

TABLE OF CONTENTS



Prepare. Protect. Prevail. With The Hartford.®

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. Home Office is Hartford, CT. 5863 02/16 Printed in U.S.A. © 2016 The Hartford Financial Services Group, Inc. All rights reserved.



Business Insurance
Employee Benefits
Auto
Home

TABLE OF CONTENTS

Section 1	Cover Page
Section 2	Vendor Information
Section 3	Cost Estimate
Section 4	Business and Technical Requirements <ul style="list-style-type: none">• NH-VT RFI Rate Range and Guidelines

RFI # 2019-224

Twin State Voluntary Family and Medical Leave Insurance Plan



**THE
HARTFORD**

Business Insurance

Employee Benefits

Auto

Home

Cover Page

March 7, 2019

State of New Hampshire
Ryan Aubert, Purchasing Agent
Department of Administrative Services
Bureau of Purchasing and Property
25 Capitol Street, RM 102
Concord, NH 03301

Re: Hartford Life and Accident Insurance Company's response to the Request for Information for Twin State Voluntary Family and Medical Leave Insurance Plan

Dear Ryan Aubert:

Thank you for considering The Hartford as the Twin State Voluntary Family and Medical Leave Insurance Plan carrier of choice for State of New Hampshire. As the second largest group life and disability insurer in the market and leader in Leave Management, we are committed to doing the right things, the right way for our customers.

It is our mission to provide an unparalleled standard of Group Benefits experience for you, at every touch point to help you attract and retain valuable employees. We welcome the opportunity to provide the best solution to meet your Twin State Voluntary Family and Medical Leave Insurance Plan benefit needs.

We offer flexible and customized benefit plans to suit your business objectives and the compassionate care your employees should expect from their benefits provider. Our knowledgeable claim professionals can assist employees through every step of the claim process when they experience a disabling event or need to care for a family member.

We realize you have a choice in carriers when providing these important benefits to your employees, and we thank you for considering The Hartford. We look forward to hearing the results of your review and would welcome the opportunity to discuss the design of the States' program, so that it meets the needs of your residents and is cost effective.

Sincerely,

Meghan Pistritto

Meghan Pistritto
Director Product Management
Hartford Life and Accident Insurance Company
One Hartford Plaza, 21st floor
Hartford, Connecticut 06155
860-547-2619
866-913-0495
meghan.pistritto@thehartford.com

RFI # 2019-224

Twin State Voluntary Family and Medical Leave Insurance Plan



**THE
HARTFORD**

Business Insurance
Employee Benefits
Auto
Home

Cover Page

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. Home office is Hartford, CT.

This letter includes one or more products, which are issued on the following forms: Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. Accidental Death and Dismemberment Form Series includes GBD-1000 and GBD-1300, or state equivalent. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent. Life Form Series includes GBD-1000, GBD-1100 or state equivalent. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent. Blanket Accident Form Series includes BTA-1000, BTA-1300, BSR-1000, BSR-1200 or state equivalent.

All insurance 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. This proposal explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this proposal and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability.

7094 NS 05/18



RFI # 2019-224

Twin State Voluntary Family and
Medical Leave Insurance Plan

Vendor Information

The Hartford's Capabilities



CONTENTS

1. The Hartford	5
• Organization & Description.....	5
• Commitment to our Clients.....	5
2. Leave Management.....	7
• Leave Management Program and Process	7
• Coordination of STD and Leave	9
• Leave Staff.....	10
• Staff Training.....	10
• Intermittent Leave	10
• Certifying Leave under the State And Federal Laws.....	11
• Reports	12
• Second or Third Medical Opinions	14
• Telephonic Intake.....	14
• Turnaround Time	15
• Eligibility Determination.....	15
• Tracking of Intermittent Leave	15
• Certification of Health Care Provider	16
• STD/Leave Claim Intake Process.....	16



- Online Capabilities 16
- Determination Guidelines 17
- Forms and Communications 17
- Tracking 18
- History and Takeover 18
- Compliance 19
- Efficiencies Gained by Outsourcing Leave Management 19
- Criteria for Certifying a Leave 20
- ADA 20
- Integrated STD and Leave Intake Process 21
- Leave Management System 22
- Utilization Patterns 22
- Paid Family Leave 22
- 3. Statutory Disability 24
 - State Disability Experience 24
 - Statutory Disability Coverage 24
 - Claim Process 25
 - Claim System 27
 - Compliance 28
 - Case Management Process 28



- Payment Process 29
- 4. Voluntary 31
 - Voluntary Benefits Program 31
 - Enrollment Services 32
 - Enroll and Educate 33
 - Communications Support 35
 - Educational Tools 38
 - Benefit Counselor Team 39
 - Online Tracking 39
 - Eligibility Management Process 40
 - Enrollment Reports 41



The Hartford

Organization & Description

The Hartford Financial Services Group, Inc. (known as “The Hartford”; NYSE: HIG) is a leader in property and casualty insurance, group benefits and mutual funds. As of December 31, 2017, total assets and total revenue of The Hartford were \$225.3 billion and \$17 billion, respectively.

We are currently ranked 153rd on the 2017 Fortune 500 list. The Hartford, headquartered in Connecticut, is among the largest providers of Group Life and Group Disability insurance products, and Property and Casualty insurance products in the United States. Hartford Fire Insurance Company, founded in 1810, is the oldest of The Hartford’s subsidiaries.

Based on 2017 LIMRA reporting, when including the acquisition of Aetna’s U.S. group life and disability business, The Hartford ranks 3rd in the fully-insured Disability & Group Life sales and 2nd for in force business. The relatively large size and underwriting capacity of the Company’s business provides it with market opportunities not available to smaller competitors.

The Hartford provides a portfolio of group insurance products to employers, association and affinity groups including STD, LTD, Life, AD&D insurance as well as Leave Management services. We also offer a comprehensive suite of voluntary employee insurance products, including Critical Illness, Accident and Hospital Indemnity, to meet the needs of today’s consumer.

The company is also a leading provider of commercial property and casualty insurance for small and midsize businesses and large companies, automobile and homeowners’ coverages, and Mutual Funds.

More information on our company, including financial performance, is available at www.thehartford.com.

Commitment to our Clients

We demonstrate our commitment to our clients through:

- The experience of our people – we offer knowledge, consultative skills, ongoing quality assurance and training.
- Our staff’s personal dedication – we work responsively with each employee, showing empathy and understanding when they need it the most; we facilitate resolutions by working directly with claimants, employers and medical providers.
- Customized handling – we listen to each claimant’s personal needs and simplify the claim process for them.
- Technology to ease your administrative burden – we strive to make your jobs easier with tools and technology, including automatic real-time reporting.



At The Hartford we are also distinguished by our:

- Ability Philosophy – we focus on abilities – what a claimant can do – rather than perceived limitations. This approach defines our products, services and innovative programs, which help businesses retain productive employees and help individuals return to productive lives. We demonstrate our philosophy through our Ability Contract as well as our proactive Claim Management procedures.
- Commitment to U.S. Paralympics – as a founding partner, The Hartford has long been the official disability insurance sponsor of U.S. Paralympics. We support individuals and teams that participate in various camps, clinics and competitions, to include the Paralympic Games, held every two years in conjunction with the Olympic Games.
- Customer-focused solutions – we offer products and services with customer service in mind, including:
 - Technology solutions such as our employer and employee websites, which provide 24-hour access to customized benefit information for employers and employees
 - Disability-trained staff to assist with clinical intake, claim management and other services such as Social Security advocacy
 - A dedicated Customer Support Team comprising tenured claim professionals focused solely on the customer experience
 - Independent networks of medical consultants whose compensation does not depend on whether a claim is approved or denied
 - Telephonic STD claim and leave intake, as well as immediate telephonic and online access to personal claim information
 - An efficient and effective outcome-driven approach to claim management that helps employees return to work and reduces employer costs



Leave Management

Leave Management Program and Process

The Hartford offers a Leave Management program that integrates with our Disability program. Our Leave Management services provide support which makes leave management easier for both the client and its employees. We administer a wide range of federal and state leaves.

