

# VOLUNTARY GROUP TERM LIFE INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans  
(53%) expressed a  
heightened need for life  
insurance because of  
COVID-19.<sup>1</sup>

## West Marine, Inc.

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



To learn more about Life insurance, visit  
[thehartford.com/employee-benefits/employees](https://www.thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE
Employee	Benefit <sup>2</sup> : Increments of \$10,000 Maximum: \$300,000
Spouse	Benefit <sup>2</sup> : Increments of \$5,000. Maximum: the lesser of 50% of your supplemental coverage or \$150,000
Child(ren)	Benefit: Increments of \$2,000 Maximum: \$10,000

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active full time associate 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.

### CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

### AM I GUARANTEED COVERAGE?

If you elect an amount that exceeds the guaranteed issue amount of the lesser of 3 times your annual earnings or \$200,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

If you elect an amount that exceeds the guaranteed issue amount of \$20,000, 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.

### WHEN CAN I ENROLL?

You may enroll from 11/1/2021 to 11/15/2021.

### WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 1/1/2022.

<sup>3</sup>Your benefit will be reduced by 35% at age 70 and 50% at the age of 75. Reductions will be applied to the original amount.

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

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

**WHEN DOES THIS INSURANCE END?**

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

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

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

<sup>1</sup>LIMRA, Facts About Life 2020: <https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf>, as viewed on October 14, 2020.

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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 70 and 50% at the age of 75. Reductions will be applied to the original amount.
- A supplemental or voluntary life 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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