

Personal Health Application PA-9597 Employer Guide*

A COMPLETED FORM SAVES YOU TIME

Employers must fully complete Page 1 to ensure accurate handling. All remaining pages must be completed by the employee. A completed form is required before The Hartford can reach a decision about coverage. **The Notice of Insurance Information Practices(NOIIP) must accompany all PHAs provided to applicants. Please print and distribute a copy of the NOIIP with all PHAs being distributed to applicants. The NOIIP form does not need to be returned to The Hartford.** Missing or unclear information can hinder The Hartford's ability to process applications in an accurate and timely manner.



Employer Group Benefits Coverage Information

Thank you for choosing The Hartford. All sections of this form must be completed and received by The Hartford within 30 days of the signature date.

Employers: Please completely fill out Section 1 and Section 2 on this page and forward the entire form to the employee. Refer to your Policy and employee records for this information. These records are your property and are not on file with The Hartford. An incomplete form will result in a delay in processing your employee's request for insurance.

Employees: Please completely fill out the Applicant Information section on the 2nd page even if you are not applying for coverage.

Section 1: Employer Details (to be completed by Employer) PLEASE PRINT CLEARLY

| | |
|--|-------------------------|
| Employer Name: | Policy Number: |
| Employer Mailing Address (Street, City, State, Zip Code): | |
| Division/Location/Subsidiary with Mailing Address (if applicable): | |
| Benefits Contact Name (First, Last): | |
| Benefits Contact Email Address: | Benefits Contact Phone: |

Section 2: Employee Details (to be completed by Employer) PLEASE PRINT CLEARLY

| | |
|----------------------------------|--|
| Employee Name (First, MI, Last): | Date of Hire (mm/dd/yyyy): |
| Base Annual Earnings*: | Coverage Effective Date* (mm/dd/yyyy): |

* As described in the contract with The Hartford

Life Insurance Coverage Requested

- Enter the dollar amount of Current Life Coverage, including Guarantee Issue (GI)*. Please include Employee Basic Life coverage even if the employee is not requesting coverage at this time
- Enter the dollar amount of Life Coverage Subject to Evidence of Insurability (EOI)

* GI is the maximum amount of coverage as defined in the contract with The Hartford that does not require EOI

| | Current Life Coverage including GI | Life Coverage Subject to EOI |
|---|---|------------------------------|
| Employee Basic Life | \$ | \$ |
| Employee Supplemental or Voluntary Life | \$ | \$ |
| Spouse Basic Life | \$ | \$ |
| Spouse Supplemental or Voluntary Life | \$ | \$ |
| Child Supplemental or Voluntary Life | <input checked="" type="checkbox"/> Yes, EOI is required Indicate the number of children applying: _____ | |

Disability Insurance Coverage Requested

- Check Yes if employee is requesting Short Term and/or Long Term Disability coverage that is subject to EOI

| | |
|-----------------------|--|
| Short Term Disability | <input checked="" type="checkbox"/> Yes, EOI is required |
| Long Term Disability | <input checked="" type="checkbox"/> Yes, EOI is required |

Enter legal company name (no initials or abbreviations), policy number and all company information. **Note:** Division (if applicable) is a key trigger for missing information and will extend processing time.

Enter the employee's name, date of hire, base annual earnings and coverage effective date.

Check Yes if Child Life coverage is subject to EOI. No need to enter dollar amounts.

Check Yes if STD or LTD is subject to EOI. No need to enter dollar amounts.

Enter dollar amounts (not salary multiples) for Life coverage.

Include Employee Basic Life current coverage amount even if not requesting this coverage type.

Enter Employee and/or Spouse Current Life Coverage amounts, including GI. If no current coverage, enter 0 (zero).

Enter Employee and/or Spouse Life Coverage amounts subject to EOI.

If coverage is reduced due to age, enter the dollar amount prior to reduction being applied.

Refer to your employee records for Life coverage amounts. Employee records are your property and are not on file with The Hartford's Medical Underwriting Department.

Read your Policy Contract carefully for your company's terms, requirements and exceptions.

*Guide to be used when submitting a Personal Health Application in all resident states using the PA-9597 version

THREE MOST COMMON REASONS TO REQUIRE A PERSONAL HEALTH APPLICATION

A Late Entrant

- Every employee has an initial eligibility period for enrolling him or herself, a spouse or child. It is usually 31 days from the date of a key event such as date of hire, date of a new marriage, or the birth or addition of a child. Your Policy contract will define the length and terms of your particular eligibility period.
- A Late Entrant is an employee, spouse or child who did not elect coverage during the initial eligibility period. Typically, requests for child(ren) coverage of \$15,000 or less does not require medical underwriting.

Over the Guaranteed Issue Limit

- Applicants who apply during their initial eligibility period are generally guaranteed a certain amount of insurance without submitting evidence of insurability. Applicants whose coverage request exceeds the Guaranteed Issue amount must complete a Personal Health Application.
- Your Policy Contract specifies the guaranteed issue amount by class for the employee, spouse and child(ren).
- Your Policy Contract also specifies rules that apply.
- Guaranteed Issue amounts do not apply to applicants who enroll as Late Entrants. For example, even if the requested coverage is within the Guaranteed Issue amount, an applicant who is a Late Entrant must complete the Personal Health Application and would be subject to evidence of insurability for the entire elected amount.

Opted Up to a Higher Level of Coverage

- Applicants who are opting up to a higher level of coverage after the initial eligibility period must complete a Personal Health Application. For example, an applicant going from \$50,000 to \$100,000 in coverage would require a completed Personal Health Application. Check your Policy because some Policy Contracts may have alternate requirements.

In addition to these general guidelines, please read your Policy Contract carefully for your company's terms and requirements.

WHICH PERSONAL HEALTH APPLICATION DOES MY EMPLOYEE REQUIRE?

The Personal Health Application is based on resident state. You must provide your Employee the Personal Health Application that corresponds to his/her state of residence. EmployerView.com is designed to display the Personal Health Application by resident state so please use that as a guide.

WHAT HAPPENS IF I PROVIDE THE INCORRECT PERSONAL HEALTH APPLICATION?

It is critical that you select the correct compliant Personal Health Application. If a Personal Health Application is received for an Employee that does not correspond with his/her resident state, The Hartford cannot accept the form. The non-compliant Personal Health Application will be entered into The Hartford's system, but not processed until the compliant Personal Health Application is received. A letter will be provided to the applicant, which will include the compliant Personal Health Application to be completed by the applicant and returned to The Hartford. Providing a non-compliant Personal Health Application to an applicant will cause delays in processing the application.

After completing the Employer Group Benefits Coverage Information page, provide the entire Personal Health Application, including both the Employer and Employee sections, to your Employee to complete.

Need help completing the form? Contact us at (800) 331-7234 Monday through Friday, 8 a.m. to 8 p.m. EST, or email us at medical.uw@thehartford.com.

WHAT AM I REQUIRED TO DO WITH THE NOTICE OF INSURANCE INFORMATION PRACTICES?

Included in the Authorization section of the Personal Health Application is a statement indicating the applicant has received and read a copy of the Notice of Insurance Information Practices(NOIIP). The Notice explains how we collect, use and protect personal information and rights regarding that information. This must accompany all PHAs provided to applicants. The NOIIP will be housed under the Quick Links section on Employerview for retrieval by Employers and Benefit Administrators. Please print and distribute a copy of the NOIIP with all PHAs being provided to applicants.