- Common leaves we administer include:
- Federal FML, including military leave provisions
- Over 185 State leave laws (i.e., domestic violence, military, school activities leaves and more)
- Concurrent tracking of FML with STD and Workers' Compensation claims

Our processes and procedures provide employers with a comprehensive cost-effective solution through consistent, centralized administration of federal and state job-protected leaves. Our procedures maintain strict adherence to state and federal requirements for notification, certification, tracking and reporting. In addition, we provide a highly integrated process between Leave & Disability management:

Intake

- The Hartford's leave intake process offers a telephonic method as well as an online method through our employee website. This makes it easier for employees to report an intermittent or continuous leave; therefore, we do not need to support a paper leave intake process.
- The Hartford's integrated STD and FMLA intake process provides one single toll-free number to report claims for STD with Leave, as well as stand-alone leaves. No need to contact multiple vendors for this process. Employees reporting a STD claim with concurrent leave will speak with a Customer Care Nurse (or an Intake Analyst for maternity and early notice surgery claims) who will obtain information for both the leave and the STD claim – no need for multiple calls in our Absence Management process.
- Employees can initiate new continuous and intermittent Leave events, report intermittent dates or modify pending Leave requests online via our employee website.
- The client may also initiate a Leave request through our employer website on behalf of the employee.

Combined Handling

- Concurrent disability and leave events are managed by the same Absence Ability Analyst to ensure a single point of contact for our claimants and a holistic Absence Management experience.

Communication

- The Absence Ability Analyst mails the employee a leave packet that includes a cover letter, a *Notice of FMLA Eligibility and Rights & Responsibilities* and the *Certification of Health Care Provider (CHCP)* form.
- For all non-expedited STD and Leave Management claims that run concurrently, the Absence Ability Analyst will make a call out to the claimant within one day of claim intake to set expectations about next



steps for the claim.

- The Absence Ability Analyst emails the client's contact to inform them of the Leave initiation and status and also obtains any additional information.
- We provide the employee with single (combined) determination and extension letters for concurrent STD and Leaves. This improves the employee experience by providing a single letter on their absence to explain the status of both the income replacement and the job protection determinations.

Certification

- Eligibility for federal, state, and employer sponsored Leaves is determined by review of the client information provided on the eligibility feed.
- Upon review of the required documentation, a Leave determination is made. If clarification on the CHCP form is needed, we utilize our clinical resources to call out to health care providers, upon employee consent.
- A reminder letter is generated and sent out five business days prior to the due date if the medical certification has not been received. In the event information is not received within the allowed time, the Leave request is denied and both the employee and the client are notified accordingly.

Tracking

The Hartford's Leave Management system captures, tracks and reports on intermittent, reduced schedule, and continuous Leave time available and used under federal, state, and company Leave policies. The Leave information includes type/reason, start/end dates, frequency, usage and time remaining and scheduled return-to-work date. Additionally, the client can view and run Leave data online through our employer website. Employees can also view Leave information online through our employee website.

On-Going Tracking of Approved Leaves

For Leaves associated with a Disability claim, our Leave Management and STD processes are coordinated to reduce duplication in gathering of information and medical investigation. When an employee's medical condition makes him/her eligible for STD, we base our approval of the associated Leave upon the approval of the STD claim, up to the point where the employee returns to work or exhausts his/her Leave entitlement. For Leaves not associated with a Disability claim, the Leave is approved based on the required certification. If the employee requests an extension of their Leave, an updated certification is required.

Return-to-Work

For concurrent STD/Leave Management, or standalone continuous Leaves, we proactively confirm return to work five days prior to approved-through date (if return to work was unknown) or a projected return to work date. Preferred contact method is text or email; however, we will call the employee if they did not elect text/emails. Notification will be sent to the Employer of the outcome of the return to work attempt. We also inform the employee and employer when the employee has exhausted his/her available Leave under FMLA.



Recertification for Leaves may be required based on the Leave regulations, as indicated on the *Notice of FMLA Eligibility and Rights & Responsibilities*, which is sent to the employee.

In addition, during the STD period, The Hartford is proactive in returning employees back to work by providing Vocational Case Managers and a Return-to-Work program to help guide and assist them safely back to productive work.

Calculating Leave Allotment under FMLA

We track Leave entitlement based on the tracking method selected by the employer.

Technology

Our Leave Management system is rules-based to accurately support Leave eligibility and determinations. It provides extensive communication, tracking and reporting capabilities.

State and Employer Leaves

In addition to federal FMLA, our Leave Management system captures all information necessary to administer many state Leave laws and certain employer-specific Leaves. Our system calculates the total number of Leave days an employee has available based on the employee's work schedule. We are able to calculate when an employee exhausts applicable available Leave time.

Documentation

We keep a complete electronic history of forms, scripts and letters sent to the employee with respect to FMLA, State Leave laws, and employer-specific policies and regulations. We use Department of Labor forms as a basis for our communications to employees; these forms include the *Notice of FMLA Eligibility and Rights & Responsibilities* and *FMLA Designation Notice* forms. We have made modifications to these forms where appropriate.

Coordination of STD and Leave

Our highly integrated process starts with intake, where our Customer Care Nurses obtain all of the necessary information to initiate both the leaves and concurrent STD claims during the same call. The concurrent disability and leave events are then managed by the same resource, called an Absence Ability Analyst, who continues the highly integrated process and provides a single point of contact for employees. When an employee is eligible for STD and is also eligible for leave under the FMLA and any applicable state leave laws, we leverage the medical information from the STD claim to make a determination of the "serious health condition" on the leave event. The leave is approved for the duration of the STD claim or for the amount of leave available to the employee under federal or state requirements, whichever is less. During this process we provide combined STD and leave communications to the employee, which provides a much better experience.



For leave events unrelated to a STD claim, specially trained Intake Analysts initiate the leave. Trained Leave Management Analysts manage the leave process, and are able to identify trends and patterned absences, while ensuring we are accurately administering leave requests.

In situations where an employee may be eligible for leave under both the FMLA and a state leave law, eligibility is determined separately based on the regulations governing each leave law. Approval or denial of the leave is also determined separately, driven by the specific regulations. Federal and state leaves will run concurrently where allowed by law.

Leave Staff

When a leave runs concurrently with an STD claim, the first contact an employee has will be with a Customer Care Nurse or an Intake Analyst for maternity and early notice surgery claims. After the initial contact, any concurrent STD/Leave event will be handled by one of our Absence Ability Analysts, who utilize all available resources to manage the disability aspect of the claim and leave simultaneously. This ensures a single point of contact for the employee and promotes a smooth experience.

The Hartford's integrated STD and FMLA intake process provides one single toll-free number to report claims for STD with Leave, as well as stand-alone leaves. There is no need to contact multiple vendors for this process. Employees reporting a STD claim with concurrent leave will speak with a Customer Care Nurse who will obtain information for both the leave and the STD claim.

Staff Training

We consider training the first step in our high quality process. New hires receive intensive formal classroom training and extensive on-the-job training. All of a new leave management analyst's work is audited to ensure quality and proficiency. Mentors provide new staff the support they need to make the most accurate claim/leave decisions.

In addition, our absence analysts are required to participate in on-going training and development programs. They undergo formal assessment training to identify areas of strength as well as developmental opportunities.

Staff members are also provided training on other topic areas related to our ADA and STD product offerings.

Intermittent Leave

When an employee reports an intermittent leave, our leave management analysts gather important information including:

- Verification of all personal information provided on the eligibility file, e.g. address, date of hire, supervisor name, etc.;
- Dates of absences if they have already missed work time; and
- Reason for the leave. If the leave is to care for a family member, we document the family member's



Tracking

The Hartford's Ability Advantage system is a rules-based, configurable system and the workflow is configured with the client during the implementation process, taking into account any customer-specific requirements to ensure that the appropriate system tasks are generated throughout the leave event.

Our analysts are aware that an action is necessary because a task is generated to their work queue. If an action is required of an employee, they are notified in writing and the employers are notified by email.

History and Takeover

History and takeover fees are not included in the fee quoted for Leave Management administrative services.

