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SUMMARY OF SUPPLEMENTAL GROUP LIFE INSURANCE For the Employees of Roman Catholic Diocese of Stockton

For coverage effective July 1, 2015. The information in this summary may be replaced by any subsequently issued summary or policy amendment.

GROUP SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Description of Term Life	Group life insurance is term life coverage made available through your employer. Term life insurance is the most common type of life insurance and, initially, usually is the least expensive. To put it simply, it pays a death benefit if you die while you have coverage.
Description of AD&D	This benefit pays an additional benefit in the event of loss of life or contractually defined injury. Coverage can be extended for other reasons not qualified as — but relating to — accidental death or dismemberment. Refer to your employee certificate for details.
Eligibility	All active Eligible Employees working at minimum of 30 hours each week.
Benefits	<ul style="list-style-type: none">• Eligible Employees – \$10,000 to \$175,000 in increments of \$25,000 of Supplemental Life and AD&D coverage.• Spouse- \$10,000 to \$175,000 in increments of \$25,000 not to exceed 100% of the Employee's benefit amount, of Supplemental Life and AD&D coverage.• Child(ren) – ages birth to age 6 months, \$1,000 of Supplemental Life coverage. For child(ren) ages 6 months to age 26, \$10,000 of Supplemental Life coverage. <p><i>Supplemental Spouse and Child Life Coverages are not available unless the employee is insured for Employee Supplemental Life coverage.</i></p>
Guarantee Issue	Evidence of Insurability is required for all amounts of insurance selected after the initial 31 day eligibility period. However, you and your spouse may elect one additional increment of \$25,000 without Evidence of Insurability during the annual open enrollment period; as long as you or your spouse have not previously been denied coverage. Evidence of Insurability is required for Spouse Supplemental Life and AD&D amounts in excess of \$25,000.
Conversion	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions are met. Refer to your employee certificate.
Portability	This coverage may be continued at group rates upon termination of employment. Certain restrictions apply. Refer to your employee certificate
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. Refer to your employee certificate.
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. Refer to your employee certificate.

Benefit Reduction

Benefit amounts will be reduced to the following percentages according to age category:

- 65% at Employee's age 70
- 50% at Employee's age 75

Benefit reduction will apply to the original benefit amount.

Employee coverage terminates at retirement.

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Rates for Supplemental Life and AD&D coverage:

Employee Life Rates per \$1,000 of coverage.

Age	Rates	Age	Rates
Under 25	\$0.055	50-54	\$0.400
25-29	\$0.063	55-59	\$0.615
30-34	\$0.078	60-64	\$0.960
35-39	\$0.110	65-69	\$1.666
40-44	\$0.158	70-75	\$2.974
45-49	\$0.252	75 and over	\$5.827

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

Age	Rates	Age	Rates
Under 25	\$0.067	50-54	\$0.490
25-29	\$0.076	55-59	\$0.752
30-34	\$0.097	60-64	\$1.286
35-39	\$0.14	65-69	\$2.196
40-44	\$0.201	70-75	\$3.913
45-49	\$0.315	75 and over	\$7.837

Employee Supplemental AD&D rate per \$1,000 of coverage: \$0.027

Spouse Supplemental AD&D rate per \$1,000 of coverage: \$0.028

Child Supplemental AD&D rate per \$1,000 of coverage: \$0.030

Child Life rate per family unit: \$2.930

How to Calculate Your Cost:

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

Employee AD&D: $\frac{\text{_____}}{\text{(volume)}} \times \frac{\$0.027}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly cost}}$

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

Spouse AD&D: $\frac{\text{_____}}{\text{(volume)}} \times \frac{\$0.028}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly cost}}$

Child Life: $\frac{\$2.93}{\text{(rate)}} = \frac{\$ \text{_____}}{\text{Monthly cost}}$

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 call 1-800-426-7784 or refer to the Group Insurance Certificate you will receive when you become insured. 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
