



Notice of Conversion and/or Portability Rights

Important Notice regarding your coverage: You are receiving this notice as a result of experiencing a loss of coverage associated with The Hartford's Group policy provided by your employer. You have options to continue to be insured, which are explained below. The specific options available to you are based on the provisions as defined in the group policy. If you intend to apply for a policy, it is important that you submit a request for quote as soon as possible.

Long Term Disability (LTD) Conversion

You may be eligible to convert coverage you had in effect under the employer's Group Long Term Disability (LTD) policy to a Group Disability Conversion policy provided the group coverage was in effect for at least one year. You cannot be disabled from performing the duties of your occupation at the time your LTD coverage terminates under the group policy or disabled at the time of your request and you cannot convert LTD coverage if you are retiring, regardless of your age. A loss of coverage is the result of a change in your employment status or the end of an employer sponsored continuation provision. **LTD conversion is not available for dependents.** The benefit amount payable under the LTD conversion will be based on your monthly earnings at the time the group policy ended and the benefit percentage elected up to 60% of your earnings at time of termination of employment under the employer's group policy, to a monthly maximum of \$5,000. This amount is based on the rules of the LTD group policy subject to offsets for other income benefits. A 6-month elimination period applies. LTD conversion is not available if the group policy is terminating. **A onetime administrative enrollment fee of \$25.00 will apply and is added to your first quarterly premium. Premiums for a Group Disability Conversion policy are higher than the employer group policy rates and increase every 5 years (years in which your age on your birthday ends in 5 or 0).**

Frequently Asked Questions

Q: If I request a quote, how does The Hartford determine the amount of coverage to quote?

A: The quote is based on the amount of coverage you had under the group policy as well as any applicable policy provisions. The amount quoted is not a guarantee for your new coverage until The Hartford performs an eligibility review, validation of all information received, and medical underwriting, where applicable.

Q: What is my policy effective date?

A: When the application is approved and premium payment has been received, the effective date will be the day after your group benefits loss begins so that no gap in coverage would be experienced by you or your family.

Q: Can I be denied coverage?

A: Your request for coverage can be denied if you do not meet the timeline requirement as outlined above the signature line.

Q: If I start to work for a new employer and obtain coverage under that employer's group policy, will that group coverage impact any policy that I may purchase now?

A: If you obtain coverage under a new employer's group policy, your purchased policy(s) will remain in effect provided you continue to pay the required premiums.



Below is the information required to request a quote and the necessary forms to enroll. If you have questions about this information, your eligibility, or the status of any request you have submitted, please call a representative at **1-877-320-0484**.

The Hartford, Portability and Conversion Unit
P.O. Box 43786
Cleveland, OH 44143-0786
Fax 1-440-646-9339

E-mail request to: portabilityandconversions@selmanco.com with "Notice of Continuation of Coverage" in the subject line
<https://info.selmanco.com/hartfordnocrp>

Employer Section: To be completed by the Employer or Employer Representative.

Employer: _____

Policy #: _____ Employee ID#: _____

Employee Name: _____

Last Day Worked (or date employee is no longer in an eligible class): _____

Date of Group Coverage Loss: _____ Loss of coverage reason: _____

Date of Hire: _____ Base annual salary: _____

LTD Coverage: Please provide coverage amount in place at the time of loss of coverage

- Employee occupation _____
- Was the insured enrolled in the group LTD policy? If so as of what date? _____
- Monthly earnings insured under the LTD policy _____
- Benefit % provided by the LTD policy _____

The Hartford reserves the right to request additional information prior to accepting an application.

Employer Signature _____ **Print Name** _____

Employer Email Address _____ **Date** _____

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). © 2021 The Hartford



Employee Section: To be completed by the Employee and submitted with the Employer Section via mail, fax, or e-mail, to initiate the quote and application for coverage options.

The Hartford, Portability and Conversion Unit, P.O. Box 43786, Cleveland, OH 44143-0786

Fax 440-646-9339, Phone 877-320-0484

E-mail request to: portabilityandconversions@selmanco.com with "Notice of Continuation of Coverage" in the subject line <https://info.selmanco.com/hartfordnocp>

I am interested in receiving a Quote/Application for the following:

LTD Conversion

Please print the following information:

Name: _____

Date of Birth: _____ Social Security # (indicate last 4 digits only): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

I am interested in receiving information for the following persons:

Myself

Please print the name(s), relationship, and date(s) of birth for each dependent who may be eligible for coverage. Include an additional sheet if necessary.

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

This notice is a part of a 3-step process to obtain coverage. For you to be eligible to start this process, your employer representative must have signed this notice no later than 90 days after the Group Coverage Loss Date. If your employer signs this notice prior to the Group Coverage Loss Date, we will treat the employer signature date as being the same as the Group Coverage Loss Date for purposes Steps 1 and 3.

Step 1: You have up to 31 days from the date your employer representative has signed this notice to submit this request (Employer AND Employee section) to The Hartford.

Step 2: Once we receive your completed request, we will send you an application and a quote. Depending on the mail, it may take two to three weeks for you to receive these. If you are concerned that you may not be able to obtain the application and quote in time to meet the deadlines outlined in Step 3, you may contact us by phone or email as outlined on this notice.

Step 3: If you choose to obtain coverage, you must submit the application and premium to us within 60 days from the date your employer representative has signed this notice.

Employee Signature (required)

Date

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