The Hartford's preferred method is to provide all employees with a full allotment of Leave entitlement as of the effective date of administration of our Leave Management services. This approach provides a positive experience for the employer and the employee. It alleviates the employer from the large and often complex responsibility, and associated problems, of gathering required historical employee data, which can be inconsistent, inaccurate, or unavailable.

The Hartford will manage leaves that are open on the effective date and new leaves that begin after the effective date, based on leave history provided by the Employer. Employer provides leave history in the XML format corresponding to The Hartford's file layout. This is a pass-through file that can be uploaded and transmitted to The Hartford's Leave Management system.

The employer provides leave history in a format other than the required XML format.

Open/Active Takeover Leaves

If the client provides leave history leave information in The Hartford's standard XML format, then there is no charge. If leave information is not provided in our standard format or other excel (xml) format, there is a charge of \$2,000.00

If the client chooses to have The Hartford assume management of leaves open on the effective date and to provide leave history, there is a charge of \$125.00 for each takeover leave.

If the client requests that The Hartford assume the management of active leaves as of the effective date of our Leave Management services, we require that you provide us with all historical information necessary for us to administer active leaves.

This includes, but may not be limited to:

- Leave start dates
- Planned end dates



- Copies of medical certifications and any applicable recertifications
- Actual absences associated with intermittent leaves
- Copies of correspondence with the employee

Compliance

The Hartford's role is to help the client with the difficult task of FMLA tracking and administration of leave requests without interfering with the client's need for control over its employees and related employment decisions.

The client cannot outsource its responsibilities to comply with the FMLA. When an employer turns to an outside administrator for compliance and tracking support, the employer retains its responsibility for its FMLA program because the administrator is acting on behalf of the employer and relies upon the employer's records, policies, and practices to base leave decisions.

Efficiencies Gained by Outsourcing Leave Management

Our goal is to help relieve you from administering federal, state, municipal and county leave laws. The efficiencies gained by outsourcing Leave Management administration to The Hartford include:

- *Ease of Administration and Coordination of Leaves with Disability*
We know your Human Resource staff is busy. Removing the burden of managing leaves will allow them to focus on other initiatives. Our process is simple. One call initiates both the disability and leave process. We provide your employees with information and support throughout their absences.
- *Fair and Equitable Leave Decisions*
We make sure that decisions are applied in a consistent manner. This reduces your legal exposure and ensures compliance with leave laws and statutes. Our absence professionals help your employees understand their rights and responsibilities under each leave program to they may be eligible for.
- *Improved Compliance*
With the high cost of defending an FMLA lawsuit, there is little margin for error when managing employee absences. Our skilled legal team ensures the administration of your leave program complies with changing leave laws and requirements. We also keep you up-to-date on relevant changes to leave laws. We can help protect your business from the costs and risks associated with an ineffective Leave Management program through ongoing communication and education.
- *Employees Get Back to Work Sooner*
On average, our Return-to-Work Case Managers have successfully assisted returning employees to work 2.64 days sooner than estimated by their attending physicians.



Criteria for Certifying a Leave

Eligibility determinations for federal and state leaves are based on information you provide in the eligibility feed and the rules for each leave law. A leave determination is made when we receive and review all the information needed to support the absence.

If the leave is associated with a disability claim, the information supporting the disability claim is used for the leave request. If the disability claim is approved, the leave is also approved. If the disability claim is denied, we'll determine if the employee's condition meets the definition of a serious health condition under the FMLA. If so, the leave will be approved. The leave will be denied if it doesn't meet the definition of a serious health condition.

If the leave isn't associated with a disability claim, we'll obtain the necessary information to determine if the leave can be approved (e.g., applicable *Certification of Health Care Provider* (CHCP) form, etc.). A leave determination is made once we've received all information. If clarification or authentication of a CHCP form is necessary, we'll utilize our clinical resources to call Healthcare providers, if we've received employee consent as required by law.

A reminder letter is sent five business days before the due date if medical certification hasn't been received. In the event information isn't received within the allowed time, the leave request is denied and all parties are notified accordingly.

ADA

We understand navigating ADA compliance can be challenging. At The Hartford, we've helped employers manage ADA-related activities since 2014 through the use of our claims, medical, and vocational resources. We can't guarantee your ADA compliance, but we can offer a variety of services to support you in meeting your responsibilities under the law.

The Hartford's ADA Workplace SolutionsSM includes:

- Tracking and recording of ADA events
- Obtaining information needed for the interactive process and making accommodation decisions
- Communicating decision milestones
- Providing consultation and referrals to ADA resources
- Training for employers and their representatives
- Reporting that captures:
 - ADA requests from date of notice
 - Type of accommodation needed
 - Temporary vs. permanent disability
 - Outcome of the accommodation process
- ADA is provided at an additional cost.



Our Vocational Case Managers can also work with you, your employees and their medical providers to define job accommodation options. This assistance can be provided for both stay-at-work and return-to-work ADA situations.

We also offer ADA Coaching Services. Our coaches will work with you to:

- Offer guidance on organizational policies and practices
- Answer common ADA questions
- Refer you to professional resources to help make individual and company-specific decisions

In addition to ADA management support, we can help you with your ADA training and education needs.

Education and Support

You and your management team will have access to several on-demand training webinars to help educate you on the key components of ADA.

We also maintain a strong partnership with the Job Accommodation Network (JAN). They are a government-sponsored resource for both employers and disabled workers.

This service doesn't guarantee compliance with requirements for "reasonable accommodations" under the ADA.

Integrated STD and Leave Intake Process

The Hartford's coordinated STD and FMLA intake process provides one single toll-free number to report claims for STD with Leave, as well as stand-alone leaves. Employees reporting a STD pregnancy claim concurrent leave will speak with a trained Intake Analyst who will obtain information for both the leave and the STD claim – no need for multiple calls in our Absence Management process.

Additionally, our STD and Leave Management processes are tightly managed by a single absence analyst providing a single point of contact for the employee and employer to eliminate redundancy in gathering information to support the disability and leave events. This single point of contact will provide an even smoother claim experience.

When an employee is eligible for STD, all employee options are explained at the time of the call as well as advising that the call is also initiating leave under the FMLA and any applicable state leave laws. We base our approval of the leave on the approval of the STD claim. The leave is approved for the duration of the STD claim or for the amount of leave available to the employee under federal or state requirements, whichever is less.



During the initial intake, it is part of the Leave Management scripting to validate if the employee wants to take the bonding time for all maternity claims and if so for how long. In the initial packet sent to the employee, we would include any require state inserts which advise of applicable state leaves they can apply for (CA, CT, NJ, and DC) and we also have the option to send any employer specific inserts that could include bonding information. Five days prior to the end of the continuous disability leave, the Leave management analyst will contact the employee to validate if they will be returning to work or if they would like additional bonding time. At which time, the Leave management analyst would also discuss any employer leaves that would run concurrently with FMLA and applicable state leave laws.

Leave Management System

The Hartford's rules-based Leave Management system captures, tracks and reports individual leave data applicable to leaves taken under the federal FMLA, state leave laws, and company-specific leave policies.

The Hartford's Disability Claim system is integrated with our Leave Management system. Information related to the STD claim status is automatically fed to the Leave Management system which ensures that the absence associated with the Disability claim can be initiated. If the employee is eligible for federal or state FML leave, the leave is approved based on the STD claim approval.

Utilization Patterns

Once an intermittent leave has been established, the employee is required to notify us by telephone or online of all absences associated with the leave. The reporting of these absences should conform to the employer's policy for reporting any absence. All absences are reviewed against what is certified by the Healthcare provider on the CHCP and we received automatic triggers if the requested time is outside of what is supported. In addition, the Absence Analyst utilizes the online calendar tool to review for any pattern of absences. If absences deviate against what is certified, we request clarification or recertification from the Healthcare provider, as allowed by law. As part of the recertification process, we may share the pattern data with the health care provider for review and comment when applicable.

Paid Family Leave

New York Paid Family Leave

As a leading New York State Disability and Leave Management insurance carrier, we will begin administering NY Paid Family Leave (PFL) on all NY DBL cases effective January 1, 2018. In addition to new business, we will automatically add this coverage to all in-force policies effective January 1, 2018.

