

## Group Life Insurance

## Supplemental Life and Accidental Death & Dismemberment

### SUMMARY OF BENEFITS

**Sponsored By:** Advantive LLC  
**Effective Date:** January 1, 2024  
**Policy Number:** 01-020746-00

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

Employee		Life/AD&D Benefit
Amount		Increments of \$10,000
Minimum Amount		\$10,000
Maximum Amount		Lesser of \$500,000 or (5 x Base Earnings plus commission rounded to next highest \$1,000)
Guarantee Issue(life)		\$100,000
Spouse		Life/AD&D Benefit
Spouse Amount		Increments of \$5,000
Minimum Amount		\$5,000
Maximum Amount		\$250,000 not to exceed 50% of Supplemental Employee Coverage
Guarantee Issue(life)		\$20,000
Child(ren)		Life/AD&D Benefit
Child(ren) Amount		Live Birth to 26 year(s): Increments of \$2,000 to a maximum of \$10,000 (guarantee issue)
Benefit Reduction		Employee and Spouse
Original Benefits Amount		65% at age 65
Reduce To		50% at age 70
		* spouse based on employee age
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.

## 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.
*Life Only	

## Rates for Supplemental Life coverage

Monthly Employee and Spouse\* Supplemental Life Rates per \$1,000 of coverage.

AGE	RATE
Under 25	\$0.069
25-29	\$0.083
30-34	\$0.111
35-39	\$0.125
40-44	\$0.138
45-49	\$0.208
50-54	\$0.318
55-59	\$0.595
60-64	\$0.913
65-69	\$1.758
70-74	\$2.851
75 and over	\$2.851

\*Supplemental Spouse Life Rates are based on Employee's Age.

Monthly Employee and Spouse Supplemental AD&D Rate per \$1,000 of coverage: \$0.023

Monthly Child Supplemental Life Rate per \$1,000 of coverage: \$0.07

Monthly Child Supplemental AD&D Rate per \$1,000 of coverage: \$0.023

### How to Calculate Your Cost

Supplemental Employee Life:	<u>                    </u> (volume)	x	<u>                    </u> (rate)	/1,000 =	\$ <u>                    </u> Monthly Cost
Supplemental Employee AD&D:	<u>                    </u> (volume)	x	<u>                    </u> \$0.023 (rate)	/1,000 =	\$ <u>                    </u> Monthly Cost
Supplemental Spouse Life:	<u>                    </u> (volume)	x	<u>                    </u> (rate*)	/1,000 =	\$ <u>                    </u> Monthly Cost
Supplemental Spouse AD&D:	<u>                    </u> (volume)	x	<u>                    </u> \$0.023 (rate)	/1,000 =	\$ <u>                    </u> Monthly Cost
Supplemental Child Life:	<u>                    </u> (volume)	x	<u>                    </u> \$0.070 (rate)	/1,000 =	\$ <u>                    </u> Monthly Cost
Supplemental Child AD&D:	<u>                    </u> (volume)	x	<u>                    </u> \$0.023 (rate)	/1,000 =	\$ <u>                    </u> 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 01-020746-00. 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

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