Many financial experts say the ability to earn an income is our greatest asset – an asset so valuable, it ought to be insured.

Your employer is offering insurance from The Hartford to help ensure that if the unexpected happened, you and/or your family can have a financial safety-net to fall back on. And because this coverage is available at a group rate, it costs less than you might think. Payments can be made through convenient payroll deduction. That means no bills and no checks to write.

Most individuals understand the need for life insurance, yet many are underinsured. When it comes down to it, contemplating some pretty unpleasant things is hard to do. **But when you consider the fact that between 1995 and 1997, almost 40% of all deaths that occurred were people between the ages of 25 and 64**, it’s harder to ignore. Life insurance provides affordable financial security for your loved ones.

You need to protect for the unexpected. We can help you figure out how.

We have more than 60 years’ experience protecting income, but that’s not all we do. We provide the guidance and service you need, whenever you need it. And because decisions about your income are important ones, we have created tools and compiled resources that can help.

The information in this package can help you decide the coverage and the cost that’s right for you. Take the time to read it carefully and consider your options.

Help protect yourself and your loved ones with no hassle and little cost.

---

GROUP BENEFITS

Los Rios Community College District
Benefits Enrollment Form – 12 Month Employee

Information About You

<table>
<thead>
<tr>
<th>Name:</th>
<th>Social Security Number / Employee ID Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Date of Hire:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Instructions

Please enter all required information clearly so that there will be no question as to your meaning.

- **Step 1**: Please enter and/or check your coverage elections and details. You may only elect – and will be covered for – levels of coverage included in your employer’s contract.
- **Step 2**: For newly eligible employees, please sign, date and return this form within 31 days to the Employee Benefits Department. For employees who are enrolling anytime after your initial eligibility period, please contact your Employee Benefits Department for instructions on providing evidence of good health.

Supplemental Life and AD&D Insurance

You can purchase Supplemental Life and AD&D Insurance in increments of $10,000. The maximum amount you can purchase cannot be more than the lesser of 5 times your annual Earnings or $750,000. If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of the lesser of 3 times your annual Earnings or $250,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess amount can become effective. If you were previously eligible and are now electing coverage for the first time, you will need to provide evidence of insurability that is satisfactory to The Hartford before any coverage can become effective. If you are electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before any additional coverage can become effective.

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
<th>80+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>0.062</td>
<td>0.060</td>
<td>0.069</td>
<td>0.094</td>
<td>0.132</td>
<td>0.201</td>
<td>0.319</td>
<td>0.513</td>
<td>0.641</td>
<td>1.007</td>
<td>1.749</td>
<td>3.094</td>
</tr>
</tbody>
</table>

To calculate your Monthly cost please use the following formula(s):

\[
\text{Life and AD&D Benefit Amount} + \$1,000 = \frac{\text{Rate}}{\text{Monthly Cost}} \times \$\]

- I elect to **purchase** the total amount of $____________ of Life and AD&D coverage.
- I elect to **decline** to purchase Life and AD&D coverage.
- I elect to **continue** my current Life and AD&D coverage.
- I elect to **increase** my current Life and AD&D coverage of $____________ by $____________ for a total benefit amount of $____________.

Spouse/Domestic Partner Supplemental Life and AD&D Insurance

If you purchase Supplemental Life and AD&D Insurance, you may purchase Spouse/Domestic Partner Supplemental Life and AD&D Insurance in increments of $5,000. The maximum amount you can purchase cannot be more than the lesser of $150,000 or 100% of your Employee Supplemental Life Insurance. If your Spouse or Domestic Partner is newly eligible and elects an amount that exceeds the guaranteed issue amount of $30,000, your Spouse or Domestic Partner will need to provide evidence of insurability that is satisfactory to The Hartford before the excess amount can become effective. If your Spouse or Domestic Partner was previously eligible and you are now electing Spouse/Domestic Partner coverage for the first time, your Spouse or Domestic Partner will need to provide evidence of insurability that is satisfactory to The Hartford before any coverage can become effective. If you are electing to increase your Spouse or Domestic Partner's current coverage, your Spouse or Domestic Partner will need to provide evidence of insurability that is satisfactory to The Hartford before any additional coverage can become effective. Costs are based on Employee's age.

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
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</thead>
<tbody>
<tr>
<td>Rate</td>
<td>0.062</td>
<td>0.060</td>
<td>0.069</td>
<td>0.094</td>
<td>0.132</td>
<td>0.201</td>
<td>0.319</td>
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<td>3.094</td>
</tr>
</tbody>
</table>

To calculate your Monthly cost please use the following formula(s):

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies: Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

Los Rios Community College District
Generic
1/24/2011
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Los Rios Community College District
Generic
1/24/2011

Name: _______________________________________________________________________________

\[
\text{Life and AD&D Benefit Amount} + \$1,000 = \frac{\text{Rate}}{\text{My Monthly Cost}} \times \frac{\text{My Monthly Cost}}{\text{Rate}} = \$ \]

☐ I elect to **purchase** the total amount of $__________ of Spouse/Domestic Partner Life and AD&D coverage.

