

**Customer Privacy Notice**  
**The Hartford Financial Services Group, Inc. and Affiliates\***

(herein called “we, our, and us”)

*This Privacy Policy applies to our United States Operations*

We value your trust. We are committed to the responsible:

- a) management;
- b) use; and
- c) protection;

of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
- b) your address;
- c) your income;
- d) your payment; or
- e) your credit history;

may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
  - b) market our services;
- to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
- b) brokerage firms;
- c) insurance companies;
- d) administrators; and
- e) service providers;

who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We, and third parties we partner with, may track some of the pages **You** visit through the use of:

- a) cookies;
- b) pixel tagging; or
- c) other technologies;

and currently do not process or comply with any web browser’s “do not track” signal or other similar mechanism that indicates a request to disable online tracking of individual users who visit our websites or use our services.

For more information, our Online Privacy Policy, which governs information we collect on our website and our affiliate websites, is available at

<https://www.thehartford.com/online-privacy-policy>.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) “opt-out;” or
  - b) “opt-in;”
- as required by law.

We only disclose **Personal Health Information** with:

- a) your authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
- b) the integrity of;

**Personal Information** that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;

- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data; and
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our privacy policies and procedures may be subject to discipline, which may include termination of their employment with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

**Application** means your request for our product or service.

**Personal Financial Information** means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

**Personal Financial Information** may include Social Security Numbers, Driver's license numbers, or other government-issued identification numbers, or credit, debit card, or bank account numbers.

**Personal Health Information** means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

**Personal Information** means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

**Transaction** means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

**You** means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
  - b) applying for; or
  - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

If you have any questions or comments about this privacy notice, please feel free to contact us at The Hartford – Consumer Rights and Privacy Compliance Unit, One Hartford Plaza, Mail Drop: T 04.180, Hartford, CT 06155, or at [ConsumerPrivacyInquiriesMailbox@thehartford.com](mailto:ConsumerPrivacyInquiriesMailbox@thehartford.com).

This Customer Privacy Notice is being provided on behalf of The Hartford Financial Services Group, Inc. and its affiliates (including the following as of February 2021), to the extent required by the Gramm-Leach-Bliley Act and implementing regulations:

1stAGChoice, Inc.; Access CoverageCorp, Inc.; Access CoverageCorp Technologies, Inc.; Assurances Continentales Continentale Verzekeringen N.V.; Bracht, Deckers & Mackelbert N.V.; Business Management Group, Inc.; Canal Re S.A.; Cervus Claim Solutions, LLC; First State Insurance Company; FTC Resolution Company LLC; Hart Re Group L.L.C.; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford Casualty General Agency, Inc.; Hartford Casualty Insurance Company; Hartford Fire General Agency, Inc.; Hartford Fire Insurance Company; Hartford Funds Distributors, LLC; Hartford Funds Management Company, LLC; Hartford Funds Management Group, Inc.; Hartford Holdings, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford Insurance, Ltd.; Hartford Integrated Technologies, Inc.; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Lloyd's Corporation; Hartford Lloyd's Insurance Company; Hartford Management, Ltd.; Hartford Productivity Services LLC; Hartford of Texas General Agency, Inc.; Hartford Residual Market, L.C.C.; Hartford Specialty Insurance Services of Texas, LLC; Hartford STAG Ventures LLC; Hartford Strategic Investments, LLC; Hartford Underwriters General Agency, Inc.; Hartford Underwriters Insurance Company; Heritage Holdings, Inc.; Heritage Reinsurance Company, Ltd.; HLA LLC; HL Investment Advisors, LLC; Horizon Management Group, LLC; HRA Brokerage Services, Inc.; Lattice Strategies LLC; Maxum Casualty Insurance Company; Maxum Indemnity Company; Maxum Specialty Services Corporation; Millennium Underwriting Limited; MPC Resolution Company LLC; Navigators (Asia) Limited; Navigators Corporate Underwriters Limited; Navigators Holdings (Europe) N.V.; Navigators Holdings (UK) Limited; Navigators Insurance Company; Navigators International Insurance Company Ltd.; Navigators Management Company, Inc.; Navigators Management (UK) Limited; Navigators N.V.; Navigators Specialty Insurance Company; Navigators Underwriting Agency Limited; Navigators Underwriting Limited; New BDM NV; New England Insurance Company; New England Reinsurance Corporation; New Ocean Insurance Co., Ltd.; NIC Investments (Chile) SpA; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Pacific Insurance Company, Limited; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd; The Navigators Group, Inc.; Trumbull Flood Management, L.L.C.; Trumbull Insurance Company; Twin City Fire Insurance Company; Y-Risk, LLC.



