

Liaison Training

**Subtitle: Flexible Spending Accounts,
Short Term Disability and Life**

Dates: June 21 – 23, 2011



Flexible Spending Account Program Overview

Presented by:



Meeting Agenda

- Overview & Benefit of the Flexible Spending Accounts – Medical & Dependent Care
- Benefit Liaison Role
- ASI's Staff & Support
- What's New?
 - Elimination of over-the-counter medicines
 - Online claim submission
 - Secure message center
 - Calendar year plan
 - No longer a grace period



Medical FSA

Save money on:

Out-of-pocket medical expenses – Med FSA

- Pre-tax money for **out-of-pocket** medical expenses
- Expenses can be for the employee, the spouse or any of your tax dependents (regardless of whose insurance the dependent is on)
- Average family spent \$1,500 in 2009
- Most employees save at least 30% on each dollar that is contributed

Many eligible expenses



Glasses



Dental Work



Lab Work



X-Rays



Chiropractic Care



Prescriptions Drugs

How much to set aside

- The 2011 Plan Year is a calendar year
 - Starts January 1st, 2011 through December 31st, 2011
- Maximum up to \$5,000.00
 - If a husband and wife both work for the State, they may each set aside up to \$5,000.00
- Amount deducted over the course of the plan year
- Full election is available to employees January 1st



Dependent Care FSA

Dependent Care FSA

- Provides a tax break on child/elder care expenses incurred while:

- Or
 - You go to work (single parent)
- Or
 - You and your spouse go to work
- You go to work and your spouse:
 - Looks for work
 - Pursues an educational opportunity full-time



- Other expenses are not eligible

For example, getting a babysitter for a Friday night date is not an eligible expense

Deduction Amount

Family maximum of \$5,000/**calendar** year

This is an IRS maximum **per household**

Getting your money back

- Submit claim forms to ASIFlex for processing
 - Complete reimbursement claim form
 - Attach appropriate documentation
 - Submit reimbursement requests via mail, toll-free fax or **new online system** (more on this in a moment)
 - Claims are generally processed within one business day of receipt

Important Points to Remember

Regarding both Medical & Dependent Care FSA

- Employees who wish to continue in these programs must enroll every plan year, even if they want to set aside the same amounts
- Unused funds will go back to the plan administrator
 - Use or lose
 - Most people are not aware of how much they are spending on these expenses each year

What is the Advantage?

- Most employees save at least 30% on each dollar that is contributed



Example:

Make a \$200 pair of glasses cost \$140 by using the FSA

\$1000 of day care expenses cost \$700 by using the FSA

What's new?

- Recently signed Health Care legislation
 - More on this in a minute....
- Online claim submission now an option for participants
 - Documentation must be in PDF format
 - Will require a scanner for many items
 - Provides a user with a reference number upon submission
- Secure Message Center
 - HITECH Act of 2009
 - My.asiflex.com

Health Care Legislation

- Changes due to the Patient Protection and Affordable Care Act (PPACA)
 - Eliminates over-the-counter meds/drugs as eligible expenses **effective 1/1/2011** without a prescription
 - Affected items include pain relievers, cold meds, etc.
 - Equipment, supplies, and diagnostic devices will remain eligible without a prescription
 - E.g. bandages, hearing aid batteries, diabetic supplies, etc.
 - Expenses incurred through 12/31/10 are still eligible
 - Caps HC FSA election amounts at \$2,500 in 1/1/2013
 - No change to DC FSA

Benefit Liaison Role

- Understand the plans
- Encourage employees – tax savings benefit
- Direct employees to ASI: phone, email, web
- Participate if you can benefit
- Assist with change questions
- Encourage direct deposit & email notification
 - Deposit available day after processing
 - Email – fast communication (deposit & additional information required for claim processing)

Change In Status

- Legal marital status
 - Marriage
 - Divorce
 - Legal separation
 - Death
- Number of dependents
 - Birth, adoption (placed for adoption)
 - Death
 - Child turns 13 – Dep Care only
- Employment change
 - Spouse's termination (coverage loss)
 - Lwop, workers comp, disability
 - Military leave
- Judgment, Decree or Order resulting from divorce or separation
- Loss of Medicare or Medicaid
- Changes are effective the first of the following pay period, upon submission and approval of form

