

## HARTFORD LONG TERM DISABILITY PLAN

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### Special Open Enrollment

September 1 - October 31, 2011

Beginning September 1 through October 31, 2011 The Hartford has agreed to open the FDOT long-term disability plan for a special enrollment that will allow **all eligible employees** the opportunity to become a participant in the program.

During the special enrollment coverage is **100% guaranteed issue** therefore employees **are not required to answer the customary health questions** associated with The Hartford's biennial open enrollment.

The FDOT long-term disability plan, offered on a voluntary basis through payroll deduction, is designed to help replace your income in the event you are unable to work due to a disabling illness or injury. You may purchase coverage that pays you a benefit of 60% of your earnings, up to a maximum benefit of \$5,000 per month. This plan also includes a minimum benefit of \$100 per month.

During this enrollment you may also change your elimination (waiting) period option. For instance, if you are classified as SMS/SES you may want to consider lengthening your waiting period due to the short-term disability coverage provided by the state. Ask your Post Tax Plan Administrator for more information.

**Please take a moment to review the information provided during this special open enrollment. To apply simply complete the Benefits Enrollment Form and return to:**

Post Tax Benefits Office  
Florida Department of Transportation  
605 Suwannee Street, MS 50  
Tallahassee, Florida 32399-0450  
Or fax to (850) 412-8100

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Employees currently enrolled under code 0434 on their Employee Earnings Statement do not need to re-enroll. Your coverage will continue automatically.

If you have further questions or concerns on joining the plan please contact Kristen Mitchell or Trina Brown, Post-Tax Plan Administrators, by phone at (800) 281-1015 or email at [kristen.mitchell@dot.state.fl.us](mailto:kristen.mitchell@dot.state.fl.us) or [trina.brown@dot.state.fl.us](mailto:trina.brown@dot.state.fl.us).



# Income Protection

## Voluntary Long Term Disability Insurance

Benefit Highlights	
<b>Florida Department of Transportation</b>	
<b>What is Voluntary Long Term Disability Insurance?</b>	<p>Voluntary Long Term Disability Insurance pays you a portion of your Earnings if you cannot work because of a disabling illness or injury.</p> <p>This highlight sheet is an overview of your Voluntary Long Term Disability Insurance. Once a group policy is issued to your employer, a certificate of Insurance will be available to explain your coverage in detail.</p>
<b>What is disability?</b>	<p>Disability is defined in The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less than your pre-disability earnings. Once you have been disabled for 36 months, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are 80% or less than your pre-disability earnings</p>
<b>Am I eligible?</b>	<p>You are eligible if you are an active full time Employee who works at least 30 hours per week on a regularly scheduled basis.</p>
<b>How much coverage would I have?</b>	<p>You may purchase coverage that pays you a benefit of 60% of your Earnings to a maximum monthly benefit of \$5,000 per month. This plan includes a minimum benefit of \$100 per month.</p> <p>Earnings are defined in The Hartford's contract with your employer.</p>
<b>When can I enroll?</b>	<p>Enrollment in Voluntary Long Term Disability Insurance that you purchase begins 9/1/2011 and ends 10/31/2011.</p>
<b>When is it effective?</b>	<p>Coverage goes into effect subject to the terms and conditions of the policy. Benefits will be effective 11/1/2011 or as determined by your employer, whichever is later. You must be Actively at Work with your employer on the day your coverage takes effect.</p>
<b>How long do I have to wait before I can receive my benefit?</b>	<p>You must be disabled for at least 90, 180 or 365 days; depending on the coverage plan you elect and are approved for, before you can receive a Voluntary Long Term Disability Insurance benefit payment.</p>
<b>Are there other limitations to enrollment?</b>	<p>The guaranteed issue amount is the amount of Insurance that you may elect without providing evidence of insurability.</p> <p>If you enroll during this enrollment period, your coverage is provided to you on a guaranteed issue basis – no medical information is required. If you enroll after this enrollment period, evidence of insurability will be required for all coverage amounts.</p>
<b>I already have Voluntary Long Term Disability Insurance coverage through my employer; do I have to do anything?</b>	<p>If you take no action, your coverage will automatically continue with The Hartford subject to the terms of the contract.</p>

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<b>Can the duration or amount of my benefit be reduced?</b>	Yes. Your benefit duration may be reduced once you reach certain ages specified in The Hartford's contract with your employer. In addition, as described below within the Important Details, your monthly Long-Term benefit may be reduced by other income you receive.									
<b>How long will my disability payments continue?</b>	For as long as you remain disabled, LTD benefit payments will continue according to the following schedule:									
	Age at Disability	Prior to age 62	62	63	64	65	66	67	68	69+
	Option 1	To age 65	4 years	3 ½ years	3 years	2 ½ years	2 ¼ years	2 years	1 ¾ years	1 ½ years
Option 2 & 3	To age 65	3 ½ years	3 years	2 ½ years	2 years	1 ¾ years	1 ½ years	1 ¼ years	1 year	

**Important Details**

The following is an overview of your Voluntary Long Term Disability Insurance. Once a group policy is issued to your employer, a certificate of Insurance will be available to explain your coverage in detail.

**Exclusions:**

You cannot receive Voluntary Long Term Disability Insurance benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability

You must be under the regular care of a physician to receive benefits.

