State Notices

IMPORTANT INFORMATION FOR RESIDENTS OF CERTAIN STATES: There are state-specific requirements that may change the provisions described in the group insurance certificate. If you live in a state that has such requirements, those requirements will apply to your coverage. State-specific requirements that may apply to your coverage are summarized below. In addition, updated state-specific requirements are published on our website. You may access the website at https://www.thehartford.com/. If you are unable to access this website, want to receive a printed copy of these requirements, or have any questions or complaints regarding any of these requirements or any aspect of your coverage you may contact us as follows:

The Hartford
Group Benefits Division, Customer Service
P.O. Box 2999
Hartford, CT 06104-2999
1-800-523-2233

We have contracted with an independent Third Party Administrator (TPA) to provide administrative services under the policy, you may contact your TPA at:
<Insert appropriate TPA office, address telephone number and email address in bold font >

If you have a complaint and contacts between you, us, your agent, or another representative have failed to produce a satisfactory solution to the problem, some states require we provide you with additional contact information. If your state requires such disclosure, the contact information is listed below with the other state requirements and notices.

We are providing notice that Hartford Life and Accident Insurance Company is subject to economic and trade sanctions laws and regulations. These laws and regulations, including the laws and regulations administered and enforced by the United States Department of the Treasury's Office of Foreign Assets Control ("OFAC"), prevent Hartford Life and Accident from providing coverage to, and from paying benefits to, entities and individuals where prohibited by applicable law. In addition, these laws and regulations prohibit certain activities with respect to certain countries.

We have included this information to make you aware of the existence and potential impact of these economic and trade sanctions programs on your benefit program.

The Hartford complies with applicable Federal civil rights laws and does not unlawfully discriminate on the basis of race, color, national origin, age, disability, or sex. The Hartford does not exclude or treat people differently for any reason prohibited by law with respect to their race, color, national origin, age, disability, or sex.

If your policy is governed under the laws of Maryland, any of the benefits, provisions or terms that apply to the state you reside in as shown below will apply only to the extent that such state requirements are more beneficial to you.

Alaska:

1. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, does not apply to you.

Arizona:

1. **NOTICE:** The Certificate may not provide all benefits and protections provided by law in Arizona. Please read the Certificate carefully.

Arkansas:

1. **NOTICE:** You have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:
   Arkansas Insurance Department
   1 Commerce Way, Suite 102
   Little Rock, AR 72202

California:

1. **NOTICE:** This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law .
2. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, does not apply to you.
3. **For Your Questions and Complaints:**
   State of California Insurance Department

Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, CA 90013
Toll Free: 1(800) 927-HELP
TDD Number: 1(800) 482-4833
Web Address: www.insurance.ca.gov

Colorado:

1. The continuously insured exclusion period, described in the **Pre-Existing Condition Limitation** provision, if included in the **Limitations and Exclusions** section of the **Certificate**, is six (6) months.
2. The **Claim Appeal** provision will always include the following:

   If a claim for benefits has been denied in whole or in part and all administrative remedies have been exhausted, the claimant is entitled to have the claim reviewed de novo (from the beginning) in any court with jurisdiction and to a trial by jury.
3. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, does not apply to you.

Connecticut:

NOTE: The following only apply to the Critical Illness (CI) Rider, if available under Your plan design.

1. **NOTICE:** CAUTION! THE CRITICAL ILLNESS RIDER PROVIDES LIMITED COVERAGE. IT IS NOT A MAJOR MEDICAL RIDER. READ IT CAREFULLY. IT ONLY PAYS BENEFITS UPON DIAGNOSIS OF THE CRITICAL ILLNESSES LISTED IN THE CRITICAL ILLNESS (CI) RIDER SCHEDULE.
2. The **Spouse** and **Dependent Child** amount, if shown in the **Critical Illness (CI) Rider**, will never be less than 25% of the Primary Insured amount.
3. The waiting period, if shown in the **Critical Illness (CI) Rider,** will not be applied to any unrelated or different illness that may occur.

Florida:

1. **NOTICE: The benefits of the policy providing you coverage may be governed primarily by the laws of a state other than Florida.**

Georgia:

1. **NOTICE:** The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family abuse.

