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## Group Life Insurance

## Supplemental Life

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### SUMMARY OF BENEFITS

### Class 1

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**Sponsored By:** CCRES  
**Effective Date:** October 1, 2022  
**Policy Number:** 01-020491-00

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 \$250,000 or 5 x Earnings
Guaranteed Issue	\$100,000

#### Spouse

#### Life Benefit

Spouse Amount	Increments of \$5,000
Minimum Amount	\$5,000
Maximum Amount	\$30,000 not to exceed 50% of Supplemental Employee Coverage
Guaranteed Issue	\$30,000

#### Child

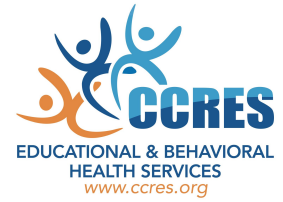
#### Life Benefit

Child Amount	Live Birth to 25 year(s): Increments of \$5,000 to a maximum of \$10,000
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#### Benefit Reduction

#### Employee and Spouse

Original Benefit	65% at age 65
Amount Reduced To	50% at age 70
	25% at age 75



## Eligibility

All Active Full-Time Employees working a minimum of 20 hours per week and their eligible dependents.

## 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.

## Value Added Services

**Beneficiary Companion** Support services for beneficiaries who have experienced a loss.

**Travel Assist** Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

**Identity Theft Protection** Help is just a phone call away wherever employees travel, including lost wallet protection, translation service and emergency cash.



**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	\$0.050
25 - 29	\$0.060
30 - 34	\$0.070
35 - 39	\$0.100
40 - 44	\$0.155
45 - 49	\$0.245
50 - 54	\$0.370
55 - 59	\$0.480
60 - 64	\$0.790
65 - 69	\$1.230
70 - 74	\$1.890
75 +	\$3.680

Monthly Supplemental Child Life Rate per \$1,000 of coverage is \$0.2000

**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:  $\frac{\text{_____}}{\text{(volume)}} \times \frac{0.200}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$

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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 01-020491-00. 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