



**Group Disability Insurance**

**Long Term Disability**

**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.

**Benefit Highlights:**

<b>Benefit Amount</b>	60% of Salary up to \$10,000 per month	
<b>Elimination Period</b>	90 days	
<b>Maximum Payment Duration</b>	Social Security Normal Retirement Age (SSNRA):	
	<u>Age at Disability</u>	<u>Maximum Payment Duration</u>
	Less than age 60	To SSNRA
	60	60 months or to SSNRA, greater of
	61	48 months or to SSNRA, greater of
	62	42 months or to SSNRA, greater of
	63	36 months or to SSNRA, greater of
	64	30 months or to SSNRA, greater of
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69 and over	12 months
<b>Accumulation of Elimination Days</b>	45 days	
<b>Pre-Existing Condition</b>	3/12	



<b>Survivor Income Benefit</b>	After proof of death and receiving a monthly payment (disabled at least 180 days) you will receive a one-time lump sum benefit which equals 3 times your last gross monthly benefit payment
<b>Benefit Limitations</b>	Mental Illness: 24 months Substance Abuse: 24 months

**Eligibility**

All eligible employees working a minimum of 30 hours per week.

**Standard Provisions:**

- 6 months Temporary Recovery After Duration
- Waiver of premium
  - Premium payments for coverage are suspended for an insured while he/she is receiving disability income payments under this policy.
- Cost of living freeze
  - Except for increases in income earned (or received from any form of employment) once other income amounts have been subtracted from the gross monthly disability payment, the insured's payment will not be further reduced due to a cost of living increase in any other income amounts.
- Social Security assistance
  - Helps an insured obtain Social Security disability benefits.

**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 Voluntary Long Term Disability coverage**

Monthly rate per \$100 monthly covered payroll: \$0.345

This summary provides only a brief description of the Disability Income Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 series Group Disability Income 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

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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