SYMETRA
RETIREMENT | BENEFITS | LIFE

Group Life Insurance

Supplemental Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS — Class 1

Sponsored By: **Dudley-Charlton Regional School District**
Effective Date: **January 1, 2022**
Policy Number: **01-020377-00**

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

Employee	**Life Benefit**
Amount	Increments of $5,000
Minimum Amount	$5,000
Maximum Amount	$100,000

Spouse	**Dependent Life Benefit**
Spouse Amount	$5,000
Minimum Amount	$0.00
Maximum Amount	$5,000

Child	**Dependent Life Benefit**
Child Amount	15 day(s) to 6 month(s): $400 6 month(s) to 26 year(s): $2,000

Employee	**AD&D Benefit**
Amount	Increments of $5,000
Minimum Amount	$5,000
Maximum Amount	$100,000

Benefit Reduction	**Employee**
No Reductions	

Eligibility

All Active Eligible Employees regularly schedule to work at least 20 hours per 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 and Repatriation 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 Supplemental Employee Life Rate per $1,000 of coverage is $0.390

Monthly Supplemental Dependent Life Rate per Family of coverage is $3.870

Monthly Supplemental Employee AD&D Rate per $1,000 of coverage is $0.030

Calculating Your Cost

Supplemental Employee Life:	_____ (volume)	x	0.390 (rate)	/1,000 =	$ _____ Monthly Cost
Supplemental Dependent Life:	_____ (volume)	x	3.870 (rate)	/Family =	$ _____ Monthly Cost
Supplemental Employee AD&D:	_____ (volume)	x	0.030 (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 01-020377-00. 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