



Employee Benefit Summaries

Coverages include:

Medical, Dental, Vision, Life/AD&D,

Voluntary Life/AD&D, Accident, Critical Illness,

Short & Long Term Disability

12/1/2023 – 11/30/2024



Contact Us

704.218.2899 (local)
844.892.2292 (toll-free)
704.218.2893 (fax)

Managing Partner	EXT	Email Address
Ken Harbin	232	ken@c-ben.com

Executive Administrator		
Beverly Griffin	219	beverly@c-ben.com

Group Benefit Specialists		
Naveed Ulhaq	202	naveed@c-ben.com
Spencer Witherspoon	214	spencer@c-ben.com
Chad Wilson	224	chad@c-ben.com
Craig Witherspoon	209	craig@c-ben.com

Client Service Specialists		
Michelle Harbin	220	michelle@c-ben.com
Kaylyn Sanchez	211	kaylyn@c-ben.com
Candice Griffin	206	candice@c-ben.com
Angela Williams	318	angela@c-ben.com
Naila Ulhaq	230	naila@c-ben.com
Hubert Witherspoon	310	hubert@c-ben.com
Rebecca Jordan	207	rebecca@c-ben.com
Jennifer Coates	208	jennifer@c-ben.com
Sonya Howard	205	sonya@c-ben.com
Yasmine Sanchez	204	yasmine@c-ben.com
Cristina Tolentin	203	cristina@c-ben.com
Amber Collins	201	amber@c-ben.com

Pantar Solutions -Medical Benefits

You may access participating providers and facilities through BCBS website at www.bcbsnc.com



\$5,000 Blue Options (BASE)

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	\$5,000 single \$10,000 family	\$10,000 single \$20,000 family
Coinsurance (<i>after the deductible</i>)	70% for Inpatient Benefits 70% for Outpatient Benefits	Deductible + 60%
Out-of-Pocket Maximum (<i>total of deductible and coinsurance</i>)	\$9,100 single \$18,200 family	\$18,200 single \$36,400 family
Lifetime Maximum (<i>per person</i>)	Unlimited	
Hospital - <i>preauthorization is required</i>	Deductible + 30%	Deductible + 60%
Physician Office Visits	\$35 co-pay	Deductible + 60%
Specialist Office Visits	\$70 co-pay	Deductible + 60%
Preventive Care Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits: Covered at 100% no co-pay or Deductible	N/A
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand	Tier 1= \$10 co-pay *All other tiers 0% max of \$100 per 30- day supply.	N/A
Outpatient Surgery	Deductible + 30%	Deductible + 60%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine--Outpatient	Deductible + 30%	Deductible + 60%
Emergency services Outpatient	\$500 co-pay per visit	Paid as in-network
Urgent Care Center Services	\$70 co-pay per visit	N/A
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation <i>preauthorization is required</i>	Deductible + 30%	Deductible + 60%

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For official description of benefits, please refer to your summary plan description.

Pantar Solutions -Medical Benefits

You may access participating providers and facilities through BCBS website at www.bcbsnc.com



\$2,500 Blue Options (Buy-Up+)

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	\$2,500 single \$7,500 family	\$5,000 single \$15,000 family
Coinsurance (<i>after the deductible</i>)	70% for Inpatient Benefits 70% for Outpatient Benefits	Deductible + 60%
Out-of-Pocket Maximum (<i>total of deductible and coinsurance</i>)	\$5,000 single \$15,000 family	\$10,000 single \$30,000 family
Lifetime Maximum (<i>per person</i>)	Unlimited	
Hospital - <i>preauthorization is required</i>	Deductible + 30%	Deductible + 60%
Physician Office Visits	\$25 co-pay	Deductible + 60%
Specialist Office Visits	\$50 co-pay	Deductible + 60%
Preventive Care Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits: Covered at 100% no co-pay or Deductible	N/A
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand	Tier 1= \$10 co-pay *All other tiers 0% max of \$100 per 30-day supply.	N/A
Outpatient Surgery	Deductible + 30%	Deductible + 60%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine--Outpatient	Deductible + 30%	Deductible + 60%
Emergency services Outpatient	\$500 co-pay per visit	Paid as in-network
Urgent Care Center Services	\$50 co-pay per visit	N/A
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation <i>preauthorization is required</i>	Deductible + 30%	Deductible + 60%

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Pantar Solutions -Medical Benefits

You may access participating providers and facilities through BCBS website at www.bcbsnc.com



\$1,000 Blue Options (Buy-Up++)

