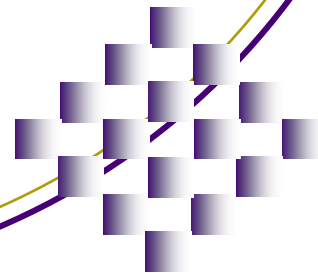




**Symetra Financial**

**Group Life, STD & LTD  
Products Manual**

Includes:  
Product Overviews  
Administration Manual  
Specimen Policy  
Sales Guide  
Forms



GROUP INSURANCE  
SERVICES



Symetra offers a variety of group insurance policies to help round out your client's benefits program.



# SYMETRA GROUP BENEFITS

Coverage	Participation Requirements
Basic Life/Accidental Death & Dismemberment	Noncontributory – 100 percent. Contributory – 75 percent, with a minimum of 10 enrolled lives.
Supplemental Life	15 percent of eligible employees or 10 enrolled lives.
Short-Term Disability Income Insurance	Noncontributory – 100 percent. Contributory – 75 percent, with a minimum of 10 enrolled lives.
Voluntary Short-Term Disability Income Insurance	The greater of 15 percent of eligible employees or 10 enrolled lives.
Long-Term Disability Income Insurance	Noncontributory – 100 percent. Contributory – 75 percent, with a minimum of 10 enrolled lives.
Core Buy-Up Long-Term Disability Income Insurance	Core – 100 percent of eligible employees. Buy-up – the greater of 33 percent of eligible employees or 10 enrolled lives.
Excess Loss	51 lives.
Select Benefits	The greater of five enrolled employees or 10 percent of all eligible employees.

For more information, contact your local Symetra sales representative.

## SYMETRA<sup>®</sup> FINANCIAL

Symetra Life Insurance Company  
777 108th Avenue NE, Suite 1200  
Bellevue, WA 98004  
www.symetra.com

Symetra<sup>®</sup> and the Symetra Financial logo are registered service marks of Symetra Life Insurance Company.

Group size requirements may vary by state and/or industry. For details, contact your Symetra representative.

Conditions and limitations may apply. Products are not approved in all U.S. states or any U.S. territory. Benefits and provisions may vary depending on the state where the group policy is issued. Symetra group benefits are insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004.

# SYMETRA BASIC GROUP TERM LIFE

<b>Benefit Provided</b>	Allows employees who might otherwise go without basic life insurance protection to enroll in coverage for themselves and their eligible dependents at attractive group rates.				
<b>Group Size</b>	Ten or more eligible employees.				
<b>Premium Contributions</b>	The employer must pay a portion of the premium, up to the full amount.				
<b>Participation Requirements</b>	<table border="1"> <tr> <td><b>Noncontributory</b></td> <td>100 percent</td> </tr> <tr> <td><b>Contributory</b></td> <td>Minimum of 75 percent</td> </tr> </table>	<b>Noncontributory</b>	100 percent	<b>Contributory</b>	Minimum of 75 percent
<b>Noncontributory</b>	100 percent				
<b>Contributory</b>	Minimum of 75 percent				
<b>Policy Face Amounts</b>	<ul style="list-style-type: none"> <li>• Flat amount</li> <li>• Multiple of salary</li> <li>• Customized at employer's request</li> </ul>				
<b>Guaranteed Issue Maximum</b>	Up to \$750,000 available, based on specific case characteristics.				
<b>Individual Maximum</b>	Up to \$750,000 available, based on specific case characteristics.				

## Additional Basic Life Benefits

<b>Conversion</b>	Gives the ability to convert group coverage to an individual policy, in most cases, if group coverage ends. Evidence of insurability is not required.
<b>Employee Accelerated Death Benefit</b>	Allows a one-time acceleration of up to 80 percent of the life insurance benefit if the insured is expected to live 12 months or less. Minimum amount that may be accelerated is \$3,000; maximum is \$100,000.
<b>Secured Benefits Account</b>	Establishes an interest-bearing checking account for beneficiaries.
<b>Waiver of Premium</b>	Waives premiums and continues coverage when the insured is deemed totally disabled.
<b>Retiree Coverage</b>	May be available based upon specific case characteristics. Contact your Symetra Group Life representative for more information.

