



# HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza, Hartford, Connecticut 06155  
(A stock insurance company, herein called The Company.)  
will pay benefits according to the terms and conditions of The  
Policy.

AMENDMENT TO GROUP POLICY LNY713468 PROCESSED ON 2/24/2021. ANY CHANGES BETWEEN THIS POLICY AND THE PREVIOUSLY ISSUED POLICY ARE EFFECTIVE 12/04/2020. ALL  
OTHER TERMS CONDITIONS AND DATES REMAIN UNCHANGED

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**Name of Policyholder:** LSC COMMUNICATIONS LLC

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**Policy Number:**  
LNY-713468

**Policy Effective Date:**  
5/1/2019

**Place of Delivery:**  
New York

**Anniversary Date]**  
January 1 of each year, beginning in  
2022

**Premium Due Dates:**  
Monthly, payable on the last day of the  
Month

Signed for The Company

Kevin Barnett, Secretary

Jonathan Bennett, President

The contract between the Policyholder and The Company consists of The Policy. The provisions of the Law are part of The Policy as if they were included in this policy, so far as they apply to disability benefits provided by The Policy. No change may be made in The Policy unless approved in writing by an authorized representative of The Company.

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## SCHEDULE OF INSURANCE – ELIGIBILITY

### Eligible Employees:

All employees of the Policyholder and Other Employer(s) in employment as defined under Section 203 of the Law, excluding sole proprietor(s).

An Eligible Employee who becomes covered under The Policy will be referred to herein as an Insured Employee.

## SCHEDULE OF INSURANCE – BENEFITS

**Weekly Benefit Amount:** 50% of average weekly wage to a maximum of \$170 per week.

**Commencement Period:** 8<sup>th</sup> consecutive day for accidental bodily injury  
8<sup>th</sup> consecutive day for sickness

**Maximum Payment Period:** 26 weeks

### Disability Benefit:

The Policy provides disability benefits only for a disability of an Insured Employee which commences while The Policy is in force.

The Company agrees with the Policyholder to pay the disability benefit which an Insured Employee is entitled to receive under Section 204 of the Law. The Policy is issued in consideration of payment of premiums as provided herein.

### Offset Provision:

The benefit amount payable as the result of the Insured Employee's disability will be reduced as prescribed under Section 206 of the Law.

### Maximum Payment Period:

The maximum period for which disability benefits are payable to an Insured Employee for a covered disability is defined under Section 205 of the Law.

## DEFINITIONS

### Defined Terms:

**Calendar Quarter** means a period of three consecutive calendar months ending on March 31, June 30, September 30 or December 31.

**Chairman** means the Chairman of the Workers' Compensation Board of the State of New York.

**Insured Employee** means an employee of the Policyholder and any Other Employer covered under The Policy.

**Law** means the Disability Benefits Law of the State of New York as it may be amended while The Policy is in force.

**Other Employer** means an Insured Employee's employer who the Policyholder has agreed to cover under The Policy.

**Policy Year** means, for the first year, the period of time from the Policy Effective Date to the Policy Anniversary Date. Subsequent policy years will be twelve consecutive months from the Policy Anniversary Date.

**The Policy** means the policy issued to the Policyholder by The Company under the Policy Number shown on the face page.

## PREMIUM PROVISIONS

**Monthly Premium Rates**

Premium Rate Per Eligible Employee Per Month: \$7.59

Subject to The Policy's Grace Period provision, all premiums after the first must be paid when or before they are due. A \$10.00 late fee will be charged to Policyholders whose premiums are received after the expiration of the Premium Due Date Grace Period.

**Grace Period**

The Company will allow the Policyholder a 60 day grace period for the payment of all premiums after the first payment. During this 60 day period, The Policy will stay in force.

**Calculation**

Premiums may be calculated by multiplying the monthly rate times the applicable number of units of coverage.

The minimum premium for the Calendar Quarter, or part thereof, is \$15.00.

Any other method of calculating premium which has been approved by the State of New York Superintendent of Financial Services may be used if:

- 1) it gives approximately the same amount; and
- 2) it is agreeable to The Company and the Policyholder.

The Company has the right to change the premium rate as of:

- 1) the effective date of a change in the Law; and
- 2) as of any premium due date if The Policy has been in effect for at least twelve months.

**Premium Payments**

Premium payments are due and payable in full to a place designated by The Company or, with respect to the initial premium payment, premium payments may be made to an authorized agent of The Company.

