

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
 One Hartford Plaza, Hartford, CT 06155
 (A stock insurance company)



Southern Illinois Health & Wellness Insurance Trust
Benefits Enrollment Form

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. Make sure the coverage amount that you elect includes your existing coverage amount. 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 form to HR. Do not mail this form back to The Hartford's address indicated at the top of this form.

Information About You	
Employee Name:	Employee ID (if not available, then Social Security Number):
Date of Birth:	
Date of Hire:	

Dependent Information			If more than 4 child(ren), attach additional sheet.		
Spouse Name (includes domestic partner):		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Spouse Date of Birth:	Date of Marriage or Eligible Partnership:	
Child Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Child Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	

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 Form PA-9604

Southern Illinois Health & Wellness Insurance Trust NE-FS Generic

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Prepare today.
Help protect tomorrow.

Name: _____

Basic Life and AD&D Insurance

If coverage amounts are based on earnings, your cost may change if your earnings change.

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Life and AD\&D Benefit Amount}}{\div \$1,000} = \frac{\quad}{\quad} \times \frac{\$0.1250}{\text{Rate}} = \$ \frac{\quad}{\text{Monthly Cost}}$$

- I elect to **purchase** \$20,000 of life and AD&D coverage at a monthly cost of \$2.50.
- I **decline** to purchase life and AD&D coverage.

Voluntary Life Insurance

Your cost may change when you move into a new age category.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	0.0600	0.0600	0.0800	0.0900	0.1200	0.1800	0.3000	0.5200	0.8100	1.2800	2.0600	3.6100

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Life Benefit Amount}}{\div \$1,000} = \frac{\quad}{\quad} \times \frac{\quad}{\text{Rate}} = \$ \frac{\quad}{\text{Monthly Cost}}$$

- I elect to **purchase** \$ _____ of life coverage.
- I **decline** to purchase life coverage.

Spouse Voluntary Life Insurance

Costs are based on your spouse's age. Your cost may change when your spouse moves into a new age category.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	0.0600	0.0600	0.0800	0.0900	0.1200	0.1800	0.3000	0.5200	0.8100	1.2800	2.0600	3.6100

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Life Benefit Amount}}{\div \$1,000} = \frac{\quad}{\quad} \times \frac{\quad}{\text{Rate}} = \$ \frac{\quad}{\text{Monthly Cost}}$$

- I elect to **purchase** \$ _____ of life coverage.
- I **decline** to purchase life coverage.

Child(ren) Voluntary Life Insurance

To calculate your monthly cost, please use the following formula(s):

$$\frac{\text{Life Benefit Amount}}{\div \$1,000} = \frac{\quad}{\quad} \times \frac{\$0.2000}{\text{Rate}} \times \frac{\quad}{\text{Number of Covered Children}} = \$ \frac{\quad}{\text{Monthly Cost}}$$

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Name: _____

I elect to purchase \$ _____ of life coverage.

I decline to purchase life coverage.

Beneficiary Designation

You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plans. Please make sure that you also name a contingent beneficiary – who would receive your benefit if your primary beneficiary dies first.

Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each beneficiary. Please provide all of the information requested below. If your beneficiary is not related either by blood or by marriage, insert the words, "Not Related" as their stated relationship. If you need assistance, contact your benefits administrator or your own legal advisor.

This beneficiary designation will be for ALL group life or accidental death insurance coverage issued by The Hartford for you. A primary beneficiary is the beneficiary or beneficiaries that you name to receive the benefits if they are living at the time of your death. The primary beneficiaries are the first in line to receive death benefits. Contingent beneficiaries, or secondary beneficiaries, are those named to receive the insurance proceeds if no primary beneficiary is alive at the time you die.

PRIMARY BENEFICIARY

Primary Beneficiary Name:	Social Security #:	Date of Birth:	Relationship:	Percentage:
Address:			Phone Number:	
Primary Beneficiary Name:	Social Security #:	Date of Birth:	Relationship:	Percentage:
Address:			Phone Number:	

CONTINGENT BENEFICIARY

Contingent Beneficiary Name:	Social Security #:	Date of Birth:	Relationship:	Percentage:
Address:			Phone Number:	
Contingent Beneficiary Name:	Social Security #:	Date of Birth:	Relationship:	Percentage:
Address:			Phone Number:	

The beneficiary for insurance on the lives of your dependents will automatically be you, if surviving. Otherwise, the beneficiary will be subject to policy provisions. A beneficiary for employee life or accidental death insurance may be changed upon written request.