Idaho:

1. For Your Questions and Complaints:
   Idaho Department of Insurance
   Consumer Affairs
   700 W State Street, 3rd Floor
   PO Box 83720
   Boise, ID 83720-0043
   Toll Free: 1-800-721-3272
   Web Address: www.DOI.Idaho.gov
2. You are entitled to receive benefits for up to 31 days for any covered period of **Hospital Confinement**, unless if shown as higher in the Benefits section of the Certificate.
3. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable to you.
4. The voluntary intoxication exclusion(s), if shown the **Limitations and Exclusions** section of the Certificate, are not applicable to you.
5. The voluntary commission to commit a felony exclusion, if shown in the **Limitations and Exclusions** section of the Certificate, is replaced to read as “participation in a felony, riot, or insurrection.
6. The **Benefit Waiting Period**, if shown in the **Limitations and Exclusions** section Certificate, is not applicable to you. A reduced benefit, equal to 25% of the benefit amount shown in the **Benefit Schedule**, will be payable during this time period.
7. **NOTICE:** The **Accidental Death & Dismemberment (AD&D) Rider** is an Accident-only rider and it does not pay benefits for loss from sickness. Review Your rider carefully.

8. **Notice to Buyer: This is a hospital confinement indemnity certificate. This certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.**
9. **THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the 'Guide to Health Insurance for People with Medicare' available from Us.**

NOTE: The following only apply to the Critical Illness (CI) Rider, if available under Your plan design.

10. **NOTICE:** The **Critical Illness (CI) Rider** is a specified disease rider. The rider provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your rider carefully.
11. The **CI Benefit Waiting Period**, if shown in the **Critical Illness (CI) Rider**, is not applicable. A reduced benefit, equal to 25% of the benefit amount shown in the rider **Benefit Schedule**, will be payable during this time period.
12. The **Amount of CI Principal Sum**, shown in the **Critical Illness (CI) Rider**, will be payable as an increment of $1,000; if not already shown as such.
13. The **Treatment** period described in the **Pre-Existing Condition for Critical Illness** definition, if shown in the **Definitions** section of the **Critical Illness (CI) Rider**, is six (6) consecutive months, unless if shown as less in the rider.

Illinois:

1. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable to you
2. You may file a consumer complaint online at the Illinois Department of Insurance's website or by mail. The Department maintains a Consumer Division in Chicago at 115 S. Lasalle Street, 13th Floor, Chicago, Illinois 60603; and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.

   This notice is to advise you that should any complaints arise regarding this insurance, you may contact the following:
   Illinois Department of Insurance
   320 W. Washington Street
   Springfield, Illinois 62767-0001

   Illinois Department of Insurance
   115 S. LaSalle Street
   13th Floor
   Chicago, Illinois 60603

   Consumer Complaints: DOI.Complaints@illinois.gov; toll-free: 1(866) 445-5364
   Officer of Consumer Health Insurance: DOI.Complaints@illinois.gov; toll-free: 1(877) 527-9431
3. In accordance with Illinois law, insurers are required to provide the following NOTICE to applicants of insurance policies issued in Illinois.

STATE OF ILLINOIS
The Religious Freedom Protection and Civil Union Act
Effective June 1, 2011

The Religious Freedom Protection and Civil Union Act ("the Act") creates a legal relationship between two persons of the same or opposite sex who form a civil union. The Act provides that the parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the laws of Illinois to spouses. The law further provides that a party to a civil union shall be included in any definition or use of the terms "spouse," "family," "immediate family," "dependent," "next of kin," and other terms descriptive of spousal relationships as those terms are used throughout Illinois law. This includes the terms "marriage" or "married," or variations thereon. Insurance policies are required to provide identical benefits and protections to both civil unions and marriages. If policies of insurance provide coverage for children, the children of civil unions must also be provided coverage. The Act also requires recognition of civil unions or same sex civil unions or marriages legally entered into in other jurisdictions.

