

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

The Claims Administrator for the Policy is:

**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 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.

Alaska:

1. The **Statements** provision, as shown in the **General Provisions** section of the Certificate, is not applicable to statements made with the intent to defraud.
2. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable 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:** You and Your Dependent(s) may be required to be insured with major medical insurance in order to be eligible for coverage under the Policy.
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, is six (6) consecutive 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, is not applicable to You.

Connecticut:

1. **NOTICE:** THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC DOLLAR LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY AND NOT THE INSURER IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC DOLLAR LIMITS ARE SHOWN IN THE BENEFIT SCHEDULE.

Florida:

1. **NOTICE:** 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.

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. The time period for **Treatment** described in the **Pre-Existing Condition** definition, if shown in the **Definitions** section, is six (6) consecutive months, unless if shown as less.
2. Childbirth and non-professional activity exclusions are not applicable to You, if shown in the **Exclusions** provision of the **Limitations and Exclusions** section of the Certificate.
3. Proof of a handicap or disability of a **Dependent Child**, if included in the **Definitions** section, will only be required at time of claim and no more than once per year thereafter.
4. 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.
5. **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

Illinois:

1. 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

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

Indiana:

1. **For Your Questions and Complaints:**
Public Information/Market Conduct
Indiana Department of Insurance
311 W. Washington St. Suite 300
Indianapolis, IN 46204-2787
1(317) 232-2395

Kansas:

1. The following requirement applies to You:

Policy Interpretation:

Pursuant to the Employee Retirement Income Security Act of 1974, as amended (ERISA), Your Employer has delegated to US the fiduciary responsibility to determine eligibility for benefits and to construe and interpret all terms and provisions of the Policy. Therefore, We are a fiduciary for the Policy and We have the continuing duty to act prudently and in the interest of You, Your beneficiaries and the other plan participants. If You have a claim for benefits which is denied or ignored, in whole or in part, then You may file suit in state or federal court for a review of Your eligibility or entitlement to benefits under the Policy. This provision only applies where the interpretation of the Policy is governed by ERISA.

Maine:

1. **NOTICE:** 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.

2. **NOTICE:** 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.
3. You are entitled to cover Your **Dependent Child**, if available under the Policy, up to age 19, unless if shown as higher in the **Definitions** section of the Certificate.
4. 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.

Michigan:

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

Minnesota:

1. **Notice of Claim**, as shown in the **Claim Provisions** section, should be sent to:
WebTPA, Inc.,
P.O. Box 99906
Grapevine, TX 76099
Fax: (469) 417-1952.
2. Benefits will be paid immediately upon receipt of **Proof of Loss**.

Missouri:

1. The suicide/self-inflicted injury exclusion, if shown in the **Exclusions** provision of the **Limitations and Exclusions** section, is only applicable to those events that occur while the Covered Person is sane.

Montana:

1. The time period for **Treatment** described in the **Pre-Existing Condition** definition, if included in the **Definitions** section, is six (6) consecutive months, unless if shown as less.
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 of any illness or injury within the scope and limitations of his or her practice, including a 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 or advanced practice registered nurse.

New Hampshire:

1. The **Pre-Existing Condition Limitation**, if shown in the **Limitations and Exclusions** section, is not applicable to You.
2. 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.
3. You are entitled to receive benefits for up to 61 days for any covered period of Hospital Confinement, unless if shown as higher in the **Benefits** section of the Certificate.
4. The time period stated for legal action to start in the **Legal Actions** provision shown in the **General Provisions** section can not be less than 3 years after the time **Proof of Loss** is required to be given.
5. Termination of coverage has no effect on benefits payable for Treatment that is received for a Covered Illness or Covered Injury, as applicable, while a Covered Person was insured under the Policy.
6. 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 eligible for insurance or are no longer in an Eligible Class; or
- 2) the Policy terminated;

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.

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 during the initial 12 months of continuous disability You are:

- 1) unable to perform the Material Duties of Your Regular Occupation; and/or

- 2) receiving disability benefits through a disability insurance plan (or equivalent) sponsored by the Policyholder.

Thereafter, You must be 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. 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.

Regular Occupation means the occupation You routinely perform at the time Your Disability begins. Your regular occupation is:

- 1) not limited to Your specific position with the Policyholder; and
- 2) is inclusive of any similar position or activity based on job descriptions included in the most recent edition of the United States Department of Labor Dictionary of Occupational Titles (or equivalent source), as normally performed in the United States economy (not specific to any employer, location, area or region).

