

Group Life Insurance

Supplemental Life

SUMMARY OF BENEFITS

Class 1

Sponsored By: City of Macedonia Effective Date: January 1, 2021 Policy Number: 01-020258-00

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

Eligibility

All Active Full-Time Employees working a minimum of 40 hours per week

and their eligible dependents.

Employee Life Benefit

Amount Increments of \$10,000

Minimum Amount \$10,000

Maximum Amount Lesser of \$250,000 or 5 x Earnings (Round to the next higher \$1,000)

Spouse Life Benefit

Spouse Amount Increments of \$5,000

Minimum Amount \$5,000

Maximum Amount \$50,000 not to exceed 50% of Supplemental Employee Coverage (Round

to the next higher \$1,000)

Guaranteed Issue \$25,000

Child Life Benefit

Child Amount 15 day(s) to 6 month(s): \$250

6 month(s) to 19 year(s): \$10,000

Benefit Reduction Employee and Spouse*

Original Benefit 35% at age 65 Amount Reduced By 50% at age 70

(based on Employee age)*

LGP-2319/Other-Class 1 2/17



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

Contact Information for Claims

information.

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

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

Monthly Supplemental Child Life Rate per \$1,000 of coverage is \$2.0000

Calculating Your Cost					
Supplemental Employee Life:	(volume)	x	(rate)	/1,000 =	\$ Monthly Cost
Supplemental Spouse Life:	(volume)	x	(rate)	/1,000 =	\$ Monthly Cost
Supplemental Child Life:	(volume)	x <u>2</u>	2.000 (rate)	/1,000 =	\$ 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 01-020258-00. 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

LGP-2319/Other-Class 1 2/17