**Please note that reductions in the AMRA are never allowed mid-year, per the State's plan design*

Termination/Retirement

- Notify ADOA
- Continue deductions through last regular paycheck
- Coverage ends at the end of the pay period of the last contribution
- May be COBRA eligible – must contact Marcia Jarvis at ADOA to determine eligibility

Eligible only if reimbursements are less than contributions

FMLA as it pertains to FSA

Health Care FSA

- If paid, coverage continues
- If unpaid, coverage ends & can resume upon return
 - No coverage while no contributions
- Can maintain coverage – prepay, pay as you go, pay upon return

Dependent Care FSA

- Can stop contributions & resume upon return
- Expenses incurred while on leave are not eligible

Resources



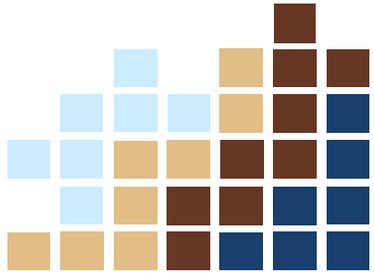
www.asiflex.com

E-mail asi@asiflex.com

Call 1-800-659-3035

Questions?





June Liaison Training

BREAK

PLEASE BE BACK IN 15 MINUTES

Benefit Options

Choice. Value. Health.



Managing for Ability

Short Term Disability and Life Claims

Liaison Training June 21-23, 2011

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Benefit Options

Choice. Value. Health.



Short Term Disability for the State of Arizona

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Today's Agenda for Short-Term Disability (STD)

- Short Term Disability
 - Hartford Philosophy
 - STD Benefits Overview
 - Claim Office Overview
 - STD Claim Process Review
 - STD Claim Example
 - Nurse Claim Intake
 - Case Management
 - Return to Work Coordinator
 - Common Questions

Benefit Options
Choice. Value. Health.



The Hartford's Ability Philosophy



We passionately believe that people want to lead active, productive and independent lives.

Benefit Options

Choice. Value. Health.



STD Benefits Overview

- **What is Short-Term Disability?**

Income replacement for off the job disabilities

- **Who Pays for this coverage?**

The STD is 100% Employee paid – 100% Tax Free Benefit!

- **Why is Short-Term Disability important?**

-Every second a new disabling injury occurs in the US.

-30% of employees between the ages of 25-65 will experience a disability that will keep them out of work for 3 months or longer.

-Disability causes 50% of all mortgage foreclosures.

Benefit Options
Choice. Value. Health.



STD Benefits Overview (Con't)

- **When can an employee enroll for Short-Term Disability?**

At initial eligibility as a new hire, annual enrollment or within 31 days from a Qualifying Life Event.

- **What are the Short-Term Disability Benefits?**

- Benefits will start on the 1st day for an accident and the 31st day for a sickness.

- Benefits are 66 2/3% of weekly earnings to a maximum of \$769.27 per week with a minimum benefit of \$57.69.

- The maximum duration for benefits is up to 26 weeks as long as the definition of disability is met.

Benefit Options
Choice. Value. Health.



STD Benefits Overview (Con't)

- **Does the Short-Term Disability plan have any Pre-existing exclusions?**

No. However if the employee did not elect coverage when they were initially eligible and elected coverage later at an annual enrollment or a Family Status Change, for the first 12 months they are covered under the plan, benefits will start on the 61st day for a sickness. Benefits will still start on the 1st day for an accident regardless of when the employee enrolled.

Benefit Options
Choice. Value. Health.

STD Benefits Overview (Con't)



- **What happens if the disability continues past the maximum durations?**

If the employee has Long-Term Disability with the Hartford, the claim would transition right into Long-Term Disability with the Hartford.

If the employee is covered under the Arizona State Retirement System, they would need to file a separate claim with ASRS (Sedgwick).

Benefit Options

Choice. Value. Health.



Claim Office Overview

- **Short Term Disability (STD) and Life Claims are administered in Hartford's Sacramento, California Claim Office**
- **Highly-trained intake/claim management staff**
 - Includes over 150 claim professionals
 - All resources U.S. based
 - Intake: Telephonic and Web-based (Web for STD only)
 - Telephonic Claim Submission – Call 866-712-3443
 - Web-based – www.thehartfordatwork.com
 - Interactive voice response after hours
- **Claims office available from 7 AM to 5 PM Arizona Time**
- **Holistic approach – clinical triage & automated system functions for claim durations**
- **Call Management System – call recording, language translation line**

Benefit Options
Choice. Value. Health.



