



Group Life Insurance

Supplemental Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS

Class 3

Sponsored By: Phoenix Elementary School District #1
Effective Date: July 1, 2021
Policy Number: 01-017015-00

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

Employee	Life and AD&D Benefit
Amount	\$10,000 to \$500,000 (in increments of \$10,000)
Minimum Amount	\$0
Maximum Amount	\$500,000, not to exceed 5 x Earnings
Guarantee Issue	\$250,000 (round to the next higher \$1,000)
Spouse	Life Benefit
Spouse Amount	\$5,000 to \$150,000 (in increments of \$5,000)
Minimum Amount	\$0
Maximum Amount	\$150,000, not to exceed 50% of Employee Supplemental Life Benefit Amount (round to the next higher \$1,000)
Guarantee Issue	\$50,000
Child	Life Benefit
Child Amount	15 days to 26 years \$1,000 to \$10,000 in increments of \$1,000

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Benefit Reduction Employee and Spouse

Original Benefit	35% at age 70
Amount Reduced To	55% at age 75
	70% at age 80

Eligibility

All Other Active Full-Time Eligible Employees working a minimum of 30 hours each week

Evidence of Insurability

Evidence of Insurability is required for all amounts of insurance selected after the initial 31 day eligibility period and for any amount in excess of the Guarantee Issue amount.

Additional Benefit Details

Accelerated Death Benefit	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the employee. Please refer to your employee certificate for additional information.
Conversion	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply. Please refer to your employee certificate for additional information.
Portability	This coverage may be continued at group rates upon termination of employment. Certain restrictions apply. Please refer to your employee certificate for additional information.
Waiver of Premium	With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for an employee that becomes disabled. Certain restrictions apply. Please refer to your employee certificate for additional information.
AD&D Riders	Includes Seat Belt, Airbag, Repatriation, Child Education, Day Care, Rehabilitation, Spouse Education, Adaptive Home and Vehicle, Critical Burn, Therapeutic Counseling, Felonious Assault and Coma benefits. Please refer to your employee certificate for additional information.

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

Rates for Supplemental Life coverage

Monthly Employee* Supplemental Life Rates per \$1,000 of coverage

AGE	RATE
Under 25	\$0.040
25 - 29	\$0.040
30 - 34	\$0.045
35 - 39	\$0.054
40 - 44	\$0.084
45 - 49	\$0.143
50 - 54	\$0.230
55 - 59	\$0.371
60 - 64	\$0.579
65 - 69	\$1.039
70 - 74	\$1.859
75 and over	\$2.060

Monthly Spouse* Supplemental Life Rates per \$1,000 of coverage

AGE	RATE
Under 25	\$0.050
25 - 29	\$0.053
30 - 34	\$0.059
35 - 39	\$0.072
40 - 44	\$0.100
45 - 49	\$0.150
50 - 54	\$0.230
55 - 59	\$0.430
60 - 64	\$0.660
65 - 69	\$1.270

***Supplemental Spouse Life Rates are based on Employee's Age**

Monthly Employee Supplemental AD&D Rate per \$1,000 of coverage is \$0.015

Monthly Child Supplemental Life Rate per \$1,000 Per Family Unit of coverage is \$0.100

Calculating Your Cost

Supplemental Employee Life: _____ /1,000 = \$ _____
 (volume) x (rate) Monthly Cost

Supplemental Employee AD&D: _____ \$0.015 /1,000 = \$ _____

	(volume)	x	(rate)		Monthly Cost
Supplemental Spouse Life:	<u> </u>	x	<u> </u>	/1,000 =	<u> \$ </u>
	(volume)	x	(rate)		Monthly Cost
Supplemental Child Life:	<u> </u>	x	<u> \$0.100 </u>	/Per Family Unit =	<u> \$ </u>
	(volume)	x	(rate)		Monthly Cost

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 or 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