PFL is job-protected coverage for an employee to:

- Bond with a newborn, an adopted or foster care child during the first 12 months
- Care for a seriously ill family member
- Address important needs related to a family member's military service



An employer covered by the New York Workers' Compensation Law will have to permit eligible employees to take PFL and they will have to deduct contributions for their employee's pay to fund the PFL benefits. Participation is not optional. PFL benefits must be available to employees regardless of the number of employees a business employs.

New Jersey Paid Family Leave

If an employee in New Jersey requests a leave of absence that may qualify under the New Jersey Paid Family Leave (PFL) law, The Hartford will provide the employee with information on the New Jersey PFL program, as well as information on how to apply for these benefits with the state.

The Hartford has opted to assume a consultative role in lieu of comprehensive administration as follows.

- If The Hartford administers a policyholder's NJ TDB benefit, maternity claimants will be notified that they may be eligible for New Jersey Paid Family Leave during the initial telephonic claim intake.
- Maternity claimants will be given the phone number and web address to the New Jersey Department of Labor and Workforce Development. If a claim is approved, the claimant is sent a letter which provides her employee identification and directs her to our employee website to download Frequently Asked Questions, the claim form and the notification of employee rights.
- If the employer utilizes our Leave Management services, employees will be transferred to our Leave Management unit where a leave management analyst can answer any questions related to the New Jersey Paid Family Leave Insurance law and determine if a job-protected leave should be set up.
- All employees who work in New Jersey, when we administer leaves on behalf of their employer, will receive a *New Jersey Department of Labor and Workforce Development Notice* which outlines the specifics of the New Jersey Paid Family Leave Insurance Law with their initial leave packet.
- The leave management analyst will also provide the caller with contact information to the New Jersey Department of Labor and Workforce Development so the employee can file a claim for benefits, as appropriate with the State of New Jersey.
- If the employer does not utilize The Hartford's Leave Management services, the caller will be directed to the New Jersey Department of Labor and Workforce Development and/or his/her employer.

California Paid Family Leave

The Hartford can provide California Paid Family Leave (CA PFL) on approved CASDI Voluntary plans, but not on a standalone basis. The State of California requires that if an employer opts out of one plan, they must opt out of the other.



Statutory Disability

State Disability Experience

As one of the largest private insurers of Statutory Disability programs in the U.S., we have significant experience in handling state disability programs. We have effectively integrated our processes with the mandated state programs in New York, New Jersey, California and Hawaii. While complying with each state's regulations, we have consistently delivered a seamless, uninterrupted managed disability process.

Statutory Disability plans for New York, New Jersey and California are administered from any of our six Regional Claim Centers located in Florida North; Florida South; Minneapolis, MN; South Portland, ME; Portland, OR; and Sacramento, CA. Our Honolulu office adjudicates Temporary Disability Insurance (TDI) claims in Hawaii. We can also supplement Statutory plans for Rhode Island TDI and Puerto Rico on a fully-insured or self-insured basis.

New York Paid Family Leave (PFL) is administered in our Florida North.

We can accommodate a telephonic claim process where allowed by law, except in Hawaii.

For claims where we administer both Statutory and enhanced/enriched non-statutory benefits, the claimant files a single claim. The same claim analyst handles the adjudication of both claims, eliminating the need to submit duplicate information.

Additionally, we issue separate checks for the Statutory and enhanced benefits, which ensures that the monies paid are accounted for appropriately.

Statutory Disability Coverage

We can integrate and administer the following Statutory plans on a fully-insured basis*:

- New York Disability Benefits Law (DBL) including New York Paid Family Leave (PFL)
- New Jersey Temporary Disability Benefits (TDB)
- Hawaii Temporary Disability Insurance (TDI)

We can also integrate and administer the California State Disability Insurance (CASDI) Statutory plan, including Paid Family Leave, for an employer who is approved as self-insured.

We can supplement Statutory plans for Rhode Island Temporary Disability Insurance (TDI) and Puerto Rico Disability Benefits (DB) on a fully-insured or self-insured basis.

Statutory plan administration is integrated with LTD and/or any supplemental ASO STD plans through the same claim office as the LTD and ASO plans. Statutory plans are set up in accordance with statutory regulations and filed on behalf of the employer with the statutory state, keeping you in compliance at all times.



We conduct business and provide insurance products, and related insurance and non-insurance services, in all 50 states. We can provide Life/AD&D, STD and LTD coverage in Puerto Rico. We cannot offer coverage for the Puerto Rico Statutory disability plan because Puerto Rico's statutory regulations require that insurance carriers providing Statutory coverage have a local presence; we do not have a local presence in Puerto Rico.

* If you are approved as self-insured by the statutory state in question, we can provide administrative services only. (The Hartford does not prepare filings for employers seeking approval to self-insure.)

Claim Process

The Hartford's claim management process is the same for employees in non-statutory and statutory states. If the policyholder has non-Statutory STD as a supplement to its Statutory plan, the same claim analyst adjudicates both claims to ensure that the correct benefits are paid for each one. We process two checks, but only one claim needs to be filed.

The same claim analyst handles the non-Statutory STD and Statutory plans if both are covered by The Hartford and the claimant is eligible. The claim analyst sets up the claim under both plans and the non-statutory plan offsets for the statutory benefits. The claimant receives two checks, one for the Statutory benefit and a second one for the supplementary non-Statutory STD benefit.

If Statutory Disability coverage is not with The Hartford, the claim analyst notes the work state (NY, for example) and supplements the Statutory benefit with the STD plan (offsetting for the Statutory benefit). The employee will be asked to file a claim through his/her Statutory Disability carrier to obtain the Statutory benefit.

Telephonic STD Claim Intake Process

The Hartford's telephonic STD Claim Intake process is as follows:

Business Day 0:

- The employee calls to report the claim.
- The Customer Care Nurse captures information and explains the claim process.
- The Customer Care Nurse contacts the attending physician by fax when additional medical information is needed to process the claim. If the claim meets the criteria for the expedited claims process, a clinical assessment is made and the claim is referred to a claim analyst for a determination.
- If medical information is still outstanding on the fifth or tenth business day, we advise the employee of such and reaffirm expectations that they should authorize their attending physician to release information to The Hartford.



Business Day 1:

- For all non-expedited STD claims, the STD claim analyst will make a call out to the claimant within one day of claim intake to set expectations about next steps for the claim.

Business Days 5 and Day 10:

- The claim analyst contacts the employer if employer information is missing.
- If medical information is still outstanding on the fifth or tenth business day, we contact the employee and advise of such and reaffirm expectations that they should authorize their attending physician to release information to The Hartford.
- We remind the employee if missing information is not received by the 15th business day, the claim will be closed until it is received.
- Employee contact for missing physician information is made by phone or by email (if email address is provided).
- If the employer or attending physician information is missing and we are unable to reach the employee by phone or email, the claim analyst sends the employee a letter detailing a delay in the claim process.

Business Day 15:

- If the employer or attending physician information is not received, the claim analyst closes the claim for lack of information.
- Claim analyst calls the employee and sends a letter of notification to the employee indicating that the claim has been closed and what information is missing.

Claim Adjudication:

- An STD claim analyst adjudicates the claim after receiving a completed claim file.
- The claim analyst calls to notify the employee of the STD claim approval or extension, and sends the appropriate notice to employee, either a combined leave/STD approval letter or an Explanation of Benefits.
- If additional provider information is necessary, the claim analyst calls the provider. If the information is available, the claim analyst immediately adjudicates the claim. If the claim analyst is unable to reach the provider or must leave a message, the claim analyst follows up twice over 48 hours. While waiting for clarification, the claim analyst calls the employee to advise of the delay.
- If additional information is needed from the Employer, such as part-time status or the Employer's ability to accommodate restrictions, the claim analyst will attempt to gather it twice within 24 hours. The claim analyst also notifies the employee of the delay by phone.



