



# Flexible Spending Accounts 2015

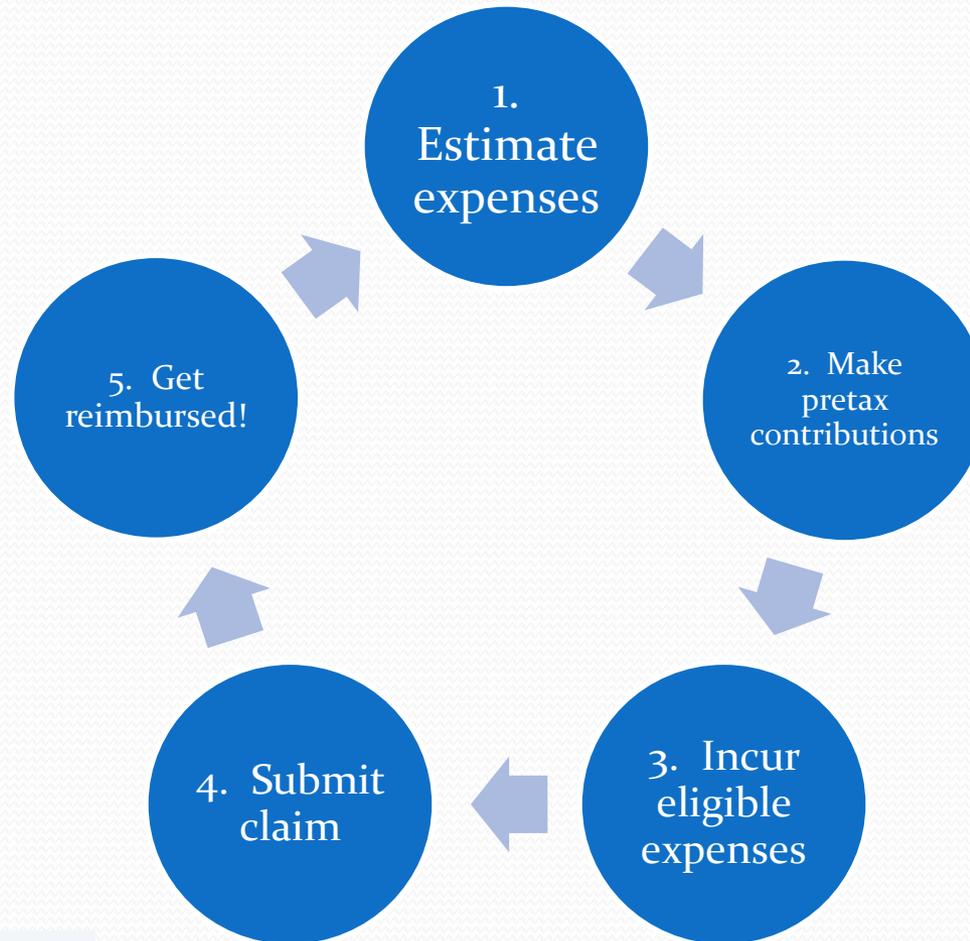


# What are FSAs?

- Flexible Spending Accounts
  - Year-to-year account
  - Set aside pretax dollars
  - Reimbursement for health or dependent care related expenses
  - Two Accounts:
    1. Health Care
      - Full-Purpose FSA
        - Deductibles, Co-Pays, Office Visits, Dental, Vision
      - Limited-Purpose FSA for those enrolled in a HSA
        - Dental and Vision only
    2. Dependent Care FSA
      - Daycare, after-school care, pre-school, nursery school