Medical Benefits – Co Pay Plan	In Network Benefits	Out of Network Benefits
Deductible	\$1,000 single \$2,000 family	\$2,000 single \$4,000 family
Coinsurance (<i>after the deductible</i>)	80% for Inpatient Benefits 80% for Outpatient Benefits	Deductible + 70%
Out-of-Pocket Maximum (<i>total of deductible and coinsurance</i>)	\$3,000 single \$6,000 family	\$6,000 single \$12,000 family
Lifetime Maximum (<i>per person</i>)	Unlimited	
Hospital - <i>preauthorization is required</i>	Deductible + 20%	Deductible + 70%
Physician Office Visits	\$20 co-pay	Deductible + 70%
Specialist Office Visits	\$40 co-pay	Deductible + 70%
Preventive Care Physicals, Routine Pap Smear, Prostate Screening, Mammograms, etc. Pediatric Well Child Care (as recommended by the America Academy of Pediatrics)	PPACA Benefits: Covered at 100% no co-pay or Deductible	N/A
Prescription Drugs Generic Preferred Name Brand Non-Preferred Name Brand	Tier 1= \$10 co-pay Tier 2 = \$20 co-pay Tier 3 = \$25 copay Tier 4 = 25%	N/A
Outpatient Surgery	Deductible + 20%	Deductible + 70%
X-ray and Laboratory and Major Diagnostics- CT, PET, MRI, MRA and Nuclear Medicine--Outpatient	Deductible + 20%	Deductible + 70%
Emergency services Outpatient	\$150 co-pay per visit	Paid as in-network
Urgent Care Center Services	\$40 co-pay per visit	N/A
Inpatient / Outpatient Mental Illness - Drug and Alcohol Rehabilitation <i>preauthorization is required</i>	Deductible + 20%	Deductible + 70%

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A PERSONALIZED WAY to manage your health care

We've made a change for the better! Blue Connect is our improved member services homepage. This easy-to-use suite of online tools can help you create your own custom experience based on your health plan, your health needs and the health topics that interest you.

With Blue Connect, you can:

- + Get the deductible, claims and benefits information you need.
- + Pick and choose colorful information “tiles” to customize your homepage how you like – with everything from weight loss programs to medical cost estimators to wellness tools.
- + Find great health tips, articles and videos so you don't have to do the research on your own.

Keep reading to learn more about Blue Connect's powerful suite of online tools.



Ready to get started?

Register or log in to
BlueConnectNC.com.



Blue Connect's practical, user-friendly tools can help you personalize your experience online. You'll find:



Profile

Profile helps you see your account information and effective dates so you're confident that everything is correct and accurate. With Profile, you can:

- + See and update all your policies.
- + Get new or additional ID cards.
- + Add a policy to your current portfolio.
- + Manage how we contact you and tell us what kinds of information you want to receive.



HealthNAVSM

HealthNAV helps you navigate your options for care more easily and accurately than ever.¹ With HealthNAV, you can:

- + Find a health care provider based on location, ratings, awards and areas of expertise.
- + Compare doctor profiles, read reviews from members like you and submit reviews of your own.
- + Estimate and compare the costs of doctors, hospitals, medications and treatments.
- + Search for urgent care centers and find the locations nearest you in a snap.



Blue LinkSM

Blue Link is our all new lifestyle tracking tool that helps you see your health in an entirely new way.¹ Blue Link allows you to:

- + Set personal goals. Then link your data from health, fitness and lifestyle devices and apps to help you reach them. You'll get tips and other resources to help you along the way.
- + Complete various levels of action plans to develop healthy habits. Small changes lead to big results.
- + Join a challenge. Friendly competition and social interaction can lead to rewarding change.
- + Discover "Aha!" patterns. For instance, you might find you don't sleep well after reading emails because blue light from electronics prevents the hormone that tells your brain it's time for sleep.

¹ Blue Cross and Blue Shield of North Carolina offers several decision support tools, such as HealthNAV and Blue Link, to aid you in making decisions around your health care experience. These tools are offered for your convenience and should be used only as reference tools. You should consult your own legal counsel, tax advisor or personal physician as applicable throughout your health care experience.

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We're with you wherever your life happens

Life usually doesn't happen in front of a computer. At Blue Cross and Blue Shield of North Carolina, we understand that you don't always get to decide when and where you make important health care decisions. With our mobile website, or with HealthNAV,SM our mobile app, you have the information you need – wherever and whenever you need it.

From your mobile device, you can:

- + View your claims
- + See an overview of your benefits
- + Access the *Find a Doctor* tool
- + Find the closest urgent care center
- + Compare prescription drug costs
- + Get health care cost estimates
- + Shop for health insurance plans
- + Verify your coverage

GO
MOBILE

Download the HealthNAV app or visit bcbsnc.com on your mobile device today.



Delta Dental of North Carolina Dental Benefit Highlights For Pantar Solutions



Delta Dental PPO plus Premier
Coverage effective December 01, 2022

Plan Pays		
Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-participating Dentist*

Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Simple Extractions - non-surgical removal of teeth	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Relines and Repairs - to bridges and dentures	80%	80%	80%
Major Services			
Other Oral Surgery - dental surgery	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Prosthodontic Services - bridges, implants, and dentures	50%	50%	50%
Orthodontics			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit	19	19	19

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

Maximum Payment – \$1,500 per person total per calendar year on Diagnostic & Preventive, Basic Services and Major Services. \$1,000 per person total per lifetime on Orthodontics.

Delta Dental PPO Dentist Maximum Carryover – If at least one Covered Service is paid in a calendar year and the total benefit paid does not exceed \$750 in that calendar year, \$500 will be added to the next calendar year carryover maximum. This amount will accumulate from one calendar year to the next, but will not exceed \$1,500. If no Covered Services are paid during a calendar year, all accumulated carryover amounts from previous calendar years will be forfeited.

