.

Additional Important Information

How Long Should Premiums Be Paid?

Premium should continue to be paid through the "Sickness or Injury" continuation period. Please refer to the Continuation Provisions in your policy booklet-certificate. This period is typically up to 12 months from the date last worked due to sickness or injury, however, it is important that you review the specific policy booklet-certificate. Upon written approval of the Waiver of Premium benefit, premiums will no longer be required.

If premiums are discontinued any time before the end of the continuation period for sickness or injury, continued coverage will end. If the claim has not yet been approved, the employee may be eligible to convert. Please refer to the Conversion Right section of your booklet-certificate. If eligible, he or she will have 31 days from the date coverage ends to convert.

Also, if the continuation period for sickness or injury ends before the claim has been approved, if eligible, the covered person will have 31 days from the date continuation coverage ends to convert. After 31 days the conversion privilege is lost.

If the claim is approved, the employer and employee will be informed in writing of the effective date when premium payments will be waived. If the employee is still covered under the group plan, group premiums which were paid beyond the Waiver of Premium effective date will be refunded or a credit applied to the next billing cycle. If a conversion policy has been issued, the conversion policy must be rescinded and full premiums will be refunded.

If the claim is denied, a denial letter will be sent to the claimant with a copy to the employer, absent any confidential medical information. The claimant will be given appeal rights and conversion rights at that time..

The Hartford should be notified immediately if the employee has been released to return to full-time or part-time work.

How Does The Covered Person Convert?

When an employee's coverage under the group policy ends, if eligible to convert, he or she must be given the right to convert to an individual policy at his or her own expense. **This applies even if the Waiver of Premium claim is still pending.** The claimant generally has 31 days from the coverage termination date to submit a Conversion application.

The employer should:

- 1) Complete Part A of the Notice of Conversion Right form,

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2) Instruct the employee to:

- complete Part B of the form, and
- mail the completed form to The Hartford within 31 days from the date that coverage ends (or 15 days from the date the employer signed the form, if later). However Conversion requests will not be accepted if received more than 91 days after life insurance terminates.

Accidental Death & Dismemberment Claim - Employee

When Do Benefits Become Payable?

As soon as due proof of loss is received; and The Hartford confirms eligibility and determines there is sufficient information to make a claim decision.

When Should a Claim be Filed?

Written notice of a claim should be given to The Hartford claim office, which services your business, within 20 days after the loss happens or starts. If notice cannot be given within that time, it must be given as soon as possible after that.

Written proof of the loss must be sent to The Hartford within 90 days after the date of the loss. However all claims must be submitted to us within 90 days of the date any individual's insurance terminates.

If proof cannot be given by the time it is due, it won't affect the claim if it was not possible to give proof within the required time and it is given as soon as possible.

It must be given, however, no later than one year after it is due, unless the claimant is not legally competent.

Who Can File a Claim?

Accidental Death

The employer files the claim. If for some reason this is not possible, the beneficiary or beneficiary's representative may file the claim.

Accidental Dismemberment

The insured person or insured person's legal representative may file the claim through the employer, however if for some reason this is not possible, the beneficiary or beneficiary's representative may file the claim.

If an absolute assignment has been completed, the assignee must file the claim and release the benefit payment to the insured.

What Is the Process for Filing a Claim?

Accidental Death

Follow the Process outlined for an Employee Life Claim; and if available; submit a copy of the police report and newspaper clippings giving details of the accident. If available submit autopsy report and toxicology report. If the family does not have these documents, advise the family that the spouse or Executor of the estate must complete and return the Authorization to Obtain and Release Information form (LC5777-6) so that The Hartford will be able to obtain the necessary documentation directly from the appropriate sources.

Accidental Dismemberment

The employer:

1. Completes the “Employer/Administrator” section of the Statement of Claim for Accidental Dismemberment or Loss of Sight Benefits form.
2. Provides to the claimant the Statement of Claim for Accidental Dismemberment or Loss of Sight Benefits form.

The claimant:

1. Completes his or her portion of the Statement of Claim for Accidental Dismemberment or Loss of Sight Benefits form
2. Has the “Attending Physician’s Statement” portion of the Statement of Claim form completed; and provides doctor and hospital records
3. Attaches a copy of the police report and/or Worker’s Compensation Report, if available*
4. Returns the completed Statement of Claim form and accident documentation to The Hartford.

*If not available, The Hartford will try to obtain necessary documentation directly from the appropriate sources.

Additional Important Information

Please be aware that there are certain losses that are not covered under the policy. Please refer to the policy for details.

Accidental Death & Dismemberment Claim - Dependent

When Do Benefits Become Payable?

As soon as due proof of loss is received; and The Hartford confirms eligibility and determines there is sufficient information to make a claim decision.

When Should a Claim be Filed?

Written notice of a claim should be given to The Hartford claim office that services your business, within 20 days after the loss happens or starts. If notice cannot be given within that time, it must be given as soon as possible after that.

