

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.

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GROUP CRITICAL ILLNESS 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.

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.