

Group Disability Insurance

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.

Benefit Highlights:		
Benefit Amount	60% of Salary up to \$500 per week	
Minimum Benefit Amount	\$50	
Maximum Payment Duration	24 weeks	
Elimination Period	Accident - 14 days	
	Sickness - 14 days	
	(number of days you must be disabled to collect disability benefits)	
Accumulation of Elimination Days	You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability.	
Eligibility		

All Active Full-Time Employees working a minimum of 30 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.



Standard Provisions:

- Maternity is covered the same as any other condition.
- Non Occupational
- · 90 days recurrent disability/temporary recovery

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 Voluntary Short Term Disability coverage

Monthly rates per \$10 weekly covered benefit:

AGE	RATE
Under 25	\$0.611
25 - 29	\$0.611
30 - 34	\$0.611
35 - 39	\$0.611
40 - 44	\$0.611
45 - 49	\$0.583
50 - 54	\$0.658
55 - 59	\$0.855
60 - 64	\$0.939
65 - 69	\$0.939
70 - 74	\$0.939
75 -	\$0.939



This summary provides only a brief description of the Disability Income Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 series Group Disability Income 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