



Group Life Insurance

Supplemental Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS

Sponsored By: Advisors Excel, LLC
Effective Date: June 1, 2024
Policy Number: 01-020908-00

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

Eligibility

All Full-Time Employees working a minimum of 30 hours per week and their eligible dependents.

Employee Life Benefit

Amount: Increments of \$10,000
 Minimum Amount: \$10,000
 Maximum Amount: Lesser of \$500,000 or 5 x Earnings
 Guaranteed Issue: Guaranteed Issue Amount: \$350,000

Spouse Life Benefit

Spouse Amount: Increments of \$5,000
 Minimum Amount: \$5,000
 Maximum Amount: \$250,000 not to exceed 50% of Supplemental Employee Coverage
 Guaranteed Issue: Guaranteed Issue Amount: \$50,000

Child Life Benefit

Child Amount: Live Birth to 26 year(s): \$10,000

Employee AD&D Benefit

Amount: Increments of \$10,000
 Minimum Amount: \$10,000
 Maximum Amount: Lesser of \$500,000 or 5 x Earnings

Spouse 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

Child AD&D Benefit

Child Amount: Live Birth to 26 year(s): \$10,000

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Benefit Reduction Employee and Spouse

Original Benefit	45% at age 70
Amount Reduced To	30% at age 75
	20% at age 80
	15% at age 85
	10% at age 90

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 and Adaptive Home and Vehicle benefits. Please refer to your employee certificate for additional information.

Value Added Services

Beneficiary Assistance	Support services for beneficiaries who have experienced a loss. Beneficiary Assistance can offer some relief and provide compassionate
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guidance to help with paperwork, notifications, and the time-consuming details of managing a loved one's final affairs.

- Travel Assistance** Pre-trip planning information and assistance, medical assistance and transport services, and emergency travel services and other assistance due to covered medical issues and emergencies that may occur when the insured or eligible dependent is on a trip 100 miles or more from home lasting 90 days or less.
- Identity Theft Assistance** Identity theft assistance offers insureds and eligible dependents peace of mind by providing step-by-step coaching, fraud assistance, and document replacement to help resolve identity theft.
- Estate Planning** Provides a simple, secure, and affordable online tool that allows insureds to decide what documents they need, from a last will and testament, living will, healthcare power of attorney, financial power of attorney, and/or final arrangements, for, at most, a minor additional fee.

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	\$0.040
25 - 29	\$0.040
30 - 34	\$0.050
35 - 39	\$0.090
40 - 44	\$0.150
45 - 49	\$0.230
50 - 54	\$0.390
55 - 59	\$0.630
60 - 64	\$0.810
65 - 69	\$1.400
70 - 74	\$3.700
75 -	\$3.700

Monthly Supplemental Child Life Rate per \$1,000 of coverage is \$0.1800

Monthly Supplemental Employee AD&D Rate per \$1,000 of coverage is \$0.0200

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Monthly Supplemental Spouse AD&D Rate per \$1,000 of coverage is \$0.0200

Monthly Supplemental Child AD&D Rate per \$1,000 of coverage is \$0.0200

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: $\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.180}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$

Supplemental Employee AD&D: $\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.020}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$

Supplemental Spouse AD&D: $\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.020}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$

Supplemental Child AD&D: $\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.020}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$

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 01-020908-00. 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