Short Term Disability Claim Process

Business Day 0

- Employee calls The Hartford at 866-712-3443 to report the disability claim.
- Clinical Intake Nurse captures information and explains the claim process, including what happens on days 4 and 15.

Business Day 1 - 2

- The Hartford On-Site representative requests and obtains the employer certification information from ADOA or University.
- The Hartford makes up to 2 attempts to obtain the attending physician within 48 hours to obtain necessary medical information to make the initial claim decision.

Benefit Options
Choice. Value. Health.



Short Term Disability Claim Process (Con't)

Business Day 4

- If employer information is missing, The Hartford will follow-up with the Hartford On-site Representative for missing information.
- If additional medical information is missing after 2 calls to the physician, the Ability Analyst calls the employee to advise of the missing information.
- The Ability Analyst reminds the employee that if the information is not received by the 15th business day, the claim will be closed until it is received.
- If either additional medical information or employer information is missing, and we are unable to reach the employee by phone, Ability Analyst sends the employee a letter that explains the process.

Benefit Options
Choice. Value. Health.



Short Term Disability Claim Process (Con't)

Business Day 15

- If employer or attending physician information is still missing, the Ability Analyst closes the claim for lack of information.
- The Ability Analyst sends a letter notifying the employee that the claim has been closed and what information was missing.

Claim Adjudication – Once Complete Claim Information is Received

- Ability Analyst adjudicates the claim after receiving complete claim information.
- Ability Analyst calls to notify employee of claim approval or extension, and sends appropriate notice to employee – a letter or Explanation of Benefits (EOB).
- STD payments are issued weekly by Check or Electronic Fund Transfer (EFT).
- If we are unable to approve disability benefits, the Employee will receive notice by phone and in writing, including instructions to appeal the decision if he/she disagrees with the determination.

Benefit Options
Choice. Value. Health.



Short Term Disability Claim Example

This is a claim example for a STD claim:

- **6/3/11:** Employee calls Hartford at 866-712-3443 to initiate the STD claim. The employee identifies that she had surgery on 6/1/11.
- **6/3/11:** The Hartford clinical intake nurse collects all the employee's information, confirms physician's information and asks questions about her abilities and the surgery. After the call with the employee, the clinical nurse calls the employees physician office for diagnostic information and leaves a message requesting a return call.
- **6/4/11:** The Hartford On-site Representative is notified that the STD claim was submitted on 6/3/11 and the employer certification information for the claim is requested from ADOA or University (ASU, NAU, or UofA) staff.
- **6/4/11:** A Hartford clinical intake nurse makes a second call to the employees physician for diagnostic information and she is able to speak with the Physician Assistant who provides all necessary medical information.

Benefit Options
Choice. Value. Health.



Short Term Disability Claim Example (Con't)

- **6/4/11:** The Hartford On-site Representative receives the employer certification back from ADOA or University staff. The employer certification is e-mailed to the Hartford STD claim team for input and review.
- **6/5/11:** Hartford claim analyst reviews all information and approves the claim until 7/29/11. The employer certification identifies the employee has been eligible for coverage since they were initially eligible and the weekly earnings as of the date of disability are \$560.00. Based on the earnings provided the employee will be eligible for \$373.35 per week with benefits starting on 7/1/11 (31st day). Analyst calls employee to notify them of the approval and offers Electronic Fund Transfer for payment. Employee provides banking information. Employee is notified that if she returns to work prior to 7/29/11, she needs to notify the Hartford of the return to work.

Benefit Options
Choice. Value. Health.