For more information regarding the Act, refer to 750 ILCS 75/1 et seq. Examples of the interaction between the Act and existing law can be found in the Illinois Insurance Facts, Civil Unions and Insurance Benefits document available on the Illinois Department of Insurance's website at ww.insurance.illinois.gov.

Indiana:

1. Questions regarding your policy or coverage should be directed to:
   Hartford Life and Accident Insurance Company 1-800-523-2233
   If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the department of Insurance by mail, telephone or email:
   State of Indiana Department of Insurance
   Consumer Services Division
   311 West Washington Street, Suite 300
   Indianapolis, Indiana 46204
   Consumer Hotline: (800) 622-4461; (317) 232-2395
   Complaints can be filed electronically at www.in.gov/idoi

Kansas:

1. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable to you.

Maine:

1. **NOTICE:** THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the Company. If You have a Medicare supplement policy or major medical policy, this coverage may be more than You need. For information call the Bureau of Insurance at 1-800-300-5000.
2. The laws of the State of Maine require notification of the right to designate a third party to receive notice of cancellation, to change such a designation and, to have the Policy reinstated if the insured suffers from cognitive impairment or functional incapacity and the ground for cancellation was the insured's nonpayment of premium or other lapse or default on the part of the insured.
   Within 10 days after a request by an insured, a Third Party Notice Request Form shall be mailed or personally delivered to the insured.
3. The voluntary intoxication exclusion, if shown in the **Limitations and Exclusions** section of the Certificate, is only applicable to narcotics or hallucinogenic drugs unless administered or taken under the instruction of a Physician.
4. We are required reinstate coverage terminated due to nonpayment of premium within 90 days to any person who was cognitively impaired or suffered from functional incapacity at the time of cancellation; provided we receive all current and late premiums within 15 days of our request for such payment.
5. You are entitled to receive $50 per day for any period of Hospital Confinement, unless if shown as higher in the **Benefit Schedule** section of the Certificate.

NOTE: The following only apply to the Critical Illness (CI) Rider, if available under Your plan design.

6. The **Treatment** period described in the **Pre-Existing Condition for Critical Illness** definition, if shown in the **Definitions** section of the **Critical Illness (CI) Rider**, is six (6) months, unless if shown as less in the rider.
7. The continuously insured exclusion period, described in the **Pre-Existing Condition Limitation for Critical Illness provision**, if included in the **Limitations and Exclusions** section of the **Critical Illness (CI) Rider**, is six (6) months.

Maryland:

1. **NOTICE:** The group insurance Policy providing coverage under the Certificate may have been issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

Massachusetts:

1. **NOTICE:** The certificate, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance. Please see below for additional information.
   MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

   As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).
   The plan is not intended to provide comprehensive health care coverage and **does not meet Minimum Creditable Coverage standards**, even if it does include services that are not available in the insured's other

health plans.

NOTE: The following only apply to the Critical Illness (CI) Rider, if available under Your plan design.

2. The **Treatment** free period described in the **Pre-Existing Condition for Critical Illness** definition, if shown in the **Definitions** section of the **Critical Illness (CI) Rider**, is six (6) months, unless if shown as less.
3. The continuously insured exclusion period, described in the **Pre-Existing Condition Limitation for Critical Illness provision**, if included in the **Limitations and Exclusions** section of the **Critical Illness (CI) Rider**, is six (6) months.

Michigan:

1. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable to you.

Missouri:

1. The suicide and intentional self-infliction exclusion, if shown in the **Limitations and Exclusions** section of the Certificate is only applicable to an insured that is sane at the time of the action.

Minnesota:

1. We are required to automatically cover without notification any newborn or newly acquired children from the moment of birth or date of acquisition provided **Dependent** coverage is included in the Certificate. Any back premium due to non-notification will be required prior to payment of claim.
2. **Dependent Child(ren)**, as shown in the Definitions section of the Certificate, are eligible for coverage up to age 26.
3. Benefits will be paid immediately upon receipt of **Proof of Loss.**
4. The suicide or attempted suicide exclusion, if shown in the **Limitations and Exclusions** section of the Certificate, is not applicable to you; however intentional self-inflicted injury still applies.