Transition from STD to LTD:

- The Hartford's claim system drives the transition process from STD to LTD using automated tasks that result in an LTD claim form (Income Benefit Questionnaire) being sent to the claimant.
 - For STD cases with a 26 week maximum duration or longer, this happens 5 to 9 weeks prior to the effective date of LTD, depending on the diagnosis.
 - For STD cases with a 13-week maximum duration, this happens LTD 5 weeks prior to the effective date of LTD.
- If the LTD claim form is not returned, two follow ups are performed at 15 day intervals. If the claim form is not returned after the two follow ups, further pursuit of the form is discontinued. An LTD claim analyst will begin their review if/when the form is subsequently received.
- The LTD claim form asks questions about other income, past work experience/education and medical providers. It also includes an updated authorization form. There is not an LTD claim until the form is returned.
- Once the LTD claim form is returned it is considered a new LTD claim. New LTD claims are triaged and assigned to an LTD claim analyst based on the characteristics of each claim file. Our LTD Team Leaders review all new claims transitioned from STD in lieu of automated claim assignment. This is important because we can identify and segment claims based on their unique medical, occupational or financial characteristics. The LTD Team Leaders uses an analytic tool that produces segment recommendations and a recovery profile based on historical data for similar claims. The team leader considers these aspects and the claim holistically to identify the appropriate claim segment.
- The LTD claim analyst reviews the information contained in the STD file and interviews the claimant to obtain any necessary information and explain the next steps to the claimant.
- The LTD claim analyst determines what additional information may be needed in order to make the LTD decision, and requests that information from the claimant, employer or physician(s). The claimant is encouraged to speak with their physician to make sure that we receive a timely response to any requests so that a final LTD determination can be made.

We may also obtain additional information from the employer and/or attending physician on a case-by-case basis.

Claim System

Our Claim system automatically adjudicates and calculates statutory and ERISA plan benefits, including taxes; however, it is the claim analyst who makes the decision to approve or deny liability.

For non-contributory plans, the taxable benefit percentage is typically 100%. For contributory plans, the employer advises the taxable percentage for each class/plan and reports this figure to The Hartford. The claim analyst enters the taxable percentage into the claim adjudication system which performs the tax deductions/calculation.



Compliance

We have a dedicated team of Statutory Disability Underwriters, Administrators, Premium Analysts and a Program Director. The Statutory Disability staff partners with Client Relationship Managers, as well as with the policyholder, to submit filings whenever legal changes occur and relay this information via appropriate statutory filing procedures with the state. The Hartford's Statutory staff also keeps policyholders apprised of any applicable changes to the laws.

Statutory plans are set up in accordance with the statutory regulations of a particular state. The Hartford also receives statutory information directly from the states and attends semi-annual conferences. We adhere to all regulations for a particular statutory state, and update our in-force Statutory Disability customers, staff and systems as we learn of state changes.

Case Management Process

STD

Our case management process begins at intake. Employees who call to report a new non-maternity STD claim immediately speak with a Customer Care Nurse, who:

- Conducts an in-depth interview to assess functionality
- Provides a clinical impression regarding the employee's disability claim
- Recommends a diagnosis and assigns ICD-9/ICD10 codes and/or CPT codes to the claim
- Contact the attending physician if additional medical information is needed based upon the complexity of the diagnosis and any complicating factors (e.g. multiple diagnoses)
- All Behavioral Health claims are immediately referred to Behavioral Health Case Manager for initial clinical impression and development of ongoing clinical management plan.
- For all non-expedited STD claims the STD claim analyst will make a call out to the claimant within one day of claim intake to set expectations about next steps for the claim

For example, if the claim is considered complex, the Customer Care Nurse provides a clinical impression and recommendation for further management by a Clinical Resource once the initial claim investigation is complete. If the claim meets the criteria for the expedited claims process, a clinical recommendation is made and the claim is referred to a claim analyst for a determination.

All complex claims are managed in coordination with clinical resources throughout the duration of the claim.

LTD

Determining disability durations during LTD is a function of confirming an individual's present abilities based on clinical information. The LTD claim analyst may use clinical resources at any point during a claim, who may arrange for a claimant to have an Independent Medical Exam, Functional Capacity Evaluation or independent peer physician review. The Medical Consultant's review and the claim analyst's assessment will determine the use of a particular resource.



The LTD claim analyst conducts milestone reviews whenever there is an expected change (financial or medical) to re-evaluate the need for clinical involvement.

Another way we manage disability claims is through predictive analytics. The Hartford's claims data analytics helps us to gain an understanding of our predictive modeling, the tools, and the systems that differentiate us as a claims leader in the industry.

For STD and LTD claims, we use both structured and unstructured data for our predictive modeling. Structured data is the information captured in specific fields within our system. Examples would be employee demographic information, diagnosis, physical capabilities. The unstructured data is more of the freeform information that is captured within our claim notes. This text mining process translates commonly used claim management terminology into meaningful "flags" that will drive the claim management process. These flags are leveraged to identify the right resources for appropriate claim management.

In 2018, 37% of non-statutory STD claims were referred to a Medical Case Manager and 2.08% were referred to a Vocational Case Manager.

(Of the 2.08% referred to a Vocational Case Manager, there were 8% that accepted the offer to facilitate a return to work and 30% were successfully returned to work.)

In 2018, 50.6% of LTD claims were referred to a Medical Case Manager and just over 13.1% were referred for vocational rehabilitation potential.

(Of the 13.1% referred for vocational rehabilitation potential, there were 71% that accepted active vocational rehabilitation case management and approximately 30% were successfully returned to work.)

Payment Process

STD

For STD, the start of disability payments to claimants is generally within one business day of the claim approval unless the claim was submitted early. We will pay accrued benefits at the end of each week that the claimant remains disabled. We may, at our option, make an advance benefit payment based on our estimated duration of Disability. If any payment is due after a claim is terminated, it will be paid as soon as Proof of Loss satisfactory to us is received. There is no difference in the process for statutory disability.



LTD

For LTD, claim payments are made in arrears. Benefits accrue as of the first day after the Elimination Period and are paid monthly. We will pay accrued benefits at the end of each month that the claimant remains disabled. We may, at our option, make an advance benefit payment based on our estimated duration of the disability. If any payment is due after a claim is terminated, it will be paid as soon as Proof of Loss satisfactory to us is received.

New York Statutory Plan

In the New York Statutory plan, no partial benefit is paid. If a claimant returns to work for 15 minutes a day, one day a week, he or she is no longer entitled to benefits. You can be reimbursed directly for the Statutory amount, plus a portion of the enriched benefit, if appropriate. The claimant receives one check, either from The Hartford or from the employer.

New Jersey Statutory Plan

The New Jersey Statutory plan provides a partial benefit only when a claimant has both a full-time and a part-time job, and has been cleared by a physician to work at the part-time job and no full-time work can be done. The claimant is paid benefits (1/7th of the weekly calculated benefit) for each day no work is done. Any time the claimant works at the part-time job, no payment is made that day.

In New Jersey, The Hartford can send disability checks to the employer, but because of statutory requirements, the claimant must approve this process and the check must be made out to the claimant. Typically, the check is sent to the employer who, in turn, has the claimant sign it over. The claimant then receives only one check, which comes from the employer. FICA taxes are taken as applicable since the check is made payable to the claimant in New Jersey.



Voluntary

Voluntary Benefits Program

For over 60 years, The Hartford has developed voluntary benefit solutions for today that engage and empower employees while delivering value to help support your bottom line. Our voluntary strategy leverages the strength of our existing relationships by delivering consultative support to you and your employees. By focusing on benefits education, we partner with you to help place each eligible employee in the best possible position to understand what is being offered to them.

We have developed keys to successful participation that involve hassle-free enrollment and service experiences, consumer-focused education and communication, and simple products with affordable choices.

While employee participation is important, the participation of the employer in the education of employees is paramount. We will partner with State of New Hampshire to help boost your plan participation by setting a clear voluntary strategy for you. Our methodology uses sophisticated targeting techniques and consumer education to help drive enrollment results.

Guidance and Support

The benefits landscape has changed. We make choosing, implementing and administering the right benefits easier; offer transparent solutions, efficient technology and personalized support.