## **IMPORTANT NOTICE ON ECONOMIC AND TRADE SANCTIONS**

We are providing notice that Hartford Life and Accident Insurance Company is subject to economic and trade sanctions laws and regulations. These laws and regulations, including the laws and regulations administered and enforced by the United States Department of the Treasury's Office of Foreign Assets Control ("OFAC"), prevent Hartford Life and Accident from providing coverage to, and from paying benefits to, entities and individuals where prohibited by applicable law. In addition, these laws and regulations prohibit certain activities with respect to certain countries.

We are providing this information to make you aware of the existence and potential impact of these economic and trade sanctions programs on your benefit program.

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. 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



# 2020 Group Benefits Employer Markets Legislative Notice

## Employer Version

**Note:** The purpose of this Notice is to provide an overview of new laws primarily passed in 2020 that may impact existing Employer Market policies and certificates. These laws may apply to the extent that policyholders have applicable provisions in their contracts. Laws related to Association Market only and insurer business practices are not included in this Notice.

**DISCLAIMER: The Hartford provides this Notice for informational purposes only. This Notice includes information that may impact policies issued by The Hartford, but does not constitute legal advice. You should continue to consult your own internal legal and HR resources for guidance on the application of the law(s) cited in this Notice.**

### **Policy Provisions**

**State and Title:** ID IDAPA 18.04.08 s 000 Dated 10-02-2019

**Effective Date:** March 20, 2020

**Summary:** The minimum standards regulation has been updated for group disability and supplemental policies including Disability Income, Hospital Indemnity, Accident, Accidental Death and Dismemberment, and Critical Illness coverage, with the intent to clarify which standards apply to which types of coverage, and to provide for full disclosure in the policy/certificate for the marketing and sale of such insurance.

**Impact:** Minimum standards and disclosure language for Disability Income, Hospital Indemnity, Accident, Accidental Death and Dismemberment and Critical Illness (policies/certificates) may be impacted and will be updated as needed.

**State and Title:** NH Ins. 6001.05

**Effective Date:** September 28, 2020

**Summary:** The New Hampshire Department of Insurance revised the Exclusions language within the section pertaining to driving under the influence of drugs or alcohol for ancillary health products.



Policy forms containing the permissible exclusions for drug use and driving under the influence will need to comply with the following:

“f. The voluntary consumption of drugs that are not prescribed by the insured's physician or are not used in the manner prescribed; and

g. Driving under the influence of drugs or alcohol or any combination thereof”

**Impact:** Impacted Disability income, Hospital Indemnity, Critical Illness, Accident-Only policy forms will have exclusion language revised.

**State and Title: NH Ins. 6202.03**

**Effective Date: October 23, 2020**

**Summary:** The regulations on minimum standards for Hospital Indemnity and Accident-Only Coverage were updated to modify policy provisions to clarify definitions, minimum benefits, prohibited provisions and required disclosures. Most notably, the accidental death and double dismemberment minimum amounts allowed have been lowered from \$10,000 per covered person to \$5,000, and amounts for a single dismemberment of a limb, in whole or in part, have been revised from at least \$5,000 to at least \$2,500 per covered person.

**Impact:** Policy language that conflicts with these revisions may be modified for Hospital Indemnity and Accident-Only coverage as required.

**State and Title: NM NMAC 13.10.34**

**Effective Date: October 1, 2020**

**Summary:** The New Mexico Office of the Superintendent has promulgated minimum standards for Accident-Only, Specified Disease or Illness and Hospital Indemnity policies, to establish regulatory requirements and standardize the terms of coverage. General standards and prohibited provisions were established for all coverages. The following summarizes the standards created for the specific coverages:

- Hospital Indemnity: established benefit minimums for hospital confinement benefits; defines “confinement” and “continuous period of hospital confinement”; identifies benefit limits; establishes requirements for outpatient visits.
- Accident-Only: provides definition for “injury”; establishes minimum coverage requirements for death, dismemberment and partial dismemberment benefits; provides restrictions on the use of a probationary or waiting period and offering sickness benefits not resulting from an accident.



- Critical Illness: provides general rules for coverage including a limitation on waiting/probationary periods and when benefits shall be payable; establishes minimum benefits standards and minimum benefits limits.

**Impact:** Policy terms or disclosures impacted by the implementation of these minimum standards will be modified as required.