## Basic Accidental Death & Dismemberment (AD&D) Coverage

<b>Standard AD&amp;D Benefits</b>	Pays an additional benefit in the event of the loss of life, speech, hearing, a hand, foot or eye, and a loss of thumb and index finger on either hand as the result of an accident. It also includes additional benefits that provide coverage for paralysis, seat belt/air bag and repatriation benefits.
<b>Seat Belt and Air Bag Benefit</b>	Pays an additional benefit if the insured dies as the result of an injury incurred while wearing a seat belt in a privately owned automobile. It pays an additional benefit if the insured was wearing a seat belt and the air bag deploys.
<b>Repatriation</b>	Pays an additional benefit if the insured dies outside the territorial limits of the state or country of the deceased person's place of permanent residence.
<b>Enhanced AD&amp;D Package</b>	Includes additional coverage for child education, day care, rehabilitation, spouse education, adaptive home, and vehicle benefits.
<b>Enhanced Plus AD&amp;D Package</b>	Offers additional benefits for comas, critical burns, therapeutic counseling and felonious assault.

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Benefit provisions and/or availability may vary by state. For details, contact your Symetra Group Life Insurance representative.

Group life insurance is insured by Symetra Life Insurance Company. Conditions and limitations may apply. Product is not available in all U.S. states or any U.S. territory.

# SYMETRA SUPPLEMENTAL GROUP TERM LIFE

<b>Benefit Provided</b>	Gives employees the ability to increase their level of life insurance protection at attractive group rates. Supplemental Group Life may be offered in addition to any Symetra Basic Group Life policy offered by the employer.
<b>Group Size</b>	Ten or more participating employees.
<b>Premium Contributions</b>	Employee pays 100 percent of premium.
<b>Participation Requirements</b>	Fifteen percent of eligible employees or 10 lives.
<b>Policy Face Amounts</b>	<ul style="list-style-type: none"> <li>• Increments of \$10,000</li> <li>• Flat amount</li> <li>• Multiple of salary Single multiple for all or multiples for up to five times salary</li> </ul>
<b>Age-Banded Step Rates</b>	Yes
<b>Guaranteed Issue Maximum</b>	Up to \$1,000,000 available in combination with Basic Group Life, based upon specific case characteristics.
<b>Individual Maximum</b>	Up to \$1,000,000 available in combination with Basic Group Life, based upon specific case characteristics.

## Additional Supplemental Life Benefits

<b>Conversion</b>	Gives the ability to convert group coverage to an individual policy, in most cases, if group coverage ends. Evidence of insurability is not required.
<b>Employee Accelerated Death Benefit</b>	Allows a one-time acceleration of up to 80 percent of the life insurance benefit if the insured is expected to live 12 months or less. Minimum amount that may be accelerated is \$3,000; maximum is \$100,000.
<b>Retiree Coverage</b>	May be available based upon specific case characteristics. Contact your Symetra Group Life representative for more information.

## Additional Supplemental Life Benefits *(continued)*

▶ <b>Secured Benefits Account</b>	Establishes an interest-bearing checking account for beneficiaries.
▶ <b>Waiver of Premium</b>	Waives premiums and continues coverage when the insured is deemed totally disabled.

## Optional Supplemental Life Benefit

▶ <b>Portability</b>	Continues coverage for insureds at group rates if employment or group coverage ends without requiring evidence of insurability.
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## Supplemental Accidental Death & Dismemberment (AD&D) Coverage

▶ <b>Standard AD&amp;D Benefits</b>	Pays an additional benefit in the event of the loss of life, speech, hearing, a hand, foot or eye, and a loss of thumb and index finger on either hand as the result of an accident. It also includes additional benefits that provide coverage for paralysis, seat belt/air bag and repatriation benefits.
<b>Seat Belt and Air Bag Benefit</b>	Pays an additional benefit if the insured dies as the result of an injury incurred while wearing a seat belt in a privately owned automobile. It pays an additional benefit if the insured was wearing a seat belt and the air bag deploys.
<b>Repatriation</b>	Pays an additional benefit if the insured dies outside the territorial limits of the state or country of the deceased person's place of permanent residence.
▶ <b>Enhanced AD&amp;D Package</b>	Includes additional coverage for child education, day care, rehabilitation, spouse education, adaptive home, and vehicle benefits.
▶ <b>Enhanced Plus AD&amp;D Package</b>	Offers additional benefits for comas, critical burns, therapeutic counseling and felonious assault.