Building Trust with All of Our Customers

We are committed to providing the most satisfying employer and employee experience in the industry. We work hard to understand and respond to your needs at every life stage and in every step of the process – from initial education to fulfilling our claims process.

Super Execution

The Hartford's advanced enrollment systems, experience and service model allow us to deliver seamless end-to-end solutions. Our solutions help minimize administrative burden and maximize participation.

Reasons to partner with The Hartford in your voluntary marketing effort are as follows:

- *A proven employer and employee-paid product offering:* Benefits can be funded by the employee or employer, or costs can be shared to accommodate customers' needs.
- *A Portfolio of Valuable Products:* Our insurance portfolio includes STD, LTD, Life and Accidental Death and Dismemberment, Critical Illness, and Accident.
- *Capabilities Designed to Sell:* The Hartford is fully committed to helping enrollment efforts through compelling analytical and consumer education tools. We also continue to invest in our voluntary capabilities with people, process, and technology.
- *Enhanced Service and Administration:* We offer a dedicated staff and robust capabilities to help reduce



employer/employee burden.

- *Trustworthy Know-How:* We are trusted by many of America's top companies to protect the lives and incomes of their employees in an evolving Voluntary Benefits landscape.
- *Consistent Market Leadership:* We weave our experience into solutions that honor our relationships and make good on our promises. That is why we are a market leader in the group life and disability business.

Enrollment Services

The Hartford knows each client is unique. That is why we keep our Voluntary process flexible, and support it with reliable technology and people. We can work with your system, our system, or a combination, offering fully integrated benefit administration or stand-alone services.

Our online enrollment platform, BenSelect, supports The Hartford products only or a combination of our products and other employer benefits- including medical, dental and vision – for one-stop, convenient enrollment. The platform is provided free of charge for Hartford products only and available at a discounted rate for multi-carrier products.

For Employers

During and after the enrollment period, employers can use the enrollment platform to:

- Administer group benefits
- Maintain eligibility records for list billing
- Enroll new employees
- Make salary adjustments
- Update employee terminations, reinstatements, rehires and personal information
- Check on participation rates for the enrollment event
- Run reports and download report data to a spreadsheet

For Employees

Employees can access the enrollment platform at any time to:

- Elect their benefits during their open enrollment period or new hire event
- Modify elections for specific life events throughout the year
- Make changes to their status which can trigger updates in their benefits options and choices
- Enter and update beneficiary information

In addition to our easy-to-use online enrollment platform, The Hartford provides comprehensive enrollment call center support where employees can speak with licensed benefit representatives to receive answers, assistance, and the full enrollment support they need when they need it. The licensed rep can even enroll employees over the phone if they prefer.



The Hartford also offers online Evidence of Insurability submission, leveraging single-sign-on technology to integrate platforms and help create a seamless employee experience with real-time decisions.

Post enrollment, employees can access the enrollment site to update beneficiaries or to confirm current elections. They can also access our employee website to:

- Submit an STD and LTD claim
- Check the status of Disability and premium waiver claims
- Check the status of applications for medical underwriting
- Enroll or update direct deposit bank information for STD and LTD claim benefit payments
- Manage personal data, such as their email address, password and preferences

Employers can access the self-service website to manage their Hartford group benefits, obtain specific case information, inquire about claims, view evidence of insurability status, and access reports and online forms instantly. We can also provide online enrollment and EOI reporting to help manage enrollment data.

A demo of our online enrollment platform can be found at the following URL:
<https://www.brainshark.com/thehartfordpc/benselect>

We can also provide a live demo of BenSelect on request.

Enroll and Educate

The Hartford's advanced enrollment systems, experience and service model allow us to deliver seamless end-to-end solutions, which helps minimize administrative burden and maximize participation.

Our Assess – Educate – Enroll methodology uses targeting techniques and consumer education tools to help drive enrollment results.

ASSESS

Helping to Boost Participation through Strategy

Your Hartford team partners with you to help improve plan participation by assessing enrollment needs and setting a clear, customized Voluntary strategy.

Our Voluntary Enrollment Analysis Tool (for 1000+ lives)

Developed to showcase varying plan participation by demographics, our Voluntary Enrollment Analysis tool allows the enrollment strategy to reach a specific targeted audience.



The Hartford's Enrollment OptimizerSM (for 1000+ lives)

By combining census-driven data from our Voluntary Enrollment Analysis with our proprietary research on Voluntary consumer purchase patterns, we help reveal the unique enrollment and benefits-buying behaviors of your employee base. Using these personas, the Enrollment Optimizer provides a custom report with added insights on the preferred ways your employees want to learn about and enroll in benefits. We analyze this data and provide recommendations that may include employee information/education and targeted outreach.

In addition, each Enrollment Optimizer report includes sample communications for the top two personas that make up a particular employer's employee population.

EDUCATE

The first step is to educate employees about their benefit options to help them make more informed benefits decisions. We provide a variety of learning tools to help guide employees in selecting the coverages that work for them.

Additionally, we partner with producers and employers to develop the most comprehensive communication campaign, delivered in a variety of mediums to target any generation or persona including:

- Customized email campaigns
- MyTomorrow[®] mobile-ready, interactive decision-support tool
- Award-winning consumer education videos
- Cost calculator
- Life and Disability insurance needs calculator
- YourVoice program ratings and reviews
- Intranet banner ads
- Life and Disability insurance needs calculators
- Direct mail:
 - Postcards
 - Letters
 - Payroll envelope stuffers
- Worksite materials:
 - Customized posters and flyers
- Licensed, non-commissioned Benefit Counselors for onsite and virtual support

ENROLL

We Execute

Our dedicated Enrollment Managers work with customers throughout the process to successfully execute on their enrollment strategy and help ensure enrollment goals are met.



We Integrate

The Hartford can work with your system, our system, or a combination, offering fully integrated benefit administration or stand-alone services.

Our online enrollment platform, BenSelect, supports The Hartford products only or a combination of our products and other employer benefits – including medical, dental and vision – for one-stop, convenient enrollment. The platform is provided free of charge for Hartford products only and available at a discounted rate for multi-carrier products.

In addition to our easy-to-use online enrollment platform, The Hartford provides comprehensive enrollment call center support where employees can speak with licensed benefit representatives to receive answers, assistance, and the full enrollment support they need when they need it. The licensed rep can even enroll employees over the phone if they prefer.

If a customer prefers to use paper enrollment, we can provide customized paper enrollment kits and final census tabulation.

In terms of EOI, we offer online submission that leverages single-sign-on technology to integrate platforms and create a seamless employee experience with real-time decisions. We also offer an electronic Personal Health Application called ePHA that provides a simple, streamlined solution for smaller groups looking to transition off paper applications.

Post enrollment, employees can access the enrollment site to update beneficiaries or to confirm current elections.

Employers can access our employer self-service website to manage their Hartford group benefits, obtain specific case information, inquire about claims, view EOI status, and access reports and online forms instantly. We can also provide online enrollment and EOI reporting to help manage enrollment data.

Communications Support

The Hartford is proud to offer dedicated enrollment communication support through our Group Benefits Marketing department. This seasoned team possesses broad experience in enrollment communication campaigns for companies of all sizes. Our marketing and creative services staff provides full support – consultation, planning, copywriting, editing, design and distribution. Our desire is to ensure you and your employees have the best possible enrollment experience.

Initially, we will use our patent-pending Enrollment Optimizer tool to analyze your employee census and current voluntary enrollment to segment the employee population into one of five personas. The Enrollment Optimizer proposes a highly targeted communication plan for the personas showing the most room for participation rate increases. The Hartford then executes on an approved integrated marketing communication plan using



consistent and targeted messaging across all platforms accessed by employees. In addition, each Enrollment Optimizer report includes sample communications for the top two personas that make up a particular employer's employee population.

Our approach to benefit education is to provide information relevant to employees to help them make the best decisions for their lifestyle. We provide fun, "non-insurancey" online education and decision support with MyTomorrow® (powered by Jellyvision) as well as through humor videos, chalk talk videos, print materials, webinars, meetings and other vehicles. Our job is to educate, not scare, and help employees understand why income protection is critical to their overall financial health.