# How does it work?

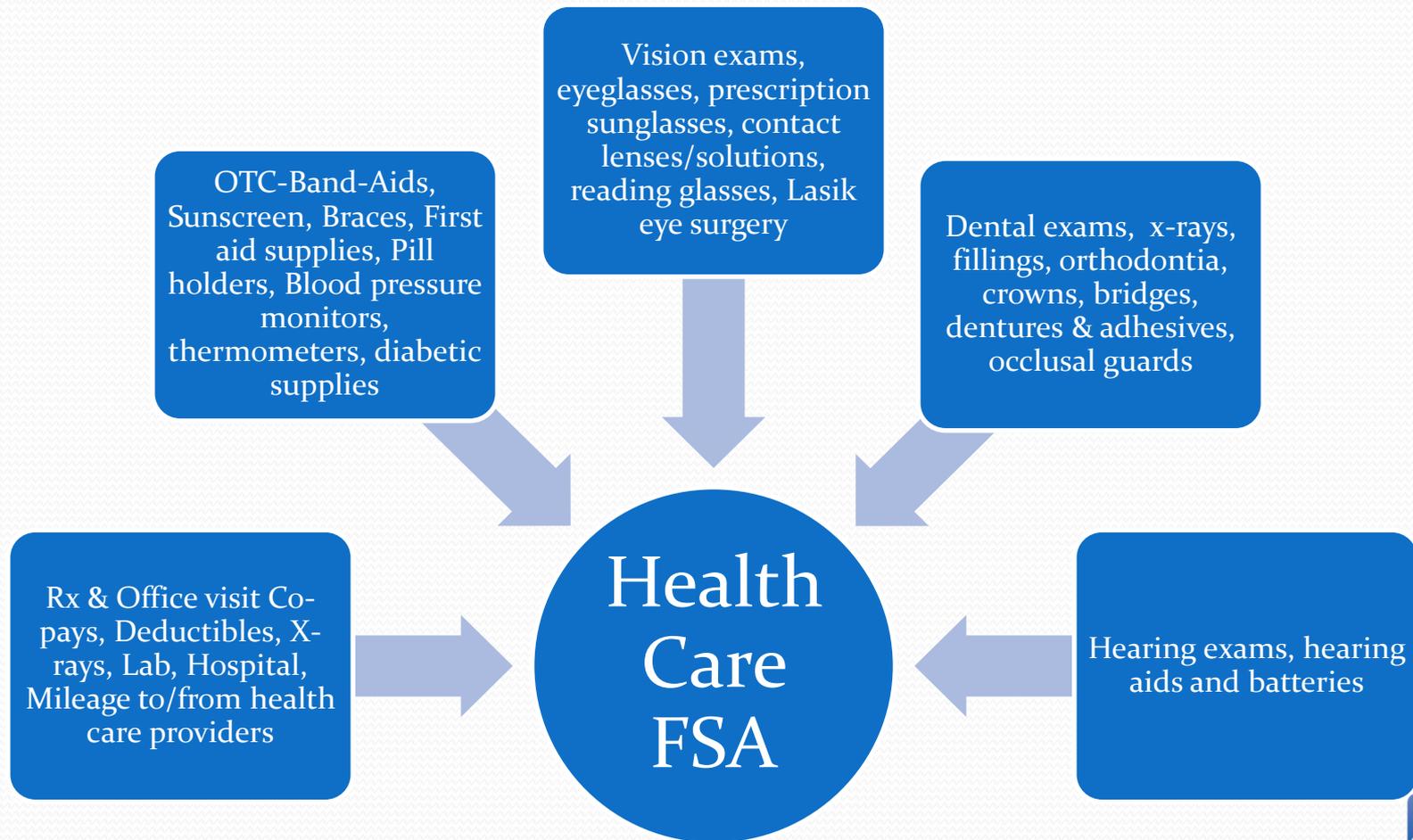


# What are the Pros/Cons?

- All contributions are pretax
- You don't pay Federal or State income taxes, or FICA taxes. That means you can save 25% or more!
- Do **not have to be covered** under your employer's health insurance in order to participate
- Use to pay expense for **spouse and dependent children**
- Election **remains in effect** for the plan year unless you experience a qualified change in status
- Can **access all health care funds anytime** during the year
- Funds remaining at year end are **forfeited**

# Health Care FSA

## \$2,500 Annual Maximum



# Example - How to Estimate Expenses

## Medical

Prescriptions (12 @ \$30) + (4 @ \$90)	\$ 720.00
Office Visits (3 @ \$30)	90.00
OTC – Band-Aids, Contact Lens cleaners, sunscreen	250.00

## Vision

Annual Exam	40.00
Prescription Sunglasses	450.00

## Dental

Exams (2 per year)	100.00
Crown	<u>500.00</u>

**TOTAL ESTIMATED EXPENSES** **\$2,150.00**



Dear FSA Participant,  
ASIFLEX is pleased to introduce you to **FSAsStore**.

Go to [asiflex.com](http://asiflex.com) and  
click on the **FSAsStore** link!



FSAsStore.com is the one-stop destination for  
Flexible Spending Accounts.