Confirmation

I acknowledge that I have been given the opportunity to enroll in the insurance coverage offered by my employer. I understand and agree that if I decline coverage now, but later decide to enroll, I may 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 my employer can fully describe the provisions, terms, conditions, limitations and exclusions of my 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(s) reduce at a specified age(s) stated in the policy.

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Name: _____

I authorize payroll deductions from my wages to cover my cost of coverage when applicable. I understand rates and benefits may be changed by the insurer.

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 required by The Hartford or by law and are not met, the policy will not be implemented and the coverage I have elected will not be in force.

Fraud Notice(s)

For Residents of Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Louisiana and Maryland:

Any person who knowingly (knowingly or willfully in Maryland) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (knowingly or willfully in Maryland) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New York (Not applicable to Life Insurance):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Virginia:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signed _____ Date _____



Basic Life and AD&D Insurance

Benefit Highlights

Southern Illinois Health & Wellness Insurance Trust

<p>What is basic life and AD&D insurance?</p>	<p>You can purchase basic life and AD&D insurance in an amount equal to \$20,000. Life insurance pays your beneficiary (please see below) a benefit if you die while you are covered.</p> <p>This highlight sheet is an overview of your basic life and AD&D insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p>
<p>Am I eligible?</p>	<p>You are eligible if you are an active full time employee of Williamson County Special Education District who works at least 27.5 hours per week on a regularly scheduled basis.</p>
<p>When can I enroll?</p>	<p>You can enroll within 31 days of the date you have a change in family status, or within 31 days of the completion of your eligibility waiting period as stated in your group policy.</p>
<p>When is it effective?</p>	<p>Coverage goes into effect subject to the terms and conditions of the policy. You must be actively at work with your employer on the day your coverage takes effect.</p>
<p>Benefit Reductions</p>	<p>Your benefits will reduce by 35% age at 65 and 50% at age 70. All coverage cancels at retirement.</p>
<p>What is a beneficiary?</p>	<p>Your beneficiary is the person (or persons) or legal entity (entities) who receives a benefit payment if you die while you are covered by the policy. You must select your beneficiary when you complete your enrollment application; your selection is legally binding.</p>

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Help protect tomorrow.**

<p>AD&D Coverage</p>	<p>AD&D provides benefits due to certain injuries or death from an accident. The covered injuries or death can occur up to 365 days after that accident. The insurance pays</p> <ul style="list-style-type: none"> • 100% of the amount of coverage you purchase in the event of accidental loss of life, two limbs, the sight of both eyes, one limb and the sight of one eye, or speech and hearing in both ears or quadriplegia. • 75% for paraplegia or triplegia (paralysis of three limbs). • One-half (50%) for accidental loss of one limb, sight of one eye, or speech or hearing in both ears or hemiplegia. • One-quarter (25%) for accidental loss of thumb and index finger of the same hand or uniplegia. <p>Your total benefit for all losses due to the same accident will not be more than 100% of the amount of coverage you purchase.</p>
<p>Can I keep my life coverage if I leave my employer?</p>	<p>Yes, subject to the contract, you have the option of:</p> <ul style="list-style-type: none"> • Converting your group life coverage to your own individual policy (policies).
<p>What is the Living Benefits Option?</p>	<p>If you are diagnosed as terminally ill with a 12 month life expectancy, you may be eligible to receive payment of a portion of your life insurance. The remaining amount of your life insurance would be paid to your beneficiary when you die.</p>
<p>Do I still pay my life insurance premiums if I become disabled?</p>	<p>If you become totally disabled before age 60 and your disability lasts for at least 6 months, your life insurance premium may be waived.</p>

Important Details

As is standard with most term life insurance, this insurance coverage includes certain limitations and exclusions:

- the amount of your coverage may be reduced when you reach certain ages.

AD&D insurance does not cover losses caused by or contributed by:

<ul style="list-style-type: none"> • sickness; disease; or any treatment for either; • any infection, except certain ones caused by an accidental cut or wound; • intentionally self-inflicted injury, suicide or suicide attempt; • war or act of war, whether declared or not; 	<ul style="list-style-type: none"> • injury sustained while in the armed forces of any country or international authority; • taking prescription or illegal drugs unless prescribed for or administered by a licensed physician; • injury sustained while committing or attempting to commit a felony; • the injured person's intoxication.
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Other exclusions may apply depending upon your coverage. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

This benefit highlights sheet is an overview of the 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.



