



Income Protection

Supplemental Life Insurance

Benefit Fact Sheet for: Staff Leasing Inc.	
Eligibility	You are eligible if you are an active full time Employee who works at least 20 hours per week on a regularly scheduled basis.
Coverage Effective Date	Coverage goes into effect subject to the terms and conditions of the policy. Benefits will be effective the first of the month following 30 days of employment. You must be Actively at Work with your employer on the day your coverage takes effect.
Enrollment Period	You must elect coverage within 31 days of the first of the month following 30 days of employment.
Benefit Amount	You can purchase Supplemental Life Insurance in the amount(s) of \$25,000, \$50,000, \$75,000, \$100,000, \$150,000, or \$200,000. Annual Salary is defined in The Hartford's contract with your employer.
Guaranteed Issue Amount	The guaranteed issue amount is the amount of Insurance that you may elect without providing evidence of insurability. You are eligible to enroll for coverage up to the guaranteed issue amount of \$50,000 - <i>no medical information is required.</i> You must provide evidence of insurability and be approved by The Hartford to receive coverage above the guaranteed issue amount. You may need to complete a Personal Health Application. These are available from The Hartford or your employer.
Benefit Reductions	Your benefits will be reduced by 35% at age 65 and by 50% of the original amount at age 70. All coverage cancels at retirement.
Spouse or Domestic Partner Supplemental Life Insurance	If you elect Supplemental Life Insurance for yourself, you may choose to purchase Spouse or Domestic Partner Supplemental Life Insurance in the amount of 50% of your Employee Voluntary/Supplemental Life Insurance coverage to a maximum of \$100,000. Coverage cannot exceed 50% of the amount of your Employee Voluntary/Supplemental Life Insurance coverage. You may not elect coverage for your Spouse or Domestic Partner if they are an active member of the armed forces of any country or international authority, or is already covered as an Employee under this policy. Your Spouse or Domestic Partner is guaranteed coverage of up to \$12,500. Your Spouse or Domestic Partner must provide evidence of insurability and be approved by The Hartford to receive coverage above the guaranteed issue amount. Your Spouse or Domestic Partner may need to complete a <i>Personal Health Application</i> . These are available from The Hartford or your employer.

Underwritten by Hartford Life Insurance Company. 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. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies: Simsbury, CT. All benefits are subject to the 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.

Staff Leasing Inc.
Newly Eligible
Rev 06/08

Child(ren) Supplemental Life Insurance	<p>If you elect Supplemental Life Insurance for yourself, you may choose to purchase Child(ren) Supplemental Life Insurance coverage in the amount(s) of \$5,000 or \$10,000 for each Child—no medical information is required. You may not elect coverage for your Child if your Child is an active member of the armed forces of any country or international authority.</p> <ul style="list-style-type: none"> • Children must be unmarried and are covered from 14 days to 19 years old or 25 years if they are a full-time student or meet certain other conditions. • Unmarried Children over age 19 may be covered if they are disabled and primarily dependent upon the Employee for financial support.
Conversion	<p>You have the option of converting your group Life coverage to your own individual policy (policies).</p>
Portability	<p>If you leave your employer, Portability is an option that allows you to continue your Life Insurance coverage. To be eligible, you must terminate your employment prior to Social Security Normal Retirement Age. This option allows you to continue all or a portion of your Life Insurance coverage under a separate Portability term policy. Portability is subject to a minimum of \$5,000 and a maximum of \$250,000 and does include coverage for your Spouse or Domestic Partner and Child(ren). To elect Portability, you must apply and pay the premium within 31 days of the termination of your Life Insurance. Evidence of Insurability will not be required.</p>
Living Benefits Option	<p>If you are diagnosed as having a terminal illness with a 12 month life expectancy, the Living Benefits Option allows you to receive an accelerated payment of a portion of your life Insurance. The option is available to individuals with at least \$10,000 in group coverage from The Hartford and is subject to a maximum age limit of 70. You may request a minimum accelerated payment of \$3,000 up to a maximum of 80% of your coverage not to exceed \$250,000. Funds are paid directly to you, with no policy restrictions on how you use them. The remaining benefit is then payable to your beneficiary.</p>
Waiver of Premium	<p>This provision applies if you become totally disabled before 60 and your disability lasts for at least 9 months. You must provide proof of your condition within one year of your last day of work and once we approve, your coverage will continue without payment of premium up to Social Security Normal Retirement Age, as long as you remain totally disabled. The premium for your dependent's coverage will also be waived if you are disabled and approved for waiver of premium. Coverage for your dependents will end if the policy terminates. Payment of premium is required until waiver is approved by The Hartford.</p>

Limitations and Exclusions

As is standard with most term life Insurance plans, death by suicide is covered only after the Employee has been insured for two years. Therefore, if death results from suicide, no benefit will be payable for any Life coverage that became effective within two years of the date of death.

Other exclusions may apply depending upon your coverage. Refer to your policy.

This Benefit Fact Sheet is an overview of the Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Fact Sheet and the Insurance policy, the terms of the Insurance policy apply.

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