

Group Supplemental Life Insurance (Voluntary Life) SUMMARY OF BENEFITS

Manatts, Inc. and Affiliates Sponsored By:

Effective Date: January 1, 2021 **Policy Number:** 01-017135-00

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

Employee	Supplemental Life Benefit		
Amount Guarantee Issue	Increments of \$10,000 up to a maximum of \$500,000 \$300,000		
Spouse	Supplemental Life Benefit		
Spouse Amount Guarantee Issue	Increments of \$5,000.00 up to a maximum of \$150,000 not to exceed 100% of Supplemental Employee Coverage. \$30,000		
Child	Supplemental Life Benefit		
Child Amount Guarantee Issue	Live Birth to 26 years old: Increments of \$2,000.00 up to a maximum of \$10,000 \$10,000.00		

Eligibility

All full-time year round and full-time seasonal Active Employees working a minimum of 30 hours each week who are citizens or legal residents of the United States, excluding temporary or leased employees.

Evidence of Insurability (EOI) is required for any amount in excess of the Guarantee Issue amount.

- Employees currently enrolled or who are not enrolled in Supplemental Life Insurance can increase coverage by four increments up to the Guaranteed Issue Amount during the Annual Enrollment Period.
- Spouses currently enrolled or who are not enrolled in Supplemental Spouse Life Insurance can increase coverage by four increments up to the Guaranteed Issue Amount during the Annual Enrollment Period.
- Children currently enrolled or who are not enrolled in Supplemental Child Life Insurance can increase coverage up to the Guaranteed Issue Amount during the Annual Enrollment Period.

Additional Benefit Details

If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a **Accelerated Death** Benefit

portion of the death benefit in advance to the employee.

Conversion A conversion benefit is available that allows you to convert your group coverage to an individual

policy if certain conditions apply.

Portability This coverage may be continued at group rates upon termination of employment. Certain

restrictions apply.

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LGP-2318/SuppLife 9/17 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.

Rates for Supplemental Life coverage

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

Age	Non-Tobacco Rate	Tobacco Rate	Spouse Rate based on Spouse's age
Under 25	\$0.100	\$0.130	\$0.050
25-29	\$0.100	\$0.130	\$0.050
30-34	\$0.130	\$0.160	\$0.070
35-39	\$0.170	\$0.210	\$0.080
40-44	\$0.200	\$0.240	\$0.100
45-49	\$0.300	\$0.370	\$0.150
50-54	\$0.520	\$0.630	\$0.220
55-59	\$0.970	\$1.170	\$0.340
60-64	\$1.230	\$1.470	\$0.530
65-69	\$2.050	\$2.460	\$0.930
70+	\$3.310	\$3.980	\$1.680

Monthly Child Supplemental Life Rate per \$1,000 of coverage: \$0.040

	How to Calcu	ulate Your Cost			
Employee Life:	(volume)	x	(rate)	/1,000 =	\$ Monthly Cost
Spouse Life:	(volume)	x	(rate*)	/1,000 =	\$ Monthly Cost
Child Life:	(volume)	x	(rate)	/1,000 =	\$ Monthly Cost
					\$ Total Monthly Cost

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 call 1-800-426-7784 or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-016761-00. 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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