**State and Title:** VA Senate Bill 567

**Effective Date:** July 1, 2020

**Summary:** For policies effective on or after July 1, 2021, insurers delivering or issuing for delivery an individual or group accident and sickness policy providing short-term disability income protection, whose policies provide short-term disability arising out of childbirth, shall provide coverage for a payable benefit of at least 12 weeks immediately following childbirth for such a disability.

**Impact:** Short-term Disability Income benefits may be impacted.

## **Discretionary Clauses**

**State and Title:** CO Senate Bill 176

**Effective Date:** September 14, 2020

**Summary:** The Colorado legislature amended section 10-3-1116 of the insurance code which addresses remedies for unreasonable delay or denial of benefits, adding language defining “issued in Colorado” to include, health and disability policies, contracts or certificates that are existing, offered, issued, delivered or renewed in CO to include residents of CO, regardless of whether the employer is located or domiciled in CO, on or after August 5, 2008.

**Impact:** Impacted policy forms or notices for Disability, Critical Illness and Hospital Indemnity and Accidental Death and Dismemberment may need to be updated.

## **Disclosures/Notices:**

**State and Title:** AR Bulletin 4A-2020

**Effective Date:** March 15, 2020

**Summary:** The AR Insurance Department advised insurers to update policy forms with the Department’s new address and also include language, advising policyholders of their right to file a complaint.

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**Impact:** Policy forms for Life, Disability Income, Accidental Death and Dismemberment, Accident-Only, Critical Illness and Hospital Indemnity coverage will be updated to reflect the above changes.

**State and Title:** NH Ins. 6201.05 dated 8-20-2020

**Effective Date:** October 23, 2020

**Summary:** The New Hampshire DOI updated their ancillary health products minimum standards regulations, to clarify policy and certificate disclosure requirements.

**Impact:** Changes impacting policy language for Disability, Accidental Death and Dismemberment, Accident-Only, Critical Illness and Hospital Indemnity policies may be modified as required.



## **Guaranty Association Notices:**

The purpose of the Life and Health Insurance Guaranty Associations is to provide certain insureds with a limited benefit in the event that their insurance company becomes insolvent and can no longer pay claims. Each state provides coverage according to its Life and Health Insurance Guaranty Association laws for certain certificate holders under a group insurance policy. All insurance companies (with limited exceptions) licensed to write life and health insurance or annuities in these states are required, as a condition of doing business in the state, to be members of the Guaranty Association. The Hartford is required by law to provide or make available the Guaranty Association Notice as a means of informing policyholders of the existence and purpose of the Guaranty Association. The following states have made changes to their Guaranty Association coverage limits:

**State and Title: MO 20 CSR 400-5.600 Appendix One**

**Effective Date: January 30, 2021**

**Summary:** The MO Department of Insurance notified carriers of changes that will require revisions to the current MO Life and Health Insurance Guaranty Association Notice, which expands coverage to include Health Maintenance Organizations (HMOs) and health benefit plans. The current form should be replaced with the notice language below:

APPENDIX ONE  
NOTICE OF PROTECTION PROVIDED BY  
MISSOURI LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Missouri Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Missouri law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its insurance department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Missouri law, with funding from assessments paid by other insurance companies. (For purposes of this notice, the terms "insurance company" and "insurer" include health maintenance organizations (HMOs).)

The basic protections provided by the Association are as follows:

- Life Insurance
- \$300,000 in death benefits, but not more than \$100,000 in net cash surrender and net cash withdrawal values





- Health Insurance
- \$500,000 for health benefit plans
- \$300,000 in disability insurance benefits
- \$300,000 in long-term care insurance benefits
- \$100,000 in other types of health insurance benefits
- Annuities
- \$250,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is as follows:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of health benefit plans
- \$500,000 in aggregate for health benefit plans
- \$5,000,000 to one policy owner of multiple nongroup policies of life insurance, whether the policy owner is an individual, firm, corporation, or other person, and whether the persons insured are officers, managers, employees, or other persons

"Health benefit plan" is defined in section 376.718, RSMo.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Missouri law.

Benefits provided by a long-term care (LTC) rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the basic life insurance policy or annuity contract to which it relates.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at [www.mo-iga.org](http://www.mo-iga.org), or contact:

Missouri Life and Health  
Insurance Guaranty Association

Missouri Department of Commerce  
and Insurance



2210 Missouri Boulevard  
Jefferson City, Missouri 65109  
Ph.: 573-634-8455  
Fax: 573-634-8488

301 West High Street, Room 530  
Jefferson City, Missouri 65101  
Ph.: 573-522-6115

Insurance companies and agents are not allowed by Missouri law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance or HMO coverage. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Missouri law, then Missouri law will control.