☐ I **decline** to purchase Spouse/Domestic Partner Life and AD&D coverage.

☐ I elect to **continue** my current Spouse/Domestic Partner Life and AD&D coverage.

☐ I elect to **increase** my current Spouse/Domestic Partner Life and AD&D coverage of $__________ by $__________ for a total benefit amount of $__________.

<table>
<thead>
<tr>
<th>Spouse/Domestic Partner First Name</th>
<th>Spouse/Domestic Partner Last Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Date of Marriage or Eligible Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

Child(ren) Supplemental Life Insurance

If you purchase Supplemental Life and AD&D Insurance for yourself, you may purchase Child(ren) Supplemental Life Insurance for your Child(ren) between ages of Live Birth to 26 years old in the amount of $10,000. Child(ren) between the ages of Live Birth to 6 months are limited to coverage in the amount of $1,000.

| I Elect Child(ren) Life in the total amount of and My Benefit Will Be: |
| My Monthly Cost For all my Covered Child(ren) Will Be: |
| $10,000 | $1.10 |
| To decline | $0.00 |

<table>
<thead>
<tr>
<th>Child(ren) First Name</th>
<th>Child(ren) Last Name</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Beneficiary Designation

You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plans. This beneficiary designation will be for ALL group life or accidental death insurance coverage issued by The Hartford for you, unless specifically named otherwise. Please make sure that you also name a contingent beneficiary – who would receive your benefit if your primary beneficiary dies first.

Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each beneficiary. Please provide all of the information requested below. If your beneficiary is not related either by blood or by marriage, insert the words, “Not Related” as their stated relationship. If you need assistance, contact your benefits administrator or your own legal advisor.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Address</th>
<th>Social Security #</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Beneficiary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingent Beneficiary</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

The beneficiary for insurance on the lives of your spouse and children will automatically be you, if surviving. Otherwise, the beneficiary will be the estate of the spouse and children, subject to policy provisions. A beneficiary for employee Life Insurance may be changed upon written request.

Spousal Consent For Community Property States Only: If you live in a community property state – Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin – you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Disclaimer: Spousal consent does not apply to ERISA plans.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of group life insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Employee’s Spouse: ____________________________ Date: ____________________________

Confirmation

I acknowledge that I have been given the opportunity to enroll in the Life insurance coverage described in the Benefit Highlight Sheets and offered through Los Rios Community College District.

I understand and agree that if I decline coverage now, but later decide to enroll, I will be required to provide evidence of insurability that is satisfactory to The Hartford and be approved for such coverage before it becomes effective. I understand my request for coverage may be denied by The Hartford.

I understand and agree that insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to the policyholder (your employer) can fully describe the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy.

If I have life insurance coverage with The Hartford, I understand and agree that my life insurance benefit is reduced at a specified age stated in the policy.

I authorize my employer to make the appropriate payroll deductions from my earnings.

I understand that no insurance will be valid or in force if I am not eligible in accordance with the terms of the group policy as issued to my employer.

Signed ______________________ Date ______________________

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Los Rios Community College District
Generic
1/24/2011
YOUR LIFE CAN CHANGE IN A MINUTE. TAKE 10 TO CHANGE WHAT HAPPENS NEXT.

Life and Accidental Death & Dismemberment

Expertise without equal.
Benefits without burden.
SO MUCH ABOUT YOUR LIFESTYLE DEPENDS ON HOW LIFE IS TREATING YOU. SO FAR, SO GOOD.

You have a job that provides you and your family with all the necessities. Too bad there are no guarantees or crystal balls. You may be healthy now, but you’re not immune to a serious illness. Or the accidents that can happen, no matter how careful you are in your car, backyard or at work.

If they do happen, how secure are your family’s finances? Without your paycheck, your family may have to rely on savings to pay the mortgage or rent. The electric bill. The car payment. Groceries. The list goes on, but the savings might not.
Two benefits that can help you keep your promises.

Fortunately, you have two benefits to fall back on: Life insurance and Accidental Death & Dismemberment insurance (AD&D). Both are from The Hartford, sponsored by your employer. They can shield you and your family from the financial setbacks that a covered accident or sudden death can set in motion. They’re affordable, convenient and, when the chips are down, a comforting source of income and support.

Real benefits for people with real budgets.

You’ll probably be surprised at how affordable important benefits like these are. They’re sponsored by your employer at reduced group rates, so you get the great protection of a major insurer without the high cost. Paying for Life and AD&D is easy. You can have the payment automatically deducted from your paycheck, so you never have to remember to write a check.