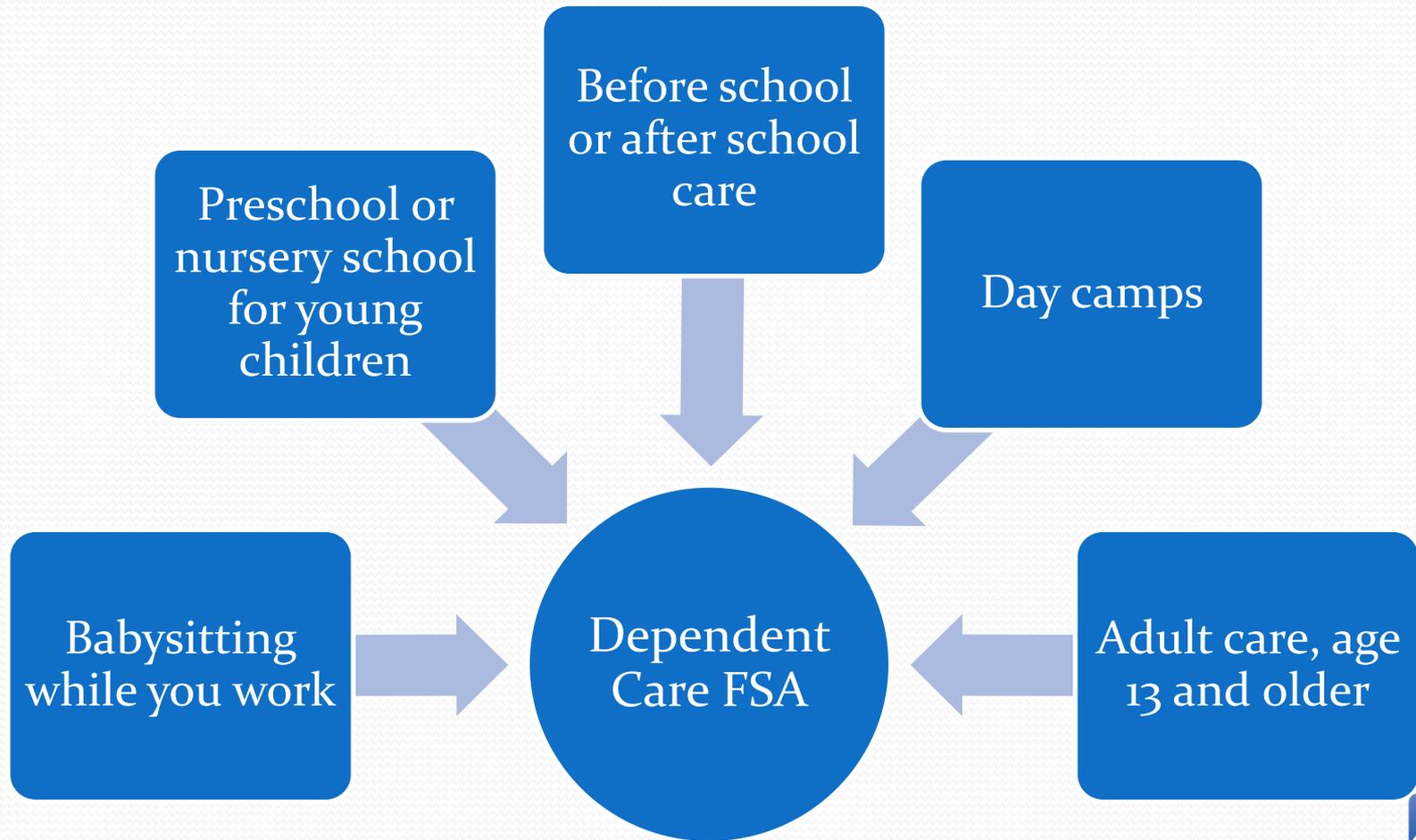
FSAsStore helps make purchasing FSA eligible  
items and answering the many questions that  
come along with having a Flexible Spending  
Account both simple and rewarding.

**FSAsStore.com**  
makes spending your FSA funds easy!

Visit **FSAsStore** at the homepage of ASIFLEX - [www.asiflex.com](http://www.asiflex.com)

# Dependent Care FSA - \$5,000

## Annual Maximum



# Claim Filing Options

## Mobile App

- Get QR Code at [www.asiflex.com](http://www.asiflex.com)
- File claim on the spot!
- Use phone or tablet
- For use with Android and Apple devices

## Online

[www.asiflex.com](http://www.asiflex.com)

- Register at [www.asiflex.com](http://www.asiflex.com)
- File claim and upload documentation

## Manual Claim Submission

- Fax toll-free
- USPS Mail
- Note: ASI and the employer are not responsible for lost or delayed mail

# Claim Filing Deadline



- Expenses must be incurred:
  - January 1 through December 31, 2015
  - Incurred means that you have actually had the service provided, or that you have secured the product, that gave rise to the expense
  
- Submit Claim by:
  - March 31, 2016

# Change in Status Rules

- Change in legal marital status
  - Marriage, Divorce, legal separation, death
- Change in number of dependents
  - Birth, adoption, death, child reaching limiting age
- Change in employment status that impacts eligibility
  - Spouse termination, leave
- Judgment, decree or order resulting from divorce or separation
- Loss of Medicare or Medicaid

**Note:** Changes are effective the first of the following pay period, upon submission and approval of form. Also, reductions in the health care FS 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 – Contact ADOA to determine eligibility

# FMLA

- Health Care FSA
  - If paid leave, coverage continues
  - If unpaid leave, coverage ends and can resume upon return
    - No coverage if there are no contributions
  - Can maintain coverage
    - Must continue to pay contributions by prepaying prior to leave, pay-as-you-go during leave, or paying upon return from leave
- Dependent Care FSA
  - Can stop contributions and resume upon return
  - Expenses incurred while on leave are not eligible (expenses must be “work-related”)

# Online Resources [www.asiflex.com](http://www.asiflex.com)

- Access your FSA account detail, print a statement, file claims and manage your account
- Review secure messages sent to you
- Extensive eligible/ineligible expense listing
- FSASore.com link with thousands of eligible FSA products
- Frequently Asked Questions
- Expense Estimator
- Tax Savings Calculator
- IRS Forms & Publications



