



## POLK COUNTY GOVERNMENT Summary of Hartford Term Life Benefits

### WHAT ARE THE BASIC TERM LIFE & BASIC AD&D BENEFITS?

Benefit Amount	\$10,000
Cost to You	None. Your employer pays for this benefit.

### WHAT ARE THE EMPLOYEE SUPPLEMENTAL TERM LIFE BENEFITS?

Benefit Options	One half (.5) to five (5) times your Basic Annual Earnings up to the Guarantee Issue Maximum
Cost to you	This benefit is 100% Employee paid.
Guarantee Issue	\$400,000 for all newly eligible employees. Employees who are currently enrolled may increase their coverage by one increment level at annual enrollment without medical evidence. If you were not previously covered under the Supplemental Life plan but were eligible to elect coverage, all elected amounts will require medical evidence. Coverage will not be effective unless, and until, Hartford Life approves your application.
Portability	You can take this coverage with you if you terminate employment. Rates will be similar but not identical.

### WHAT ARE THE DEPENDENT SUPPLEMENTAL TERM LIFE BENEFITS?

Dependent Benefit Options		Monthly Cost per dependent unit:
	Option 1: Spouse: \$25,000 Child: \$12,500	\$4.23 per month
	Option 2: Spouse: \$20,000 Child: \$10,000	\$3.38 per month
	Option 3: Spouse: \$15,000 Child: \$7,500	\$2.54 per month
	Option 4: Spouse: \$10,000 Child: \$5,000	\$1.69 per month
	Option 5: Spouse: \$5,000 Child: \$2,500	\$1.35 per month
	Option 6: Spouse: \$2,500 Child: \$2,500	\$1.08 per month

cannot exceed 50% of employee's supplemental life election

Cost to you

This benefit is 100% Employee paid.

Portability

You can take this coverage with you if you terminate employment.  
Rates will be similar but not identical.

**THIS PLAN HIGHLIGHT SUMMARY IS PROVIDED ONLY AS A BRIEF OVERVIEW OF THE COVERAGES OFFERED TO YOU THROUGH HARTFORD LIFE INSURANCE COMPANY. IF THE TERMS OF THIS PLAN HIGHLIGHT SUMMARY AND THE POLICY DIFFER, THE POLICY WILL ALWAYS GOVERN.**