In addition, we provide a variety of marketing communications and forms of enrollment support:

- Integrated marketing communication strategies designed for company-specific employee populations
- Customized mobile-ready, interactive decision-support tool outlining benefit options
- Cost calculator to demonstrate product affordability
- Informative and engaging product education videos
- Customized enrollment materials
- Onsite group meetings
- Customized communications may include: postcards, posters, email messages, text messaging campaigns, social posts/content, intranet banner ads, benefits site content, envelope stuffers, product flyers, cost calculator

Printing costs for standard enrollment and communication materials are included in our premium rates. We can accommodate unusual printing requirements or color printing at an additional cost.

The following chart outlines the communication materials The Hartford offers to its customers.

Communication Materials	Description
<i>Enrollment Kit</i>	Bulk shipped to the employee's work location and, for an additional charge, mailed to active employees' and retirees' homes prior to enrollment. The kit includes: <ul style="list-style-type: none"> • Welcome letter • Personalized Enrollment Form • One-page product flyer(s) • Benefit Highlight Sheet • Employee website Insert highlighting the features of our 24/7 online access for employees. • Spanish language versions are available.

Communication Materials	Description
<i>Personalized Enrollment Forms</i>	<p>Available for new voluntary plans and re-enrollments, providing specific information about benefit costs and the value of coverage for each individual.</p> <p>Personalized forms for Supplemental Life, AD&D, STD and LTD, and any combination of these coverages are also available for new hires and changes in life or family status.</p>
<i>Intranet Banner Ads</i>	A Web banner ad for your employee website communicating available product, enrollment period dates and links to online enrollment or MyTomorrow [®] . The ad can be posted at enrollment time and modified throughout the campaign.
<i>Worksite Poster</i>	A four-color poster for company common areas highlighting benefit plans, ease of enrollment and benefits fairs.
Postcard	A customized four-color postcard alerting employees to enrollment event dates, online educational resources and available products.
Flyers, Stuffers and Handouts	These materials can be distributed to employees digitally or as a printed piece, alerting them to important benefits enrollment information and educational resources. Various sizes available.
Email Campaign	Fully designed HTML e-mails sent to employees before or during the enrollment, reminding them of online educational resources, enrollment period dates and how to enroll (a link to online enrollment platform).
Text Messaging	An opt-in text message campaign can span pre-enrollment through the enrollment period to alert employees of important dates, meetings, and information regarding their benefits.
Content for Employer-Sponsored Communications	<p>We can provide content to be included in employer-produced communications. Examples include:</p> <ul style="list-style-type: none"> • Newsletter articles • Social Media • Benefits Intranet Site or Enrollment Site
<i>MyTomorrow - Online Decision Support Tool</i>	A customized and mobile-ready, interactive online resource designed to help employees understand the coverage and why it's an important part of their overall financial wellness. A unique URL for this site is provided for placement on various materials and digital communications.
<i>Cost Calculator</i>	Provides an accurate per-paycheck cost of benefits for employees by taking into account your plan design and their key details, like age, salary, and covered dependents.



Communication Materials	Description
<i>Life & Disability Insurance Needs Calculators</i>	Employees can see how much life and disability insurance they may need based on their lifestyles.
<i>Product Education Videos</i>	Employees want to learn about their benefits in a variety of ways. Engaging humor videos and product chalk talk videos are effective options to help educate employees on their insurance options.

Educational Tools

MyTomorrow[®] is a mobile-ready, interactive decision-support tool that educates employees on their benefits. By answering a few questions about themselves – if they are married, have kids, etc. – MyTomorrow is able to tailor the conversation to an employee’s situation.

By partnering with us on a marketing strategy, MyTomorrow can be communicated through benefit/enrollment communications to help employees learn about their options. It can also be linked or embedded on your benefits site through a unique URL, and accessed securely from home as well as work.

MyTomorrow:

- Provides customized plan information and offers an interactive conversation with virtual benefits coach
- Explains benefits in plain English with a touch of humor
- Educates, makes coverage recommendations, and persuades employees to take action
- Uses game design theory and behavioral economics at its foundation
- Does not require setup or complicated rollout process
- Links to enrollment platform or communications campaign, and can be accessed securely from home or work

The Hartford’s cost calculator is customized with your plan information and rate tables so employees can see an accurate per-paycheck cost for their benefit selections. By simply entering key details like salary, age and dependents, they can view and adjust coverage amounts to see just how affordable their benefits can be.

Our needs calculators are also available to help employees understand how much coverage is right for them. Employees enter information like their age, salary and savings, as well as debts and expenses. The needs calculators can advise and help employees better understand how much coverage will help them be well-protected.

Another engaging resource offered to employees are videos. Our chalk talk videos present high-level product information in an animated and easy-to-understand format. We also offer light-hearted videos, which make the benefits relevant through the use of humor.



Other media options include:

- An online employee portal which provides employees with secure access to start a Disability claim, check claim status and payment history, enroll in direct deposit and update bank information, and more.
- Educational and humorous videos to help employees better understand the need and relevance of the benefits available to them
- Text messaging campaigns are available to raise employee awareness of the enrollment opportunity and the tools available for them to learn more
- Automated text alert functionality is available to customers with Disability and Absence Management claims and Leave events. These capabilities consist of status and payment push alerts (through text or email) as well as a responsive communication via text to confirm employees' return-to-work dates.

Benefit Counselor Team

Our Benefit Counselor team is available to support your onsite enrollment events in locations with at least 200 eligible employees. Our preference is that all onsite events require mandatory employee participation. We are able to provide representatives that can speak Spanish at the meetings.

We currently have a group of over 110 experienced, licensed Benefit Counselors who primarily enroll for The Hartford (but are not exclusive to us). Our ongoing quality measures for training our enrollers are as follows:

- Most counselors have 10 to 30-plus years of experience in the insurance industry
- New recruits attend a three-day class new hire class that covers product and presentation skills and attend ongoing training calls every quarter
- Counselors are audited throughout the year via a performance survey directed toward the customer
- Counselors are paired periodically with The Hartford's Field Enrollment team as a means of mentoring and supporting their efforts

To help maintain the level of high quality, onsite expertise required by The Hartford, we conduct a survey to gather customer feedback at the end of the event. The survey assesses how well The Hartford is being represented by our Benefit Counselors during enrollment events and measures customer satisfaction so that we can:

- Determine whether customer's needs and expectations are being met
- Identify opportunities where we can improve our enroller services

Online Tracking

We use an eligibility data management system to load and track eligibility changes through regular data feeds from the employer. We will partner with the client to meet any additional needs while using our existing capabilities.

For claim tracking capabilities, employees and employers can track claim status and paid claims using our employer and employee websites.



All reports that are available on our employer website can be run for specific policy numbers, loss units, claim types and date ranges. The results can be viewed in PDF or downloaded in Excel for data manipulation.

Also, our online enrollment solution supports year-round enrollments events. As new hires or family status changes occur, the employer simply directs the employee to the web-based online enrollment system where the employee can make changes as permitted by the rules of the employer's plan design. The client may obtain reports throughout the plan year.

Eligibility Management Process

Utilizing The Hartford's Enrollment System

Employees who use our enrollment system can select and confirm their benefits online and receive verification of their enrollment choices in a benefit summary statement. They also receive information on how to complete the EOI process, if needed.

When enrollment is complete:

- Eligibility files are updated
- Elections that require EOI are determined
- Payroll deductions are calculated according to the benefit plan
- Confirmed data is stored in our database

At the end of the enrollment period:

- Our enrollment system synchronizes the information received
- Final EOI decisions initiate the eligibility and payroll deduction calculation process
- The database and payroll files are updated with any new information as EOI decisions continue to be processed
- Once all files are constructed, we transmit eligibility data directly to the client's HRIS/Payroll systems or third party administrator
- At point-of-claim, our claim team accesses the eligibility and beneficiary records to initiate the claim process

Utilizing The Client's Enrollment System

If employees use the client's own enrollment system to enroll in their Hartford benefits, the process is as follows:

- We maintain the client's employee and retiree records based on the ability of the client to provide ongoing change files. These records are used to support individual employee transactions.
- We provide the client with a detailed description of the minimum data requirements for the services requested. While we have a recommended file format, we can accept all common file formats.
- We execute a detailed testing process to ensure adherence to structure and coding elements,



comprehensiveness of the data, and proper functioning of the chosen method of encryption, data transmission and decryption.

