Notice of Continuation of Coverage

As a terminated employee – or as an active employee or retiree – losing coverage or a portion of coverage for you or your dependents under your employer's Group plan(s), you and/or your dependents may be eligible to continue all or a portion of that coverage without submitting evidence of good health. Potential options are explained below. The specific options available to you are based on the provisions as defined in the Group plan. Included with this notice is a form you can submit to obtain additional information. Based on your selection, you will receive a personalized quote, details on the specific coverage options available to you, and the necessary forms to enroll.

Life Conversion

The Life Conversion option provides the opportunity for you to obtain an individual life insurance policy that accumulates cash value and is offered at individual insurance rates. There are no mandatory age reductions and coverage can continue with premium payment until the Scheduled Maturity Date (standardly age 121) at which time the cash surrender value is paid to the insured.

If coverage is ending because The Hartford Group Life policy is terminating or coverage for a class of employees is terminating, some restrictions may apply. If coverage is ending for any other reason, you can generally convert up to the full amount of your terminating coverage. Conversion is also available to your dependents if they had coverage under your group plan. You may have the option to obtain a one year term policy prior to the permanent life policy becoming effective. Please refer to The Hartford Group Life policy for information. **Premiums for a Life Conversion policy are substantially higher than your Employer Group plan rates.**

Portability

Under the Portability option you may obtain a group life insurance policy to continue 100%, 75%, or 50% of the amount of life insurance coverage (Basic, Supplemental, or both) you had under your Group plan up to a maximum amount, generally $250,000 depending upon the provisions of your Group plan. The Portability policy provides group term coverage and is available to you provided you have not yet reached your Social Security full retirement age. The Portability option may also be available to your dependents if you carried dependent coverage under your employer's group plan and if the group plan includes portability as an option for dependents. The amount of coverage you elect to port is reduced by 75% at age 65 and coverage terminates at age 75. Portability is not available if your employer is terminating the group plan. Note: if you choose to elect the Waiver of Premium provision as outlined in your contract you are not eligible for Portability. The same applies if you choose to elect Portability; Waiver of Premium would not be available. Additional restrictions may also apply. **Premiums for a Life Portability policy may be higher than your Employer Group plan rates and rates increase every five years (years in which your age on your birthday ends in 5 or 0).**

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The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

Attached is a form that contains additional information about continuing coverage. You can use this to request a quote and the necessary forms to enroll.

Please note that there is a designated timeframe during which you can exercise your coverage continuation options. To continue coverage, **you must mail or fax this form to request information within 15 days from the date of this notice or 31 days from your group coverage termination date, whichever is later. Under no circumstances, however, will continuation of coverage be available beyond 91 days from your group coverage termination date. Any issues regarding late notification by your employer must be addressed with the employer.**

If you have questions about this information, your eligibility, or the status of any request you have submitted, please call a representative at **1-877-320-0484.**

The Hartford, Portability and Conversion Unit
P.O. Box 248108
Cleveland, OH 44124-8108
Fax 1-440-646-9339

GROUP LIFE INSURANCE PORTABILITY AND CONVERSION – Side By Side Employee Guide

To decide whether Portability or Conversion is the right choice for your personal situation, you need to understand the differences. We help you see them clearly with our side-by-side comparison. Please visit www.hartford-employee-guide.com to view the complete side-by-side comparison table. If you do not have access to the internet you may obtain a copy of this comparison by calling 1-877-320-0484.

Frequently Asked Questions

Q: If I request a quote, how does The Hartford determine the amount of coverage to quote?
A: The Hartford will contact your employer to obtain the amount of coverage you had in effect under the group plan. The quote is based on this amount as well as applicable plan provisions.

Q: If I receive a quote for coverage, does this mean I qualify for the coverage amount quoted?
A: The amount quoted is not a guarantee that a policy will be issued in that amount. Upon receipt of your application for coverage, The Hartford will perform an eligibility review to determine if the amount of coverage you have requested can be granted based on the coverage you had in effect under the group plan as well as plan provisions.

Q: What is my policy effective date?
A: The effective date of a Life Conversion policy is the 32nd day following the group coverage termination date. The effective date of a Life Portability Policy is the day following group coverage termination date.

Q: If my application for coverage is not approved by the effective date, am I still covered?
A: Yes, if your application is approved, the effective date of your policy will be retroactive to the date indicated above.

Q: I understand that there is no medical underwriting or physical exam required but can I still be denied for coverage?
A: Your request for coverage can be denied if you do not meet the timeliness requirement. You must mail or fax this form to request information within 15 days from the date of this notice or 31 days from your group coverage termination date, whichever is later. Under no circumstances will continuation of coverage be available beyond 91 days from your group coverage termination date. Coverage can also be denied if it exceeds the amount you had in effect under your employer's Group plan or if it does not align with your employer's plan provisions. In addition, any request for coverage that is not available under your employer's Group plan will also be denied.

Q: If I start to work for a new employer and obtain coverage under that employer's Group plan, will that Group coverage impact any conversion or portability policy that I may have purchased?
A: If you obtain coverage under a new employer's Group plan, your portability or conversion policy will remain in effect provided you continue to pay the required premiums. However, benefits payable under conversion policies may be affected by the amount of your other coverage.

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Employer: Rutherford County Government Policy #: 402639

The following information is to be completed by Employer or Employer Representative

Employee Name:_____ Employee ID#:_____ Date:_____

Last Day Worked (or date employee is no longer in an eligible class):_____

Date of Group Coverage Termination:_____ Termination Reason:_____

Signature_____ Print Name_____

Email Address_____ Telephone_____

As noted above, Conversion and Portability options are available without submission of evidence of good health. The rates for Life Conversion will be substantially higher than your employer Group plan rates. The rates for Portability are based on the employer's standard industry code and/or Group plan provisions and may be higher than your employer Group rates. Portability rates increase every 5 years (years in which your age on your birthday ends in 5 or 0).

Employee: To request specific rates and enrollment information, please complete the information below and mail or fax this entire page to:

The Hartford, Portability and Conversion Unit, P.O. Box 248108, Cleveland, OH 44124-8108
Fax 440-646-9339, Phone 877-320-0484

Yes, I am interested in receiving the information checked below.
☐ Life Conversion Quote ☐ Portability Enrollment Form

Please print the following information:

Name:_____ Date of Birth:_____

Social Security # **(indicate last 4 digits only):**_____

Address:_____

City:_____ State: _____ Zip Code:_____

Telephone Number:_____ Email:_____

I am interested in receiving information for the following persons:
☐ Myself ☐ My Spouse ☐ My Child(ren)

Please print the name(s), relationship, and date(s) of birth for each dependent who may be eligible for coverage. Include an additional sheet if necessary.

Name:_____ Relationship:_____ Date of Birth:_____

Name:_____ Relationship:_____ Date of Birth:_____

Name:_____ Relationship:_____ Date of Birth:_____

Name:_____ Relationship:_____ Date of Birth:_____

I understand that I have only 31 days from the date of my group coverage termination OR 15 days from the date of this notice, whichever is later, to complete and submit this form to The Hartford. In no event, however, will my eligibility to continue coverage exceed 91 days from my group coverage termination date.

_____ _____

Signature (required) Date

You may be contacted by a licensed agent

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