**State and Title: MS 19-1-24.03 Dated 11-18-2020**

**Effective Date: January 01, 2021**

**Summary:** The MS Department of Insurance notified carriers of changes that will require revisions to the current MS Life and Health Insurance Guaranty Association Notice, which expands coverage to include Health Maintenance Organizations (HMOs) and health benefit plans. The current form should be replaced with the notice language below:

**NOTICE OF PROTECTION PROVIDED BY MISSISSIPPI LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a brief summary of the Mississippi Life and Health Insurance Guaranty Association (the "Association") and the protection it provides for policyholders. This safety net was created by Mississippi law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity or health insurer becomes financially unable to meet its obligations. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Mississippi law, with funding from assessments paid by other insurance companies. (For purposes of this notice, the terms "insurance company" and "insurer" include health maintenance organizations (HMOs).)

The basic protections provided by the Association are:

Life Insurance

- \$300,000 in death benefits
- \$100,000 in net cash surrender and net cash withdrawal values



## Health Insurance

- \$500,000 for health benefit plans (see definition below)
- \$300,000 in disability income insurance benefits
- \$300,000 in long-term care insurance benefits
- \$100,000 in other types of health insurance benefits

## Annuities

- \$250,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values.

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000. Special rules may apply with regard to health benefit plans.

“Health benefit plan” is defined in Miss. Code Ann. § 83-23-209 and generally includes hospital or medical expense policies, contracts or certificates, or HMO subscriber contracts that provide comprehensive forms of coverage for hospitalization or medical services, but excludes policies that provide coverages for limited benefits (such as dental-only or vision-only insurance), Medicare Supplement insurance, disability income insurance and long-term care insurance (LTCI).

**Note: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Mississippi law.

Benefits provided by a long-term care (LTC) rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the base life insurance policy or annuity contract to which it relates.

To learn more about the above protections, limitations and exclusions, as well as protections relating to group contracts or retirement plans, please visit the Association's website at [www.ms lifega.org](http://www.ms lifega.org), or contact:

Mississippi Life and Health Insurance	Mississippi Insurance Department
Guaranty Association	Woolfolk Building
330 North Mart Plaza	501 N. West Street, Suite 1001



Jackson, MS 39206-5327

Jackson, MS 39201

601-981-0755

601-359-3569

To file a complaint or seek information about the financial condition of an insurer, contact the Mississippi Insurance Department.

Your insurer is required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation or inducement to purchase any form of insurance.

**State and Title: SC Bulletin 2020-11**

**Effective Date: December 14, 2020**

**Summary:** The SC Department of Insurance notified carriers of changes that will require revisions to the current SC Life and Health Insurance Guaranty Association Notice, which expands coverage to include Health Maintenance Organizations (HMOs) and health benefit plans. The current form should be replaced with the notice language below:

**Summary of the South Carolina Life and Accident and Health**

**Insurance Guaranty Association Act and**

**Notice Concerning Coverage Limitations and Exclusions**

Residents of South Carolina who hold life insurance, annuities, or health insurance policies should know that the insurance companies and health maintenance organizations (HMOs) licensed in this state to write these types of insurance are required by law to be members of the South Carolina Life and Accident and Health Insurance Guaranty Association (SCLAHIGA). The purpose of SCLAHIGA is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this happens, SCLAHIGA will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. However, the valuable extra protection provided by these insurers through SCLAHIGA is limited. Consumers should shop around for insurance coverage and exercise care and diligence when selecting insurance coverage.

**Disclaimer**

Under South Carolina law, the South Carolina Life and Accident and Health Insurance Guaranty Association (SCLAHIGA) may provide coverage of certain direct life insurance policies, accident and health insurance policies, annuity contracts and contracts supplemental to life, accident and health



insurance policies and annuity contract claims (covered claims) if the insurer becomes impaired or insolvent. South Carolina law does not require the SCLAHIGA to provide coverage for every policy. **COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY.**

Coverage is generally conditioned upon residence in this state. Other conditions that may preclude or exclude coverage are described in this notice. Even if coverage is provided, there are significant limits and exclusions. Please read the entire notice for further details on limitations and exclusions.

Insurance companies and insurance agents are prohibited by law from using the existence of the SCLAHIGA or its coverage to sell you an insurance policy. You should not rely on the availability of coverage under SCLAHIGA when selecting an insurer. The South Carolina Life and Accident and Health Insurance Guaranty Association or the Department of Insurance will respond to any questions you may have which are not answered by this document.

