

## Group Life Insurance

## Supplemental Life

### SUMMARY OF BENEFITS

### Class 1

**Sponsored By:** Yuma Elementary School District One  
**Effective Date:** July 1, 2017  
**Policy Number:** 01-017260-00

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 \$500,000 or 5 times Earnings (rounded to the next higher \$1,000)
Guarantee Issue	\$100,000
Spouse	Life Benefit
Spouse Amount	Increments of \$5,000
Minimum Amount	\$5,000
Maximum Amount	\$25,000 not to exceed 50% of Supplemental Employee Coverage (rounded to the next higher \$1,000)
Guarantee Issue	\$25,000
Child	Life Benefit
Child Amount	15 days - upon reaching age 26: Increments of \$1,000
Maximum Amount	\$10,000
Benefit Reduction	Employee
Benefits will reduce to:	65% at age 65 50% at age 70
Benefit Reduction	Spouse
Benefits will reduce to:	65% at age 65 Benefits Terminate at Age 70
Eligibility	

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Regular full-time employee of the District working at least 30 hours per week who are enrolled in the district's medical plan.

### 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.

### 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	\$0.066
25-29	\$0.066
30-34	\$0.076
35-39	\$0.095
40-44	\$0.151
45-49	\$0.264
50-54	\$0.447
55-59	\$0.729
60-64	\$0.949
65-69	\$1.655
70-74	\$2.868
75 and over	\$2.868

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

AGE	RATE
Under 25	\$0.086
25-29	\$0.086
30-34	\$0.098
35-39	\$0.118
40-44	\$0.184
45-49	\$0.314
50-54	\$0.520
55-59	\$0.814
60-64	\$1.270
65-69	\$2.220

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

### Monthly Child Supplemental Life Rate per \$1,000 of coverage: \$0.100

#### How to Calculate Your Cost

Employee Life:	<u>                    </u>		<u>                    </u> / 1,000 =	\$ <u>                    </u>
	(volume)	x	(rate)	Monthly Cost
Spouse Life:	<u>                    </u>		<u>                    </u> / 1,000 =	\$ <u>                    </u>
	(volume)	x	(rate*)	Monthly Cost
Child Life:	<u>                    </u>		<u>                    </u> / 1,000 =	\$ <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 01-017260-00. 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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