LIFE INSURANCE.

Do the math your loved ones are counting on.

Maybe you already have a life insurance policy. Or maybe your employer provides basic life protection. If so, terrific. You’re assuring your loved ones of financial security in case you can’t be there for them.

The question is — do you have enough? A new government study shows that the average cost to raise a child from birth through age 17 is $221,000.1 If you died, could your loved ones afford to care for your child?

And if you have no life insurance protection, you may be taking an even bigger gamble with your loved ones’ future.
So here’s a tip. First think of who besides you depends on your income. Children? A spouse or partner? Then think of all of the promises you’d like to keep even if you weren’t there to keep them. Child care. Mortgage payments. Car payments. College. The lifestyle you now have. The retirement you’ve always talked about.

Then use the calculator on the last page of this brochure to help you figure out how much life insurance you really need. Be honest. Too little life insurance can’t finish the big job you now fill as a breadwinner. Only the right amount can.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE.

Keep a covered accidental catastrophe from becoming a financial one.

Accidents happen. And while you survived the spills off your bike, a fender bender or maybe a broken bone or two, a serious accident is different. It could change your life forever, leaving you with a permanent disability, or worse. It’s unpleasant to think about, but unintentional injuries are the leading cause of death among 24- to 44-year-olds. With AD&D as a safety net, you’d have less to worry about if a covered accident ever happens. You could fall back on it as a source of income if you lost your sight, hearing, the ability to speak, or a limb.

Your family could fall back on it, too, if a covered accident results in your death. Similar to a life insurance policy, it pays a lump sum when your family needs it most.

Great, you may be thinking, but I already have workers’ compensation, which covers accidents. Yes. But it covers only work-related accidents. No help if you injure yourself in your workshop, your kitchen or on the road.
Your employer-sponsored AD&D plan is an affordable way to prepare for the unforeseen, unintentional yet unavoidable covered accidents that sometimes happen at home, on the highway or anywhere else. Helping to take care of your financial needs if you survive. Helping to take care of those you love in case you don’t.

**After a loss, we help lift the burden off your family’s shoulders.**

A sudden death or serious covered accident comes with medical and financial questions. The emotional and legal ones can be just as tough to answer. With Life and AD&D protection from The Hartford, you and your family will have resources to help.

For instance, face-to-face access to an attorney or counselor. Secure ways to help safeguard the money that’s paid if you ever file a claim for a covered accident. Even if you never do, your plan may include an online tool for drafting your will. And emergency medical services in case a covered accident happens while you’re traveling.

So check out your benefit plan for value-added benefits like these. You just never know when you might need them.

**BEGIN WITH A PLAN.**

To enroll in The Hartford’s Life and AD&D plan, read the literature your employer provides. It includes specifics on your company’s plan. And easy directions on how to enroll. Life and AD&D insurance from The Hartford is a great investment in your peace of mind. And your family’s future. It means financial security even after an accident or sudden death. Making it a very easy decision. So take 10 minutes to make it. Then you can help keep some very important promises.

**Need more facts?**

Just visit our Web site at thehartford.com/employeefnventions. It’s where smart benefit decisions begin.
LIFE INSURANCE CALCULATOR.

1. Your debts. $_____________
   Add up your credit card bills, car payment balance, remaining mortgage and outstanding medical bills.

2. Your children’s future education (all years). $_____________
   Depending on where your children go to school, this can vary widely. Do a little research on tuition costs first. And remember that they typically increase much faster than the pace of inflation.

3. Your salary multiplied by years of support needed. $_____________
   How many years will your beneficiary(ies) need financial support if you should die? Remember that right now your salary pays for housing, child care, everyday living expenses and savings for retirement. Life insurance must take up where you left off.

4. Funeral expenses. $_____________
   These can range from $5,000 to well over $10,000.

Now add up all of the above amounts. Total (A): $_____________

NEXT, TAKE AN INVENTORY OF SAVINGS, INVESTMENTS OR INSURANCE POLICIES THAT CAN OFFSET COSTS IF YOU SHOULD DIE.

1. Liquid assets. $_____________
   Add up the resources that you can easily convert into cash. Savings, stocks, bonds, and Social Security all belong to this category.

2. Life insurance you already have. $_____________
   Fill in the blank at right with the life insurance benefits you or your employer are already paying for, if any.

Now add up all of the above amounts. Total (B): $_____________

HERE’S HOW MUCH SUPPLEMENTAL LIFE INSURANCE YOU NEED.

Subtract Total (B) from Total (A) below to get the amount of life insurance you need.

Total (A) $_____________ – Total (B) $_____________ = Life Insurance Needed $_____________

This supplemental life insurance calculator is for illustrative purposes only, used to compute an approximate amount of insurance per household. Individual needs may vary. Please consult with a financial advisor for further information.
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