If you think the law has been violated, you may file a written complaint with the SCLAHIGA or the South Carolina Department of Insurance at the addresses listed below:

<b>South Carolina Life and Accident and Health Insurance Guaranty Association</b>  Attention: Executive Director  P.O. Box 8625  Columbia, SC 29202	<b>South Carolina Department of Insurance</b>  Attention: Office of Consumer Services  1201 Main Street, Suite 1000 Columbia, SC 29201  Electronic complaint submission via  <a href="http://www.doi.sc.gov/complaint">www.doi.sc.gov/complaint</a>
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Please attach copies of all pertinent documentation. You may submit a written complaint or a complaint electronically to the Department through submission of the electronic form on the Department's website at [www.doi.sc.gov/complaint](http://www.doi.sc.gov/complaint). You should receive a response to your complaint within 10 days.

This safety-net coverage is provided for in the South Carolina Life and Accident and Health Insurance Guaranty Association Act (the Act). The following summary of the Act's coverages, exclusions and limits does not cover all provisions of the Act; nor does it in any way change any person's rights or obligations under the Act or the rights or obligations of the SCLAHIGA.

**COVERAGE**

Generally, individuals will be protected by the SCLAHIGA if they live in this state and hold a covered life, accident, health or annuity policy, plan or contract issued by an insurer (including a health maintenance organization) authorized to conduct business in South Carolina. The beneficiaries, payees or assignees of insured persons may also be protected if they live in another state unless circumstances described under the Act exclude coverage.



## **EXCLUSIONS FROM COVERAGE**

Persons who hold a covered life, accident, health or annuity policy, plan or contract are not protected by SCLAHIGA if:

- They are eligible for protection under the laws of another state (This may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state.);
- The insurer was not authorized to do business in this state; or
- They acquired rights to receive payments through a structured settlement factoring agreement.

SCLAHIGA also does not provide coverage for:

- A portion of a policy or contract or part thereof not guaranteed by the member insurer, or under which the risk is borne by the policy or contract owner;
- A policy or contract of reinsurance, unless assumption certificates have been issued;
- Interest rate or crediting rate yields or similar factors employed in calculating value changes that exceed an average rate;
- Any policy or contract issued by assessment mutuals, fraternal, and nonprofit hospital and medical service plans;
- Benefits payable by an employer, association or other person under: (a) a multiple employer welfare arrangement; (b) a minimum premium group insurance plan; (c) a stop-loss group insurance plan; or (d) an administrative services contract;
- A portion of a policy or contract to the extent that it provides for (a) dividends or experience rating credits; (b) voting rights; or (c) payment of any fees or allowances to any person, including the policy or contract owner, in connection with the service to or administration of the policy or contract;
- A portion of a policy or contract to the extent that the assessments required by Section 38-29-80 with respect to the policy or contract are preempted by federal or state law;
- An obligation that does not arise under the express written terms of the policy or contract issued by the member insurer to the enrollee, certificate holder, contract owner or policy owner, including without limitation: (a) Claims based on marketing materials; (b) Claims based on side letters, riders or other documents that were issued by *the* member insurer without meeting applicable policy or contract form filing or approval requirements; (c) Misrepresentations of or regarding policy or



contract benefits; (d) Extra-contractual claims; or (e) A claim for penalties or consequential or incidental damages;

- An unallocated annuity contract;
- A policy or contract providing any hospital, medical, prescription drug or other health care benefits pursuant to Medicare Part C or D or Medicaid; or
- Interest or other changes in value to be determined by the use of an index or other external references but which have not been credited to the policy or contract or as to which the policy or contract owner's rights are subject to forfeiture, as of the date the member insurer becomes impaired or insolvent insurer, whichever is earlier.

#### **LIMITS ON AMOUNTS OF COVERAGE**

The South Carolina Life and Accident and Health Insurance Guaranty Association Act also limits the amount that SCLAHIGA is obligated to pay for covered claims. The benefits for which SCLAHIGA may become liable shall in no event exceed the lesser of the following:

- With respect to one life, regardless of the number of policies or contracts: \$300,000 in life insurance death benefits, or not more than \$300,000 in net cash surrender and net cash withdrawal values for life insurance;
- For health insurance benefits: (a) \$300,000 for coverages not defined as disability income insurance or health benefit plans or long-term care insurance, including any net cash surrender and net cash withdrawal values; (b) \$300,000 for disability income insurance; (c) \$300,000 for long-term care insurance; (d) \$500,000 for health benefit plans; or
- \$300,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values.