# SYMETRA<sup>®</sup>

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# SYMETRA LIFE INSURANCE COMPANY

## GROUP ADMINISTRATIVE GUIDE



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### ENROLLMENT

#### ENROLLING EMPLOYEES

An Enrollment Form must be completed for each employee. It should contain the benefit amount, beneficiary information, and be signed and dated. **Keep all Enrollment Forms in your office; do not send them to Symetra Life Insurance Company.**

The importance of maintaining current enrollment and beneficiary information cannot be overemphasized. The only record of an employee's selection is that found on the Enrollment Form. In the event of a claim, all forms (or in some cases copies) must be submitted with the claim form. If incorrect or outdated information is shown, unnecessary delay in benefit payment could result.

#### EFFECTIVE DATE FOR NEW EMPLOYEES

Employees become eligible for coverage after they meet the Eligibility Requirement and complete the Service Waiting Period listed in your contract.

#### PROVIDING CERTIFICATES

It is important that employees be given a Certificate of Insurance when they are added to your plan so they can be fully aware of all benefits, conditions and reporting requirements.

#### PARTICIPATION REQUIREMENTS

**If the employer pays the entire premium for a particular coverage, all eligible employees must be enrolled.** If employees pay part of the cost for contributory coverage they are not required to enroll. Participation requirements on contributory policies must remain at or above the level indicated in the policy or risk termination of the policy or coverage.

#### LATE ENTRANT

Employees enrolling more than 31 days after they are first eligible for contributory coverage are considered Late Entrants and must submit an Evidence of Insurability form. The form should be fully completed and include the correct policy name, number, and coverage(s) for which application is being made. Symetra will notify you if the applicant has been approved or declined and, if approved, of the date coverage will start.

## **PROOF OF GOOD HEALTH (Also see Late Entrant section)**

Evidence of Insurability forms, if required by your contract, will be included in the Enrollment section of your Administrative Kit. They should be fully completed and include the correct Policyholder Name, Policy Number, and coverage(s) for which application is being made. Symetra will notify you if the applicant has been approved or declined and, if approved, of the effective date coverage will start. You may then add the employee to the plan and begin premium payments.

## **SELECTING THE BENEFICIARY**

It is important that beneficiary selections be kept up to date. The employee can select almost anyone to receive the benefits. In most states, it is unlawful for the Group policyholder to be named as the beneficiary of Group Life Insurance. Please advise employees of this fact when you give them their Enrollment Form.

## **CHANGES**

### **AGE CHANGE**

The contract specifies when benefits change due to a change in age. Enter the change on the back of the Enrollment Form. You may then adjust future self-administered premium payments based on the reduced benefit amount.

### **BENEFICIARY CHANGE**

When an employee wants to change their beneficiary, have them complete the Change of Beneficiary Designation Form (LG-12008). The Change of Beneficiary Designation Form must include the employee's information as well as all of the new beneficiary information. It must be signed, dated, and **stapled** to the employee's original Enrollment Form. All Enrollment Forms should be retained in your active file of forms. **Do not send the form(s) to Symetra Life Insurance Company.**

### **BENEFIT CHANGE (Also see Late Entrant section)**

To move an employee from one class to another, or to add additional benefits not previously elected, have the employee complete a new Enrollment Form. The new form must include the benefit amount and beneficiary information (if applicable) and must be dated and signed by the employee. Staple the form to the employee's original Enrollment Form and retain them in your active file of forms. **Do not send the form(s) to Symetra Life Insurance Company.** Adjust future premium payments accordingly.

### **NAME CHANGE**

Have the employee complete a new Enrollment Form *IN FULL* when a name change occurs. The new form must include the benefit amount and beneficiary information (if applicable) and it must be

dated and signed by the employee. Staple it to the employee's original Enrollment Form and retain them in your active file of forms. **Do not send the form(s) to Symetra Life Insurance Company.**

## **CONTINUATION OF COVERAGE**

Under certain circumstances, an employee's coverage may be continued for a period of time while the employee is off work due to temporary-layoff or other approved leaves of absence (refer to your policy for specific details). Continuation must be terminated if employment terminates for any reason. Indications that an employee has terminated their employment could include the election of COBRA continuation or the conversion of coverage.

## **TERMINATION OF EMPLOYEE**

In most cases, coverage ends immediately upon termination of employment (refer to your policy for specific details). Those individuals losing coverage may be able to take advantage of Conversion or Portability (again, please refer to your policy for specific details).