Delta Dental Premier/Nonparticipating Dentist Maximum Carryover – If at least one Covered Service is paid in a calendar year and the total benefit paid does not exceed \$750 in that calendar year, \$350 will be added to the next calendar year carryover maximum. This amount will accumulate from one calendar year to the next, but will not exceed \$1,500. If no Covered Services are paid during a calendar year, all accumulated carryover amounts from previous calendar years will be forfeited.

Deductible – \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year. The deductible does not apply to Diagnostic & Preventive and Orthodontics.

Welcome to North Carolina's largest dental benefits family!

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

Online Access

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-662-8856 (TTY users call 711) or look online at www.DeltaDentalNC.com.

**Delta Dental of North Carolina
Dental Benefit Highlights
For Pantar Solutions**



For the current calendar year, the deductible met under the previous carrier can be applied to the initial deductible with Delta Dental. It is the Subscriber's responsibility to provide Delta Dental with adequate documentation of the deductible met under the previous carrier.

Note - *This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.*



Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.



20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **\$171**

Average cost of frames and lenses: **\$350**

Total cost: **\$521**

With a Vision policy from Guardian, David pays just **\$10** for his eye exam. After **\$25** in copay, his lenses are fully covered, and he pays **\$96** for his frames.

David's total out-of-pocket expense is **\$131**, saving him **\$390**.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
</		

VSP

- ^{‡‡}Benefit includes coverage for glasses or contact lenses, not both.
- ^{**} For the discount to apply your purchase must be made within 12 months of the eye exam.



Your vision coverage

- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- ¹Extra \$20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.
- ~~###~~ The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-I-VSN-96-VIS et al.

Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to \$1,800 per eye for LASIK or \$1,500 per eye for PRK or \$2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage.
Policy Form # GP-I-GVSN-17

Schedule Of Benefits

Group Policyholder: PANTAR SOLUTIONS INC
Group Policy Number: 20125676
Group Effective Date: May 1, 2008

Waiting Period: Employees Enrolled on the effective date: 0 days
Employees Enrolled after the effective date: 0 days

Benefits for eligible employees shall be determined in accordance with the following schedule:

Class 1 - ALL FULL TIME ACTIVE EMPLOYEES

Life Insurance	\$15,000
AD&D	\$15,000

Guaranteed Issue Amounts

Life Insurance	\$15,000
AD&D	\$15,000

The employee must furnish evidence of insurability, which is subject to our approval, for any amount in excess of the guaranteed issue amount.

Reductions, Termination, and Special Provisions

Life and Accidental Death & Dismemberment benefits will reduce 35% at age 65. Benefits will reduce to 50% of the original amount at age 70 and will terminate at retirement.



Your disability coverage

	Short-Term Disability	Long-Term Disability
Coverage amount	60% of salary to maximum \$1000/week	60% of salary to maximum \$5000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	12 weeks	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 1	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8	Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1000 in coverage	We Guarantee Issue \$5000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation	6 months look back; 24 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes	Yes
Survivor benefit: Additional benefit payable to your family if you die while disabled.	No	3 months

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary excludes bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.



College Tuition Benefit Program

Get closer to your college savings goals by earning valuable rewards that can help you pay for a loved one's tuition.

Paying for college is one of the most significant financial goals families face. That can mean decades of saving, but Guardian is able to help.

Our College Tuition Benefit Program gives you reward-based points when you sign up for a plan – helping you save and reduce the cost of tuition.

How it works



Every reward point equals \$1 off the cost of full tuition



You'll earn 2,000 points annually, per line of qualifying Guardian coverage purchased*



Every student on your account starts with 500 reward points

Tuition Reward points can be used at over 400+ four-year undergraduate colleges and universities across the U.S. that are in the SAGE network. Plus, Guardian dental members earn an extra 2,500 points after the fourth year.

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

* Except for Guardian Davis Vision Plan Rewards, which are provided by Davis Vision.

The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit is not an insurance benefit and may not be available in all states. Group insurance coverage is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states.



How to sign up

To set up your SAGE Scholars Tuition Rewards account, you'll need a few personal details.



User ID

Your Guardian
Group Plan Number



Password

Guardian

There are two important deadlines that must be met to utilize rewards points:

1. Adding Students and Pledging

Tuition Rewards: Students must be registered by the member by August 31 of the year when the student begins 12th grade. The last day for pledging earned Tuition Rewards to a student is August 31 of the year the student begins 12th grade. This is also the last day for a student to earn any Student Tuition Rewards from any source.

2. Submitting Student Tuition Rewards to member schools:

Using the college and university list available in the member's account, the member must submit a Tuition Rewards statement to any member school(s) a registered student applies to within ten days of the application being submitted.

Electronic Evidence of Insurability (EOI)

Our online EOI forms are an easier, quicker alternative to traditional paper forms, helping you get covered when you need to provide additional information.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

Electronic EOI keeps things simple

With Guardian's electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it's easier than ever to complete it and get covered.

Electronic EOI can be used for*:

- Basic life
- Voluntary life
- Short term disability
- Long term disability



How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit'.

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).

*Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts). Electronic EOI is not available in New York and New Hampshire. Electronic EOI is available using most internet browsers.

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guardianlife.com

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2020-109652 (10/22)



Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

Disability insurance



Disability Offset Notice

Offsets are provisions in your disability coverage that allow the insurer to deduct from your regular benefit other types of income you receive or are eligible to receive from other sources due to your disability.