**State and Title: SD Memo Regarding Revised Guaranty Association Summary**

**Effective Date: April 08, 2020**

**Summary:** The SD Life and Health Insurance Guaranty Association notified carriers of changes that will require revisions to the current SD Life and Health Insurance Guaranty Association Notice which expand coverage to include Health Maintenance Organizations (HMOs) and health benefit plans. The current form should be replaced with the notice language below:

NOTICE CONCERNING COVERAGE  
LIMITATIONS AND EXCLUSIONS UNDER  
THE SOUTH DAKOTA LIFE AND  
HEALTH INSURANCE GUARANTY  
ASSOCIATION ACT

Residents of South Dakota who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the South Dakota Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policy owners, contract owners, and certificate owners will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

**The Guaranty Association does not provide coverage for all types of life, health, or annuity benefits, and the Guaranty Association may not provide coverage for this policy or contract. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in South Dakota. You should not rely on coverage by the South Dakota Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy or contract.**

**Coverage is NOT provided for your policy or contract for any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.**

**Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association for the purpose of sales, solicitation, or inducement to purchase any kind of insurance policy or contract.**

South Dakota Life and Health Insurance Guaranty Association  
Charles D. Gullickson, Executive Director  
206 West 14<sup>th</sup> Street  
Sioux Falls, South Dakota 57104  
Tel. (605) 336-0177  
[www.sdlifega.org](http://www.sdlifega.org)





South Dakota Division of Insurance  
124 S. Euclid Avenue, 2<sup>nd</sup> Floor  
Pierre, South Dakota 57501  
Tel. (605) 773-3563  
[www.dlr.sd.gov/insurance](http://www.dlr.sd.gov/insurance)

The state law that provides for this safety-net coverage is called the South Dakota Life and Health Insurance Guaranty Association Act. Below is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law, nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

### **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are an insured certificateholder under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state. Coverage is also provided by the Guaranty Association to persons eligible to receive payment under structured settlement annuities who are residents of this state and, under certain conditions, such persons even if they are not a resident of this state.

### **EXCLUSIONS FROM COVERAGE**

However, persons holding such policies or contracts are **not** protected by the Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy or contract was issued by an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy owner, contract owner, or certificate owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **not** provide coverage for:

- any policy or contract or portion of a policy or contract which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- claims based on marketing materials or other documents which are not approved policy or contract forms, claims based on misrepresentations of policy or contract benefits, and other extra-contractual claims;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate specified by statute;
- dividends;
- credits given in connection with the administration of a policy or contract by a group contractholder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals);
- certain contracts which establish benefits by reference to a portfolio of assets not owned by the insurer; or
- policies providing health care benefits for Medicare Parts C or D coverage.

### **LIMITS ON AMOUNT OF COVERAGE**

The Guaranty Association in no event will pay more than what an insurance company would owe under a policy or contract. In addition, state law limits the amount of benefits the guaranty association will pay for any one insured life, and no matter how many policies or contracts there are with the same



company, as follows: (i) for life insurance, not more than \$300,000 in death benefits and not more than \$100,000 in net cash surrender and net cash withdrawal values; (ii) for health benefit plans, not more than \$500,000, but not more than \$300,000 for disability insurance and long term care insurance, and not more than \$100,000 for other types of health insurance; and (iii) for annuities, not more than \$250,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values. However, in no event will the Guaranty Association be obligated to cover more than an aggregate of \$300,000 in benefits with respect to any one life except with respect to health benefit plans, for which the aggregate liability of the guaranty association may not exceed \$500,000. These general statements of the limits on coverage are only summaries and the actual limitations are set forth in South Dakota law.

#### **ADDITIONAL INFORMATION**

The statutes which govern the Guaranty Association are contained in SDCL Chapter 58-29C. Additional information about the Guaranty Association may be found at [www.sdlifega.org](http://www.sdlifega.org), which contains a link to SDCL Chapter 58-29C.

Information about the financial condition of insurers is available from a variety of sources, including financial rating agencies such as A.M. Best Company, Fitch Ratings, Moody's Investors Service, Inc., and Standard & Poor's. Additional information about financial rating agencies may be obtained by clicking on "Useful Links" on the website of the South Dakota Division of Insurance at [www.dlr.sd.gov/insurance](http://www.dlr.sd.gov/insurance).

The Guaranty Association is subject to supervision and regulation by the director of the South Dakota Division of Insurance. Persons who desire to file a complaint to allege a violation of the statutes governing the Guaranty Association may contact the Division of Insurance. State law provides that any suit against the Guaranty Association shall be brought in Hughes County, South Dakota.