As required by Law, any amount in excess of the Insured Employee's contributions over the premiums paid by the Policyholder shall, under the rules of the Chairman, be paid to the Policyholder and:

- 1) distributed to the Insured Employees;
- 2) used for the benefit of the Insured Employees; or
- 3) disposed of as prescribed in Section 216 of the Law.

## **POLICY PROVISIONS**

**Required Statutory Provisions**

A Policyholder's notice or knowledge of an injury or sickness of an Insured Employee shall be deemed notice or knowledge on the part of The Company. Jurisdiction of an Insured Employee's employer shall, for the purpose of the Law, be jurisdiction of The Company. The Company shall be bound by and subject to the orders and decisions rendered in connection with payment of benefits under the Law.

The Chairman shall have the right to enforce the liability of The Company for a person entitled to benefits under The Policy. Payment of benefits by a Policyholder, Other Employer(s) or The Company shall be a bar to the recovery against the other to the extent thereof.

Bankruptcy or insolvency of the Policyholder or an Other Employer shall not relieve The Company of any of its obligations under The Policy.

Benefits payable under The Policy in accordance with the Law shall be payable at least to the extent and subject to the conditions required by the Law.

**Data To Be Furnished**

The Policyholder, or any other person designated by the Policyholder, will give The Company all information The Company needs regarding matters pertaining to the insurance. At any reasonable time while The Policy is in force and for 12 months after that, The Company may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of The Policy.

**Notice of Claim**

The Policyholder or Other Employer must give The Company written notice of disability as soon as practicable after the first day for which benefits may be payable for a disability. Such notice must include:

- 1) the Policyholder's name;
- 2) the Other Employer's name;
- 3) the Insured Employee's name;
- 4) the Insured Employee's address; and
- 5) the time, place, and nature of the Insured Employee's disability.

**Assignment**

The Policyholder's interest under The Policy is not assignable unless The Company agrees in writing.

**Statutory Assessments**

Under the Disability Benefits Law of the State of New York, The Company will pay the assessments levied on the total payrolls of employees covered under The Policy pursuant to Sections 214-2, 214-3, and 228 of said Law.

**Time Period**

All periods begin and end at 12:01 A.M., standard time, at the Policyholder's address.

**Cancellation**

The Company may cancel The Policy by giving written notice, mailed or delivered, to the Policyholder and Chairman. Such notice must be given:

- 1) at least 10 days prior to the effective date of cancellation, if cancellation due to non-payment of premium; and
- 2) at least 30 days prior to the effective date of cancellation, if cancellation is due to any reason other than non-payment of premium.

If insurance becomes effective with another insurance carrier prior to an effective date of cancellation, cancellation shall be effective as of the date such other insurance becomes effective.

Upon receipt by The Company, at least 40 days prior to any premium due date, of written request from the Policyholder or an employer that the insurance on the employees of an employer be canceled, The Company shall effect the cancellation as provided in the preceding paragraph.

The Policyholder shall be liable to The Company for all unpaid premiums. As to any cancellation of insurance, premiums shall be adjusted on a pro rata basis from the last premium due date to the date of cancellation. Any refund due shall be made to the Policyholder as soon as practicable.

**Other Employer(s)**

The Company will keep a list of Other Employer(s) accepted by The Company and the effective dates of coverage for each.

The Policyholder may act for or on behalf of all Other Employer(s) in all matters of The Policy. The following will be binding on all Other Employer(s):

- 1) all agreements between The Company and the Policyholder;
- 2) all notices from The Company to the Policyholder; and
- 3) all notices from the Policyholder to The Company.

### Other Employer(s)

Name of Other Employer(s)	Effective Date	Loss Unit	Cancellation Date
COURIER COMPANIES INC.	5/1/2019	001	12/4/2020
DOVER PUBLICATIONS, INC	5/1/2019	002	12/4/2020
LSC COMMUNICATIONS US, LLC	5/1/2019	003	12/4/2020
LSC COMMUNICATIONS, INC.	5/1/2019	004	12/4/2020
LSC COMMUNICATIONS BOOK LLC	12/4/2020	005	
CONTINUUM MARKETING SERVICES LLC	12/4/2020	006	
LSC COMMUNICATIONS LLC	12/4/2020	007	
LSC COMMUNICATIONS MCL LLC	12/4/2020	008	
TOPS PRODUCTS LLC	12/4/2020	009	