Nurse Claims Intake

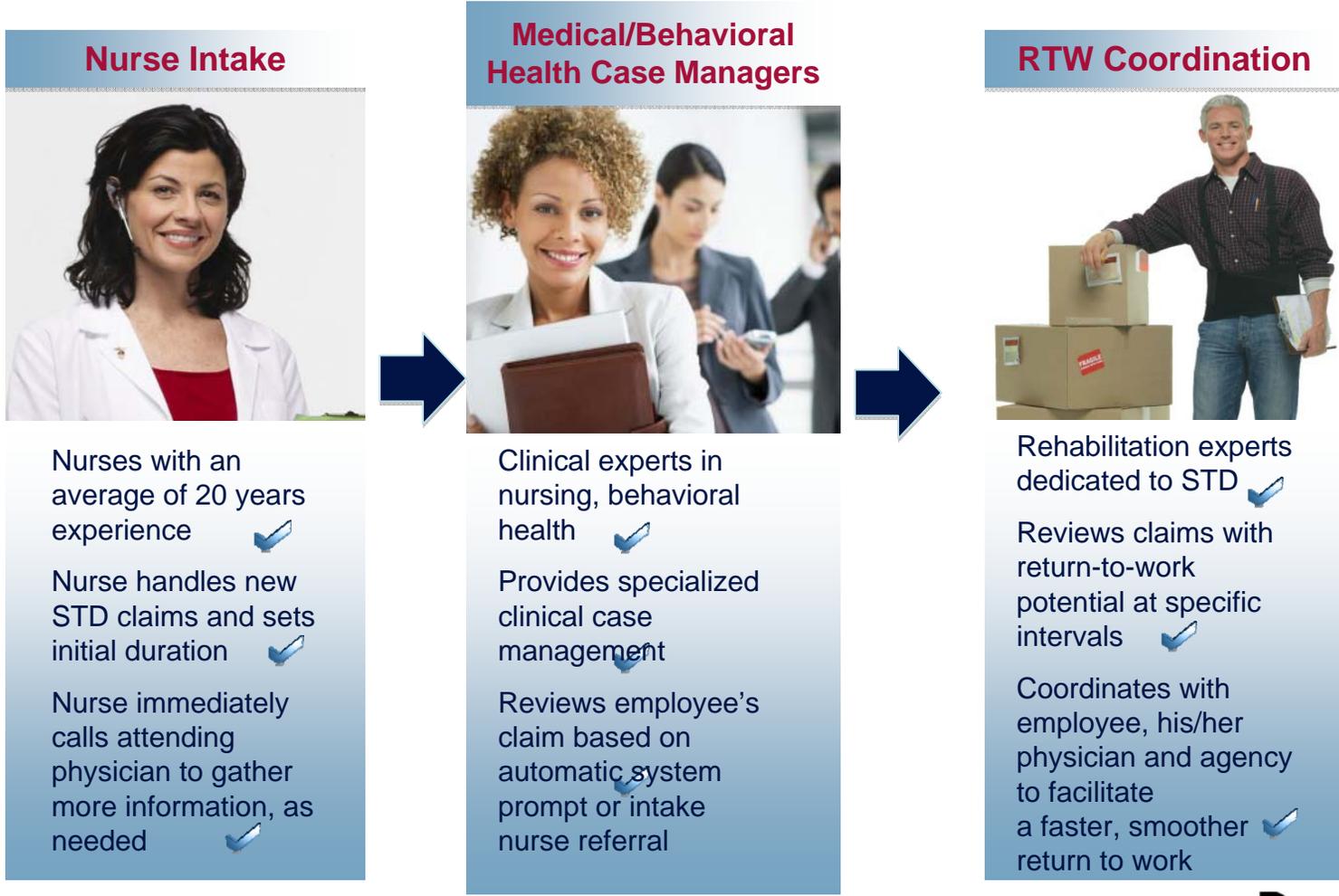


Experienced and compassionate nurses:

- Offer ease for employee and employer when filing a claim.
- Effectively communicate with physician about employee's ability and gather appropriate medical information, as needed.
- Supported by system-generated protocols and expertise.
- Set initial claims duration and appropriate milestones for future clinical review.
- Provide information to employee about next steps in the process.

Benefit Options
Choice. Value. Health.

Clinical Claims Management for STD



Benefit Options
Choice. Value. Health.

Return-to-Work Coordinator



On average, our STD return-to-work coordinators help employees return to productivity nearly **12 days sooner** than initially estimated by their physicians.²



RTW Coordinator



Agency



STD RETURN-TO-WORK COORDINATORS:

- Expert, knowledgeable resources
- Stay in close contact with physicians
- Focus on ability
- Offer feasible return to work strategies

Benefit Options

Choice. Value. Health.

²The Hartford's Internal Database Records, 2007 – 2010.



Common Question 1

What happens when the STD claim is considered a Workers Compensation claim?