#### **State and Title: TX SERFF Notice regarding Revised Guaranty Association Notice**

**Effective Date: May 01, 2020**

**Summary:** The TX Department of Insurance notified carriers of changes that will require revisions to the current TX Life and Health Insurance Guaranty Association Notice, which expands coverage to include Health Maintenance Organizations (HMOs) and health benefit plans. The current form should be replaced with the notice language below:

#### **How you're protected if your life or health insurance company fails**

The Texas Life and Health Insurance Guaranty Association protects you by paying your covered claims if your life or health insurance company is insolvent (can't pay its debts). **This notice summarizes your protections.**

The Association will pay your claims, with some exceptions required by law, if your company is licensed in Texas and a court has declared it insolvent. You must live in Texas when your company fails. If you don't live in Texas, you may still have some protections.

**For each insolvent company, the Association will pay a person's claims only up to these dollar limits set by law:**

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- **Accident, accident and health, or health insurance (including HMOs):**
  - Up to \$500,000 for health benefit plans, with some exceptions.
  - Up to \$300,000 for disability income benefits.
  - Up to \$300,000 for long-term care insurance benefits.
  - Up to \$200,000 for all other types of health insurance.
- **Life insurance:**
  - Up to \$100,000 in net cash surrender or withdrawal value.
  - Up to \$300,000 in death benefits.
- **Individual annuities:** Up to \$250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.
- **Other policy types:** Limits for group policies, retirement plans and structured settlement annuities are in Chapter 463 of the Texas Insurance Code.
- **Individual aggregate limit:** Up to \$300,000 per person, regardless of the number of policies or contracts. A limit of \$500,000 may apply for people with health benefit plans.
- **Parts of some policies might not be protected:** For example, there is no protection for parts of a policy or contract that the insurance company doesn't guarantee, such as some additions to the value of variable life or annuity policies.

To learn more about the Association and your protections, contact:

**Texas Life and Health Insurance Guaranty Association**

515 Congress Avenue, Suite 1875

Austin, TX 78701

1-800-982-6362 or [www.txlifega.org](http://www.txlifega.org)

For questions about insurance, contact:

**Texas Department of Insurance**

P.O. Box 149104

Austin, TX 78714-9104

1-800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov)

**Note:** You're receiving this notice because Texas law requires your insurance company to send you a summary of your protections under the Texas Life and Health Insurance Guaranty Association Act (Insurance Code, Chapter 463). These protections apply to insolvencies that occur on or after September 1, 2019. **There may be other exceptions that aren't included in this notice.** When choosing an insurance company, you should not rely on the Association's coverage. Texas law prohibits companies and agents from using the Association as an inducement to buy insurance or HMO coverage.

Chapter 463 controls if there are differences between the law and this summary.



# 2020 Group Benefits Employer Markets Legislative Notice

## Employee Version

**Note:** The purpose of this Notice is to provide an overview of new laws primarily passed in 2020 that may impact your insurance policy. These laws may apply to the extent that your policy has the applicable provisions in the contract.

**DISCLAIMER: The Hartford provides this Notice for informational purposes only. This Notice includes information that may impact policies issued by The Hartford, but does not constitute legal advice. You should continue to consult your employer's legal and HR resources for guidance on the application of the law(s) cited in this Notice.**

### **Policy Provisions**

**State and Title: ID IDAPA 18.04.08 s 000 Dated 10-02-2019**

**Effective Date: March 20, 2020**

**Summary:** Idaho updated its regulation on minimum standards applicable to certain Disability Income, Hospital Indemnity, Accident, Accidental Death and Dismemberment, and Critical Illness coverage, to clarify which standards apply to which types of coverage, and to provide for full disclosure in the policy/certificate for the marketing and sale of such insurance.

**State and Title: NH Ins. 6001.05**

**Effective Date: September 28, 2020**

**Summary:** New Hampshire updated the following Exclusions language within the section pertaining to driving under the influence of drugs or alcohol for certain ancillary health products.

Policy forms containing the permissible exclusions for drug use and driving under the influence will need to comply with the following:

“f. The voluntary consumption of drugs that are not prescribed by the insured's physician or are not used in the manner prescribed; and

g. Driving under the influence of drugs or alcohol or any combination thereof”

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**State and Title: NH Ins. 6202.03**

**Effective Date: October 23, 2020**

**Summary:** New Hampshire updated its minimum standards regulations applicable to certain Hospital Indemnity and Accident-Only Coverage to clarify definitions, minimum benefits, prohibited provisions and required disclosures. Most notably, the accidental death and double dismemberment minimum amounts allowed have been lowered from \$10,000 per covered person to \$5,000, and amounts for a single dismemberment of a limb, in whole or in part, have been revised from at least \$5,000 to at least \$2,500 per covered person.

