

Group Life Insurance

**Supplemental Life and Accidental
Death & Dismemberment**

SUMMARY OF BENEFITS

Class 1

Sponsored By: City of Buckeye
Effective Date: July 1, 2019
Policy Number: 01-017989-00

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

| | |
|-----------------|--|
| Employee | Life Benefit |
| Amount | Increments of \$10,000 |
| Minimum Amount | \$10,000 |
| Maximum Amount | Lesser of \$400,000 or 5 times Earnings (rounded to the next higher \$1,000) |
| Guarantee Issue | \$170,000 |
| Employee | AD&D Benefit |
| Amount | Increments of \$10,000 |
| Minimum Amount | \$10,000 |
| Maximum Amount | Lesser of \$400,000 or 5 times Earnings (rounded to the next higher \$1,000) |
| Spouse | Life Benefit |
| Spouse Amount | Increments of \$10,000 |
| Minimum Amount | \$10,000 |
| Maximum Amount | \$150,000 or 100% of employee's total amount, whichever is less |
| Guarantee Issue | \$50,000 |
| Spouse | AD&D Benefit |
| Spouse Amount | Increments of \$10,000 |
| Minimum Amount | \$10,000 |
| Maximum Amount | \$150,000 or 100% of employee's total amount, whichever is less |

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Child Life and AD&D Benefit

Child Amount

Live Birth to 6 Months: \$500

6 Months to Age 26: \$10,000 or \$15,000

Child Supp Life/AD&D amount must be 100% of employee's total amount or less

Benefit Reduction Employee and Spouse

Benefits will reduce to: No Age Reduction

Spouse coverage terminates at age 70

Eligibility

All active full time employees working a minimum of 30 hours per week and their eligible dependents who are in an eligible class are eligible for coverage on the policy effective date.

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 and Adaptive Home & Vehicle 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

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Rates for Supplemental Life coverage

Monthly Employee and Spouse Supplemental Life Rates per \$1,000 of coverage.

| AGE | RATE |
|-------------|---------|
| Under 25 | \$0.070 |
| 25-29 | \$0.070 |
| 30-34 | \$0.080 |
| 35-39 | \$0.090 |
| 40-44 | \$0.110 |
| 45-49 | \$0.160 |
| 50-54 | \$0.260 |
| 55-59 | \$0.430 |
| 60-64 | \$0.660 |
| 65-69 | \$1.270 |
| 70-74 | \$2.210 |
| 75 and over | \$4.460 |

Monthly Employee, Spouse and Child Supplemental AD&D Rate per \$1,000 of coverage is \$0.037

Monthly Child Supplemental Life Rate per \$1,000 of coverage: \$0.200

How to Calculate Your Cost

| | | | | |
|----------------|-----------------------------|---|--------------------------------------|--------------------------------|
| Employee Life: | <u> </u> | x | <u> </u> /1,000 = | \$ <u> </u> |
| | (volume) | | (rate) | Monthly Cost |
| Employee AD&D: | <u> </u> | x | <u> </u> /1,000 = | \$ <u> </u> |
| | (volume) | | (rate) | Monthly Cost |
| Spouse Life: | <u> </u> | x | <u> </u> /1,000 = | \$ <u> </u> |
| | (volume) | | (rate) | Monthly Cost |
| Spouse AD&D: | <u> </u> | x | <u> </u> /1,000 = | \$ <u> </u> |
| | (volume) | | (rate) | Monthly Cost |
| Child Life: | <u> </u> | x | <u> </u> /1,000 = | \$ <u> </u> |
| | (volume) | | (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 **01-017989-00**. 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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