Premiums for terminated employees will be required through the month in which termination occurs. **Do not send the employee's Enrollment Form(s) to Symetra Life Insurance Company.**

## **CONTRACT ADMINISTRATION**

### **SUPPLY ORDERS**

If your supply of forms is low, complete the Supply Request Form (LB-219) and mail it to Symetra or fax it to our office at 1-866-348-0058. You may also call your Agent or Symetra Service Representative for assistance.

### **CERTIFICATE ORDERS**

Additional certificates can be ordered by mailing the Supply Request Form (LB-219) to Symetra or by faxing it to our office at (425) 256-5321. You may also contact your Agent or Symetra Service Representative for assistance. When ordering, please include the Policyholder Name, Policy Number, number of certificates needed for each class, **street** mailing address and contact person for delivery. Overnight delivery cannot be made to a Post Office Box.

Certificate orders will be processed as soon as possible. Please allow 2 to 3 weeks for delivery. If your order is urgent, please let your Agent or Symetra Service Representative know and we will do everything we can to accommodate your needs.

### **CONTRACT CHANGES**

Requests for changes to your contract should be sent in writing to your agent or Symetra Service Representative prior to the date the requested change is to occur.

## **CONTRACT TERMINATION**

Symetra must receive written notification of your intent to terminate your policy. Notification must be sent prior to the requested termination date.

**SELF-ADMINISTERED BILLING STATEMENT**

Prior to the first of each month, you will receive a Self Administrated Billing Statement. It provides space for reporting and calculating the monthly premium due for your group's coverages. Preprinted on the statement will be the Policyholder Name, Policy Number, month for which premium is due, and the current rates for each of the coverages you have purchased.

The statement will only include rates for the current month. It will not indicate prior balances due. **If prior premium was not received, the current statement will not reflect that information.**

**INFORMATION NEEDED**

Since this is a self-administered type of billing statement, we need your help in providing the information necessary to properly compute the premium:

- The number of employees covered for each type of coverage (“# employees”);
- The total benefit amount for each type of coverage (“Total Inforce”, “Weekly Benefit” or “Covered Monthly Payroll”); and
- Any adjustments you are making to the previous month's payment, such as adding new employees or deleting terminated employees.

<p>MAIL TO:</p> <p>JOHN DOE MANUFACTURING CO 1234 FICTITIOUS DRIVE INDUSTRIAL PARK EAST JACKSONVILLE, FL 32224</p> <p>ATTN: MR B. JONES, ACCOUNTING</p>	<p>GROUP DEPARTMENT EMPLOYER'S SELF-ADMINISTERED STMT FOR THE PERIOD OF: JAN 2006</p> <p>POL NO: 01-012345-00 STMT ID: 1</p> <p><u>PLEASE REMIT BY:</u> JAN 10, 2006</p> <p><u>RETURN STATEMENT &amp; PREMIUM TO:</u> SYMETRA LIFE INSURANCE COMPANY GROUP ADMINISTRATION P.O. BOX 1491 MINNEAPOLIS, MN 55480</p> <p style="text-align: center;">ADDRESS CHANGE? COVERAGES OR RATES LISTED INCORRECTLY? CALL TOLL FREE: 1-800-426-7784</p>
<p>PLEASE COMPLETE THIS STATEMENT; CALCULATE PREMIUMS DUE, AND SUBMIT YOUR CHECK IN THE ENCLOSED ENVELOPE.</p>	
	<p><u>PREMIUM</u></p>
<p>BASIC # EMPLOYEES P TOTAL INFORCE RATE/1,000</p> <p>LIFE: P P</p> <p><u>000</u> _____ , _____ X 0.14 = _____ , _____</p>	
<p>REMARKS AND ADJUSTMENT EXPLANATION:</p> <p>**COVERAGE IS STEP RATED BY AGE BAND; SEE ADMIN KIT OR CALL ABOVE TOLL FREE NUMBER</p> <p>PREPARED BY: _____ DATE: _____</p>	<p>TOTAL CURRENT MONTH: _____ , _____</p> <p>ADJUSTMENTS: <input type="radio"/> _____ , _____</p> <p>TOTAL PREMIUM DUE: _____ , _____</p> <p>MAKE CHECK PAYABLE TO: SYMETRA</p>

## STEP RATES

For coverages with step rates (i.e., rates that are based on the insured's age), determine each insured's age at each policy anniversary. Use the age for the entire policy year to determine the appropriate rate. New insureds should use their age as of the date insurance becomes effective.