Mississippi:

1. We are required to give the Policyholder at least 60 days' notice of any increase in premium rates.

Montana:

1. **NOTICE:** The Certificate is delivered in and governed by the laws of the state of Montana.
2. You are entitled to cover Your **Dependent Child,** if available under the Policy, up to age 25, unless if shown as higher in the **Definitions** section of the Certificate.
3. The definition of **Physician** in the **Definitions** section will include the following freedom of choice language: You have full freedom of choice in the selection of any health care provider for Treatment for any illness or injury within the scope and limitations of his or her practice, including licensed physician; physician assistant; dentist; osteopath; chiropractor; optometrist; podiatrist; psychologist; licensed social worker; licensed professional counselor; licensed marriage and family therapist; acupuncturist; naturopathic physician; physical therapist; advanced practice registered nurse or licensed marriage and family therapist.
4. We are required by Montana state law to automatically cover any new or newly acquired dependent child for 31 days from the date of birth or acquisition.
5. State law allows us the right to recover from you any overpayment, as shown in the **General Provisions** section of the Certificate, provided We request such amount within 6 months following payment of claim.

NOTE: The following only apply to the Critical Illness (CI) Rider, if available under Your plan design.

6. The **Treatment** period described in the **Pre-Existing Condition for Critical Illness** definition, if shown in the **Definitions** section of the **Critical Illness (CI) Rider**, is six (6) months, unless if shown as less in the rider.

Nebraska:

1. Written denial of claim, as shown in the **General Provisions** section of the Certificate, will be sent to the claimant within 15 days of the determination.

Nevada:

1. The voluntary intoxication exclusion(s), if shown in the **Limitations and Exclusions** section of the Certificate are not applicable to you.

New Hampshire:

1. **Dependent Child(ren)**, if covered under the Policy, are eligible for coverage up to age 26 regardless of his/her marital status.

2. The **Treatment** period described in the **Pre-Existing Condition** definition, if shown in the **Definitions** section of the **Certificate**, is six (6) months, unless if shown as less in the rider.
3. The continuously insured exclusion period, described in the **Pre-Existing Condition Limitation** provision, if included in the **Limitations and Exclusions** section of **the Certificate,** is six (6) months.
4. The following exclusions, if shown in the **Limitations and Exclusions** section of the Certificate are not applicable to you:
   - voluntary intoxication (as defined by the law of the jurisdiction in which the Illness or Injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instruction of a Physician or Medical Professional;
   - voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
   - voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations) or voluntary Participation in a Riot;
   - ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing;
   - participation in any organized sport in a professional or semi-professional capacity;
   - participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities;
   - pregnancy or childbirth, except Complications of Pregnancy;
   - elective abortion or complications thereof;
   - artificial insemination, in vitro fertilization, test tube fertilization;
   - sterilization, tubal ligation or vasectomy, and reversal thereof;
   - aroma therapeutic, herbal therapeutic, or homeopathic services;
   - medical mishap or negligence on the part of any Physician, Medical Professional, or Therapist, including malpractice;
   - Confinement, Treatment, supplies or services provided by, through or, on behalf of any government agency or program; unless payment is required by a Covered person;
   - Custodial Care, unless specifically allowed by a benefit provision in this Certificate or any rider attached to the Policy (if applicable);
5. There is no defined time period from which You must submit **Proof of Loss** should You be unable to reasonably provide it within the first 90 days.
6. A hospital confinement minimum daily benefit amount can not be less than $50 per Covered Person and payable for a confinement period of up to 61 days per Covered Person, unless if shown as higher in the Benefits section of the Certificate
7. The following **Extension of Coverage While Disabled** provision is added to the **Extension of Coverage** section of the Certificate:

   Extension of Coverage While Disabled

   If You are Disabled when coverage would otherwise terminate because:
   1) You are no longer in an Eligible Class; or
   2) the Policy terminated;

   coverage will be extended for 90 days with continued payment of premium after it would otherwise terminate, while Disability continues. Extended coverage will be limited to Hospital Confinements commencing for the Injury or Illness causing the Disability.