# Customer Service



## Website

[www.asiflex.com](http://www.asiflex.com)



## E-Mail

[asi@asiflex.com](mailto:asi@asiflex.com)



## Phone

1.800.659.3035



## Address

PO Box 6044  
Columbia, MO 65205

State of Arizona Liaison Training:  
Short Term Disability  
Long Term Disability  
Life Claims

# Benefit Changes Effective January 1, 2015

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## Short-Term Disability

- For any disability occurring on or after January 1, 2015, STD benefits will be offset with any income you receive from Your Employer as a result of any accumulated sick leave, annual leave or donated leave.
- Minimum benefits will be payable
- Employees should take into consideration what their accumulated sick leave is when electing coverage
- If coverage is declined or elected at a later date, benefits during the first year of coverage will start on the 61<sup>st</sup> day for a sickness, 1<sup>st</sup> day for an accident.
- The maximum duration of benefits will be 26 weeks when the benefit starts on day 1, 22 weeks when the benefit start on day 31, or 18 weeks when the benefits start on day 61.

# Benefit Changes Effective January 1, 2015

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## Life

- Maximum benefit increased to \$500,000
- Dependent Life option of \$10,000 has been added

## Special Enrollment, for January 1, 2015 ONLY:

Employees may increase coverage in multiples of \$5,000 up to the maximum of \$500,000 or 3 times your annual salary, whichever is less. Even if the employee had previously waived coverage, an employee can elect up to the plan maximum during this Open Enrollment for January 1, 2015 ONLY.

## Waiver of Premium

Allows an employee who becomes totally 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.**

# STD Benefits Overview

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## 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!

## 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.

## STD Benefits Overview (Con't)

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

- **Benefits start on 1st day for an accident**
  - regardless of when the employee enrolls
- **Benefits will start on the 31<sup>st</sup> day for a sickness/pregnancy;**
  - if employee enrolls at initial offering
- **Benefits will start on the 61<sup>st</sup> day for a sickness/pregnancy;**
  - if employee enrolls after their initial offering
  - *once employee is continuously insured for 12 consecutive months, benefits will start on the 31<sup>st</sup> day*
- Benefits are 66 2/3% of weekly earnings
- Maximum weekly benefit: \$769.27
- Minimum weekly benefit: \$57.69
- The maximum duration for benefits is up to 26 weeks if benefits start on day 1, 22 weeks if benefits start on day 31 or 18 weeks if benefits start on day 61 and as long as the definition of disability is met.

## STD Benefit Change for 2015

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- **For any disability occurring on or after January 1, 2015, STD benefits will be offset with any income you receive from Your Employer as a result of any accumulated sick leave, annual leave or donated leave.**
- Minimum benefits will be payable
- Employees should take into consideration what their accumulated sick leave is when electing coverage
- If coverage is declined or elected at a later date, benefits during the first year of coverage will start on the 61<sup>st</sup> day for a sickness, 1<sup>st</sup> day for an accident.
- The maximum duration of benefits will be 26 weeks when the benefit starts on day 1, 22 weeks when the benefit start on day 31, or 18 weeks when the benefits start on day 61.

## Other Income Benefits/Offset Definition

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**Other Income Benefits** means the amount of any benefit for loss of income, provided to You, as a result of the period of Disability for which You are claiming benefits under The Policy. This includes any such benefits that are paid to You, or to a third party on Your behalf, pursuant to any:

1. temporary, permanent disability, or impairment benefits under a Workers' Compensation Law, the Jones Act, occupational disease law, similar law or substitutes or exchanges for such benefits;
2. governmental law that provides disability benefits as a result of Your job with Your Employer;
3. **any income you received from Your Employer as a result of any accumulated sick leave, annual leave or donated leave;**
4. disability benefits under:
  - a) the United States Social Security Act or alternative plan offered by a state or municipal government;
  - b) the Railroad Retirement Act;
  - c) the Canada Pension Plan, the Canada Old Age Security Act, the Quebec Pension Plan or any provincial pension or disability plan; or
  - d) similar plan or act;that You are eligible to receive because of Your Disability.

The amount of any increase in Other Income Benefits will not be included as Other Income Benefits if such increase:

1. takes effect after the date benefits become payable under The Policy; and
2. is a general increase which applies to all persons who are entitled to such benefits.

## STD Benefits Overview (Con't)

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### 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).

# Short Term Disability Claim Process

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## ***Business Day 0***

- Employee calls The Hartford or files an online claim 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 statement within 48 hours to obtain necessary medical information to make the initial claim decision.

# Short Term Disability Claim Process (Con't)

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## ***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.

# Short Term Disability Claim Process (Con't)

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## ***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.

# Family Medical Leave (FML) vs Short Term Disability (STD)

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## What is FML?

FML is a Federal law which entitles eligible employees to take job-protected leave for specified family and medical leaves.

