



Notice of Conversion

Important Notice regarding your coverage: If you are an active employee, terminated employee, retiree or dependent who may be faced with losing all coverage or even a portion of your coverage under your employer's Group life plan(s), you and/or your dependents may be eligible to continue the lost amount of coverage without submitting evidence of good health. **You are receiving this notice as a result of experiencing one of the following events: your employment status has changed, marital status has changed, you or a dependent has experienced an age reduction or maximum age limit, you have retired or you have reached the end of an employer sponsored continuation provision. You have options to retain this important coverage that 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. You will receive details on the specific coverage options available to you, receive a quote, and the necessary forms to obtain coverage.

Standalone Accidental Death and Dismemberment (SAAD&D) Conversion

Under this conversion option, you may convert your Employer Group Standalone Accidental Death and Dismemberment coverage to a group conversion policy. Subject to certain limitations and exclusions, this policy covers you against death and dismemberment caused by an accident, 24 hours a day anywhere in the world, whether you are traveling or are at work or play. The Principal Sum you elect to convert cannot exceed the lesser of the Principal Sum you carried under your group plan or the state maximum shown below. Coverage automatically decreases to \$25,000 upon reaching age 70 and to \$12,500 upon reaching age 75. The conversion option may be available to your dependents if you carried dependent coverage under your employer's group plan. **Premiums for a Standalone Accidental Death and Dismemberment Conversion policy are higher than your Employer Group plan rates.**

Non-NY Residents may choose any amount between \$25,000 and \$250,000 in \$1,000 increments not to exceed the amount of coverage carried under the group plan. Rates increase upon reaching age 75. You are not subject to an age limit.

NY Residents ONLY may choose any amount between \$10,000 and \$100,000 in \$10,000 increments not to exceed the amount of coverage carried under the group plan. Rates will not increase and you are not subject to an age limit.

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. This request must be received by The Hartford within 91 days from the employee's group coverage termination date. Requests received more than 91 days after the employee's group coverage terminates will be denied. Any issues regarding late notification by your employer must be addressed with your 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 43786
Cleveland, OH 44143-0786

Fax 1-440-646-9339

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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 an SAAD&D policy is the day following the 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 91 days from the employee's group coverage termination date. **This request must be received by The Hartford within 91 days from the coverage termination date. Requests received more than 91 days after the employee's group coverage terminates will be denied.** 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 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: _____ Policy #: _____

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 _____

E-mail Address _____ Telephone Number _____

The rates for Standalone AD&D Conversion will be higher than your employer Group plan rates.

**Employee: To request a specific quote and application, please complete the information below and mail or fax this entire page to:
The Hartford, Portability and Conversion Unit, P.O. Box 43786, Cleveland, OH 44143-0786
Fax 440-646-9339, Phone 877-320-0484**

Yes, I am interested in receiving the information checked below.

SAADD Quote/Application

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: _____

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Signature (required)

Date

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