If a claim is identified as Work Related, the claimant would not be eligible for STD without a denial from Workers Compensation.

Benefit Options
Choice. Value. Health.



Common Question 2

What if an employee fails to inform the Hartford that the STD claim they filed is work related, receives STD benefits, and then the Hartford is notified of the Workers Compensation claim?

In the event it is determined that an STD claim was work related, the claim will be denied and any overpayments requested.

Benefit Options
Choice. Value. Health.



Common Question 3

What happens when an Employee is overpaid?

When a claimant is overpaid, Hartford calls the claimant to let them know about the overpayment and requests reimbursement in full. A detailed letter is also sent out explaining the overpayment. If we are unable to contact the claimant, we still send out a letter explaining the situation, asking for payment and the claimant to contact the Hartford. If the claimant is unable to pay back all the funds, Hartford can set up a payment arrangement (withhold from future disability benefits or payment plan). If claimant does not respond to the Hartford's requests, referrals to collections may occur.

Benefit Options
Choice. Value. Health.



Common Question 4

What happens when they are underpaid?

In the event a claimant was underpaid, once the claim correction is made the additional funds would be released to the claimant.

Benefit Options
Choice. Value. Health.

Common Question 5

What happens if the employee returns to work on a part-time basis for a period of time but is still disabled?

- **When Hartford is notified of the part-time return to work, we would request information regarding hours/pay received while disabled and working from the ADOA or University Staff. Using that information we would calculate their benefit according to the Disabled and Working Benefits which is as follows.**
- **"Disabled and Working Benefits: *How are benefits paid when I am Disabled and Working?*"**

If, while covered under this benefit, You are Disabled and Working, as defined, We will use the following calculation to determine Your Weekly Benefit:

$$\text{Weekly Benefit} = ((A - B) \times C) / A$$

Where:

A = Your Weekly Pre-disability Earnings.

B = Your Current Weekly Earnings.

C = The Weekly Benefit payable if You were Totally Disabled."

Benefit Options
Choice. Value. Health.

Short Term Disability



Questions on STD?



Benefit Options

Choice. Value. Health.

Basic and Supplemental Life and AD&D for the State of Arizona



Today's Agenda for Life & AD&D Insurance

- Life and AD&D (Including Life Waiver of Premium)
 - Life and AD&D Benefits – Basic and Voluntary
 - Conversion and Portability
 - Hartford Claims Team
 - Life and AD&D Claim Process
 - Life Claim Example
 - Life Waiver of Premium
 - Value Added Services
 - Common Questions

Benefit Options
Choice. Value. Health.



Basic Life and AD&D Insurance

- **The Basic Life and AD&D Benefit is \$15,000**

- **Who Pays for this coverage?**

The State of Arizona (or NAU, ASU, U of A) pay 100% of the premium for this coverage.

- **What is AD&D?**

This is an additional benefit that is paid in the event of death or dismemberment in an accident.

- **Are there exclusions on the Basic Life and AD&D?**

No exclusions for basic life. There are exclusions on the basic AD&D and they include losses related to: Suicide, self-inflicted, war, drugs, committing a felony or driving while intoxicated.

Benefit Options
Choice. Value. Health.



Voluntary Life and AD&D Insurance

- **What are the options available for Voluntary Life and AD&D?**

Employee options for the Voluntary Life and AD&D are \$5,000 increments to a maximum of the lesser of \$300,000 or 3 x annual earnings.

- **Are there Voluntary Life and AD&D options available for Eligible Dependents (Spouse and Children)? YES!**

Dependent options are \$2,000, \$4,000, \$6,000, \$12,000, \$15,000 or \$50,000 (Please note: Dependent coverage cannot exceed 100% of the employees Basic and Voluntary Life inforce)

- **Who Pays for this coverage?**

The Employee pays 100% of the cost of the coverage.

Benefit Options
Choice. Value. Health.



Voluntary Life and AD&D Insurance (Con't)

- **When can an employee enroll for Voluntary Life and AD&D coverage?**

At initial eligibility as a new hire, annual enrollment or within 31 days from a Qualifying Life Event.

- **Are there any limits on the amount of coverage an employee or dependent can enroll for?**

At initial eligibility the employee can enroll for the maximum coverage the employee is eligible for under the plan.

