

Group Life Insurance

Supplemental Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS

Sponsored By: Meriwether County Board of Commissioners

Effective Date: July 1, 2024 Policy Number: 01-020948-00

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

Employee	Life and AD&D Benefit			
Amount Minimum Amount Maximum Amount Guaranteed Issue	Increments of \$10,000 \$10,000 Lesser of \$250,000 or 5 x Earnings Guaranteed Issue Amount: \$150,000			
Spouse	Life and AD&D Benefit			
Spouse Amount Minimum Amount Maximum Amount Guaranteed Issue	Increments of \$5,000 \$5,000 \$250,000 not to exceed 100% of Supplemental Employee Coverage Guaranteed Issue Amount: \$50,000			
Child	Life and AD&D Benefit			
Child Amount	Live Birth to 26 year(s): Increments of \$5,000 to a maximum of \$10,000			
Benefit Reduction	Employee and Spouse			
	No Reductions			
Eligibility				
	All Active Full-Time Employeesworking a minimum of 30 hours per week and their eligible dependents.			
Evidence of Insurability				

after the initial 31 day eligibility period and for any amount in excess of the Guarantee Issue amount.

Evidence of Insurability is required for all amounts of insurance selected

LGP-2319/Other-Class 1 2/17



Additional Benefit Details	RETTREMENT BENETITO EITE
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 a period of time for an employee that becomes disabled prior to a certain qualifying age. Certain restrictions, such as an elimination period, 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, Adaptive Home and Vehicle, Critical Burn, Therapeutic Counseling, Felonious Assault and Coma benefits. Please refer to your employee certificate for additional information.
Value Added Services	
Beneficiary Assistance	Support services for beneficiaries who have experienced a loss. Beneficiary Assistance can offer some relief and provide compassionate guidance to help with paperwork, notifications, and the time-consuming details of managing a loved one's final affairs.
Travel Assistance	Pre-trip planning information and assistance, medical assistance and transport services, and emergency travel services and other assistance due to covered medical issues and emergencies that may occur when the insured or eligible dependent is on a trip 100 miles or more from home lasting 90 days or less.
Identity Theft Assistance	Identity theft assistance offers insureds and eligible dependents peace of mind by providing step-by-step coaching, fraud assistance, and document replacement to help resolve identity theft.
Estate Planning	Provides a simple, secure, and affordable online tool that allows insureds to decide what documents they need, from a last will and testament, living will, healthcare power of attorney, financial power of attorney, and/or final arrangements, for, at most, a minor additional fee.

LGP-2319/Other-Class 1 2/17



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

AGE	RATE
Under 25	\$0.060
25 - 29	\$0.060
30 - 34	\$0.070
35 - 39	\$0.100
40 - 44	\$0.150
45 - 49	\$0.240
50 - 54	\$0.480
55 - 59	\$0.760
60 - 64	\$0.880
65 - 69	\$1.540
70 - 74	\$1.540
75 -	\$3.760

Monthly Supplemental Child Life Rate per \$1,000 of coverage is \$0.2400

Monthly Supplemental Employee AD&D Rate per \$1,000 of coverage is \$0.0290

Monthly Supplemental Spouse AD&D Rate per \$1,000 of coverage is \$0.0290

Monthly Supplemental Child AD&D Rate per \$1,000 of coverage is \$0.0370



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	0.240 (rate)	_ /1,000 =	\$ Monthly Cost
Supplemental Employee AD&D:	(volume)	- X	0.029 (rate)	_ /1,000 =	\$ Monthly Cost
Supplemental Spouse AD&D:	(volume)	_ X	0.029 (rate)	_ /1,000 =	\$ Monthly Cost
Supplemental Child AD&D:	(volume)	- X	0.037 (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 01-020948-00. 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