

# GROUP CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS

Underwritten by Hartford Life and Accident Insurance Company

For Employee of:



## FORRESTER RESEARCH INC. (Policyholder)



Facing a serious illness at any age can be challenging – physically, emotionally and financially. Primary health insurance may pick up some or most of the tab, but can still leave medical and other recovery expenses that add up quickly. **Critical Illness insurance can provide a lump-sum cash benefit upon diagnosis of a covered illness that can be used however you choose.**

### CLASS & POLICY INFORMATION

**Eligible Class(es):** All Eligible Employees

**Policy Situs/Issue State:** Massachusetts

**Policy Number:** VCI-681643

**Policy Effective Date:** January 1, 2025

**Policy Anniversary:** January 1

### ELIGIBILITY & ENROLLMENT INFORMATION (Additional conditions may apply as described in the Certificate.)

<b>Employee</b>	To be eligible for coverage, an Employee must be performing the normal duties of their regular job for the policyholder for 24 or more hours each week and be receiving compensation from the policyholder for work performed.
<b>Dependent(s)</b>	Dependent(s) must be able to perform normal and customary activities and not be confined (at home or in any medical facility) to be eligible for coverage. In addition, Dependent Child(ren) must be under age 26, unless otherwise allowed by the policy.
<b>New Hire Enrollment</b>	An Employee may enroll for coverage for the Employee and any Dependent(s) within 31 days following the day the Employee or Dependent(s) first become(s) eligible for coverage under the Policy. If an Employee does not elect coverage during the Employee's or Dependent's initial enrollment period, future enrollment may only occur as provided in the Changes in Coverage provision of the Certificate.
<b>Ongoing Enrollment</b>	An Employee may enroll for coverage for the Employee and any Dependent(s) within an Annual Enrollment Period specified by the Policyholder or during an Additional Enrollment Event.

### COVERAGE ELECTION & AMOUNT(S)

In order to be insured under the Policy an Employee must elect coverage for themselves and any Dependent(s). The Employee is required to pay premium for the coverage elected. Payment of premium does not guarantee eligibility for coverage.

Any amount of insurance for a Spouse/Partner or Dependent Child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. All Coverage Amount(s) are Guaranteed Issue.

<b>Employee</b>	Choice of \$10,000 to \$40,000 in increments of \$10,000
<b>Spouse/Partner</b>	100% of the Employee's elected Coverage Amount
<b>Dependent Child(ren)</b>	100% of the Employee's elected Coverage Amount (per child)

### CRITICAL ILLNESS BENEFITS

All Critical Illness Benefits are subject to all of the applicable Definitions, Additional Requirements, maximums, limitations, Exclusions and other provisions of the Policy. The amounts shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy.

All **Initial Occurrence Benefit Amounts** are a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Critical Illness, unless otherwise stated as a specific dollar amount. All **Reoccurrence Benefit Amounts** are a percentage of the Initial Occurrence Benefit Amount for the applicable Critical Illness that is payable or was previously paid under the Policy for a Covered Person.

CANCER & BENIGN TUMOR CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	25%	100%
Skin Cancer	\$500	None

Bone Marrow Failure	25%	None
Benign Brain or Spinal Cord (Intradural) Tumor		
• Early Diagnosis	10%	None
• Advanced Diagnosis	100%	None

<b>HEART &amp; VASCULAR CATEGORY</b>	<b>Initial Occurrence Benefit Amount:</b>	<b>Reoccurrence Benefit Amount:</b>
Heart Attack (Myocardial Infarction)		
• ST-Segment Elevation Myocardial Infarction (STEMI)	100%	100%
• Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%	100%
Coronary Artery Disease		
• Minor Diagnosis	10%	100%
• Major Diagnosis	50%	100%
Stroke		
• Mild Stroke	10%	100%
• Moderate Stroke	25%	100%
• Severe Stroke	100%	100%
Aneurysm		
• Abdominal Aortic Aneurysm or Thoracic Aortic Aneurysm		
- Major Diagnosis	100%	100%

<b>MAJOR ORGAN CATEGORY</b>	<b>Initial Occurrence Benefit Amount:</b>	<b>Reoccurrence Benefit Amount:</b>
Major Organ Failure	100%	100%
End Stage Renal Disease (ESRD)	100%	None

<b>NEUROLOGICAL CONDITIONS CATEGORY</b>	<b>Initial Occurrence Benefit Amount:</b>	<b>Reoccurrence Benefit Amount:</b>
Dementia		
• Advanced Diagnosis	100%	None
Parkinson's Disease		
• Advanced Diagnosis	100%	None
Amyotrophic Lateral Sclerosis (ALS)		
• Advanced Diagnosis	100%	None
Multiple Sclerosis (MS)		
• Advanced Diagnosis	100%	None