Voluntary Life Insurance

Benefit Highlights

Southern Illinois Health & Wellness Insurance Trust

<p>What is voluntary life insurance?</p>	<p>Voluntary life insurance is coverage that you pay for.</p> <p>Voluntary life insurance pays your beneficiary (please see below) a benefit if you die while you are covered.</p> <p>This highlight sheet is an overview of your voluntary life insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p>
<p>Am I eligible?</p>	<p>You are eligible if you are an active full time employee who works at least 27.5 hours per week on a regularly scheduled basis.</p>
<p>When can I enroll?</p>	<p>You can enroll within 31 days of the date you have a change in family status, or within 31 days of the completion of your eligibility waiting period as stated in your group policy.</p>
<p>When is it effective?</p>	<p>Coverage goes into effect subject to the terms and conditions of the policy. You must be actively at work with your employer on the day your coverage takes effect.</p>
<p>How much voluntary life insurance can I purchase?</p>	<p>You can purchase voluntary life insurance in increments of \$10,000.</p> <p>The maximum amount you can purchase cannot be more than \$100,000. Annual earnings are as defined in The Hartford's contract with your employer.</p>
<p>Am I guaranteed coverage?</p>	<p>This coverage is offered without requiring you to provide evidence of insurability.</p>
<p>What is a beneficiary?</p>	<p>Your beneficiary is the person (or persons) or legal entity (entities) who receives a benefit payment if you die while you are covered by the policy. You must select your beneficiary when you complete your enrollment application; your selection is legally binding.</p>
<p>Are there other limitations to enrollment?</p>	<p>If you do not enroll within 31 days of your first day of eligibility, you will be considered a late entrant. Typically, late entrants may need to show evidence of insurability and may be responsible for the cost of physical exams or other associated costs if they are required.</p>

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<p>Spouse voluntary life insurance (includes domestic partner)</p>	<p>If you elect voluntary life insurance for yourself, you may choose to purchase spouse voluntary life insurance in increments of \$5,000, to a maximum of \$50,000.</p> <p>Coverage cannot exceed 100% of the amount of your combined employee basic and voluntary/supplemental life insurance coverage. You may not elect coverage for your spouse if they are in active full-time military service or is already covered as an employee under this policy.</p> <p>If your spouse is confined in a hospital or elsewhere because of disability on the date his or her insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days.</p> <p>If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$30,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.</p>
<p>Child(ren) voluntary life insurance</p>	<p>If you elect voluntary life insurance for yourself, you may choose to purchase child(ren) voluntary life insurance coverage in increments of \$5,000, to a maximum of \$10,000 for each child – no medical information is required.</p> <ul style="list-style-type: none"> • If your dependent child(ren) is confined in a hospital or elsewhere because of disability on the date his or her insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days. • Your child(ren) must be at least 15 days but not yet age 26 to be covered. • Child(ren) age 26 or older may be covered if they were disabled prior to attaining age 26. • Child(ren) at least 15 days but not yet age 6 months are limited to a reduced benefit of \$250.
<p>Does my coverage reduce as I get older?</p>	<p>Your benefits will not reduce. All coverage cancels at retirement.</p>
<p>Can I keep my Life coverage if I leave my employer?</p>	<p>Yes, subject to the contract, you have the option of:</p> <ul style="list-style-type: none"> • Converting your group life coverage to your own individual policy (policies). • If you leave your employer, portability is an option that allows you to continue your life insurance coverage. To be eligible, you must terminate your employment prior to Social Security Normal Retirement Age. This option allows you to continue all or a portion of your life insurance coverage under a separate portability term policy. Portability is subject to a minimum of \$5,000 and a maximum of \$250,000 and does include coverage for your spouse and child(ren). To elect portability, you must apply and pay the premium within 31 days of the termination of your life insurance. Evidence of insurability will not be required. <p>Dependent spouse portability is subject to a maximum of \$50,000.</p> <p>Dependent child(ren) portability is subject to a maximum of \$10,000.</p>

<p>What is the living benefits option?</p>	<p>If you are diagnosed as terminally ill with a 12 month life expectancy, you may be eligible to receive payment of a portion of your life insurance. The remaining amount of your life insurance would be paid to your beneficiary when you die.</p>
<p>Do I still pay my life insurance premiums if I become disabled?</p>	<p>If you become totally disabled before age 60 and your disability lasts for at least 6 months, your life insurance premium may be waived. The premium for your dependent's coverage will also be waived if you are disabled and approved for waiver of premium. Coverage for your dependents will end if the policy terminates.</p>

Important Details

As is standard with most term life insurance, this insurance coverage includes certain limitations and exclusions:

- the amount of your coverage may be reduced when you reach certain ages.
- death by suicide (two years).

Other exclusions may apply depending upon your coverage. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

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