At annual enrollment or Family Status Change they are eligible to

1. If currently not enrolled, elect \$20,000 for the employee and any option up to \$15,000 for dependents; or
2. If currently enrolled, increase current coverage by \$5,000 increments to a maximum of \$20,000 for the employee and any option for dependents based on plan provisions.

Benefit Options

Choice. Value. Health.



Voluntary Life and AD&D Insurance (Con't)

- **Are there exclusions on the Voluntary Life and AD&D?**

There is a 24 month suicide exclusion on the Voluntary Life. The Voluntary AD&D exclusions include losses related to: Suicide, self-inflicted, war, drugs, committing a felony or driving while intoxicated.

Benefit Options
Choice. Value. Health.



Additional Benefits To Note!

- **Life \$1,000 Non Smoker Benefit:**

If the claimant was a non-smoker, an additional \$1,000 is paid out for the Life Benefits.

- **Living Benefit Option (Accelerated Death Benefit):**

If the employee is under age 60 and diagnosed with a life expectancy of 12 months or less, than can request up to 80% of their life insurance prior to death.

- **AD&D Seat Belt and Air Bag:**

Additional \$15,000 for Seat Belt and \$5,000 to a maximum of the principal AD&D benefit would be paid for a loss that resulted in a registered motor vehicle.

Benefit Options

Choice. Value. Health.



Can coverage continue after termination?

- **Yes!!** Conversion is available on the Basic and Supplemental Life (EE and Dependent) and AD&D and Portability is available on the Basic and Supplemental Life (EE and Dependent).

The employee needs to request conversion within 31 days of coverage termination or within 15 days of the COBRA notice not to exceed 91 days.

- **What is the difference between Portability and Conversion for Life Insurance?**

Portability is Term Life Insurance and rates are lower than individual coverage (Age Banded).

Conversion is Individual Whole Life Insurance and rates are higher and based on the age the conversion occurs.

Benefit Options
Choice. Value. Health.



Portability and Conversion

- **How long does coverage continue for Portability and Conversion?**
 - Coverage for Portability may continue until age 75, the covered individual enters the military or when premiums are no longer paid.
 - Coverage for Conversion may continue until age 120 or when premiums are no longer paid.
- **Can an employee who is terminating get an estimate of what Portability or Conversion would cost?**

Employees can contact our Portability and Conversion unit at 877-320-0484. They will need to know the amount of coverage they want to Port or Convert when they call. If they decide they want to apply for portability or conversion, the application can be found at the State of Arizona Microsite at: <http://groupbenefits.thehartford.com/arizona/> under the Life and AD&D Insurance page (Coverage Continuation).

Benefit Options
Choice. Value. Health.



Hartford Service and Experience

- Staff receives grief and loss training so they can better assist your employees and their families during a difficult time
- Our customers are important to us – our “sundown rule” ensures we provide responses to all callers by close of business the day a call is received
- We experienced 3.3% turnover in 2010 in Life Claims and less than 2% turnover in Life Claim staff in previous years
- Our Life leadership team averages 20 years of experience
- Our Life claim examiners average 18 years of experience

Benefit Options
Choice. Value. Health.

Life Claim Process



Claim Intake

Intake

- Telephonic – Call 866-712-3443
- Beneficiary Package sent out
- On-site Representative notified for Employer Certification
- Compassionate customer service reps and examiners available 7:00 a.m. to 5:00 p.m. Arizona Time
- Assigned to designated claim examiner for complete processing

Adjudication & Administration

Process

- Received information is reviewed within 5 business days
- Decision made within 5 business days of complete information received
- Benefits that are payable are released while investigating other coverages
- Clinical input
- Legal Input
- 2nd level review on approvals & denials

Decision

Output

- Beneficiary notified of claim decision
- Funeral assignment's are paid
- Funeral Planning Service available
- Safe Haven payment option
- Online claim status
- Appeal Process

Benefit Options

Choice. Value. Health.