## ADJUSTMENTS

Adjustments must be submitted in a timely manner and an explanation must be given for any adjustments made.

## COMPUTING TOTAL PREMIUM DUE

Once the information has been filled in, you should compute your premium. Multiply across for each coverage line and then add all premium amounts to arrive at "Total Current Month" premium. Add or subtract any adjustments for the "Total Premium Due."

## SENDING IN PAYMENT

After computing your premium due, if you submit your premium directly to Symetra, place your check and the statement in the return window envelope included with your statement. Make sure the return address is showing and **mail it to Symetra Life Insurance Company by the 10th of the month** in which the premium is due.

## GRACE PERIOD

The contract provides for a 31 day grace period, after which all coverage terminates. You will be required to pay for coverage provided during this period.

## QUESTIONS

If you have any questions regarding your Billing Statement, call our toll free number at 1-800-426-7784.

## **EMPLOYEE LIFE INSURANCE**

Life insurance benefits may be payable if the Employee dies while insured under this plan. To assure prompt claims service, it is essential that all requested information be supplied when a claim is first submitted. Missing information requires additional time-consuming correspondence.

To apply for this benefit the **EMPLOYER** must:

- Complete the Death Claim Form (LB-34/H).
- Instruct the Beneficiary to provide a *certified* copy of the Certificate of Death and complete the Claimant's Statement (LB-2018/H).
- Provide all original Enrollment Forms and all change of Beneficiary requests (no photocopies).

## **SUBMITTING CLAIMS**

Complete forms fully and accurately and submit them with all required documents to the address indicated on the claim form.

## **PAYMENTS**

Benefit payment will be paid in the form of a check. As an alternate option, benefit payments of \$10,000 or more can be administered through a Secured Benefits Account (unless not allowed by the state statute). The Secured Benefits Account combines safety with availability. It is a free, interest-earning account that is guaranteed by Symetra Life Insurance Company. From the moment the account is opened, a competitive money market rate of interest is applied to the entire balance.

The Secured Benefit Account works much like a checking account. Beneficiaries can write a check to withdraw amounts of \$250 or more at any time, without a charge or penalty for withdrawal. This helps solve one of the hardest problems facing beneficiaries - how to manage death proceeds. Beneficiaries can take all the time they need to make financial decisions.

The reverse side of the Death Claim Form (LB-34/H) and the Claimant's Statement (LB-2018/H) provides more details.

## **CLAIM INQUIRIES**

If your employees have questions regarding claim submissions, they may call our toll free number at 1-800-943-2107.

### **MINOR AS BENEFICIARY**

If the named beneficiary is a minor, a Claimant's Statement (LB-2018/H) may be completed by the custodian for the minor. A Life Examiner will contact the custodian to explain payment options.

### **DECEASED BENEFICIARY**

If the primary beneficiary is deceased, a *certified* copy of the Certificate of Death of the deceased beneficiary is required.



## **EMPLOYEE ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

Accidental death benefits may be payable if the Employee dies from an accidental bodily injury while insured under this plan. Accidental dismemberment benefits, as well as other additional benefits, may also be payable if included as a part of the contract. To assure prompt claims service, it is essential that all requested information be supplied when a claim is first submitted. Missing information requires additional time-consuming correspondence.

### **ACCIDENTAL DEATH**

To apply for this benefit the **EMPLOYER** must:

- Complete the Death Claim Form (LB-34/H) and indicate on the form, the accidental death benefit amount.
- Instruct the Beneficiary to provide a *certified* copy of the Certificate of Death and complete the Claimant's Statement (LB-2018/H).
- Provide confirmation of accidental circumstances (newspaper report, police report, Workers' Compensation investigation, etc.).
- Provide all original Enrollment Forms and all change of Beneficiary requests (no photocopies).

### **ACCIDENTAL DISMEMBERMENT OR ADDITIONAL BENEFITS**

To apply for benefits, the **EMPLOYER** must:

- Complete all applicable questions on the Death Claim Form (LB-34/H).
- Have the Employee complete and sign the Authorization for Release of Medical Information to Symetra Life Insurance Company (LB-85/H) and Part A of the Attending Physician's Statement (LB-83/H). Have the Employee request that the attending physician complete the remainder of the Attending Physician's Statement.
- Provide confirmation of accidental circumstances (newspaper report, police report, Workers' Compensation investigation, etc.).
- Provide copies of all Enrollment Forms (keep the originals).

