



Group Life Insurance

Supplemental Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS

Class 1

Sponsored By: City of North Liberty
Effective Date: March 1, 2024
Policy Number: 01-020887-00

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 \$300,000 or 5 x Earnings
 Guaranteed Issue: \$100,000

Spouse Life Benefit

Spouse Amount: Increments of \$5,000
 Minimum Amount: \$5,000
 Maximum Amount: \$100,000 not to exceed 100% of Supplemental Employee Coverage
 Guaranteed Issue: \$30,000

Child Life Benefit

Child Amount: Live Birth to 26 year(s): Increments of \$5,000 to a maximum of \$10,000

Employee AD&D Benefit

Amount: Increments of \$10,000
 Minimum Amount: \$10,000
 Maximum Amount: Lesser of \$300,000 or 5 x Earnings

Spouse AD&D Benefit

Spouse Amount: Increments of \$5,000
 Minimum Amount: \$5,000
 Maximum Amount: \$100,000 not to exceed 100% of Supplemental Employee Coverage

Child AD&D Benefit

Child Amount: Live Birth to 26 year(s): Increments of \$5,000 to a maximum of \$10,000

Symetra® is a registered service mark of Symetra Life Insurance Company.



Benefit Reduction Employee and Spouse

Original Benefit 65% at age 70
Amount Reduced To 45% at age 75

Eligibility

All Active Full-Time Eligible Employees working a minimum of 40 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.
Waiver of Premium	With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for a period of time for an employee that becomes disabled prior to a certain qualifying age. Certain restrictions, such as an elimination period, apply. Please refer to your employee certificate for additional information.
AD&D Riders	Includes Seat Belt, Airbag, Repatriation, Child Education, Day Care, Rehabilitation, Spouse Education, Adaptive Home and Vehicle, Critical Burn, Therapeutic Counseling, Felonious Assault and Coma benefits. 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

Rates for Supplemental Life coverage

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

EMPLOYEE AGE	RATE
Under 25	\$0.070
25 - 29	\$0.070
30 - 34	\$0.080
35 - 39	\$0.110
40 - 44	\$0.170
45 - 49	\$0.290
50 - 54	\$0.470
55 - 59	\$0.810
60 - 64	\$1.300
65 - 69	\$2.430
70 - 74	\$5.290
75 +	\$5.290

Monthly Supplemental Child Life Rate per \$1,000 of coverage is \$0.1600
Monthly Supplemental Employee AD&D Rate per \$1,000 of coverage is \$0.0400
Monthly Supplemental Spouse AD&D Rate per \$1,000 of coverage is \$0.0400
Monthly Supplemental Child AD&D Rate per \$1,000 of coverage is \$0.0400



Calculating Your Cost

Supplemental Employee Life:	<u> </u>	x	<u> </u>	/1,000 =	<u> </u>
	(volume)		(rate)		\$ Monthly Cost
Supplemental Spouse Life:	<u> </u>	x	<u> </u>	/1,000 =	<u> </u>
	(volume)		(rate)		\$ Monthly Cost
Supplemental Child Life:	<u> </u>	x	<u> 0.160 </u>	/1,000 =	<u> </u>
	(volume)		(rate)		\$ Monthly Cost
Supplemental Employee AD&D:	<u> </u>	x	<u> 0.040 </u>	/1,000 =	<u> </u>
	(volume)		(rate)		\$ Monthly Cost
Supplemental Spouse AD&D:	<u> </u>	x	<u> 0.040 </u>	/1,000 =	<u> </u>
	(volume)		(rate)		\$ Monthly Cost
Supplemental Child AD&D:	<u> </u>	x	<u> 0.040 </u>	/1,000 =	<u> </u>
	(volume)		(rate)		\$ 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 01-020887-00. 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

Symetra® is a registered service mark of Symetra Life Insurance Company.