Written proof of the loss must be sent to The Hartford within 90 days after the date of the loss.

However all claims must be submitted to us within 90 days of the date the covered person's insurance terminates.

If proof cannot be given by the time it is due, it will not affect the claim if it was not possible to give proof within the required time and it is given as soon as possible.

It must be given, however, no later than one year after it is due, unless the claimant is not legally competent.

Who Can File a Claim?

Accidental Death

The employer generally files the claim. If for some reason this is not possible, the employee's beneficiary or beneficiary's representative may file the claim.

Accidental Dismemberment

The employee may file the claim on behalf of the dependent. However, if an absolute assignment has been executed, the assignee must file the claim and release the benefit payment to the insured.

What Is The Process for Filing a Claim?

Accidental Death

Follow the instructions given for filing a Dependent Life Claim; and if available;

- Submit a copy of the police report and newspaper clippings giving details of the accident, if available submit autopsy report and toxicology report. (If not available, The Hartford will obtain necessary documentation directly from the appropriate sources.)

Accidental Dismemberment

The employer:

1. Completes the “Employer/Administrator” section of the Statement of Claim for Accidental Dismemberment or Loss of Sight Benefits form
2. Provides (to the claimant) the Statement of Claim for Accidental Dismemberment or Loss of Sight Benefits form.
3. Provides historical record of election of contributory coverages

The claimant or claimant’s representative:

1. Completes his portion of the Statement of Claim for Accidental Dismemberment or Loss of Sight Benefits form; and
2. Has the “Attending Physician’s Statement” portion of the Statement of Claim form completed;
3. Attaches a copy of the police/accident report and/or Worker’s Compensation Report, if available*
4. Returns the completed Statement of Claim form and accident documentation to The Hartford.

*If not available, The Hartford will try to obtain necessary documentation directly from the appropriate sources.

Additional Important Information

Please be aware that there are certain losses that are not covered under the policy. Please refer to the policy for details.

Safe Haven Specifics

What is Safe Haven?

The Safe Haven program is one claim settlement option when group life insurance benefits of \$10,000 or more are payable to a single beneficiary. The beneficiary is provided with a book of drafts that allows the beneficiary to easily access their proceeds by writing drafts (like a check) as needed. Drafts can be written for any amount, up to and including the full balance plus interest to pay bills. Safe Haven is intended to provide customers with a convenient means for paying immediate needs and to allow time to decide how to use the remaining balance of their insurance proceeds during a time when making financial decisions may be difficult. Beneficiaries pay no out of pocket fees, receive a quarterly activity report and can call a toll-free phone number for inquiries or to receive service. The Safe Haven program is not intended to be a long-term investment vehicle. Safe Haven is not a bank account and assets are not insured by the Federal Deposit Insurance Corporation. With the Safe Haven program, the insurance proceeds are held in our general account and payments are based on the claims-paying ability of Hartford Life Insurance Company or the applicable issuing company of The Hartford. After distribution into the Safe Haven program, which constitutes full payment of the insurance proceeds, any claim against The Hartford will relate to the undertaking between the beneficiary and The Hartford as to the Safe Haven program, not the insurance policy.

What are the Advantages of Safe Haven?

- No out of pocket fees;
- Draft Book mailed within 48 hours to Beneficiary;
- Proceeds earn interest (See below);
- Easy access to funds when they are needed;
- Quarterly statements showing withdrawals, interest credited, cleared drafts, current interest rate, and any other activity; and
- Toll-free number available for inquiries.

What Are the Features of the Safe Haven Program?

Along with their draftbook beneficiaries also receive a welcoming kit if they have elected Safe Haven as their payment option. This kit includes a welcome letter, a Safe Haven statement detailing the interest rate and Safe Haven balance, a signature card to verify their signature, a confirmation letter outlining the terms and conditions, and The Hartford's privacy policy. A highlight of some of these features is as follows:

- ***Draftbook:*** Upon receipt of the draftbook, the beneficiary may either elect to keep all or a portion of the funds in the Safe Haven program or may write a draft immediately for the full amount of the proceeds plus any additional interest earned.
- ***Interest:*** Safe Haven proceeds earn interest at a rate determined by the Hartford. Hartford will earn investment income on Safe Haven assets and the difference between the investment income earned on the Safe Haven assets and the interest credited to customers participating in the Safe Haven Program will provide Hartford with a profit and cover expenses we incur.

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Interest is paid on Safe Haven assets from the date the claim is settled to the date the last remaining funds are withdrawn.

- **Minimum Balance Requirements:** A minimum balance of \$750 must remain in the Safe Haven Program. When the minimum is reached, a check for the balance is issued to the participant and their participation in the Safe Haven Program ends.
- **Statements:** Each quarter beneficiaries receive a statement showing withdrawals, interest credited, cleared drafts, current interest rate, and any other activity. Interim monthly statements will be provided upon request or when there are new transactions posted to the account other than earned interest.
- **Deposits:** Only The Hartford proceeds can be deposited into the Safe Haven Program.
- **Fees:** No out of pocket fees.
- **Assignments:** Safe Haven proceeds are not transferable.