- Final production data is uploaded to our system. File processing becomes systematic subsequent to the initial production file. Error reports are produced by the system and sent to the client's team for resolution.
- We monitor incoming files for changes to initiate any administrative services, such as direct employee communications regarding enrollment, EOI, portability and conversion. Approved EOI amounts are automatically added to the client's HRIS/payroll files.
- At point-of-claim, our claim team accesses the eligibility and beneficiary records to initiate the claim process.

Enrollment Reports

In addition to the standard reports listed below, the BenSelect platform can customize or build reports. Customer requests can utilize any category that is captured within the system.

Enrollment Status Follow-up Report:

- Summarizes the enrollment status
- Provides a contact list for employees in various stages of enrollment
- Computes totals and percentages by enrollment status
- Provides detail tabs for each enrollment status

Generic Payroll Report:

- Shows deductions effective for the pay date within the reporting period
- You may run this report as a full file (to get all payroll deductions) or a change file (to get only those deductions that are changing on the pay date)

Generic Payer Report:

- Provides a summary of benefit coverages in each selected plan by enrolled employees and enrolled individuals (including all covered dependents)

Open Enrollment Summary:

- New Volume/Premium
- Renewal Volume/Premium
- Drops Volume/Premium
- Total Volume/Premium

Open Enrollment Status Report:

- Lists employee data and their current Enrollment Status (not begun, incomplete, complete)



Employee Notes:

- Summarizes notes taken for each employee, including:
- Admin user name
- Date taken
- Note text

Voluntary Sales:

- Summarizes enrollment activity within the specified time period for voluntary products (those products not marked as core benefits in the case setup)

Enrollment Report:

- Shows overall employee benefit enrollment, including:
- Details about current and prior benefits
- Employees with benefits

Self-Bill:

- Monthly bill spreadsheets for self-billed plans with separate worksheets for Monthly Billing and Details
- Age-banded plans are tallied up separately for each age band

RFI # 2019-224

Twin State Voluntary Family and Medical Leave Insurance Plan



**THE
HARTFORD**

Business Insurance
Employee Benefits
Auto
Home

Cost Estimate

8.1: COST ESTIMATE TABLE

Item	General Requirements Description	Cost
1	Premium cost estimate	.8-1.2% of total state payroll
2	We look forward to discussing with you the additional cost of the program.	
3		
4		
5		

Twin State Voluntary Family and Medical Leave Insurance Plan



THE HARTFORD

Business Insurance
Employee Benefits
Auto
Home

NH-VT RFI Rate Range and Guidelines

For the State employees' rate, our estimate of the benefit payments proposed ranges from .8-1.2% of total state payroll. This is based on a 60% benefit to the max covered salary of SS wage max, a 12 week duration, is based on our interpretation of the RFI and is subject to change.

This estimate is based on insurers' experience underwriting short-term disability insurance, which covers a person's own health condition, and industry experience underwriting paid family leave in the state of New York. The range also leveraged costs of other state and private programs.

We would encourage the State to ensure there is proper risk management of the plan to lessen the potential for fraud as well as ensure solvency of the plan. Those guiding principles are:

Principles	Examples	Why?
Provide Employers and Carriers with a Policy Template	<ul style="list-style-type: none"> New Jersey provides a packet which includes a template for Employers to file a private plan 	<ul style="list-style-type: none"> Streamlines the review and approval process for the State and Employers
Separate Medical Leave (Disability) and Family Leave	<ul style="list-style-type: none"> New Jersey allows employers to split coverage Example: Employer receives coverage for medical leave (disability) from a private carrier, but receives paid family leave from the State. 	<ul style="list-style-type: none"> Most employers already provide Short Term Disability thru a private carrier, satisfying the statutory requirements separately lessens the burden on the Employer and the state administration, because the maximum duration of time allowed can be calculated by each without coordination. Lessens administrative expenses and lowers cost of the program
Allow for Underwriting the risk	<ul style="list-style-type: none"> New Jersey allows the private market to Underwrite the business based on risk and expenses However, the employee contribution can not be greater than what the State's deduction is 	<ul style="list-style-type: none"> Ensures the program is solvent Limits the employee's financial burden to be equal to or less than the State's plan Among private industry workers in 2017 with short-term disability plans, 84% of the plans did not require an employee contribution.
Ensure all terms are clearly defined	<ul style="list-style-type: none"> Serious health condition/Disability/Medical Leave Family member 	<ul style="list-style-type: none"> Avoids unexpected claims; disputes with customers and creates clear expectations for employees
Ensure an incentive to return to work	<ul style="list-style-type: none"> Limit time of benefit (e.g., 12 weeks) Limit income replacement rate (e.g., 60%) 	<ul style="list-style-type: none"> Providing an incentive to return to work helps control costs and limit abuse of the program.
Avoid vague provisions	<ul style="list-style-type: none"> Be very specific about who can be cared for under family leave (e.g., clarify specifically who counts as "related by blood") 	<ul style="list-style-type: none"> Vague provisions are easily abused. They can also be very difficult to administer and result in customer complaints and lawsuits.
Limit complexity of tracking	<ul style="list-style-type: none"> Limit payments and use of time to full-day increments 	Tracking and suppressing payroll for small amounts of time is very burdensome for both employers and the administrator

Benchmark against existing programs	<ul style="list-style-type: none"> • Test cost projections for reasonability through comparisons to programs in other states 	Ensure financial stability of program
Make language consistent with existing law	<ul style="list-style-type: none"> • Use "eligible employee" definition from Federal FMLA rather than creating a new one 	Makes administration significantly easier, especially for employers who must deal with dozens of different laws

For the Voluntary portion of the proposed plan, rates are highly dependent on participation levels. The Hartford has some guiding principles and guidelines and we would work with the State on developing the appropriate rate structure.

Principles	Examples	Why?
Rates based on participation	<ul style="list-style-type: none"> • 50% or more participation – stepped rates strongly preferred. Example of age banded rates structure below. • Less than 50% participation – stepped rates. Example of age banded rates structure. 	<ul style="list-style-type: none"> • Allows to properly price a group based on demographics. Ensures financial stability of program & keeps overall rate levels lower.
	<p style="text-align: center;">Age Bands</p> <p style="text-align: center;"><25</p> <p style="text-align: center;">25-29</p> <p style="text-align: center;">30-34</p> <p style="text-align: center;">35-39</p> <p style="text-align: center;">40-44</p> <p style="text-align: center;">45-49</p> <p style="text-align: center;">50-54</p> <p style="text-align: center;">55-59</p> <p style="text-align: center;">60-64</p> <p style="text-align: center;">>64</p>	
Minimum Participation Requirement	<ul style="list-style-type: none"> • Ex. 15% minimum participation 	<ul style="list-style-type: none"> • Large enough pool of a group to limit risk
Separate the durations for Paid Family Leave and Paid Medical Leave	<ul style="list-style-type: none"> • i.e. 6 weeks for Paid Family and 6 week for Paid Medical, no shared duration 	<ul style="list-style-type: none"> • Easier to underwrite, administer and track when durations are separate
Pre-existing Limitation	<ul style="list-style-type: none"> • Pre-existing condition is an illness or injury for which you received treatment within the 3-6 months prior to your effective date of coverage. Disabilities that occur during the first 12 months of 	<ul style="list-style-type: none"> • Ensures financial stability of the program • Ensures that not just employees that need coverage immediately are purchasing coverage
Strong Enrollment/Marketing Plan	<ul style="list-style-type: none"> • Use of personalized paper or online HIG forms • Marketing strategy that includes 2-3 touch points with EEs such as: <ul style="list-style-type: none"> • Email communications • Meetings – benefit fair or optional group meetings • Posters • Intranet communications 	<ul style="list-style-type: none"> • When there is a strong communication plan in place, we see higher participation levels