**Mental Illness, Alcoholism and Substance Abuse:**

- You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime.
- Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 months lifetime limit.

**Pre-existing Conditions**

Your Insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your Insurance, you will be covered for a disability due to that condition only if:

- You have not received treatment for your condition for the length of time specified in the contract before the effective date of your Insurance, or
- You have been insured under this Insurance for length of time specified in the contract before your disability starts, so you can receive benefits even if you're receiving treatment, or
- You have already satisfied the pre-existing condition requirement of your previous insurer.

Your benefit payments **will be reduced** by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based Insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

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Your benefit payments **will not be reduced** by certain kinds of other income, such as:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits that are funded by your after-tax contributions
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

This Benefit Highlights Sheet is an overview of the Voluntary Long Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply.

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# Income Protection Benefits

Florida Department of Transportation  
Benefits Enrollment Form

## Information About You

<b>Name:</b>	<b>Social Security Number / Employee ID Number:</b>
<b>Date of Birth:</b>	<b>Date of Hire:</b>
<b>Bi-weekly Salary:</b>	<b>People First ID Number:</b>

## Instructions

Please enter all required information clearly so that there will be no question as to your meaning.

- **Step 1:** Please **enter and/or check** your coverage elections and details. *You may only elect – and will be covered for – levels of coverage included in your employer’s contract.*
- **Step 2:** Please **sign, date and return** this Enrollment Form to the address listed at the bottom of this Enrollment Form by 10/31/2011.

## Voluntary Long Term Disability Insurance

You have the opportunity to enroll in Voluntary Long Term Disability Insurance. Voluntary Long Term Disability Insurance helps to replace your income if you are sick or injured and cannot work and is designed to begin after you have been Disabled for a predetermined waiting period, known as the elimination period, of **90, 180 or 365 days**. This plan provides you with income protection to replace up to 60% of your Earnings, to a maximum monthly benefit of \$5,000. If you enroll during this enrollment period, your coverage is provided to you on a guaranteed issue basis – no medical information is required. If you enroll after this enrollment period, evidence of insurability will be required for all coverage amounts.

Use the rate chart and calculation line below to determine your bi-weekly cost for this coverage.\*

I elect to **enroll** in the Voluntary LTD:

**Option 1 Plan (90 day elimination period)**

<b>Your Age</b>	Under 40	40-49	50+
<b>Your Rate</b>	\$.0055	\$.0082	\$.0110

**Option 2 Plan (180 day elimination period)**

<b>Your Age</b>	Under 40	40-49	50+
<b>Your Rate</b>	\$.0046	\$.0069	\$.0092

**Option 3 Plan (365 day elimination period)**

<b>Your Age</b>	Under 40	40-49	50+
<b>Your Rate</b>	\$.0040	\$.0059	\$.0079

I elect to **change my option** in the Voluntary LTD to:

**Option 1 Plan (90 day elimination period)**

<b>Your Age</b>	Under 40	40-49	50+
<b>Your Rate</b>	\$.0055	\$.0082	\$.0110

**Option 2 Plan (180 day elimination period)**

<b>Your Age</b>	Under 40	40-49	50+
<b>Your Rate</b>	\$.0046	\$.0069	\$.0092

**Option 3 Plan (365 day elimination period)**

<b>Your Age</b>	Under 40	40-49	50+
<b>Your Rate</b>	\$.0040	\$.0059	\$.0079

1. Enter your bi-weekly salary: \$ \_\_\_\_\_
2. Enter your **Rate** from the chart above: \_\_\_\_\_
3. Multiply (1) by (2). This is your bi-weekly cost: \$ \_\_\_\_\_\*

\*Once a year your deductions will be adjusted if there has been a change from one age bracket to the next, or if your bi-weekly pay has changed.

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**Expertise without equal.  
Benefits without burden.™**

Name: \_\_\_\_\_

**Confirmation**

I acknowledge that I have been given the opportunity to enroll in the Disability insurance coverage described in the Benefit Highlight Sheets and offered through Florida Department of Transportation.

I understand and agree that if I decline coverage now, but later decide to enroll, I will be required to provide evidence of insurability that is satisfactory to The Hartford and be approved for such coverage before it becomes effective. I understand my request for coverage may be denied by The Hartford.

I understand and agree that insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to the policyholder (your employer) can fully describe the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.

If I have life insurance coverage with The Hartford, I understand and agree that my life insurance benefit is reduced at a specified age stated in the policy. If I have disability income coverage with The Hartford, I understand and agree that the maximum duration benefits are payable will be limited to a specified period starting at a specified age and that a claim for benefits may not be approved for a pre-existing condition.

I authorize my employer to make the appropriate payroll deductions from my earnings.

I understand that no insurance will be valid or in force if I am not eligible in accordance with the terms of the group policy as issued to my employer. I acknowledge and agree that if group participation requirements are not met, this policy will not be implemented and the coverage I have elected will not be in force.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SIGN AND RETURN THIS COMPLETED ENROLLMENT APPLICATION TO:**

POST TAX BENEFITS OFFICE  
DEPARTMENT OF TRANSPORTATION  
605 SUWANNEE STREET, MS 50  
TALLAHASSEE, FLORIDA 32399-0450

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