Life Insurance Claim Example

This is a claim example for a State of Arizona Employee who passed away from natural causes:

- **6/15/11:** Employee's spouse calls Hartford at 866-712-3443 to initiate the Life claim. During the call:
 - The spouse identifies that her husband passed away on 6/5/11.
 - The intake analyst let's the spouse know that a Beneficiary Package will be mailed out within 24 hours and once completed, needs to be returned to the Hartford (mail, fax or e-mail) along with a certified copy of the death certificate.
 - The intake analyst also informs the spouse that we will be contacting the State of Arizona to confirm eligibility and coverage amounts.
 - The intake analyst let's the spouse know about Hartford's Life Conversations programs.
 - The Life claim is entered into the Life claim system within 1 business day
- **6/15/11:** The Hartford intake analyst notifies the Hartford On-site Representative that the claim has been submitted. The On-site Representative initiates the employer certification request from ADOA or University (ASU, NAU, or UofA) staff. The Beneficiary Package was mailed to the spouse.

Benefit Options
Choice. Value. Health.



Life Insurance Claim Example (Con't)

- **6/16/11:** The Hartford On-site Representative receives the employer certification back from ADOA or University staff and e-mails it to the Life Claims unit for input.
- **6/27/11:** Hartford Life claims unit receives the Beneficiary Package and death certificate in the mail. Information was forwarded to the Life Analyst for processing.
- **6/30/11:** Hartford claim analyst reviews all information and approves the Life claim. The employer certification identifies the employee has been eligible for coverage since they were initially eligible and they had \$15,000 of Basic Life and \$30,000 of supplemental life. The beneficiary selected to have the life benefit put into the Safe Haven Program. A Safe Haven Representative contacted the beneficiary to notify them of the approval and provide information on the Safe Haven payment. Payments are released within 2 business days of approval.

Benefit Options
Choice. Value. Health.



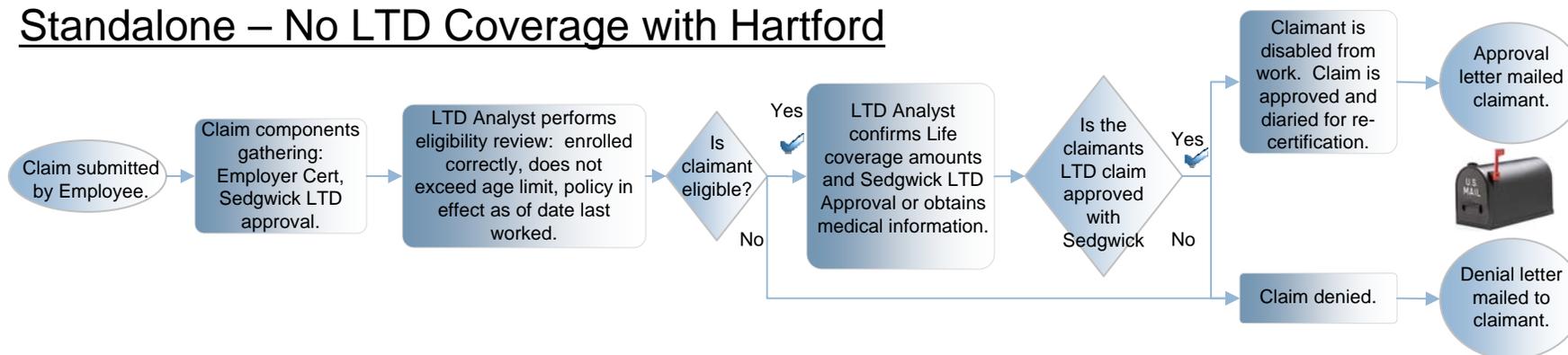
Life Waiver of Premium

- **What is Life Waiver of Premium?** This allows an employee who becomes disabled under the age of 65 the opportunity for their Life Coverage to continue until age 70 without having to continue to pay premiums. Waiver may start after the employee is disabled for 6 months.
- **What qualifications have to be met for Life Waiver of Premium?** The claimant has to be approved for LTD under either the Hartford Life LTD or the ARAS LTD programs and premiums need to continue to be paid during the 6 month elimination period.
- **Does a separate claim have to be filed?** If the LTD is with the Hartford, we will automatically set up a Life Waiver claim. If the LTD is under the ASRS program, the employee will need to contact Hartford at 866-712-3443 to initiate the claim.

