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, please contact your Employee Benefits Manager, or you may contact us or our contracted claims administrator as follows:

The insurance carrier for the Policy is:	**The Claims Administrator for the Policy is:**
The Hartford **Group Benefits Division,** **Customer Service** **P.O. Box 2999** **Hartford, CT 06104-2999** **1-800-523-2233**	**WebTPA** **P.O. Box 99906** **Grapevine, TX 76099** **1-866-547-4205**

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 Insurance Company 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.

NOTICES

- Arizona: If You are covered under a Policy issued to a trust group situsued outside of Arizona, the Certificate may not provide all benefits and protections provided by law in Arizona. Please read the Certificate carefully.
- Arkansas: 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: **For Your Questions and Complaints:**
  State of California Insurance Department
  Consumer Services Division
  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
- Connecticut: This is a specified disease indemnity policy. The Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. The Policy does not constitute comprehensive health insurance coverage and does not satisfy the requirement of Minimum Essential Coverage under the Affordable Care Act.

- Florida:

  The benefits under the Policy providing Your coverage are governed primarily by the laws of a state other than Florida, unless the issue state is Florida. Please contact the Policyholder with any questions.

- 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.

- Illinois:
  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

- Oregon: Hartford Life and Accident Insurance Company complies with applicable Federal civil rights laws and does not unlawfully discriminate on the basis of race, color, national origin, age, disability, or sex including sex stereotypes and gender identity. Hartford Life and Accident Insurance Company 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.
- Pennsylvania: Hartford Life and Accident Insurance Company complies with applicable Federal civil rights laws and does not unlawfully discriminate on the basis of race, color, national origin, age, disability, or sex including sex stereotypes and gender identity. Hartford Life and Accident Insurance Company 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.
- Texas: In addition to the insurance coverage, We may offer Noninsurance Benefits and Services to You. Your access to these benefits and services is included with Your insurance coverage and does not require enrollment or premium payment. You should contact the Policyholder for more information on the services available on their plan.

  Will Preparation Services: These services provide access to an online tool to create a customized will with the help of licensed attorneys, if needed.

  Travel Assistance Related Services: These services include emergency medical assistance such as medical referrals, monitoring, evacuation, repatriation and medical translation services.

  Identity Theft Related Services: These services include fraud prevention, credit monitoring, as well as resolution guidance and support to assist with problems that may arise from medical identity theft.

  Funeral Planning Services: These services provide support to You or Your beneficiaries to prepare for a funeral with access to online planning and research tools and advisors to answer questions.

  Employee Assistance Programs: Support is provided for a wide range of social and emotional issues.

The program provides for either telephonic or face-to-face counseling sessions.

Beneficiary Support Services: These services provide emotional, legal or financial guidance, answer benefit-related questions or provide referrals to You or Your beneficiaries.

- Texas:

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

- Wisconsin: **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)
- Virginia: **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)

CERTIFICATE FACE PAGE

- California: **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.**
- Maine: **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 (800) 300-5000.**
- Maryland: **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.**

  THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. IT IS NOT DESIGNED TO FILL THE 'GAPS' OF MEDICARE. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE MEDICARE SUPPLEMENT BUYER'S GUIDE AVAILABLE FROM THE COMPANY.
- Massachusetts:

  

  This Certificate alone does not meet the **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).

  This 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.
- New Hampshire: This is a Limited Policy - Read it Carefully
- North Carolina: NO RECOVERY FOR PRE-EXISTING CONDITIONS – READ CAREFULLY. No benefits will be provided during the Pre-Existing Condition Limitation period of the Policy for a **Pre-Existing Condition**, if defined in the Definitions section of the Certificate**.**

- Texas: **THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.**

DEFINITIONS

- South Dakota: The hourly time requirement, described in the **Confined, Confinement** definition, does not apply to Your coverage.
- Minnesota, New Hampshire: The Dependent Child limiting age, described in the **Dependent Child(ren)** definition, is up to age 26, provided Dependent Coverage is available under the Policy.
- Montana: The Dependent Child limiting age, described in the **Dependent Child(ren)** definition, is up to age 25 unless shown as higher, provided Dependent Coverage is available under the Policy.
- New Hampshire: The unmarried Dependent Child requirement, described in the Dependent Child(ren) definition, does not apply, provided Dependent Coverage is available under the Policy.
- South Dakota: The definitions of **Medical Professional**, **Physician**, and **Therapist** include Family Members if they are the only qualified provider of such service in the area and acting within the scope of their practice.
- Maine, New Hampshire, South Dakota: The Treatment received period prior to the effective date of coverage or the effective date of an increase in coverage, described in the **Pre-Existing Condition** definition, if included, cannot be more than six (6) months.