7. **Notice:** **This is a Limited Policy - Read it Carefully**

New Mexico:

1. You are entitled to cover Your **Dependent Child**, if available under the Policy, up to age 26.
2. **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)**
3. Benefits paid on behalf of a Covered Person under this Certificate shall be paid to the human services department when:
 - 1) 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
 - 2) payment for the services in question has been made by the human services department to the Medicaid provider; and
 - 3) We are notified that the Covered Person receives benefits under the Medicaid program.
4. If You are covered under a Non-ERISA policy issued outside of New Mexico with a certificate effective date of January 1, 2019 or later, these additional requirements apply to you:
 - A. Benefits payable under this Certificate will be paid immediately after Our receipt of due written **Proof of Loss**. If a claim is paid more than 45 days from receipt of required **Proof of Loss**, You are entitled to interest on that amount at the rate of 1 1/2 times the prime lending rate, as determined by the superintendent, for New Mexico banks per year during the period the claim is unpaid.
 - B. **Legal Actions** may not start until 60 days after Proof of Loss has been given or more than 3 years after the time proof of loss is required to be given, unless otherwise required by law in Your or the claimant's jurisdiction of residence.
 - C. **Physician** means a person who is:
 - a. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of healing art recognized by New Mexico law;
 - b. licensed to practice in the jurisdiction where care is being given;
 - c. operating within the scope of his or her license; and
 - d. not the Covered Person or a Family Member.

You have full freedom of choice in the selection of a Hospital for care or of a practitioner of the healing arts or optometrist, psychologist, podiatrist, physician assistant, certified nurse-midwife, registered lay midwife or registered nurse in expanded practice for the treatment of any Covered Illness or Covered Injury within the scope and limitations of his or her practice.

- D. If an unmarried child is age 26 or older and is:
 - a. incapable of self-sustaining employment because of an intellectual disability or physical handicap;
 - b. chiefly dependent on You for financial support;and You have provided proof of his/her disability upon Our request, that child will continue to be a

Dependent Child until these conditions cease to exist. We may request that proof of such incapacity and dependency is furnished to us within 31 days of the child's attainment age 26 and subsequently as may be required by us, but not more frequently than annually after the two year period following the child's attainment age of 26.

E. Newborn and Newly Adopted Child Coverage:

If, while covered under the Policy, You:

- a. have a newborn child;
- b. adopt a child;
- c. receive a stepchild; or
- d. become the legal guardian of a child;

the child will become covered under the Policy for 31 days after the date the child becomes eligible. Benefits and amounts will be the minimum amount for those We are providing for Dependent Child(ren) under the Policy at that time.

Coverage of the new child will cease after 31 days from the date the child became eligible unless You:

- a. enroll the new child prior to the expiration of the 31 days; and
- b. pay the additional required premium.

- F. We cannot require that You prove that Your child was born in wedlock, living with You, or claimed as a dependent on Your or Your Spouse's tax return in order for Your child be eligible for **Dependent** coverage.
- G. Absent a showing of intentional fraud, no statement concerning insurability made by any **Covered Person** shall be used to contest the validity of the insurance for which the statement was made after this Policy has been in force for two years. In order to be used, the statement must be in writing and signed by the person making the statement. However, We are not precluded at any time from asserting defenses based upon the person's ineligibility for coverage under this Policy, or upon other provisions in the Policy.

North Carolina:

1. **NOTICE:** Important Cancellation Information – Please Read the provision entitled, **Termination of Coverage** found in the **Termination** section of the Certificate.
2. **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.
3. No statements will be used to reduce or deny a claim if the Covered Person has been insured under the Policy for at least 2 years. Prior to 2 years, such statement must be in writing and signed by the Covered Person in order to be used.
4. **Notice of Claim**, as shown in the **Claim Provisions** section, should be sent to:
WebTPA, Inc.,
P.O. Box 99906
Grapevine, TX 76099
Fax: (469) 417-1952.
5. **Proof of Loss**, as shown in the **Claim Provisions** section, must be provided within 180 days from the date of loss.
6. Benefits will be paid immediately upon receipt of **Proof of Loss**.

North Dakota:

1. Termination of coverage has no effect on benefits payable for Treatment that is received for a Covered Illness or Covered Injury or for a Confinement that begins while any Covered Person was insured under the Policy.

Oregon:

1. We cannot require that You prove that Your child was born in wedlock, living with You, or claimed as a dependent on Your or Your Spouse's tax return in order for Your child be eligible for **Dependent Child(ren)** coverage, if available in the **Definitions** section.

Rhode Island:

1. You are not limited in the legal action that may be taken in accordance with any applicable state or federal law. Please refer to the **Policy Interpretation** provision, if shown in the **General Provisions** section.
2. You are entitled to continue coverage for a period of at least 5 but not greater than 30 consecutive days should Your Dependent enter into active military service outside of the continental United States. Please see the Policyholder for additional eligibility requirements.

South Dakota:

1. The definition of **Physician**, as shown in the **Definitions** section of the Certificate, includes a Family Member if such person is the only doctor in the area acting within the scope of practice.

Texas:

1. The **Policy Interpretation** provision, if shown in the **General Provisions** section of the Certificate, is not applicable.
2. **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. Proof of disability or handicap of a **Dependent Child**, if shown the **Definitions** section, will not be requested more frequently than at time of claim and once every year thereafter.
2. The requirement to be charged, as referenced in the **Inpatient** definition, is not applicable if You are Confined in Veteran's Administration Hospital or other Federal Government Hospital.

Virginia:

1. **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)

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)