   The following definitions apply to this provision:

   Disabled, Disability means that a significant change in Your mental or physical functional capacity has occurred, as a result of which You are:
   1) continuously unable to perform the Material Duties of any occupation for which You are or may reasonably become qualified based on education, training or experience; or
   2) prevented from engaging in the normal activities of a person of like age and gender in good health.

   At all times while Disabled, You must be under the care of a Physician or Medical Professional.

   Material Duties means the essential functions, operations and tasks relating to an occupation, as it is normally performed in the general labor market in the United States economy that cannot be reasonably modified or omitted.

8. If You or Your Spouse notify Us of active duty service or training, We will refund any premiums paid for any period for which no coverage is provided as a result of the exclusion.
9. **Notice:** This is a Limited Policy - Read it Carefully

New Mexico:

1. **NOTICE TO CONSUMER: This is a limited benefit health plan. The benefits provided are supplemental to, and not a substitute for, major medical coverage, even in combination with other limited benefits plans. To apply for an individual or small-group major medical plan, please visit the website of the New Mexico Health Insurance Exchange at www.bewellnm.com or call 1-833-3935 (TTY: 711)**
2. We are required by New Mexico state law to make benefit payments directly to the human services department if:
   a. the human services department has paid or is paying benefits on behalf of the Covered Person under the state's Medicaid program pursuant to Title XIX of the federal Social Security Act, 42 U.S.C. 1396, et seq.; or
   b. payment for the services in question has been made by the human services department to the Medicaid provider; and
   c. We are notified that the Covered Person receives benefits under the Medicaid program.
3. An unmarried **Dependent Child** is eligible for coverage up to age 25; unless if shown as higher in the Definitions section of the Certificate.

New York:

1. **NOTICE: Limited Benefits Health Insurance.** The insurance evidenced by this Certificate provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical, major medical, Medicare supplement, long term care insurance, nursing home insurance only, home care insurance only, or nursing home and home care insurance as defined by the New York State Department of Financial Services.
2. The following exclusions, if shown in the **Limitations and Exclusions** section of the Certificate are not applicable to you:
   - voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
   - incarceration or imprisonment following conviction of a crime;
   - ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing;
   - participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities;
   - elective abortion or complications thereof;
   - artificial insemination, in vitro fertilization, test tube fertilization;
   - sterilization, tubal ligation or vasectomy, and reversal thereof;
   - aroma therapeutic, herbal therapeutic, or homeopathic services;
   - medical mishap or negligence on the part of any Physician, Medical Professional, or Therapist, including malpractice;
3. The suicide and intentional self-infliction exclusion, if shown in the **Limitations and Exclusions** section of the Certificate, is amended to exclude references of “sane or insane”.
4. The “voluntary participation in illegal activities” exclusion, if shown in the **Limitations and Exclusions** section of the Certificate, is not applicable to You;
5. The “travel or activity outside of the United States or Canada” exclusion, if shown in the **Limitations and Exclusions** section of the Certificate, is expanded to include all U.S. possessions and Mexico;
6. The definition of **Injury or Injuries,** if shown in the **Definitions** section of the Certificate, is updated to exclude harm or bodily damage caused by violent or external means.
7. The **Treatment** period described in the **Pre-Existing Condition** definition, if shown in the **Definitions** section of the Certificate, is six (6) months, unless if shown as less in the rider;
8. The continuously insured exclusion period, described in the **Pre-Existing Condition Limitation** provision, if

included in the **Limitations and Exclusions** section of the Certificate**,** is six (6) months;

9. We must provide the required forms to submit proof of loss within 15 days after we receive notice of claim under the Policy. If we do not provide these forms this time period, then the time requirements described in the **Proof of Loss** provision, in the **Claims Provisions** section of the Certificate will be considered to have been met.
10. Foster children, if shown in the **Dependent Child(ren)** definition in the **Definitions** section of the Certificate, are not not eligible for coverage under the Policy pursuant to New York state law.
11. Marital status will not impact a **Dependent Child's** eligibility for coverage under The Policy.
12. A **Dependent Child**, if shown in the **Definitions** section of the Certificate, is eligible to continue coverage if he/she is incapable of self-sustaining employment because of a mental illness, developmental disability, mental retardation as defined in the mental hygiene law, or physical disability;
13. We are required by law to extend a Covered Person by at least 31 days if he/she is disabled at the time his/her coverage terminates under the Policy.
14. The definition of Hospital, as shown in the Definitions section of the Certificate is not applicable to You. The following definition is applicable to You:

    Hospital means a short-term, acute, general hospital, which:
    1) licensed to operate as a hospital pursuant to law;
    2) is primarily engaged in providing, by or under the continuous supervision of a staff of licensed physicians, diagnostic services and therapeutic services for diagnosis, Treatment and care of sick or injured persons;
    3) has organized departments of medicine and major surgery;
    4) has a requirement that every patient must be under the care of a physician or dentist;
    5) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of the United States Public La 89-97 (42 USCA 1395x(k));
    6) provides 24-hour nursing service by or under the supervision of registered nurses (RNs); and
    7) is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholic, or a place for convalescent, custodial, educational or rehabilitory care.
15. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate is not applicable to You.
16. A Spouse, if shown in the Definitions section of the Certificate, may include the Covered Person's affidavit domestic partner provided it is demonstrated that there is a unilateral economic dependency or mutual economic interdependency and evidence of such requirements is submitted to Us.
17. A Spouse, if shown in the **Definitions** section of the **Certificate**, may include individual who is a partner to a Covered Person in a civil union or other relationship as recognized and allowed by the applicable law of the Covered Person's residence jurisdiction provided evidence of such requirements is submitted to Us.
18. The **Disclosure of Services** provision, if shown in the **Benefit Schedule**, is not applicable to You.
19. We may not use any statement from a Covered Person to contest insurability unless it is material, in writing, and signed by the person making the statement.

North Carolina:

1. **NOTICE: Important Cancellation Information – Please Read the Provision Entitled Termination of Coverage, NO RECOVERY FOR PRE-EXISTING CONDITIONS - READ CAREFULLY**.
2. **NOTICE:** The Certificate of Insurance provides all of the benefits mandated by the North Carolina Insurance Code, but is issued under a group master policy located in another state and may be governed by that state's laws.
3. **NOTICE:** UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, FINANCIAL AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP LIFE INSURANCE, GROUP HEALTH OR GROUP HEALTH PLAN PREMIUMS, SHALL:
    1. CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP LIFE INSURANCE, GROUP HEALTH INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSON INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT; AND
    2. WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. VIOLATION OF THIS LAW IS A

FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

3. **NOTICE**: NO RECOVERY FOR **PRE-EXISTING CONDITIONS** – READ CAREFULLY. No benefits will be provided during the **Pre-Existing Condition Limitation** period of the Policy **for Pre-Existing Conditions,** if defined in the Certificate.
4. The **Statements** provision, as shown in the **General Provisions** section of the Certificate, is not applicable to statements made with the intent to defraud.
5. **Proof of Loss** must be sent to Us within 180 days after the date of loss.
6. Benefits payable under this Certificate will be paid immediately upon Our receipt of due written **Proof of Loss**.

Oregon:

1. A child is not required to be living with You or claimed as a dependent on Your or Your Spouse's tax return in order be eligible for **Dependent Child(ren)** coverage, if available in the **Definitions** section of the Certificate.

Pennsylvania:

1. **NOTICE: If You or any Dependents have received medical care or advice within the past 90 days for a disease or physical condition, You, he, or she will not be covered for such disease or physical condition until You, he or she has been covered for one year under this contract. This exclusion, however, only applies to a disease or physical condition for which medical care or advice has been received in the past 90 days.**

Rhode Island:

1. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable.

South Dakota:

1. **NOTICE:** THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company
2. The definition of **Physician,** in the **General Definitions** section of the Certificate, does not include a Family Member unless the Family Member is the only doctor in the area and is acting within the scope of his/her practice.

NOTE: The following only apply to the Critical Illness (CI) Rider, if available under Your plan design.