TERMINATION OF COVERAGE

- North Carolina: **Important Cancellation Information – Please Read the provision entitled Termination of Coverage**

REINSTATEMENT OF COVERAGE

- Maine: The **Reinstatement of Coverage** provision includes the following:
  If the Employee/Member is a resident of the state of Maine and insurance ended due to the non-payment of premium, insurance may be reinstated within 90 days from the date insurance ended if the Insured/Member medically demonstrates that they suffered from cognitive impairment or functional incapacity at the time insurance ended. This demonstration must be submitted at the Employee's/Member's own expense and may be submitted by the Employee/Member, someone authorized to act on the Employee's behalf, or an insured Dependent.

CONTINUATION AND EXTENSION OF COVERAGE

- New Hampshire: The following **Extension of Coverage While Disabled** provision is added to the **Continuation and Extension of Coverage** section:
  Extension of Coverage While Disabled
  If You are Disabled when coverage would otherwise terminate because You are no longer eligible for insurance or are no longer in an Eligible Class, or the Policy terminates, coverage will be extended for 90 days 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.

GENERAL LIMITATIONS & EXCLUSIONS

- Colorado, New Hampshire: The continuously insured exclusion period, described in the **Pre-Existing Condition Limitation** provision, if included, is 6 consecutive months.
- Minnesota: Intentional self-inflicted illness or Injury, if included in the **Exclusions** provision, does not apply to Your coverage.
- New Hampshire: The voluntary taking or using of any drug, narcotic, medication or sedative, the voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities, voluntary engagement in an illegal occupation, or incarceration or imprisonment in any type of penal or detention facility, if included in the **Exclusions** provision, does not apply to Your coverage.
- South Dakota: The voluntary taking or using of any drug, narcotic, medication or sedative, if included in the **Exclusions** provision, does not apply to Your coverage.

CLAIM PROVISIONS

- Maine: The initial notice of claim time frame, described in the **Notice of Claim** provision, is 30 days.
- New Hampshire: The initial proof of loss time frame, described in the **Proof of Loss** provision, is 90 days.
- North Carolina: The initial proof of loss time frame, described in the **Proof of Loss** provision, is 180 days.
- Minnesota: The payment time frame, described in the **Time of Payment of Claims** provision, is immediately upon Our receipt of due Proof of Loss.
- Minnesota: The **Payment of Claims** provision is amended to make any benefits unpaid at the time of Your death payable to Your designated beneficiary(ies); or if none, then to Your estate.

- Colorado: The **Claim Appeal** provision includes 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.

GENERAL PROVISIONS

- Alaska: The **Statements** provision is not applicable to statements made with the intent to defraud.
- Minnesota, New Hampshire, North Carolina: The **Time Limit on Certain Defenses** provision is not applicable to statements made with the intent to defraud.
- New Hampshire: The following sentence is added to the last paragraph of the **Assignment** provision:
  In no circumstance may You assign any benefit to a health care provider.
- Alaska, California, Colorado, Illinois, Kansas (Non ERISA groups), Michigan, Rhode Island, Texas, Vermont: The **Policy Interpretation** provision, if shown, is not applicable to Your coverage.
- Wyoming (groups subject to ERISA): The **Policy Interpretation** provision, if shown, includes the following notice:
  This benefit plan contains a discretionary clause. Determinations made by Hartford Life and Accident Insurance Company pursuant to the discretionary clause do not prohibit or prevent a claimant from seeking judicial review in court of Hartford Life and Accident Insurance Company decisions. By including this discretionary clause Hartford Life and Accident Insurance Company agrees to allow a court to review its determinations anew when a claimant seeks judicial review of Hartford Life and Accident Insurance Company determinations of eligibility of benefits, the payment of benefits or interpretations of the terms and conditions applicable to the benefit plan.