### **SUBMITTING CLAIMS**

Complete forms fully and accurately and submit them with all required documents to the address indicated on the claim form.

## **PAYMENTS**

Benefit payment will be paid in the form of a check. As an alternate option, benefit payments of \$10,000 or more can be administered through a Secured Benefits Account (unless not allowed by the state statute). The Secured Benefits Account combines safety with availability. It is a free, interest-earning account that is guaranteed by Symetra Life Insurance Company. From the moment the account is opened, a competitive money market rate of interest is applied to the entire balance.

The Secured Benefit Account works much like a checking account. Beneficiaries can write a check to withdraw amounts of \$250 or more at any time, without a charge or penalty for withdrawal. This helps solve one of the hardest problems facing beneficiaries - how to manage death proceeds. Beneficiaries can take all the time they need to make financial decisions.

The reverse side of the Death Claim Form (LB-34/H) and the Claimant's Statement (LB-2018/H) provides more details.

## **CLAIM INQUIRIES**

If your employees have questions regarding claim submissions, they may call our toll free number at 1-800-943-2107.

## **EMPLOYEE ACCELERATED DEATH BENEFIT**

Under certain conditions, a portion of the life insurance benefit may be payable if the Employee or Dependent is terminally ill and insured under this plan. To assure prompt claims service, it is essential that all requested information be supplied when a claim is first submitted. Missing information requires additional time-consuming correspondence.

The Employee or Dependent must apply for this benefit before the Employee terminates employment. To apply for this benefit the **EMPLOYER** must:

- Complete the Employer's Statement section of the Accelerated Benefit Application (LB-1058/H) and have the Employee or Dependent complete the Employee's Statement section of the Accelerated Benefit Application.
- Have the Employee or Dependent complete and sign the Authorization for Release of Medical Information to Symetra Life Insurance Company (LB-85/H) and Part I (Part A) of the Accelerated Benefit Physician's Statement (LB-1057/H). Have the Employee or Dependent request that the attending physician complete the remainder of the Attending Physician's Statement.
- Provide copies of all Enrollment Forms and all change of Beneficiary requests (keep the originals).

## **SUBMITTING CLAIMS**

Complete forms fully and accurately and submit them with all required documents to the address indicated on the claim form.

## **CLAIM INQUIRIES**

If your employees have questions regarding claim submissions, they may call our toll free number at 1-800-943-2107.

## **WAIVER OF PREMIUM *for Life Coverages***

Under certain conditions, group life insurance can be continued in force without the further payment of premium if the Employee becomes totally and permanently disabled while insured under this plan. In order to assure prompt claims service, it is essential that all requested information be supplied when a claim is first submitted. Missing information requires additional time-consuming correspondence.

Employees are eligible to apply for Waiver of Premium after having been disabled for the period of time specified in the contract (usually 6 or 9 months - refer to your policy for specific details). This period begins on the day the Employee was last actively at work. Symetra must receive **WRITTEN** notice of a Waiver of Premium claim within 3 months after completing the period specified in your contract. Claims can be submitted earlier if the Employee never expects to return to work because of the disability.

While the Employer may choose to continue paying the premium for an Employee who is disabled and has not had his or her employment terminated, the time period for submission of the claim still begins when the Employee stops working. ***Requests for Waiver of Premium submitted later than the policy specifications will be denied.***

### **Example:**

The employee's last day of work due to disability is January 15, 2007. This particular contract requires that the employee be disabled for 9 months before being eligible to apply for Waiver of Premium.

In this situation, application for Waiver of Premium would need to be received by Symetra on or before January 15, 2008, which is within 3 months of completing the 9 month period of disability.

## **APPLICATION FOR WAIVER OF PREMIUM**

To apply for this benefit the **EMPLOYER** must:

- Complete the Employer section of the Application for Waiver of Premium application and have the Employee complete the Employee section of the Waiver of Premium application (LB-53/H).
- Have the Employee complete and sign the Authorization for Release of Medical Information to Symetra Life Insurance Company (LB-85/H) and Part A of the Attending Physician's Statement (LB-83/H). Have the Employee request that the attending physician complete the remainder of the Attending Physician's Statement.
- Provide copies of all Enrollment Forms and all change of Beneficiary requests (keep the originals).

## **SUBMITTING CLAIMS**

Complete forms fully and accurately and submit them with all required documents to the address indicated on the claim form.

## **CLAIM INQUIRIES**

If your employees have questions regarding claim submissions, they may call our toll free number at 1-800-943-2107.