**State and Title: NM NMAC 13.10.34**

**Effective Date: October 1, 2020**

**Summary:** The New Mexico Office of the Superintendent has promulgated minimum standards for Accident-Only, Specified Disease or Illness and Hospital Indemnity policies, to establish regulatory requirements and standardize the terms of coverage. General standards and prohibited provisions were established for all coverages. The following summarizes the standards created for the specific coverages:

- Hospital Indemnity: established benefit minimums for hospital confinement benefits; defines “confinement” and “continuous period of hospital confinement”; identifies benefit limits; establishes requirements for outpatient visits.
- Accident-Only: provides definition for “injury”; establishes minimum coverage requirements for death, dismemberment and partial dismemberment benefits; provides restrictions on the use of a probationary or waiting period and offering sickness benefits not resulting from an accident.
- Critical Illness: provides general rules for coverage including a limitation on waiting/probationary periods and when benefits shall be payable; establishes minimum benefits standards and minimum benefits limits.

**State and Title: VA Senate Bill 567**

**Effective Date: July 1, 2020**

**Summary:** Virginia passed a law which will require short-term disability income policies that provide short-term disability arising out of childbirth, to provide coverage for a payable benefit of at least 12 weeks immediately following childbirth for such a disability.



## **Discretionary Clauses:**

**State and Title:** CO Senate Bill 176

**Effective Date:** September 14, 2020

**Summary:** The Colorado legislature amended section 10-3-1116 of the insurance code which addresses remedies for unreasonable delay or denial of benefits, adding language defining “issued in Colorado” to include, health and disability policies, contracts or certificates that are existing, offered, issued, delivered or renewed in CO to include residents of CO, regardless of whether the employer is located or domiciled in CO, on or after August 5, 2008.

## **Disclosures/Notices:**

**State and Title:** AR Bulletin 4A-2020

**Effective Date:** March 15, 2020

**Summary:** The AR Insurance Department advised insurers to update policy forms with the Department’s new address and also include language, advising policyholders of their right to file a complaint.

**State and Title:** NH Ins. 6201.05 dated 8-20-2020

**Effective Date:** October 23, 2020

**Summary:** New Hampshire updated their minimum standards regulations applicable to certain Disability, Accidental Death and Dismemberment, Accident-Only, Critical Illness and Hospital Indemnity policies to clarify disclosure requirements.



## **Guaranty Association Notices:**

The purpose of the Life and Health Insurance Guaranty Associations is to provide certain insured's with a limited benefit in the event that their insurance company becomes insolvent and can no longer pay claims. Each state provides coverage according to its Life and Health Insurance Guaranty Association laws for certain certificate holders under a group insurance policy. All insurance companies (with limited exceptions) licensed to write life and health insurance or annuities in these states are required, as a condition of doing business in the state, to be members of the Guaranty Association. The Hartford is required by law to provide or make available the Guaranty Association Notice as a means of informing policyholders of the existence and purpose of the Guaranty Association. The following states have made changes to their Guaranty Association coverage limits:

### **State and Title: MO 20 CSR 400-5.600 Appendix One**

**Effective Date: January 30, 2021**

**Summary:** The MO Department of Insurance notified carriers of changes to the Guaranty Notice which expands coverage to include Health Maintenance Organizations (HMOs) and health benefit plans.

### **State and Title: MS 19-1-24.03 Dated 11-18-2020**

**Effective Date: January 01, 2021**

**Summary:** The MS Department of Insurance notified carriers of changes to the Guaranty Notice which expands coverage to include Health Maintenance Organizations (HMOs) and health benefit plans.

### **State and Title: SC Bulletin 2020-11**

**Effective Date: December 14, 2020**

**Summary:** The SC Department of Insurance notified carriers of changes to the Guaranty Notice which expands coverage to include Health Maintenance Organizations (HMOs) and health benefit plans.

### **State and Title: SD Memo Regarding Revised Guaranty Association Summary**

**Effective Date: April 08, 2020**

**Summary:** The SD Life and Health Insurance Guaranty Association notified carriers of changes to the Guaranty Notice which expands coverage to include Health Maintenance Organizations (HMOs) and health benefit plans.

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**State and Title: TX SERFF Notice regarding Revised Guaranty Association Notice**

**Effective Date: May 01, 2020**

**Summary:** The TX Department of Insurance notified carriers of changes to the Guaranty Notice which expands coverage to include Health Maintenance Organizations (HMOs) and health benefit plans.