



Group Life Insurance**Supplemental Life and Accidental
Death & Dismemberment**

SUMMARY OF BENEFITS**Class 1**

Sponsored By: Foundation For The Carolinas
Effective Date: January 1, 2020
Policy Number: 01-018097-00

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 (Round to the next higher \$1,000)
Guaranteed Issue	\$100,000

Spouse	Life Benefit
Spouse Amount	Increments of \$5,000
Minimum Amount	\$5,000
Maximum Amount	\$150,000 not to exceed 50% of Supplemental Employee Coverage
Guaranteed Issue	\$25,000

Child	Life Benefit
Child Amount	15 day(s) to 26 year(s): \$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 (Round to the next higher \$1,000)

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Spouse AD&D Benefit

Spouse Amount	Increments of \$5,000
Minimum Amount	\$5,000
Maximum Amount	\$150,000 not to exceed 50% of Supplemental Employee Coverage

Child AD&D Benefit

Child Amount	15 day(s) to 26 year(s): \$10,000
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Benefit Reduction Employee and Spouse

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

Eligibility

All eligible employees working a minimum of 30 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**

- 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 employee that becomes disabled. Certain restrictions 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

Rates for Supplemental Life coverage

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

AGE	RATE
Under 25	\$0.080
25 - 29	\$0.080
30 - 34	\$0.080
35 - 39	\$0.110
40 - 44	\$0.170
45 - 49	\$0.270
50 - 54	\$0.500
55 - 59	\$0.780
60 - 64	\$0.890
65 - 69	\$1.610
70 - 74	\$1.610

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75 -	\$1.610
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Monthly Supplemental Child Life Rate per \$1,000 of coverage is \$0.0620

Monthly Supplemental Employee AD&D Rate per \$1,000 of coverage is \$0.0300

Monthly Supplemental Spouse AD&D Rate per \$1,000 of coverage is \$0.0300

Monthly Supplemental Child AD&D Rate per \$1,000 of coverage is \$0.0300

Calculating Your Cost

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

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

Supplemental Child Life: $\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.062}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$

Supplemental Employee AD&D: $\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.030}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$

Supplemental Spouse AD&D: $\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.030}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$

Supplemental Child AD&D: $\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.030}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$

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 01-018097-00. 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