Visit <https://www.guardiananytime.com/notice51> to read more.

Vision insurance



Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.

Visit <https://www.guardiananytime.com/notice50> to read more.

VOLUNTARY GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



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

Pantar Solutions

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit ² : Increments of \$10,000 Maximum: \$300,000	AD&D: Included
Spouse	Benefit ² : Increments of \$5,000. Maximum: the lesser of 50% of your supplemental coverage or \$150,000	AD&D: Included
Child(ren)	Benefit: \$10,000	AD&D: Not Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

²Your benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.

PREMIUMS

See the Life Premium Worksheet.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 30 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 initial enrollment period or are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$100,000, 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 initial enrollment period, evidence of insurability will be required for all coverage amounts.

If you enroll during your initial enrollment period or 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 enroll after your initial enrollment period, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

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

AD&D is available without having to provide information about your or your family'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. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, 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).

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. Conversion and portability are not available for AD&D coverage.

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 policy anniversary date on or following your birthday as you enter each new age category.

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LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LIFE INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
- A benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

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GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

GENERAL LIMITATIONS AND EXCLUSIONS

- Your benefit will be reduced by 35% at age 65 and 50% at age 70. Reductions will be applied to the original amount.
- This insurance does not cover losses caused by:
 - 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
 - Injury sustained while in the armed forces of any country or international authority
 - Injury sustained on aircraft in certain circumstances
 - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
 - Injury sustained while riding, driving, or testing any motor vehicle for racing
 - Injury sustained while committing or attempting to commit a felony
 - Injury sustained while driving while intoxicated
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Child(ren) may only be covered as a dependent of one employee.

DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you or your dependent(s) have coverage.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

Premium Worksheet



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category. For Spouse Term Life and Accidental Death & Dismemberment (AD&D) Insurance, rates are based on the spouse's age and increase as your spouse enters each new age category.

VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.55	\$0.55	\$0.60	\$0.75	\$1.10	\$1.65	\$2.55	\$3.80	\$5.35	\$7.70	\$12.85	\$34.35
\$20,000	\$1.10	\$1.10	\$1.20	\$1.50	\$2.20	\$3.30	\$5.10	\$7.60	\$10.70	\$15.40	\$25.70	\$68.70
\$30,000	\$1.65	\$1.65	\$1.80	\$2.25	\$3.30	\$4.95	\$7.65	\$11.40	\$16.05	\$23.10	\$38.55	\$103.05
\$40,000	\$2.20	\$2.20	\$2.40	\$3.00	\$4.40	\$6.60	\$10.20	\$15.20	\$21.40	\$30.80	\$51.40	\$137.40
\$50,000	\$2.75	\$2.75	\$3.00	\$3.75	\$5.50	\$8.25	\$12.75	\$19.00	\$26.75	\$38.50	\$64.25	\$171.75
\$60,000	\$3.30	\$3.30	\$3.60	\$4.50	\$6.60	\$9.90	\$15.30	\$22.80	\$32.10	\$46.20	\$77.10	\$206.10
\$70,000	\$3.85	\$3.85	\$4.20	\$5.25	\$7.70	\$11.55	\$17.85	\$26.60	\$37.45	\$53.90	\$89.95	\$240.45
\$80,000	\$4.40	\$4.40	\$4.80	\$6.00	\$8.80	\$13.20	\$20.40	\$30.40	\$42.80	\$61.60	\$102.80	\$274.80
\$90,000	\$4.95	\$4.95	\$5.40	\$6.75	\$9.90	\$14.85	\$22.95	\$34.20	\$48.15	\$69.30	\$115.65	\$309.15
\$100,000	\$5.50	\$5.50	\$6.00	\$7.50	\$11.00	\$16.50	\$25.50	\$38.00	\$53.50	\$77.00	\$128.50	\$343.50
\$110,000	\$6.05	\$6.05	\$6.60	\$8.25	\$12.10	\$18.15	\$28.05	\$41.80	\$58.85	\$84.70	\$141.35	\$377.85
\$120,000	\$6.60	\$6.60	\$7.20	\$9.00	\$13.20	\$19.80	\$30.60	\$45.60	\$64.20	\$92.40	\$154.20	\$412.20
\$130,000	\$7.15	\$7.15	\$7.80	\$9.75	\$14.30	\$21.45	\$33.15	\$49.40	\$69.55	\$100.10	\$167.05	\$446.55
\$140,000	\$7.70	\$7.70	\$8.40	\$10.50	\$15.40	\$23.10	\$35.70	\$53.20	\$74.90	\$107.80	\$179.90	\$480.90
\$150,000	\$8.25	\$8.25	\$9.00	\$11.25	\$16.50	\$24.75	\$38.25	\$57.00	\$80.25	\$115.50	\$192.75	\$515.25
\$160,000	\$8.80	\$8.80	\$9.60	\$12.00	\$17.60	\$26.40	\$40.80	\$60.80	\$85.60	\$123.20	\$205.60	\$549.60
\$170,000	\$9.35	\$9.35	\$10.20	\$12.75	\$18.70	\$28.05	\$43.35	\$64.60	\$90.95	\$130.90	\$218.45	\$583.95
\$180,000	\$9.90	\$9.90	\$10.80	\$13.50	\$19.80	\$29.70	\$45.90	\$68.40	\$96.30	\$138.60	\$231.30	\$618.30
\$190,000	\$10.45	\$10.45	\$11.40	\$14.25	\$20.90	\$31.35	\$48.45	\$72.20	\$101.65	\$146.30	\$244.15	\$652.65
\$200,000	\$11.00	\$11.00	\$12.00	\$15.00	\$22.00	\$33.00	\$51.00	\$76.00	\$107.00	\$154.00	\$257.00	\$687.00
\$210,000	\$11.55	\$11.55	\$12.60	\$15.75	\$23.10	\$34.65	\$53.55	\$79.80	\$112.35	\$161.70	\$269.85	\$721.35
\$220,000	\$12.10	\$12.10	\$13.20	\$16.50	\$24.20	\$36.30	\$56.10	\$83.60	\$117.70	\$169.40	\$282.70	\$755.70
\$230,000	\$12.65	\$12.65	\$13.80	\$17.25	\$25.30	\$37.95	\$58.65	\$87.40	\$123.05	\$177.10	\$295.55	\$790.05
\$240,000	\$13.20	\$13.20	\$14.40	\$18.00	\$26.40	\$39.60	\$61.20	\$91.20	\$128.40	\$184.80	\$308.40	\$824.40
\$250,000	\$13.75	\$13.75	\$15.00	\$18.75	\$27.50	\$41.25	\$63.75	\$95.00	\$133.75	\$192.50	\$321.25	\$858.75
\$260,000	\$14.30	\$14.30	\$15.60	\$19.50	\$28.60	\$42.90	\$66.30	\$98.80	\$139.10	\$200.20	\$334.10	\$893.10
\$270,000	\$14.85	\$14.85	\$16.20	\$20.25	\$29.70	\$44.55	\$68.85	\$102.60	\$144.45	\$207.90	\$346.95	\$927.45
\$280,000	\$15.40	\$15.40	\$16.80	\$21.00	\$30.80	\$46.20	\$71.40	\$106.40	\$149.80	\$215.60	\$359.80	\$961.80
\$290,000	\$15.95	\$15.95	\$17.40	\$21.75	\$31.90	\$47.85	\$73.95	\$110.20	\$155.15	\$223.30	\$372.65	\$996.15
\$300,000	\$16.50	\$16.50	\$18.00	\$22.50	\$33.00	\$49.50	\$76.50	\$114.00	\$160.50	\$231.00	\$385.50	\$1,030.50