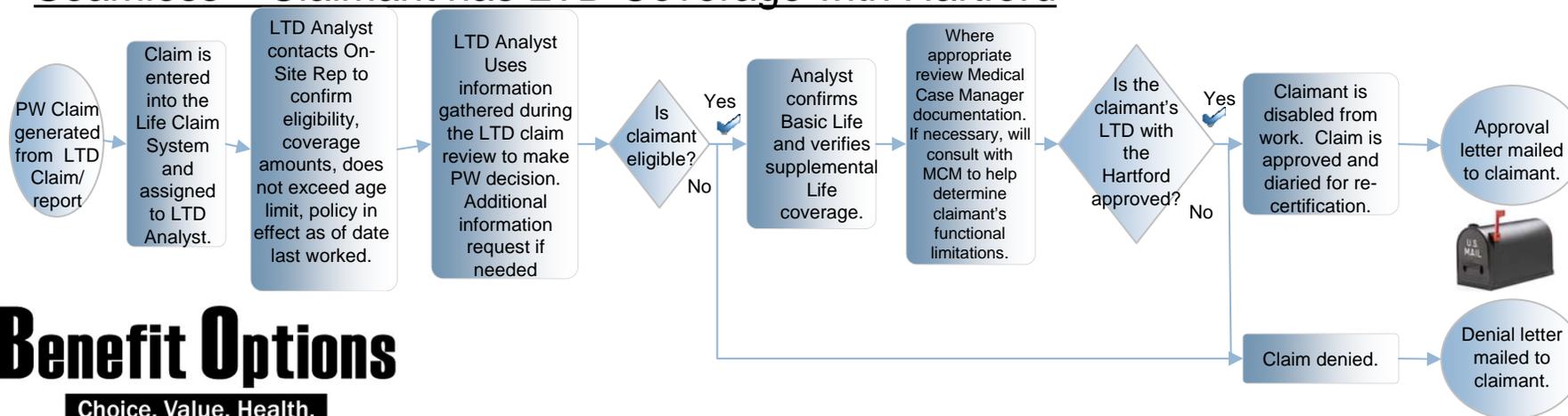
Benefit Options
Choice. Value. Health.

Premium Waiver Claim Process

Standalone – No LTD Coverage with Hartford



Seamless – Claimant has LTD Coverage with Hartford



Benefit Options
Choice. Value. Health.

Value Added Services for Life Insurance



- Identity Protection
- Travel Assistance
- Life Conversations
 - Estate Guidance – Free on-line Will preparation
 - Beneficiary Assist – 24/7, 365 days per year access to Counselors and up to 5 face to face visits for beneficiary or terminal employee.
 - Funeral Planning & Concierge Services (Everest)

Benefit Options
Choice. Value. Health.



Common Question 1

Is there something I can do when I found out that an employee has just passed away or will be passing soon?

You can provide them information on Hartford's Life Conversation program and the phone number to file a claim. This program provides Everest Funeral Planning Services and Beneficiary Assist. You can also let the employee or beneficiary know that this information can be found on the Hartford State of Arizona microsite at <http://groupbenefits.thehartford.com/arizona/> under Life Planning & Services tab.

Benefit Options
Choice. Value. Health.



Common Question 2

Can I call in a life or a waiver claim?

Yes, we will need the beneficiary (for life claim) and basic claim information to get the claim started.

Benefit Options

Choice. Value. Health.



Common Question 3

What happens if the employee dies and does not have a beneficiary on file?

In the event no beneficiary is on file, we may pay:

- 1. The estate;**
- 2. Surviving Spouse;**
- 3. Surviving Children; or**
- 4. Surviving Parents**

Benefit Options
Choice. Value. Health.



Common Question 4

What is the Accelerated Death Benefit?

This is a benefit where the employee can access life insurance benefits in the event they (or their dependent if covered) are diagnosed with a terminal illness with less than 12 months to live and are less than age 60. The employee can request up to 80% of their life insurance benefits (minimum life insurance to qualify is \$10,000) to use as they see fit.

Benefit Options
Choice. Value. Health.



Common Question 5

If an employee is either out on an LTD claim with ASRS (Sedgwick) or getting ready too, should I be notifying them of the Life Waiver of Premium?

Once the LTD Elimination period is complete and they are approved for LTD under ASRS (Sedgwick), they have the right to file for Life Waiver of Premium. At the time you provide the LTD claim information to the employee it would be great to also provide them with the telephone number to Hartford for them to file the Life Waiver claim. The employee has up to 12 months from the date of disability to file the Life Waiver claim with the Hartford.

Benefit Options
Choice. Value. Health.



Questions on Life Claims?



Benefit Options

Choice. Value. Health.