



Group Life Insurance

Supplemental Life

SUMMARY OF BENEFITS

Class 1

Sponsored By: Idaho AGC Health Benefit Plan
Effective Date: January 1, 2020
Policy Number: 01-018070-00

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

Employee Life Benefit

Amount: Increments of \$25,000
 Minimum Amount: \$25,000
 Maximum Amount: \$100,000
 Guarantee Issue: \$100,000

Spouse Life Benefit

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

Child Life Benefit

Child Amount: 15 day(s) to 26 year(s): \$2,000

Benefit Reduction Employee

No Reductions

Benefit Reduction Spouse

Benefits Terminate at Age 70

Eligibility

All active full-time employees eligible for medical coverage working a minimum of 30 hours per week and their eligible dependents.

Evidence of Insurability

New Hires:	Enroll within 31 days after becoming eligible under The Policy without Evidence of insurability.
Annual Enrollment:	During annual enrollment, employee may enroll or elect one increment of \$25,000 for employee and one increment of \$5,000 for spouse without Evidence of Insurability. Evidence of Insurability is required for any election during annual enrollment over one increment of \$25,000 for employee and one increment of \$5,000 for spouse.

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.

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

AGE	RATE
Under 25	\$0.067
25 - 29	\$0.070
30 - 34	\$0.094
35 - 39	\$0.119
40 - 44	\$0.142
45 - 49	\$0.211
50 - 54	\$0.351
55 - 59	\$0.625
60 - 64	\$0.878
65 - 69	\$1.616
70 - 74	\$2.617
75 - 100	\$2.617

*Supplemental Spouse Life Rates are based on Spouse's Age

Monthly Child Supplemental Life Rate per Family Unit of coverage is \$0.40

Calculating Your Cost

Supplemental Employee Life:	$\frac{\text{_____}}{\text{(volume)}}$	x	$\frac{\text{_____}}{\text{(rate)}}$	/1,000 =	$\frac{\$}{\text{_____}}$
					Monthly Cost
Supplemental Spouse Life:	$\frac{\text{_____}}{\text{(volume)}}$	x	$\frac{\text{_____}}{\text{(rate)}}$	/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 01-018070-00. 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