SPOUSE VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)												
Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.28	\$0.28	\$0.30	\$0.38	\$0.55	\$0.83	\$1.28	\$1.90	\$2.68	\$3.85	\$6.43	\$17.18
\$10,000	\$0.55	\$0.55	\$0.60	\$0.75	\$1.10	\$1.65	\$2.55	\$3.80	\$5.35	\$7.70	\$12.85	\$34.35
\$15,000	\$0.83	\$0.83	\$0.90	\$1.13	\$1.65	\$2.48	\$3.83	\$5.70	\$8.03	\$11.55	\$19.28	\$51.53
\$20,000	\$1.10	\$1.10	\$1.20	\$1.50	\$2.20	\$3.30	\$5.10	\$7.60	\$10.70	\$15.40	\$25.70	\$68.70
\$25,000	\$1.38	\$1.38	\$1.50	\$1.88	\$2.75	\$4.13	\$6.38	\$9.50	\$13.38	\$19.25	\$32.13	\$85.88
\$30,000	\$1.65	\$1.65	\$1.80	\$2.25	\$3.30	\$4.95	\$7.65	\$11.40	\$16.05	\$23.10	\$38.55	\$103.05
\$35,000	\$1.93	\$1.93	\$2.10	\$2.63	\$3.85	\$5.78	\$8.93	\$13.30	\$18.73	\$26.95	\$44.98	\$120.23
\$40,000	\$2.20	\$2.20	\$2.40	\$3.00	\$4.40	\$6.60	\$10.20	\$15.20	\$21.40	\$30.80	\$51.40	\$137.40