3. The **Treatment** free period described in the **Pre-Existing Condition for Critical Illness** definition, if shown in the **Definitions** section of the **Critical Illness (CI) Rider**, is six (6) months, unless if shown as less.
4. South Dakota state law prohibits insurers from excluding payment of benefits if an insured was under the influence of alcohol or drugs at the time of the injury or limiting coverage to injury that occurs to sound or natural teeth only.
5. The **Accidental Death and Dismemberment (AD&D) Rider**, if included, will not exclude coverage for voluntary inhalation of a poisonous gas.
6. The **Treatment** free period described in the **Pre-Existing Condition for Critical Illness** definition, if shown in the **Definitions** section of the **Critical Illness (CI) Rider**, is six (6) months, unless if shown as less.

Tennessee:

1. **Complications of Pregnancy**, shown in the **Definitions** section of the Certificate is inclusive of elective caesarean section, multiple gestation pregnancy and pre-eclampsia

Texas:

1. The **Disclosure of Services** provision, if shown in the **Benefit Schedule** of the Certificate, is not applicable to you.
2. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable.
3. **NOTICE:**

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

Hartford Life and Accident Insurance Company
To get information or file a complaint with your insurance company:

Call: Customer Service at 860-547-5000

Toll-free: 1-800-523-2233

Online: https://www.thehartford.com/contact-the-hartford
Email: GBD.Customerservice@hartfordlife.com
Mail: The Hartford, Group Benefits Division, P.O. Box 2999, Hartford, CT 06104-2999

The Texas Department of Insurance
To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov
Mail: MC 111-1A, P.O. Box 12030, Austin, TX 78711-2030

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros. Si no lo hace, podría perder su derecho para apelar.

Hartford Life and Accident Insurance Company
Para obtener información o para presentar una queja ante su compañía de seguros:

Llame a: servicio al cliente al 860-547-5000

Teléfono gratuito: 1-800-523-2233

En línea: https://www.thehartford.com/contact-the-hartford
Correo electrónico: GBD.Customerservice@hartfordlife.com
Dirección postal: The Hartford, Group Benefits Division, P.O. Box 2999, Hartford, CT 06104-2999

El Departamento de Seguros de Texas
Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov
Correo electrónico: ConsumerProtection@tdi.texas.gov
Dirección postal: MC 111-1A, P.O. Box 12030, Austin, TX 78711-2030

Utah:

1. You are entitled to receive benefits for up to 31 days and at least $50.00 per day for any covered period of Hospital Confinement, unless if shown as higher in the **Benefit Schedule** and **Benefits** sections of the Certificate.
2. Any requirement that a Covered Person be charged by the medical facility does not apply to confinement in a Veteran's Administration Hospital or other Federal Government Hospital.

NOTE: The following only apply to the Critical Illness (CI) Rider, if available under Your plan design.

3. **NOTICE TO BUYER:** THE **CRITICAL ILLNESS (CI) RIDER** IS A SPECIFIED DISEASE RIDER. THIS RIDER PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. READ YOUR RIDER CAREFULLY WITH THE OUTLINE OF COVERAGE AND THE BUYER'S GUIDE.
4. **Notice:** The Critical Illness (CI) Rider may include age reductions. Please review the rider carefully.
5. The **CI Benefit Waiting Period**, if shown in the **Critical Illness (CI) Rider**, will never exceed 30 days.
6. The **Treatment** free period described in the **Pre-Existing Condition for Critical Illness** definition, if shown in the **Definitions** section of the **Critical Illness (CI) Rider**, is six (6) months, unless if shown as less.
7. The continuously insured exclusion period, described in the **Pre-Existing Condition Limitation for Critical Illness** provision, if included in the **Limitations and Exclusions** section of the **Critical Illness (CI) Rider,** is six (6) months.

