

**Group Disability Insurance**

**Core Short Term Disability  
with Buy-Up Option**

**SUMMARY OF BENEFITS**

**Class 1**

**Sponsored By:** Phoenix Elementary School District #1

**Policy Number:** 01-017015-00

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

**Benefit Highlights: EMPLOYER PAID CORE PLAN**

<b>Benefit Amount</b>	66.67% of weekly salary up to \$2,000 per week
<b>Minimum Benefit Amount</b>	\$10
<b>Maximum Benefit Duration</b>	17 weeks
<b>Elimination Period</b>	Accident – 60 days Sickness – 60 days (number of days you must be disabled to collect disability benefits)
<b>Accumulation of Elimination Days</b>	You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability.

**Benefit Highlights: EMPLOYEE PAID BUY-UP PLAN**

<b>Benefit Amount</b>	66.67% of weekly salary up to \$2,000 per week
<b>Minimum Benefit Amount</b>	\$10
<b>Maximum Benefit Duration</b>	24 weeks
<b>Elimination Period</b>	Accident – 14 days Sickness – 14 days (number of days you must be disabled to collect disability benefits)
<b>Accumulation of Elimination Days</b>	You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability.

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## Eligibility

All active full-time employees working a minimum of 30 hours per week.

## Standard Provisions:

- Maternity is covered the same as any other condition.
- Non-Occupational Coverage.
- Recurrent disability/temporary recovery.

## Contact Information for Claims

Phone: 1-877-377-6773

Fax: 1-877-737-3650

Symetra Life Insurance Company  
Life and Absence Management Center  
P.O. Box 1230  
Enfield, CT 06083-1230

This summary provides only a brief description of the Life Insurance coverage insured by Symetra Life Insurance Company under the LGC-13000 8/06 series Group Life Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-017015-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

**Insured by Symetra Life Insurance Company**

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