## What is STD?

STD insurance provides you with income if you become disabled from a covered injury, sickness, or pregnancy.

## How is an FML claim approved?

Employees request FML from their employer. The employer reviews the request and bases approval and certification according to ADOA requirements.

# Family Medical Leave (FML) vs Short Term Disability (STD) continued

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## How is an STD claim approved?

The employee must be disabled by Sickness or Injury according to The Hartford Short Term Disability Insurance policy and submit the claim to The Hartford. If the employee is eligible and The Hartford determines that medical records and information support the disability, the claim will be approved.

## If approved for FML, will my STD claim also be approved?

It is possible to be approved for FML and not be approved for STD. For STD, the medical records and information provided to The Hartford must support the disability. FML follows different requirements. For example, an employee may take an FML leave to care for certain family members, this would not qualify as an STD claim.

# Clinical Claims Management for STD

## Nurse Intake



- Nurses with an average of 20 years experience
- Nurse handles new STD claims and sets initial duration
- Nurse immediately calls attending physician to gather more information, as needed

## Medical/Behavioral Health Case Managers



- Clinical experts in nursing, behavioral health
- Provides specialized clinical case management
- Reviews employee's claim based on automatic system prompt or intake nurse referral

## RTW Coordination



- Rehabilitation experts dedicated to STD
- Reviews claims with return-to-work potential at specific intervals
- Coordinates with employee, his/her physician and agency to facilitate a faster, smoother return to work

# Long Term Disability Benefits Overview

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## What is Long-Term Disability?

Long-Term Disability pays you a portion of your salary if you cannot work because of a disability, illness or injury.

## Who Pays for this coverage?

The Hartford LTD is 100% Employer paid.

## Why is Long-Term Disability important?

- Every second a new disabling injury occurs in the US.
- 60% of adult Americans have NO savings for emergencies.
- In December of 2012, there were over 2.5 million disabled workers in their 20s, 30s, and 40s receiving SSDI benefits. <sup>1</sup>

1. U.S. Social Security Administration, Disabled Worker Beneficiary Data, December 2012

# Long Term Disability Benefits Overview (Con't)

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## Who is Eligible for Long Term Disability with The Hartford?

Employees who are not covered by the Arizona State Retirement System (ASRS) LTD Plan.

## What are the Long Term Disability Benefits?

- Benefits will start after 180 days or the end of any Employer sponsored salary continuation or sick pay.
- Benefits are 66 2/3% of monthly earnings to a maximum of \$10,000 per month.

# Long Term Disability Benefits Overview (Con't)



## How long can LTD Benefits Continue?

Benefits may continue until age 65 if disabled prior to age 62. Below are the durations for benefits on employees who become disabled after age 62.

### Age When Disabled

### Benefits Payable

Age 62

42 months

Age 63

36 months

Age 64

30 months

Age 65

24 months

Age 66

21 months

Age 67

18 months

Age 68

15 months

Age 69 and over

12 months

# Long Term Disability Benefits Overview (Con't)



## What qualifies for “Disabled” under the Long Term Disability Plan?

**Disability or Disabled** means You are prevented from performing one or more of the Essential Duties of:

- 1) Your Occupation during the Elimination Period;
- 2) Your Occupation, for the 24 month(s) following the Elimination Period, and as a result Your Current Monthly Earnings are less than 80% of Your Indexed Pre-disability Earnings; and
- 3) after that, Any Occupation.

**Any Occupation** means any occupation for which You are qualified by education, training or experience, and that has an earnings potential greater than the lesser of:

- 1) the product of Your Indexed Pre-disability Earnings and the Benefit Percentage; or
- 2) the Maximum Monthly Benefit.

# Long Term Disability Benefits Overview (Con't)



## Recurrent Disability: What happens if I Recover but become Disabled again?

Periods of Recovery during the Elimination Period will not interrupt the Elimination Period, if the number of days You return to work as an Active Employee are less than one-half (1/2) the number of days of Your Elimination Period.

Any day within such period of Recovery, will not count toward the Elimination Period.

After the Elimination Period, if You return to work as an Active Employee and then become Disabled and such Disability is:

- 1) due to the same cause; or
- 2) due to a related cause; and
- 3) within 6 month(s) of the return to work;

the Period of Disability prior to Your return to work and the recurrent Disability will be considered one Period of Disability, provided The Policy remains in force.

If You return to work as an Active Employee for 6 month(s) or more, any recurrence of a Disability will be treated as a new Disability. The new Disability is subject to a new Elimination Period and a new Maximum Duration of Benefits.

# Long Term Disability Benefits Overview (Con't)

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**Does the Long Term Disability plan have any Pre-existing limitation?**

**Yes.**

- Benefits may not be payable if the employee files a disability claim within the first 365 days they are eligible under the LTD plan.
- If the employee files an LTD claim within the first 365 days of eligibility, Hartford will look back 180 days from the date the employee became eligible for LTD to determine if treatment was provided for the disability. If the employee received treatment for the disability, the claim would be denied.
- If no treatment was received in the 180 day period prior to the employee becoming eligible for LTD, the claim would be reviewed for payment.

