



Group Life Insurance

Supplemental Life

SUMMARY OF BENEFITS

Class 2

Sponsored By: Vermilion Parish School Board
Effective Date: June 1, 2019
Policy Number: 01-018002-00

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

Employee Life Benefit

Amount: 1.50 x Earnings
 Maximum Amount: \$38,000 (Round to the next higher \$1,000)
 Guarantee Issue: \$38,000 (Round to the next higher \$1,000)

Spouse Life Benefit

Spouse Amount: Increments of \$10,000
 Minimum Amount: \$10,000
 Maximum Amount: \$20,000 (Round to the next higher \$1,000)
 Guarantee Issue: \$20,000 (Round to the next higher \$1,000)

Child Life Benefit

Child Amount: 15 day(s) to 21 year(s): \$10,000

Benefit Reduction Employee and Spouse

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

Eligibility

All eligible retirees 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.

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

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 01-018002-00. 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

Rates for Supplemental Life coverage

Monthly Employee Supplemental Life Rates per \$1,000 of coverage

AGE	RATE
Under 25	\$0.060
25 - 29	\$0.072
30 - 34	\$0.096
35 - 39	\$0.112
40 - 44	\$0.120
45 - 49	\$0.180
50 - 54	\$0.281
55 - 59	\$0.525
60 - 64	\$0.818
65 - 69	\$1.524
70 - 74	\$3.500
75 - 100	\$3.500

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

AGE	RATE
Under 25	\$0.060
25 - 29	\$0.080
30 - 34	\$0.100
35 - 39	\$0.120
40 - 44	\$0.130
45 - 49	\$0.210
50 - 54	\$0.300
55 - 59	\$0.640
60 - 64	\$0.840
65 - 69	\$1.590
70 - 74	\$2.580
75 - 100	\$2.580

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

Monthly Child Supplemental Life Rate per \$10,000 of coverage is \$0.7200

Calculating Your Cost

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

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

Supplemental Child Life: $\frac{\text{_____}}{\text{(volume)}} \times \frac{.72}{\text{(rate)}} / 10,000 = \frac{\$}{\text{Monthly Cost}}$