<b>INFECTIOUS CONDITIONS CATEGORY</b>	<b>Initial Occurrence Benefit Amount:</b>	<b>Reoccurrence Benefit Amount:</b>
Severe Infectious Disease		
• Major Diagnosis	25%	None

<b>FUNCTIONAL LOSS &amp; CATASTROPHIC CONDITIONS CATEGORY</b>	<b>Initial Occurrence Benefit Amount:</b>	<b>Reoccurrence Benefit Amount:</b>
Coma	100%	100%
Loss of Hearing	100%	None
Loss of Sight	100%	None
Loss of Speech	100%	None
Permanent Paralysis	100%	None

<b>CHILD CONDITIONS CATEGORY</b>	<b>Initial Occurrence Benefit Amount:</b>	<b>Reoccurrence Benefit Amount:</b>
Cerebral Palsy		
• Early Diagnosis	10%	None
• Advanced Diagnosis	100%	None
Congenital Heart Defect	100%	None
Congenital Metabolic Disorder	100%	None
Genetic Disorder	100%	None
Structural Congenital Defect	100%	None

Critical Illnesses included in the Child Conditions Category must be Diagnosed during Childhood.

## ADDITIONAL BENEFITS

All Additional Benefits are subject to the applicable Definitions, Exclusions and other provisions of the Policy. The amounts and maximums shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Additional Benefit(s) and General Limitations & Exclusions sections of this Certificate.

Benefit:	Benefit Amount:	Benefit Maximum:
Health Screening	\$50	Once per Policy Year

## GENERAL LIMITATIONS & EXCLUSIONS

The limitations and exclusions included below apply to all benefits included in the Certificate unless otherwise noted below. Please note that certain Critical Illness Benefits and Additional Benefits may have additional limitations or requirements presented in the benefit provisions and definitions of the Certificate. All limitations and exclusions are fully described in the Certificate.

Unless otherwise stated in the Certificate, We will not pay benefits for any Critical Illness included in the Policy if a Covered Person was Diagnosed with such illness or condition prior to the Covered Person's effective date under the Policy.

<b>Initial Occurrence Benefit Separation Period</b>	Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for an Initial Occurrence Benefit to be payable for any other Critical Illness, an Initial Occurrence Benefit Separation Period of 30 days must be satisfied. This limitation is fully described in the Certificate.
<b>Reoccurrence Benefit Separation Period</b>	Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for a Reoccurrence Benefit to be payable for that same Critical Illness, a Reoccurrence Benefit Separation Period of 180 days must be satisfied.
<b>Policy Benefit Maximum</b>	Each Covered Person may receive multiple payments for Critical Illness Benefits under this Certificate until the Policy Benefit Maximum of 500% is reached. Any payments received by a Covered Person for any Additional Benefit(s) do not count toward this maximum. This limitation is fully described in the Certificate.
<b>Exclusions</b>	<p>No benefits are payable under the Policy for any Critical Illness that results from, is caused by or that takes place during a Covered Person's:</p> <ul style="list-style-type: none"> <li>• intentional self-inflicted illness or Injury</li> <li>• voluntarily taking or using any drug, narcotic, medication or sedative, unless it is: <ul style="list-style-type: none"> <li>- taken or used as prescribed by a Physician, or</li> <li>- taken according to package directions, for any over-the-counter drug, medication or sedative</li> </ul> </li> <li>• voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), or voluntary engagement in an illegal occupation</li> <li>• incarceration or imprisonment in any type of penal or detention facility</li> <li>• active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of this Certificate</li> <li>• involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer</li> </ul> <p>In addition, no benefits are payable under the Policy for any Critical Illness that results from or is caused by a Covered Person's Substance Use Disorder.</p> <p>In addition, no benefits are payable under the Policy for any Critical Illness for which Diagnosis is made outside the United States or Canada, unless the Diagnosis is confirmed in the United States. The date of Diagnosis in such circumstances is the date the Diagnosis was originally made outside the United States or Canada.</p>

## FEATURES

<b>Continuation of Coverage</b>	You may be able to continue insurance for You and Your Dependent(s) in certain circumstances when You are no longer Actively at Work, with payment of premium and subject to certain conditions. The available continuation option(s) are described in the Certificate.
<b>Extended Continuation</b>	You or an insured Spouse/Partner, in certain circumstances, may continue coverage under the Policy when insurance would otherwise end under the Termination of Coverage provision, with payment of premium and subject to certain conditions. This provision is fully described in the Certificate.

<b>Ability Assist® EAP<sup>1</sup></b>	24/7/365 access to help for financial, legal or emotional issues
<b>HealthChampion<sup>SM1</sup></b>	Administrative and clinical support following serious illness or injury

**COVERAGE EFFECTIVE DATE (WHEN COVERAGE BEGINS)**

In no event will Dependent insurance become effective before an Employee becomes insured. The Coverage Effective Date for any Employee or Dependent is subject to the Deferred Coverage Effective Date provision of the Certificate. Additional eligibility conditions may apply as described in the Certificate.