# Long Term Disability Benefits Overview (Con't)

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## Pre-existing Condition means:

- 1) any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or
- 2) any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, Mental Illness, pregnancy, or Substance Abuse;

for which You received Medical Care during the 180 day(s) period that ends the day before:

- 1) Your effective date of coverage; or
- 2) the effective date of a Change in Coverage.

# Long Term Disability Benefits Overview (Con't)



## Are there any offset's to the Long Term Disability benefits?

**Yes.**

There is a complete listing of Other Income Benefits listed in the Contract which are offset's to the LTD benefits. Below are some of the most common:

1. Workers Compensation Benefits;
2. 85% of Social Security Disability benefits (Employee, Spouse and Child);
3. Retirement Benefits (Not including IRA's, 401(k), 403(b), or 457 deferred compensation arrangements.)
4. Military Benefits (Increase or Award after Date of Disability)

**Other Income Benefits** means the amount of any benefit for loss of income, provided to You or Your family, as a result of the period of Disability for which You are claiming benefits under The Policy. This includes any such benefits for which You or Your family are eligible or that are paid to You, or Your family or to a third party on Your behalf.

# Long Term Disability Benefits Overview (Con't)



## How are Mental Illness and Substance Abuse Claims handled for Long Term Disability?

**Mental Illness And Substance Abuse Benefits:** *Are benefits limited for Mental Illness or Substance Abuse?*

If You are Disabled because of:

- 1) Mental Illness that results from any cause;
- 2) any condition that may result from Mental Illness;
- 3) alcoholism which is under treatment; or
- 4) the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance; then, subject to all other provisions of The Policy, We will limit the Maximum Duration of Benefits.

Benefits will be payable:

- 1) for as long as you are confined in a hospital or other place licensed to provide medical care for the disabling condition; or
- 2) if not confined, or after you are discharged and still Disabled, for a total of 24 month(s) for all such disabilities during your lifetime.

# Long Term Disability Benefits Overview (Con't)

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**Are there Exclusions:**

**Yes.**

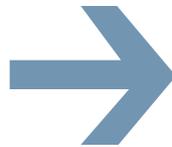
**Exclusions:** *What Disabilities are not covered?*

The Policy does not cover, and We will not pay a benefit for any Disability:

- 1) unless You are under the Regular Care of a Physician;
- 2) that is caused or contributed to by war or act of war (declared or not);
- 3) caused by Your commission of or attempt to commit a felony;
- 4) caused or contributed to by Your being engaged in an illegal occupation; or
- 5) caused or contributed to by an intentionally self inflicted injury.

# There is a Seamless transition from STD to LTD

- Half way through STD, LTD adjudicator is notified of claim to start review
- Pre-existing investigation can start
- LTD Ability Analyst takes over the STD claim and transitions it to LTD.



- Single point of contact to move to LTD
- Milestone reviews
- Early request for any additional information



# Long Term Disability Claim Process when NO STD Coverage with The Hartford



## Claim Intake

### Intake

- Telephonic – Call 866-712-3443
- LTD Package sent out to claimant with 24 hours
- On-site Representative notified for Employer Certification
- Compassionate customer service reps and examiners available 7:00 a.m. to 6:00 p.m. Arizona Time
- Assigned to designated claim analyst

## Adjudication & Administration

### Process

- Received information is reviewed within 3 business days
- Decision made within 10 business days of complete information received
- Clinical/Behavioral Health Case Managers
- Claims Investigative Unit
- Legal Input
- 2<sup>nd</sup> level review on approvals, denials & terminations

## Decision

### Output

- Claimant is notified of claim decision by analyst
- Payments by Check or Electronic Funds Transfer (EFT)
- Online claim status
- Appeal Process
- 100% of Claims are audited for Quality Assurance
- Continued Claim Management

# Basic Life and Accidental Death & Dismemberment Insurance

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## Who Pays for this coverage?

Your employer pays 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.

# Supplemental Life and AD&D Insurance

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## New for 2015!

- Maximum benefit increased to \$500,000
- Dependent Life option of \$10,000 has been added

## What are the options available for Supplemental Life and AD&D?

**Employee** options for the Supplemental Life and AD&D are \$5,000 increments to a maximum of the lesser of \$500,000 or 3 x annual earnings.

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

**Dependent** options are \$2,000, \$4,000, \$6,000, \$10,000, \$12,000, \$15,000 or \$50,000 (Please note: Dependent coverage cannot exceed 100% of the employees Basic and Supplemental Life insurance inforce)

## Who Pays for this coverage?

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



# Supplemental Life and AD&D Insurance Enrollment

## When can an employee enroll for Supplemental 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.

## Special Enrollment, for January 1, 2015 ONLY:

Employees may increase coverage in multiples of \$5,000 up to the maximum of \$500,000 or 3 times your annual salary, whichever is less. Even if the employee had previously waived coverage, an employee can elect up to the plan maximum during this Open Enrollment for January 1, 2015 **ONLY**.