Vermont:

1. The **Policy Interpretation** provision, if shown in the **General Provisions** sections of the Certificate, does not apply to you.
2. Any requirement that a Covered Person be charged by the medical facility does not apply to confinement in a Veteran's Administration Hospital or other Federal Government Hospital.
3. The following exclusions, if included in the Limitations and Exclusions section of the Certificate, are not applicable to you:
   - suicide or attempted suicide, while insane;
   - voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
   - voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary Participation in a Riot, or voluntary engagement in an illegal occupation;
   - ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing;
   - participation in any organized sport in a professional or semi-professional capacity;
   - participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities;
   - elective abortion or complications thereof;
   - artificial insemination, in vitro fertilization, test tube fertilization;
   - sterilization, tubal ligation or vasectomy, and reversal thereof;
   - aroma therapeutic, herbal therapeutic, or homeopathic services;
   - any Mental and Nervous Disorder, unless specifically allowed by a provision of this Certificate;
   - Substance Abuse, unless specifically allowed by a provision of this Certificate;
   - medical mishap or negligence on the part of any Physician, Medical Professional, or Therapist, including malpractice;
4. **NOTICE:** The following applies to you:
   Purpose: Vermont law requires that health insurers offer coverage to parties to a civil union that is equivalent to coverage provided to married persons.

   Definitions, Terms, Conditions and Provisions: The definitions, terms, conditions or any other provisions of the policy, contract, certificate and/or riders and endorsements are hereby superseded as follows:
   1. Terms that mean or refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as "marriage", "spouse", "husband", "wife", "dependent", "next of kin", "relative", "beneficiary", "survivor", "immediate family" and any other such terms, include the relationship created by a civil union established according to Vermont law.
   2. Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage", "divorce decree", "termination of marriage" and any other such terms include the inception or dissolution of a civil union established according to Vermont law.
   3. Terms that mean or refer to family relationships arising from a marriage, such as "family", "immediate family", "dependent", "children", "next of kin", "relative", "beneficiary", "survivor" and any other such terms include family relationships created by a civil union established according to Vermont law.
   4. "Dependent" means a spouse, a party to a civil union established according to Vermont law, and a child or children (natural, stepchild, legally adopted or a minor or disabled child who is dependent on the insured for

support and maintenance) who is born to or brought to a marriage or to a civil union established according to Vermont law.

5. "Child or covered child" means a child (natural, step-child, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union established according to Vermont law.

CAUTION: FEDERAL LAW RIGHTS MAY OR MAY NOT BE AVAILABLE

Vermont law grants parties to a civil union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to health insurance that are available to married persons under federal law may not be available to parties to a civil union. For example, federal law, the Employee Income Retirement Security Act of 1974 known as "ERISA", controls the employer/employee relationship with regard to determining eligibility for enrollment in private employer health benefit plans. Because of ERISA, Act 91 does not state requirements pertaining to a private employer's enrollment of a party to a civil union in an ERISA employee welfare benefit plan. However, governmental employers (not federal government) are required to provide health benefits to the dependents of a party to a civil union if the public employer provides health benefits to the dependents of married persons. Federal law also controls group health insurance continuation rights under COBRA for employers with 20 or more employees as well as the Internal Revenue Code treatment of health insurance premiums. As a result, parties to a civil union and their families may or may not have access to certain benefits under the policy, contract, certificate, rider or endorsement that derive from federal law. You are advised to seek expert advice to determine your rights under this contract.

Virginia:

1. The definition of Spouse only includes anyone who is recognized as a spouse under Virginia state law.
2. Domestic partners and other relationships allowable by Virginia state law are eligible for Dependent coverage; if Dependent coverage is available under the Policy.
3. **For Your Questions and Complaints**:
   State Corporation Commission
   Life and Health Division
   Bureau of Insurance
   P.O. Box 1157
   Richmond, VA 23218
   1(804) 371-9691 (inside Virginia)
   1(877) 310-6560 (outside Virginia)

Washington:

1. Loss must occur within 365 days of accident under the Death Benefit, Common Carrier Death Benefit, Dismemberment Benefit and Paralysis Benefit; if included in the Accidental Death & Dismemberment (AD&D) Rider

Wisconsin:

1. **For Your Questions and Complaints:**
   To request a Complaint Form:
   Office of the Commissioner of Insurance
   Complaints Department
   P.O. Box 7873
   Madison, WI 53707-7873
   1(800) 236-8517 (within Wisconsin)
   1(608) 266-0103 (outside of Wisconsin)