\$45,000	\$2.48	\$2.48	\$2.70	\$3.38	\$4.95	\$7.43	\$11.48	\$17.10	\$24.08	\$34.65	\$57.83	\$154.58
\$50,000	\$2.75	\$2.75	\$3.00	\$3.75	\$5.50	\$8.25	\$12.75	\$19.00	\$26.75	\$38.50	\$64.25	\$171.75
\$55,000	\$3.03	\$3.03	\$3.30	\$4.13	\$6.05	\$9.08	\$14.03	\$20.90	\$29.43	\$42.35	\$70.68	\$188.93
\$60,000	\$3.30	\$3.30	\$3.60	\$4.50	\$6.60	\$9.90	\$15.30	\$22.80	\$32.10	\$46.20	\$77.10	\$206.10
\$65,000	\$3.58	\$3.58	\$3.90	\$4.88	\$7.15	\$10.73	\$16.58	\$24.70	\$34.78	\$50.05	\$83.53	\$223.28
\$70,000	\$3.85	\$3.85	\$4.20	\$5.25	\$7.70	\$11.55	\$17.85	\$26.60	\$37.45	\$53.90	\$89.95	\$240.45
\$75,000	\$4.13	\$4.13	\$4.50	\$5.63	\$8.25	\$12.38	\$19.13	\$28.50	\$40.13	\$57.75	\$96.38	\$257.63
\$80,000	\$4.40	\$4.40	\$4.80	\$6.00	\$8.80	\$13.20	\$20.40	\$30.40	\$42.80	\$61.60	\$102.80	\$274.80
\$85,000	\$4.68	\$4.68	\$5.10	\$6.38	\$9.35	\$14.03	\$21.68	\$32.30	\$45.48	\$65.45	\$109.23	\$291.98
\$90,000	\$4.95	\$4.95	\$5.40	\$6.75	\$9.90	\$14.85	\$22.95	\$34.20	\$48.15	\$69.30	\$115.65	\$309.15
\$95,000	\$5.23	\$5.23	\$5.70	\$7.13	\$10.45	\$15.68	\$24.23	\$36.10	\$50.83	\$73.15	\$122.08	\$326.33
\$100,000	\$5.50	\$5.50	\$6.00	\$7.50	\$11.00	\$16.50	\$25.50	\$38.00	\$53.50	\$77.00	\$128.50	\$343.50
\$105,000	\$5.78	\$5.78	\$6.30	\$7.88	\$11.55	\$17.33	\$26.78	\$39.90	\$56.18	\$80.85	\$134.93	\$360.68
\$110,000	\$6.05	\$6.05	\$6.60	\$8.25	\$12.10	\$18.15	\$28.05	\$41.80	\$58.85	\$84.70	\$141.35	\$377.85
\$115,000	\$6.33	\$6.33	\$6.90	\$8.63	\$12.65	\$18.98	\$29.33	\$43.70	\$61.53	\$88.55	\$147.78	\$395.03
\$120,000	\$6.60	\$6.60	\$7.20	\$9.00	\$13.20	\$19.80	\$30.60	\$45.60	\$64.20	\$92.40	\$154.20	\$412.20
\$125,000	\$6.88	\$6.88	\$7.50	\$9.38	\$13.75	\$20.63	\$31.88	\$47.50	\$66.88	\$96.25	\$160.63	\$429.38
\$130,000	\$7.15	\$7.15	\$7.80	\$9.75	\$14.30	\$21.45	\$33.15	\$49.40	\$69.55	\$100.10	\$167.05	\$446.55
\$135,000	\$7.43	\$7.43	\$8.10	\$10.13	\$14.85	\$22.28	\$34.43	\$51.30	\$72.23	\$103.95	\$173.48	\$463.73
\$140,000	\$7.70	\$7.70	\$8.40	\$10.50	\$15.40	\$23.10	\$35.70	\$53.20	\$74.90	\$107.80	\$179.90	\$480.90
\$145,000	\$7.98	\$7.98	\$8.70	\$10.88	\$15.95	\$23.93	\$36.98	\$55.10	\$77.58	\$111.65	\$186.33	\$498.08
\$150,000	\$8.25	\$8.25	\$9.00	\$11.25	\$16.50	\$24.75	\$38.25	\$57.00	\$80.25	\$115.50	\$192.75	\$515.25

CHILD(REN) VOLUNTARY TERM LIFE INSURANCE	
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)	
Benefit Amount	Cost For All Children
\$10,000	\$1.00

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GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



More than 3.5 million children ages 14 and younger get hurt annually playing sports or participating in recreational activities.¹

Pantar Solutions

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



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

COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		OPTION 1
Coverage Type		Off-job only
BENEFITS		OPTION 1
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	\$75
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$25
Ambulance – Air	Once per accident	\$900
Ambulance – Ground	Once per accident	\$300
Blood/Plasma/Platelets	Once per accident	\$200
Child Care	Up to 30 days per accident while insured is confined	\$25
Daily Hospital Confinement	Up to 365 days per lifetime	\$200
Daily ICU Confinement	Up to 30 days per accident	\$400
Diagnostic Exam	Once per accident	\$200
Emergency Dental	Once per accident	Up to \$300
Emergency Room	Once per accident	\$150
Health Screening Benefit	Once per year for each covered person	\$75
Hospital Admission	Once per accident	\$1,000
Initial Physician Office Visit	Once per accident	\$75
Lodging	Up to 30 nights per lifetime	\$125
Medical Appliance	Once per accident	\$100
Rehabilitation Facility	Up to 15 days per lifetime	\$100
Transportation	Up to 3 trips per accident	\$300
Urgent Care	Once per accident	\$75
X-ray	Once per accident	\$50
SPECIFIED INJURY & SURGERY		OPTION 1
Abdominal/Thoracic Surgery	Once per accident	\$1,500
Arthroscopic Surgery	Once per accident	\$300
Burn	Once per accident	Up to \$10,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit
Concussion	Up to 3 per year	\$150
Dislocation	Once per joint per lifetime	Up to \$4,000
Eye Injury	Once per accident	Up to \$400
Fracture	Once per bone per accident	Up to \$6,000
Hernia Repair	Once per accident	\$150

