CLASS 1: VOLUNTARY GROUP TERM LIFE INSURANCE HIGHLIGHTS





Approximately 50 million households recognize they need more life insurance (40 percent of households).¹

University of New Mexico

The group term life insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life insurance offers financial protection by providing you coverage in case of an untimely death. Life insurance is disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE
Employee	Benefit ² : 1x earnings; 2x earnings; 3x earnings; 4x earnings; or 5x earnings Maximum: the lesser of 5x earnings or \$1,850,000
Spouse/ Domestic Partner	Benefit ² : Increments of \$10,000. Maximum: the lesser of 100% of your basic and supplemental coverage or \$100,000
Child(ren)	Benefit: \$10,000

PREMIUMS

See the Life Premium Worksheet.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee located at the University of New Mexico School of Medicine faculty who works at least .50 or greater full-time equivalent hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

If you enroll during your annual enrollment period or are newly eligible and elect an amount that exceeds the guaranteed issue amount of the lesser of 3 times your annual earnings or \$1,000,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your annual or initial enrollment period, evidence of insurability will be required for all coverage amounts.

If you enroll during your annual enrollment period or are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$50,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your annual or initial enrollment period, evidence of insurability will be required for all coverage amounts.

This insurance is guaranteed issue coverage - it is available without having to provide information about your child(ren)'s health.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Life Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s).

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period within 60 days of the date you have a change in family status, or within 60 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is 7/1/2019. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certi cate (usually the rst day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be con ned (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certi cate or an individual conversion life certi cate. Your spouse may also continue insurance in certain circumstances. The speci c terms and qualifying events for conversion and portability are described in the certi cate.

¹LIMRA, Facts About Life 2016. Web. 30 June 2017. https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/Facts-of-Life-2016.pdf ³Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the first of the month following your birthday as you enter each new age category.

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UNIVERSITY OF NEW MEXICO SUPP LIFE BHS PUBLICATION DATE: 4/19/2019 00094854

CLASS 2: VOLUNTARY GROUP TERM LIFE INSURANCE HIGHLIGHTS





Approximately 50 million households recognize they need more life insurance (40 percent of households).¹

University of New Mexico

The group term life insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life insurance offers financial protection by providing you coverage in case of an untimely death. Life insurance is disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE
Employee	Benefit ² : 1x earnings; 2x earnings; 3x earnings; 4x earnings; or 5x earnings Maximum: the lesser of 5x earnings or \$1,850,000
Spouse/ Domestic Partner	Benefit ² : Increments of \$10,000. Maximum: the lesser of 100% of your basic and supplemental coverage or \$100,000
Child(ren)	Benefit: \$10,000

PREMIUMS

See the Life Premium Worksheet.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time members who are President, Executive Vice President, Executive Staff or Executive Faculty, if you are a temporary staff and adjunct faculty with an appointment of at least 3 months and working at least .75 FTE hours are eligible for voluntary life coverage per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

If you enroll during your annual enrollment period or are newly eligible and elect an amount that exceeds the guaranteed issue amount of the lesser of 3 times your annual earnings or \$1,000,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your annual or initial enrollment period, evidence of insurability will be required for all coverage amounts.

If you enroll during your annual enrollment period or are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$50,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your annual or initial enrollment period, evidence of insurability will be required for all coverage amounts.

This insurance is guaranteed issue coverage -- it is available without having to provide information about your child(ren)'s health.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Life Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s).

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period within 60 days of the date you have a change in family status, or within 60 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is 7/1/2019. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate.

¹LIMRA, Facts About Life 2016. Web. 30 June 2017. https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/Facts-of-Life-2016.pdf ³Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the first of the month following your birthday as you enter each new age category.

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CLASS 3: VOLUNTARY GROUP TERM LIFE INSURANCE HIGHLIGHTS





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COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE
Members	Benefit ² : 1x earnings; 2x earnings; 3x earnings; 4x earnings; or 5x earnings Maximum: the lesser of 5x earnings or \$1,850,000
Spouse/ Domestic Partner	Benefit ² : Increments of \$10,000. Maximum: the lesser of 100% of your basic and supplemental coverage or \$100,000
Child(ren)	Benefit: \$10,000

PREMIUMS

See the Life Premium Worksheet.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time faculty or staff member working .50 FTE hours or greater or if you are a temporary staff or adjunct faculty with an appointment of at least 3 months and working at least .75 FTE hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

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UNIVERSITY OF NEW MEXICO SUPP LIFE BHS PUBLICATION DATE: 4/19/2019 00094942