



**Group Life Insurance**

**Supplemental Life and Accidental Death & Dismemberment**

**SUMMARY OF BENEFITS**

**Class 1**

**Sponsored By:** Independent School District No. 1, Tulsa County  
**Effective Date:** January 1, 2022  
**Policy Number:** 01-017590-00

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 20 hours per week.

**Employee Life and AD&D Benefit**

Amount Increments of \$10,000  
 Minimum Amount \$10,000  
 Maximum Amount The Lesser of \$350,000 or 5 x earnings  
 (Life) Guarantee The Lesser of \$150,000 or 3 x earnings  
 Issue

**Spouse Life & AD&D Benefit**

Spouse Amount Increments of \$5,000  
 Minimum Amount \$5,000  
 Maximum Amount \$150,000 not to exceed 100% of Supplemental Employee Coverage  
 Guarantee Issue \$25,000

**Child Life Benefit**

Child Amount Birth to age 26 years old- \$10,000

**Benefit Reduction Employee and Spouse**

Original Benefit Amount Reduced To:  
 65% at age 65; 45% at age 70; 30% at age 75; 20% at age 80

**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.
*Life Only	
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.

## Rates for Supplemental Life and AD&D coverage

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

\*Spouse rates are based on Employee's age

AGE	RATE
Under 25	\$0.060
25 - 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.090
40 - 44	\$0.110
45 - 49	\$0.160
50 - 54	\$0.240
55 - 59	\$0.470
60 - 64	\$0.700
65 - 69	\$1.350
70 - 74	\$2.190
75 -	\$2.190

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

Monthly Supplemental Employee AD&D Rate per \$1,000 of coverage is \$0.020

Monthly Supplemental Spouse AD&D Rate per \$1,000 of coverage is \$0.0140

Monthly Supplemental Child AD&D Rate per \$1,000 of coverage is \$0.040

## Calculating Your Cost

Supplemental Employee Life:  $\frac{\text{_____}}{\text{(volume)}} \times \frac{\text{_____}}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$

Supplemental Spouse Life:  $\frac{\text{_____}}{\text{(volume)}} \times \frac{\text{_____}}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$

Supplemental Child Life:  $\frac{\text{_____}}{\text{(volume)}} \times \frac{0.100}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$

Supplemental Employee AD&D:  $\frac{\text{_____}}{\text{(volume)}} \times \frac{0.020}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$

Supplemental Spouse AD&D:  $\frac{\text{_____}}{\text{(volume)}} \times \frac{0.014}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$

Supplemental Child AD&D:  $\frac{\text{_____}}{\text{(volume)}} \times \frac{0.040}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$

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 01-017590-00. 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

Symetra® is a registered service mark of Symetra Life Insurance Company.