Joint Replacement	Once per accident	\$2,000
Knee Cartilage	Once per accident	Up to \$750
Laceration	Once per accident	Up to \$600
Ruptured Disc	Once per accident	\$750
Tendon/Ligament/Rotator Cuff	Up to 2 per accident	Up to \$1,000
CATASTROPHIC		OPTION 1
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$30,000
Common Carrier Death	Within 90 days; Spouse @ 50% and child @ 25%	\$90,000
Coma	Once per accident	\$10,000
Dismemberment	Once per accident	Up to \$30,000
Home Health Care	Up to 30 days per accident	\$50
Paralysis	Once per accident	Up to \$10,000
Prosthesis	Up to 2 per accident	Up to \$1,500
FEATURES		OPTION 1
Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampion ^{SM2} – Administrative & clinical support following serious illness or injury		Included

PREMIUMS

The amounts shown are semi-monthly amounts (24 payments/deductions per year).³

COVERAGE TIER	
Employee Only	\$4.90 (\$0.32 per day)
Employee & Spouse	\$7.75 (\$0.51 per day)
Employee & Child(ren)	\$8.16 (\$0.54 per day)
Employee & Family	\$12.85 (\$0.84 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis, and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26 (or under age 26 if a full-time student).

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

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

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, 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).

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

GROUP VOLUNTARY CANCER AND SPECIFIED DISEASES INSURANCE BENEFIT HIGHLIGHTS



65% of American cancer survivors did not have sufficient income to cover out-of-pocket expenses for cancer treatment and other incurred debts related to the illness.¹

Pantar Solutions

Facing a serious illness can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Cancer and Specified Diseases insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose - from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Cancer and Specified Diseases insurance, visit
thehartford.com/employeebenefits

COVERAGE INFORMATION

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

COVERAGE AMOUNTS	
Employee Coverage Amount	\$10,000 or \$20,000
Spouse Coverage Amount	50% of your coverage amount
Child(ren) Coverage Amount	\$5,000
COVERED ILLNESSES	BENEFIT AMOUNTS
CANCER CONDITIONS	
Benign Brain Tumor*; Invasive Cancer*	100% of coverage amount
Non-invasive Cancer	25% of coverage amount
VASCULAR CONDITIONS	
Heart Attack*; Heart Transplant*; Stroke*	100% of coverage amount
Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft	25% of coverage amount
OTHER SPECIFIED CONDITIONS	
Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Transplant*; Paralysis	100% of coverage amount
Bone Marrow Transplant	25% of coverage amount
NEUROLOGICAL CONDITIONS	
Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's)	100% of coverage amount
ADDITIONAL BENEFITS	BENEFIT AMOUNTS
Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	50% of your coverage amount
Health Screening Benefit	\$75 one time
FEATURES	BENEFIT AMOUNTS
Coverage Maximum – Primary Insured & Spouse	500% of coverage amount
Coverage Maximum – Child(ren)	300% of coverage amount
Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues	
HealthChampion ^{SM2} – Administrative and clinical support following serious illness or injury	

PREMIUMS

See the Premium Worksheet.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis, and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26 (or under age 26 if a full-time student).

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.⁴

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

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

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, 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).

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependents) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, 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 coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

¹Insights From Survivors: Managing the Personal, Emotional and Financial Impact of Cancer, Washington National Institute for Wellness Solutions, 2014.

²HealthChampionSM and Ability Assist[®] are offered through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych. Ability Assist is a registered trademark and HealthChampion is a service mark of ComPsych Corporation.

³Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

⁴The Cancer and Specified Diseases policy is guaranteed issue, but does contain a Pre-Existing Condition Limitation. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.

Prepare. Protect. Prevail. With The Hartford. [®]

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP ACCIDENT INSURANCE

LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

For New York Residents:

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE — THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS

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GROUP CANCER AND SPECIFIED DISEASES INSURANCE

LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the diagnosis of a covered illness, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

Benefit Separation Periods. If a covered person is diagnosed with a covered illness, and is subsequently diagnosed with another covered illness, the following separation periods apply between benefit payments. If the subsequent diagnosis is for: 1) A different, non-related covered illness than the first diagnosis (e.g. a cancer illness then a vascular illness), then no separation period applies; 2) A covered illness that is related to the first (e.g. two vascular illnesses, like heart attack and stroke), then a 30 day separation period applies; 3) The same covered illness as the first (e.g. two heart attacks) as allowed by the Recurrence Benefit, then a 12 month separation period applies.

Pre-Existing Condition Limitation. We will not pay a benefit or any increase in benefits for any Cancer and Specified Diseases for a pre-existing condition, unless at the time of a positive diagnosis a covered person has been continuously insured under the policy or any prior group plan for 12 months. Pre-existing condition, as used in this limitation, means any Cancer and Specified Diseases for which medical care is received within the 12 month period prior to the effective date of insurance for a covered person or prior to the effective date of any increase in coverage for a covered person, under the policy or any prior group plan.

Exclusions. This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

General Limitations. Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable benefit separation period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a recurrence provision
- For which a covered person has already received a benefit payment under the recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in your certificate.

