

GROUP BENEFITS

Voluntary Life Insurance



Benefit Fact Sheet for:

Colorado Seminary (University of Denver)

Eligibility	You are eligible if you are an active full time appointed 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. In no case will newly elected benefits become effective sooner than 7/1/2005 or first of the month following date of hire. You must be Actively at Work with your employer on the day your coverage takes effect.
Enrollment Period	5/1/2012 through 6/30/2012
Benefit Amount	You can purchase Voluntary Life Insurance in increments of \$10,000. The maximum amount you can purchase cannot be more than the lesser of 5 times your annual Earnings or \$500,000. Annual Earnings are as defined in The Hartford's contract with your employer.
Guaranteed Issue Amount	If you are currently participating in this coverage you may increase your current coverage by \$10,000, not to exceed \$100,000, without providing evidence of good health. If you are electing coverage for the first time, you may elect coverage in the amount of \$10,000. Additional coverage amounts will require evidence of good health that is satisfactory to The Hartford before the excess can become effective.
Benefit Reductions	35% at age 65, 50% of the original amount at age 70, 70% of the original amount at age 75 and 80% of the original amount at age 80, rounded to the next higher \$500. All coverage cancels at retirement.
Spouse Voluntary Life Insurance	If you elect Voluntary Life Insurance for yourself, you may choose to purchase Spouse Voluntary Life Insurance in increments of \$5,000, to a maximum of \$250,000. 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. If you are currently participating in this coverage you may increase your current coverage by \$5,000, not to exceed \$50,000 without providing evidence of insurability. If you are electing coverage for the first time, you may elect coverage in the amount of \$5,000. Additional coverage amounts will require your Spouse or Domestic Partner to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

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Colorado Seminary (University of Denver)
Enrollment Period 5/1/2012 - 6/30/2012
Rev 03/08

**Prepare Today.
Help Protect Tomorrow.**

Child(ren) Voluntary Life Insurance	<p>If you elect Voluntary Life Insurance for yourself - You may choose to purchase Child(ren) Voluntary Life Insurance coverage in increments of \$2,500 to a maximum of \$10,000 for each Child— <i>no medical information is required</i>. 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"> • Child(ren) must be unmarried and are covered from Live Birth to 19 years old or 25 years if they are a full-time student or meet certain other conditions. • Unmarried Child(ren) 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 \$500,000 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 60. You may request a minimum accelerated payment of \$3,000 up to a maximum of 80% of your coverage not to exceed \$500,000. 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 6 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. 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.

Voluntary Accidental Death and Dismemberment Insurance



Benefit Fact Sheet for:

Colorado Seminary (University of Denver)

Eligibility	You are eligible if you are an active Full Time Appointed employee who works at least 20 hours per week on a regularly scheduled basis.
Enrollment Period	5/1/2012 through 6/30/2012
Coverage Effective Date	Coverage goes into effect subject to the terms and conditions of the policy. In no case will newly elected benefits become effective sooner than 7/1/2005 or first of the month following date of hire. You must be Actively at Work with your employer on the day your coverage takes effect.
Benefit Amount	<p>You can purchase Voluntary Accidental Death and Dismemberment Insurance in increments of \$10,000.</p> <p>The maximum amount you can purchase cannot be more than 10 times your annual Earnings or \$500,000. Earnings are as defined in The Hartford's contract with your employer.</p>
Voluntary Accidental Death and Dismemberment Insurance	<p>You may receive benefits due to certain losses or death from an accident. The covered losses or death can occur up to 365 days after that accident. The policy pays for:</p> <ul style="list-style-type: none"> • 100% of the amount of coverage you purchase in the event of accidental loss of life, or speech and hearing in both ears. • One-half (50%) for accidental loss of one hand or foot, sight of one eye, or speech or hearing in both ears. • One-quarter (25%) for accidental loss of thumb and index finger of the same hand. <p>Additionally, your Employer may have elected optional/supplemental benefits as part of your AD&D coverage. Refer to the certificate of Insurance for further information.</p> <p>Your total benefit for all losses due to the same accident will not be more than 100% of the amount of coverage you purchase.</p>

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<p>Dependent Coverage</p>	<p>You may also choose Voluntary Accidental Death and Dismemberment Insurance for your Spouse or Domestic Partner and/or dependent Children. Dependent coverage is available only when you elect coverage for yourself.</p> <p>You may choose Voluntary Accidental Death and Dismemberment Insurance for your Spouse or Domestic Partner in the following amounts:</p> <ul style="list-style-type: none"> • 60% of the amount you select for yourself if you do not have any Children whom you cover under this Voluntary Accidental Death and Dismemberment Insurance policy. • 50% if you have Children whom you cover under this Voluntary Accidental Death and Dismemberment Insurance policy <p>You may not elect coverage for your Spouse if your Spouse or Domestic Partner is already covered as an Employee under this policy.</p> <p>You may choose guaranteed Voluntary Accidental Death and Dismemberment Insurance for each Child up to age 19 (age 25 if a student) in the following amounts:</p> <ul style="list-style-type: none"> • 15% of the amount you select for yourself if you do not have a Spouse or Domestic Partner whom you cover under this Voluntary Accidental Death and Dismemberment Insurance policy • 10% if you have a Spouse or Domestic Partner whom you cover under this Voluntary Accidental Death and Dismemberment Insurance policy
<p>Benefit Reductions</p>	<p>35% at age 65, 50% of the original amount at age 70, 70% of the original amount at age 75 and 80% of the original amount at age 80</p>

Limitations and Exclusions

Voluntary Accidental Death and Dismemberment Insurance includes limitations and exclusions, including losses caused by or contributed by:

- Sickness; disease; or any treatment for either;
- Any infection, except certain ones caused by an accidental cut or wound;
- Intentionally self-inflicted injury, suicide or suicide attempt;
- War or act of war, whether declared or not;
- Injury sustained while in the armed forces of any country or international authority;
- Taking prescription or illegal drugs unless prescribed for or administered by a licensed physician;
- Injury sustained while committing or attempting to commit a felony;
- The injured person's intoxication.

This Benefit Fact Sheet and the Enrollment Form explain the general purposes of the Insurance described, but in no way change or affect the policy as actually issued. In the event of any discrepancy between any of these documents and the policy, the terms of the policy apply. Complete coverage information is in the certificate of Insurance booklet issued to each insured individual. Please read it carefully and keep it in a safe place with your other important papers.

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