## At a Qualifying Life Event or future enrollments:

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

# Exclusions

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## Are there exclusions on the Supplemental Life and AD&D?

**Yes.**

*What losses are not covered?*

The Policy does not cover any loss caused or contributed to by:

- 1) intentionally self-inflicted Injury;
- 2) suicide or attempted suicide, whether sane or insane;
- 3) war or act of war, whether declared or not;
- 4) Injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority;

(We will refund the pro rata portion of any premium paid for You or Your Dependents while You or Your Dependents are in the armed forces on full-time active duty, for a period of two months or more. Written notice must be given to Us within 12 months of the date You or Your Dependents enter the armed forces);

- 5) Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens unless as prescribed by or administered by a Physician;
- 6) Injury sustained while committing or attempting to commit a felony.
- 7) Injury sustained while driving while Intoxicated.

# Additional Benefits To Note!

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## **\$1,000 Life Benefit for Non Smokers:**

- If the claimant was a non-smoker, an additional \$1,000 is paid out for the Life Benefits
- Non-smoker status will be determined at point of claim

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

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

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

If You or Your Dependents sustain an Injury that results in a Loss payable under the Accidental Death and Dismemberment Benefit, We will pay an additional \$15,000 Seat Belt Benefit and \$5,000 Air Bag Benefit if the Injury occurred while the injured person was:

- 1) a passenger riding in; or
- 2) the licensed operator of;

a properly registered Motor Vehicle and was wearing a Seat Belt at the time of the Accident as verified on the police accident report.

# Coverage Continuation

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## Can coverage continue after termination of employment? Yes!!

- Conversion is available on the Basic Life, Supplemental Life and AD&D (Employee and Dependent)
- Portability is available on the Basic and Supplemental Life (Employee and Dependent)

**The employee needs to request conversion within 31 days of coverage termination or within 15 days of the receipt of the Notice of Continuation 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). Portability is not available for someone who has reached normal retirement age.
- Conversion is Individual Whole Life Insurance and rates are higher and based on the age the conversion occurs.

# 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
- 2<sup>nd</sup> 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

# Life Waiver of Premium

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## What is Life Waiver of Premium?

This allows an employee who becomes totally 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?

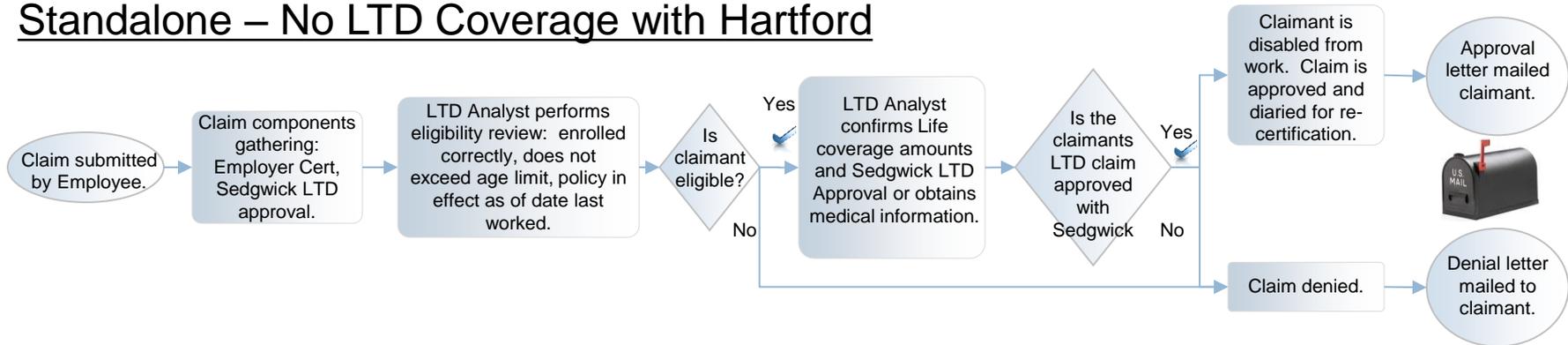
The claimant has to meet the definition of Total Disability, as determined by The Hartford and premiums need to continue to be paid during the 6 month elimination period.