<b>New Hires</b>	<p>Coverage will start on the later to occur of:</p> <ul style="list-style-type: none"> <li>the first day of the month following the date an Employee or Dependent becomes eligible , if enrolled for coverage on or before that date, or</li> <li>the first day of the month following the date an Employee or Dependent is enrolled for coverage</li> </ul>
<b>Annual Enrollment or Additional Enrollment Event</b>	<p>Coverage will start on the later to occur of:</p> <ul style="list-style-type: none"> <li>the Policy Anniversary on or next following the last day of an Annual Enrollment Period, if an Employee or Dependent is enrolled during an Annual Enrollment Period, or</li> <li>the first day of the month following the last day of an Additional Enrollment Event, if an Employee or Dependent is enrolled during an Additional Enrollment Event</li> </ul>

**TERMINATION OF COVERAGE (WHEN COVERAGE ENDS)**

Coverage for an Employee and any Dependent(s) will end on the last day of the month during which an Employee is no longer eligible for insurance under any provision of the Policy. Coverage for a Dependent will also end on the last day of the month during which a Dependent no longer satisfies the definition of Spouse/Partner or Dependent Child(ren). Additional circumstances under which coverage will end are described in the Certificate. Termination of coverage has no effect on benefits payable for a Critical Illness that is Diagnosed or Treatment that is received while a Covered Person was insured under the Policy.

**HOW TO OBTAIN A COPY OF THE CERTIFICATE**

The Certificate will become available after the enrollment period is complete and the terms of insurance under the Policy are finalized between the Policyholder and Us. The Policyholder should provide you with access to (or a copy of) the Certificate at that time. If You do not receive what you need from the Policyholder at that time, you may then contact Us at 800-523-2233 (toll-free).

**PREMIUMS**

The premium rate structure for this insurance is comprised of attained age rates per \$1,000 dollars of insurance for the Employee and Spouse/Partner, with specified age bands. You are responsible for the payment of premiums for insurance under the Policy if you elect coverage. Payment of premium does not guarantee eligibility for insurance.

**Please see the Critical Illness Insurance Premium Worksheet to calculate/determine the premium for the coverage you elect.** Premiums will be automatically deducted from your paychecks by the Policyholder, then remitted to Us as authorized by you during the enrollment process. Please contact the Policyholder for information regarding your paycheck deductions.

Additional considerations for premium payment may apply when insurance is continued under any continuation option, as described in the Certificate. Premiums for this coverage are subject to change in accordance with the provisions of the Policy. Contact the Policyholder or your benefits administrator for additional information on the current premium structure for the Policy.

**NOTICES**

**NOTICE TO BUYER:** This is a Critical Illness insurance policy. The policy provides limited benefits payable ONLY when certain losses occur as a result of diagnosis of covered specified diseases. Benefits are supplemental and are not intended to cover all medical expenses. The policy does not constitute comprehensive health insurance coverage and does not satisfy the minimum coverage requirements of the Affordable Care Act. You should not enroll for this insurance unless you are already covered by comprehensive health insurance coverage. Persons covered under Medicaid or an equivalent state or Title XIX program should not enroll for this insurance.

This benefit summary provides a very brief summary of the terms and conditions of the Policy. For a complete description refer to the appropriate section of the Certificate or Policy (available as noted above). In the event of a discrepancy between this document and the Policy, the terms of the Policy apply. The capitalization of a term not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in the Certificate or refers to a specific provision contained within the Certificate or Policy. A person is not entitled to insurance because they received this benefit summary. A person is only entitled to insurance if they are eligible and insured in accordance with the terms of the Policy.

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THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Critical Illness Form Series includes GBD-3600, GBD-3700 or state equivalent.

<sup>1</sup>Ability Assist® and HealthChampion<sup>SM</sup> are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

# LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## GROUP ACCIDENT INSURANCE

### LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

## NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

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This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

5962g NS 05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

### The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document 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 document 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. © 2020 The Hartford.

# GROUP CRITICAL ILLNESS INSURANCE PREMIUM WORKSHEET



For Employee of:

**FORRESTER RESEARCH INC. (Policyholder)**

This worksheet will assist you in determining the premium for the coverage you elect for yourself and any dependent(s). The amounts presented below may vary from amount(s) provided to you when you enroll or from amount(s) you actually pay for the coverage due to rounding or changes in your age/how your age is calculated for purposes of this coverage.