NOTICES

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In NY: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance

Premium Worksheet



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

VOLUNTARY CANCER AND SPECIFIED DISEASES INSURANCE													
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)													
NON-TOBACCO USER													
Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	Employee Only	\$3.86	\$3.86	\$5.06	\$5.06	\$8.82	\$8.82	\$15.63	\$15.63	\$30.11	\$30.11	\$28.38	\$28.38
	Employee & Spouse	\$6.41	\$6.41	\$8.23	\$8.23	\$14.03	\$14.03	\$24.61	\$24.61	\$46.93	\$46.93	\$44.17	\$44.17
	Employee & Child(ren)	\$5.85	\$5.85	\$7.05	\$7.05	\$10.81	\$10.81	\$17.62	\$17.62	\$32.10	\$32.10	\$29.96	\$29.96
	Employee & Family	\$8.73	\$8.73	\$10.55	\$10.55	\$16.35	\$16.35	\$26.93	\$26.93	\$49.25	\$49.25	\$46.02	\$46.02
\$20,000	Employee Only	\$6.32	\$6.32	\$8.67	\$8.67	\$16.02	\$16.02	\$29.59	\$29.59	\$58.54	\$58.54	\$55.08	\$55.08
	Employee & Spouse	\$10.10	\$10.10	\$13.59	\$13.59	\$24.85	\$24.85	\$45.90	\$45.90	\$90.52	\$90.52	\$85.00	\$85.00
	Employee & Child(ren)	\$8.31	\$8.31	\$10.66	\$10.66	\$18.01	\$18.01	\$31.57	\$31.57	\$60.53	\$60.53	\$56.66	\$56.66
	Employee & Family	\$12.42	\$12.42	\$15.91	\$15.91	\$27.17	\$27.17	\$48.21	\$48.21	\$92.84	\$92.84	\$86.84	\$86.84

VOLUNTARY CANCER AND SPECIFIED DISEASES INSURANCE													
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)													
TOBACCO USER													
Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	Employee Only	\$4.15	\$4.15	\$6.12	\$6.12	\$13.11	\$13.11	\$27.74	\$27.74	\$60.76	\$60.76	\$53.71	\$53.71
	Employee & Spouse	\$6.87	\$6.87	\$9.88	\$9.88	\$20.77	\$20.77	\$43.43	\$43.43	\$94.27	\$94.27	\$83.50	\$83.50
	Employee & Child(ren)	\$6.14	\$6.14	\$8.11	\$8.11	\$15.10	\$15.10	\$29.73	\$29.73	\$62.75	\$62.75	\$55.29	\$55.29
	Employee & Family	\$9.18	\$9.18	\$12.19	\$12.19	\$23.09	\$23.09	\$45.75	\$45.75	\$96.59	\$96.59	\$85.34	\$85.34
\$20,000	Employee Only	\$6.91	\$6.91	\$10.78	\$10.78	\$24.61	\$24.61	\$53.82	\$53.82	\$119.85	\$119.85	\$105.73	\$105.73
	Employee & Spouse	\$11.00	\$11.00	\$16.88	\$16.88	\$38.34	\$38.34	\$83.53	\$83.53	\$185.20	\$185.20	\$163.65	\$163.65
	Employee & Child(ren)	\$8.90	\$8.90	\$12.77	\$12.77	\$26.60	\$26.60	\$55.81	\$55.81	\$121.84	\$121.84	\$107.31	\$107.31
	Employee & Family	\$13.32	\$13.32	\$19.20	\$19.20	\$40.65	\$40.65	\$85.85	\$85.85	\$187.52	\$187.52	\$165.49	\$165.49

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VOLUNTARY ACCIDENT INSURANCE	
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)	
COVERAGE TIER	OPTION 1
Employee Only	\$4.90 (\$0.32 per day)
Employee & Spouse	\$7.75 (\$0.51 per day)
Employee & Child(ren)	\$8.16 (\$0.54 per day)
Employee & Family	\$12.85 (\$0.84 per day)

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ENROLL IN YOUR BENEFITS: One step at a time



Step 1: Log In

Go to cba.employeenavigator.com

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.



Step 2: Register

If you have not created a username or password:

You will need the following information:

1. First Name and Last Name
2. Company Identifier:
Pantar01
3. PIN - Last 4 digits of your SS #
4. Birthdate

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits.

Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

- ☒ Myself
- ☐ Elizabeth Reynolds (Spouse)
- ☐ Gwen Reynolds (Child)

The screenshot shows a benefit election interface. At the top, it displays a plan cost of \$138.46 per pay period, effective on 08/01/18 for an employee. Below this, there are buttons for 'Compare', 'Details', and 'Selected'. A section titled 'How much will it cost?' shows a table with 'Plan Cost' at \$138.46, 'Employer Contribution' at \$138.46, and 'My Cost' at \$0.00. A 'View employer contributions summary' link is provided. At the bottom, there are 'Save & Continue' and 'Don't want this benefit?' buttons.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

The screenshot shows the 'Enrollment Summary' page. It includes a warning box stating 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this, there's a section for 'Enrolled Plans' showing 'Medical' and 'Key Care HSA PPO2017 404E2435 Long Plan Name'. On the right, a progress bar shows 'Progress 6 of 8' with steps 1 through 8. Steps 1-5 are complete, step 6 is highlighted as incomplete, and step 8 is the current step.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

The screenshot shows a celebratory screen titled 'High Five! Enrollment Complete!'. It states 'You've only got one more item to complete.' and lists '1. HR Tasks' as the remaining step. A green 'Start Tasks' button is prominently displayed, along with a 'Dismiss, complete later' link.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7