Who is Eligible for Safe Haven?

Safe Haven can be set up for eligible individual beneficiaries with proceeds of at least \$10,000. **The Safe Haven Program is not available for estates, trusts or benefits assigned to a funeral home or other assignments.**

Whom Should Beneficiaries Contact for Account Inquiries?

Beneficiaries can call toll-free: 1-800-918-2335. General information is available 24 hours a day with a touch-tone phone. Customer service representatives are available Monday through Thursday between 8:00 a.m. and 7:00 p.m. ET and Friday between 9:00 a.m. and 6:00 p.m.

Living Benefit Option/Accelerated Benefit Claim

(NOTE: “Living Benefit Option” and “Accelerated Benefit” are different names for the same benefit.)

When Should a Claim be Filed?

Claims should be filed as soon as the claimant is diagnosed as having a qualifying, terminal condition. Please refer to your policy for specific details on the conditions necessary for benefits to become payable.

What Is the Process for Filing a Claim?

The employer:

1. Completes Part 1 of the Statement of Claim for Living Benefits or the Statement of Claim for Accelerated Benefit form.
2. Signs the claim form and includes their title.
3. Gives the claimant: the claim form, the consent form if applicable, and the correct Hartford claim office address shown on the first page of this guide.

The claimant:

1. Reads the disclosure portion of the claim form.
2. Completes Part 2 of the claim form.
3. Has the physician complete the Attending Physician’s Statement portion of the form. Note that question number 10 regarding life expectancy must be completed before the claim can be processed.

NOTE: If policy interests have been assigned to another party, the assignee must file the claim or consent to have the claim reviewed. If payment will be made to someone other than the assignee, a consent form must be completed by the assignee.

4. Sends both completed forms to The Hartford.

Permanent and Total Disability Claim

When Do Benefits Become Payable?

If your group plan includes this provision, an employee who is totally disabled, as determined by Hartford Life, can receive a portion of the Life/AD&D insurance benefit in a lump sum or monthly installments as described in the policy.

When Should a Claim be Filed?

The Policyholder should provide the Employee with a current Waiver of Premium/Permanent and Total Disability Claim form. The Employee should submit the completed claim forms directly to The Hartford's claim office two months prior to the end of the Benefit Elimination Period.

Please refer to the policy booklet-certificate for details regarding the Benefit Elimination Period, age restrictions, filing requirements and conditions that must be met before these benefits become payable.

Important! This benefit is time sensitive. Please be aware that the Policy requires that Notice and Proof of Loss be submitted to The Hartford's Life claim office within the time frame dictated by the Policy. Please note that the standard claim filing deadline is 12 months from the date last worked due to disability. Failure to submit a completed claim within the required time frame may result in claim denial.

What Is the Process for Filing a Claim?

It is the Employer's responsibility to:

1. Complete the "Employer Section" of the Claim for Permanent and Total Disability form.
2. Attach all of the appropriate enrollment forms or screen prints if contributory coverage exists for the employee; then
3. Provide the entire claim application to the employee so he/she can complete the "Employee Section" of the claim form and submit the completed forms to the The Hartford's claim office approximately 2 months prior to the end of the benefit elimination period as stated in the policy.

It is the Employee's responsibility to:

1. Complete the "Employee Section" of the claim form.
2. Complete, sign and date the Authorization to obtain and release information form.
3. Complete and sign a W-9 Request for Taxpayer Identification Number and Certification form The Hartford can accurately report income paid to the claimant.
4. Have the employee's physician complete the Attending Physician's Statement and Physical Capacities Evaluation forms.
5. Complete and sign a Request for Withholding of Tax form, if desired.
6. Return all completed forms to The Hartford before the end of the Waiting period/Elimination period.

Additional Important Information

Premium should continue to be paid through the "Sickness or Injury" continuation period. (Please refer to the Continuation Provisions in your policy booklet-certificate.) This period is typically up to 12 months from the date last worked due to sickness or injury, however, it is important that you review the specific policy booklet-certificate. Upon approval of the benefit, premiums will no longer be required.

If premiums are discontinued any time before the end of the continuation period for sickness or injury and the claim has not been approved, the covered person will have 31 days from the date premiums stop to convert. After 31 days the conversion privilege is lost.

If the claim is approved, the employer and employee will be informed of the effective date when premium payments will be waived as well as the installments amounts and when installments will begin. If the claim is denied, a denial letter will be sent to the claimant with a copy to the employer unless medical information is included in the denial letter. In such case, a denial notification letter will be issued to the employer.

The Hartford should be notified immediately if the employee has been released to return to full-time or part time work. The Permanent and Total Disability claim will terminate immediately.