## Does a separate claim have to be filed?

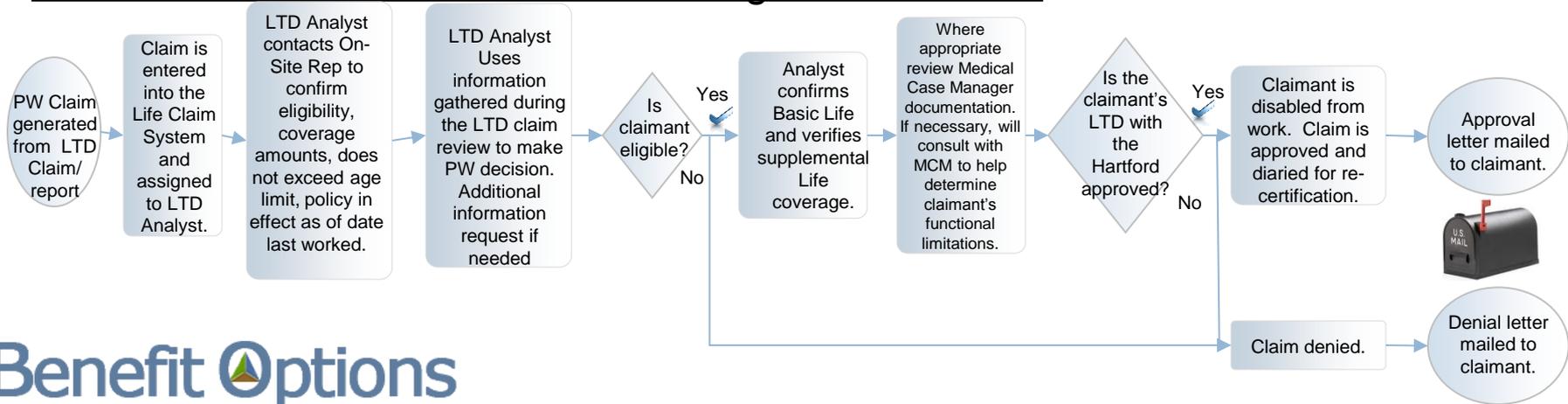
If the LTD is with the Hartford, we will automatically review for Waiver of Premium. If the LTD is under the ASRS program, the employee will need to contact Hartford at 866-712-3443 to initiate the claim.

# Premium Waiver Claim Process

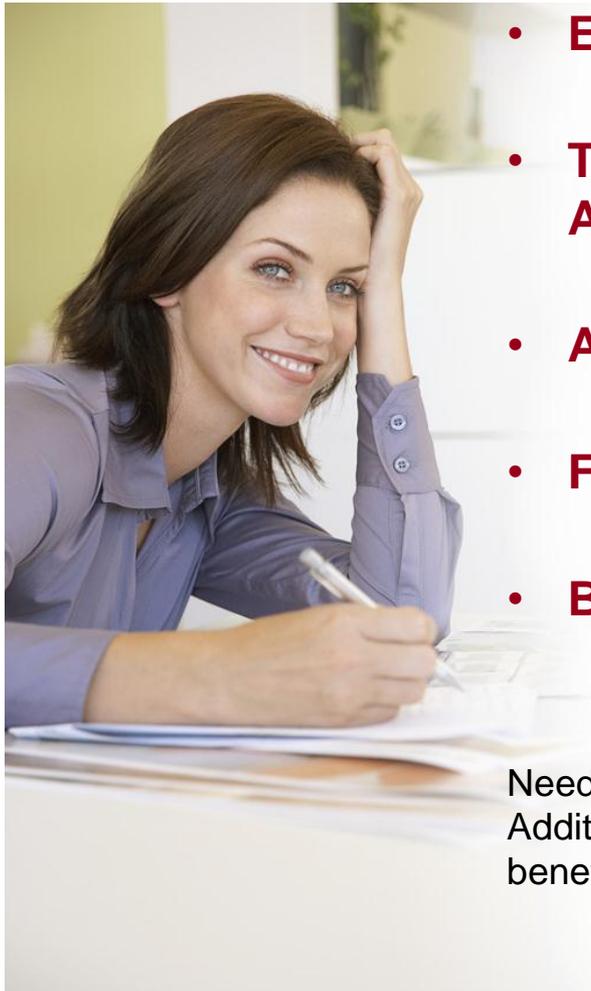
## Standalone – No LTD Coverage with Hartford



## Seamless – Claimant has LTD Coverage with Hartford



# Value Added Services for Life Insurance



- **EstateGuidance® Will Services**
  - Create a simple will from the convenience of your desktop.
- **Travel Assistance with ID Theft Protection and Assistance**
  - Even the best planned trips can be full of surprises.
- **Ability Assist® Counseling Services**
  - Disability is a challenge. Getting support doesn't have to be.
- **Funeral Planning and Concierge Services**
  - Helps provide peace of mind when it's needed the most.
- **Beneficiary Assist® Counseling Services**
  - Getting through a loss is hard. Getting support to help cope doesn't have to be.

Need more facts?

Additional information on all of these services is available at your dedicated benefits Web site, <http://groupbenefits.thehartford.com/arizona/>

**Benefit Options**  
Choice Value Health



# The Hartford Contact Information

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## Highly-trained intake/claim management staff

- All resources U.S. based
- Intake: Telephonic Claim Submission – Call 866-712-3443 or,
- Web-based – [www.thehartfordatwork.com](http://www.thehartfordatwork.com)
- Interactive voice response after hours

Analysts available from 7 AM to 6 PM Arizona Time

Call Management System – call recording, language translation line