## **DEPENDENT LIFE INSURANCE**

Life insurance benefits may be payable if the Dependent dies while insured under this plan. To assure prompt claims service, it is essential that all requested information be supplied when a claim is first submitted. Missing information requires additional time-consuming correspondence.

To apply for this benefit the **EMPLOYER** must:

- Complete the Employer section of the Dependent's Death Claim Form (LB-36/H) and have the Employee complete the Claimant's Statement on the back of the form.
- Instruct the Employee to provide a *certified* copy of the Certificate of Death.
- Provide copies of all Enrollment Forms and all change of Beneficiary requests (keep the originals).

## **SUBMITTING CLAIMS**

Complete forms fully and accurately and submit them with all required documents to the address indicated on the claim form.

## **PAYMENTS**

Benefit payment will be paid in the form of a check. As an alternate option, benefit payments of \$10,000 or more can be administered through a Secured Benefits Account (unless not allowed by the state statute). The Secured Benefits Account combines safety with availability. It is a free, interest-earning account that is guaranteed by Symetra Life Insurance Company. From the moment the account is opened, a competitive money market rate of interest is applied to the entire balance.

The Secured Benefit Account works much like a checking account. Beneficiaries can write a check to withdraw amounts of \$250 or more at any time, without a charge or penalty for withdrawal. This helps solve one of the hardest problems facing beneficiaries - how to manage death proceeds. Beneficiaries can take all the time they need to make financial decisions.

The reverse side of the Dependent's Death Claim Form (LB-36/H) provides more details.

## **CLAIM INQUIRIES**

If your employees have questions regarding claim submissions, they may call our toll free number at 1-800-943-2107.

## **SPOUSE ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

Accidental death benefits may be payable for a Spouse insured under this plan. Accidental dismemberment benefits, as well as other additional benefits, may also be payable if included as part of the contract. To assure prompt and complete claims service, it is essential that all requested information be supplied when a claim is first submitted. Missing information requires additional time-consuming correspondence.

### **ACCIDENTAL DEATH**

To apply for benefits, the **EMPLOYER** must:

- Complete the Employer section of the Dependent's Death Claim Form (LB-36/H) and have the Employee complete the Claimant's Statement on the back of the form.
- Instruct the Employee to provide a *certified* copy of the Spouse's Certificate of Death.
- Provide confirmation of accidental circumstances (newspaper report, police report, Workers' Compensation investigation, etc.).
- Provide copies of all Enrollment Forms and all change of Beneficiary requests (keep the originals).

### **ACCIDENTAL DISMEMBERMENT OR ADDITIONAL BENEFITS**

To apply for benefits, the **EMPLOYER** must:

- Complete all applicable questions on the Dependent's Death Claim Form (LB-36/H).
- Have the Spouse complete and sign the Authorization for Release of Medical Information to Symetra Life Insurance Company (LB-85/H) and Part A of the Attending Physician's Statement (LB-83/H). Have the Employee or Spouse request that the attending physician complete the remainder of the Attending Physician's Statement.
- Provide confirmation of accidental circumstances (newspaper report, police report, Workers' Compensation investigation, etc.).
- Provide copies of all Enrollment Forms (keep the originals).

### **SUBMITTING CLAIMS**

Complete forms fully and accurately and submit them with all required documents to the address indicated on the claim form.

## **PAYMENTS**

Benefit payment will be paid in the form of a check. As an alternate option, benefit payments of \$10,000 or more can be administered through a Secured Benefits Account (unless not allowed by the state statute). The Secured Benefits Account combines safety with availability. It is a free, interest-earning account that is guaranteed by Symetra Life Insurance Company. From the moment the account is opened, a competitive money market rate of interest is applied to the entire balance.

The Secured Benefit Account works much like a checking account. Beneficiaries can write a check to withdraw amounts of \$250 or more at any time, without a charge or penalty for withdrawal. This helps solve one of the hardest problems facing beneficiaries - how to manage death proceeds. Beneficiaries can take all the time they need to make financial decisions.

The reverse side of the Dependent's Death Claim Form (LB-36/H) provides more details.

## **CLAIM INQUIRIES**

If your employees have questions regarding claim submissions, they may call our toll free number at 1-800-943-2107.



## **CONTINUATION**

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Continuation privileges are not available for Group Disability Insurance coverages. Contact your Agent or Broker to request individual policy information.