A few important things to know:

- Employee and Spouse/Partner premiums are determined/calculated using the Employee's age as of the Policy Effective Date or as of the most recent Policy Anniversary (whichever is later).
- Premiums for Employee and Spouse/Partner coverage will increase over time as the Employee reaches the starting age of each subsequent age band.
- Tobacco premiums apply to the Employee and Spouse/Partner for any use of tobacco or nicotine replacement by the Employee within the past 12 months.
- Coverage for any Dependent Child(ren) is automatic with Employee enrollment/participation. A separate premium is not required for child coverage.
- Please contact the Policyholder or your benefits administrator if questions or for additional information on premiums for this coverage.

## CLASS & POLICY INFORMATION

**Eligible Class(es):** All Eligible Employees

**Policy Situs/Issue State:** Massachusetts

**Policy Number:** VCI-681643

**Policy Effective Date:** January 1, 2025

**Policy Anniversary:** January 1

## EMPLOYEE PREMIUMS (12 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

### NON-TOBACCO USERS

#### Age

Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$3.28	\$4.00	\$4.99	\$6.34	\$8.50	\$11.47	\$15.79	\$21.73	\$30.91	\$45.85	\$70.15	\$100.84	\$142.33
\$20,000	\$6.56	\$8.00	\$9.98	\$12.68	\$17.00	\$22.94	\$31.58	\$43.46	\$61.82	\$91.70	\$140.30	\$201.68	\$284.66
\$30,000	\$9.84	\$12.00	\$14.97	\$19.02	\$25.50	\$34.41	\$47.37	\$65.19	\$92.73	\$137.55	\$210.45	\$302.52	\$426.99
\$40,000	\$13.12	\$16.00	\$19.96	\$25.36	\$34.00	\$45.88	\$63.16	\$86.92	\$123.64	\$183.40	\$280.60	\$403.36	\$569.32

### TOBACCO USERS

#### Age

Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$3.28	\$4.54	\$5.89	\$8.50	\$11.74	\$17.05	\$24.25	\$33.97	\$48.28	\$65.47	\$93.46	\$125.05	\$172.30
\$20,000	\$6.56	\$9.08	\$11.78	\$17.00	\$23.48	\$34.10	\$48.50	\$67.94	\$96.56	\$130.94	\$186.92	\$250.10	\$344.60
\$30,000	\$9.84	\$13.62	\$17.67	\$25.50	\$35.22	\$51.15	\$72.75	\$101.91	\$144.84	\$196.41	\$280.38	\$375.15	\$516.90
\$40,000	\$13.12	\$18.16	\$23.56	\$34.00	\$46.96	\$68.20	\$97.00	\$135.88	\$193.12	\$261.88	\$373.84	\$500.20	\$689.20

## SPOUSE/PARTNER PREMIUMS (12 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

### NON-TOBACCO USERS (BASED ON EMPLOYEE'S TOBACCO USE)

#### Age

Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$3.28	\$4.00	\$4.99	\$6.34	\$8.50	\$11.47	\$15.79	\$21.73	\$30.91	\$45.85	\$70.15	\$100.84	\$142.33
\$20,000	\$6.56	\$8.00	\$9.98	\$12.68	\$17.00	\$22.94	\$31.58	\$43.46	\$61.82	\$91.70	\$140.30	\$201.68	\$284.66
\$30,000	\$9.84	\$12.00	\$14.97	\$19.02	\$25.50	\$34.41	\$47.37	\$65.19	\$92.73	\$137.55	\$210.45	\$302.52	\$426.99
\$40,000	\$13.12	\$16.00	\$19.96	\$25.36	\$34.00	\$45.88	\$63.16	\$86.92	\$123.64	\$183.40	\$280.60	\$403.36	\$569.32

**TOBACCO USERS (BASED ON EMPLOYEE'S TOBACCO USE)**

**Age**

<b>Coverage Amount</b>	<b>&lt;25</b>	<b>25-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>	<b>70-74</b>	<b>75-79</b>	<b>80+</b>
<b>\$10,000</b>	\$3.28	\$4.54	\$5.89	\$8.50	\$11.74	\$17.05	\$24.25	\$33.97	\$48.28	\$65.47	\$93.46	\$125.05	\$172.30
<b>\$20,000</b>	\$6.56	\$9.08	\$11.78	\$17.00	\$23.48	\$34.10	\$48.50	\$67.94	\$96.56	\$130.94	\$186.92	\$250.10	\$344.60
<b>\$30,000</b>	\$9.84	\$13.62	\$17.67	\$25.50	\$35.22	\$51.15	\$72.75	\$101.91	\$144.84	\$196.41	\$280.38	\$375.15	\$516.90
<b>\$40,000</b>	\$13.12	\$18.16	\$23.56	\$34.00	\$46.96	\$68.20	\$97.00	\$135.88	\$193.12	\$261.88	\$373.84	\$500.20	\$689.20