



**Group Life Insurance**

**Supplemental Life and Accidental Death & Dismemberment**

**SUMMARY OF BENEFITS**

**Class 1 & 2**

**Sponsored By:** DeSoto Memorial Hospital  
**Effective Date:** January 1, 2023  
**Policy Number:** 01-020555-00

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

**Employee Supplemental Life/A&D Benefit**

Amount: Increments of \$10,000  
Minimum Amount: \$20,000  
Maximum Amount: Lesser of \$500,000 or 5 x Earnings  
Guarantee Issue(life): \$200,000

**Spouse Supplemental 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): \$50,000

**Child(ren) Life/AD&D Benefit**

Child(ren) Amount: Live Birth to age 26  
Increments of \$5,000 - \$20,000 (all guarantee issue)

**Benefit Reduction Employee & Spouse**

Current Benefit: 33% at age 70  
Amount Reduced By: (additional) 33% at age 75

**Eligibility**

All Active Full-Time Employees (Class 1 & 2) working a minimum of 32 hours per week and have met the service waiting period

**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.

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## 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, Repatriation and Exposure and Disappearance Benefits. Please refer to your employee certificate for additional information.

\*Life Only

## Rates for Supplemental Life/AD&D coverage

Monthly Employee Rates per \$1,000 of coverage

AGE	RATE
<20	\$0.076
20 - 25	\$0.102
25 - 29	\$0.102
30 - 34	\$0.128
35 - 39	\$0.128
40 - 44	\$0.206
45 - 49	\$0.258
50 - 54	\$0.466
55 - 59	\$0.804
60 - 64	\$1.168
65 - 69	\$1.870
70 - 74	\$3.274
75+	\$12.322

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

AGE	RATE
<20	\$0.102
20 - 25	\$0.128
25 - 29	\$0.128
30 - 34	\$0.154
35 - 39	\$0.180
40 - 44	\$0.258
45 - 49	\$0.388
50 - 54	\$0.648
55 - 59	\$1.142
60 - 64	\$1.688
65 - 69	\$2.546
70 - 74	\$4.756
75 +	\$15.442

\*Spouses rate based on Employee's age

Monthly Child Supplemental Life / AD&D Rate per \$1,000 of coverage is \$0.208

### Calculating Your Cost

Supplemental  
Employee Life/AD&D:  $\frac{\text{_____}}{\text{(volume)}} \times \frac{\text{_____}}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}} \times 12 \div 26 = \frac{\$ \text{_____}}{\text{Bi-Weekly Cost}}$

Supplemental Spouse  
Life/AD&D:  $\frac{\text{_____}}{\text{(volume)}} \times \frac{\text{_____}}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}} \times 12 \div 26 = \frac{\$ \text{_____}}{\text{Bi-Weekly Cost}}$

Supplemental Child  
Life/AD&D:  $\frac{\text{_____}}{\text{(volume)}} \times \frac{.208}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}} \times 12 \div 26 = \frac{\$ \text{_____}}{\text{Bi-Weekly Cost}}$

\*Calculation does not include age reduction for age 70 and older

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 01-020555-00. 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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