## **CONVERSION**

### **REQUESTING INFORMATION**

Individuals losing coverage may be eligible to convert their Group Life Insurance coverage to an Individual Life Insurance policy. It is important to notify each employee of this valuable option. Those individuals eligible for conversion, who submit the Conversion Application and premium within the time frame specified in the contract, may convert.

To notify Employees of their right to apply for conversion, the **EMPLOYER** must:

- Fill out the Part B of the Conversion Request Form (LG-12085), and
- Have **EMPLOYEES** complete Part A.

If **EMPLOYEES** (or an eligible dependent) are interested in receiving a quote for conversion along with an application, they must complete the above mentioned form and return it to Symetra.

### **CONVERSION APPLICATION**

After Symetra receives the Conversion Request Form (LG-12085), a quote along with a application will be mailed to the employee. *The Employee's receipt of the application does not guarantee a right to convert.*

To apply for benefits, **EMPLOYEES** must:

- Complete the application, and
- Mail it to Symetra after insurance ends, with the initial premium, no later than within the time frame specified in the contract (usually 31 days). The application will be evaluated and, if approved, an individual policy will be issued.

The **EMPLOYER** must:

- Submit all copies of the employee's Enrollment Forms to Symetra's Group Conversion Desk; and
- Complete the Employer's Section of the Conversion Request Form (LG-12085).

Please note that if Employees have submitted applications without the Employer's section completed, Symetra will forward the form to the employer for completion. *Requirements for timely submission of the form will not be waived to secure Employer information.*

For additional information, refer to your contract or call Symetra at 1-800-426-7784.

## **PORTABILITY CONTINUATION**

An employee who terminates employment may be eligible to continue Group Life Insurance, at group rates. The employee must:

- Apply for Portability Continuation Insurance; and submit the initial premium with the application within 31 days of terminating employment, and
- Continue the entire amount which ended.

It is important to notify each employee of this valuable option.

Dependents may also be eligible to continue if:

- The employee is approved for Portability Continuation Insurance; and
- The dependent was covered for Group Life Insurance immediately prior to termination of the employee's employment.

## **TO APPLY FOR THIS BENEFIT**

The **EMPLOYER** must:

Complete the "Employer's Section" of the Application for Portability Continuation of Group Life Insurance (LG-1156). You can complete it prior to giving it to the Employee or, if preferred, Symetra can return it to you for completion after we receive the Applicant's Section. ***Requirements for timely submission of the "Applicant's Section" will not be waived to secure Employer data.***

The **EMPLOYEE** must:

Complete the "Applicant's Section" of the Application for Portability Continuation of Group Life Insurance (LG-1156) and submit it to Symetra:

- Within 31 days of terminating employment, and
- With the initial premium.

## **INITIAL PREMIUM**

Initial premium for Portability Continuation is the current premium rate for the employee (and dependents, if applying). Instructions on how to determine the premium amount are included on the back of the application. **Premium payment options other than annual are**

**subject to a minimum premium payment of \$50.** The employee must choose a premium payment option that will meet this minimum requirement.

For additional information, refer to your contract or call Symetra at 1-800-426-7784.

## **E.R.I.S.A. REQUIREMENTS**

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The Employee Retirement Income Security Act of 1974 (E.R.I.S.A.) requires that non-exempt employers:

- Meet specified reporting requirements,
- Furnish employees with certain documents, and
- Provide other information as may be required.

We suggest that you review the E.R.I.S.A. requirements with your tax advisor to determine how it affects your plan, and whether you are in compliance.

### **REPORTING REQUIREMENTS**

Symetra generates reports for employers of 100 or more employees to assist them with their E.R.I.S.A. 5500-Schedule A reporting requirements. Shortly after your policy anniversary, Symetra will send you some of the information necessary to complete your report: the agent's name and address, total premium and commissions paid. If you have two coverages with Symetra and they renew at different times of the year you will receive two separate reports. In addition, yearly you may receive a letter which discloses compensation cost allocations made to your agent by Symetra.

## **E.R.I.S.A. REQUIREMENTS**

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The Employee Retirement Income Security Act of 1974 (E.R.I.S.A.) requires that non-exempt employers:

- Meet specified reporting requirements,
- Furnish employees with certain documents, and
- Provide other information as may be required.

We suggest that you review E.R.I.S.A. requirements with your tax advisor to determine how it affects your plan, and whether you are in compliance.

### **REPORTING REQUIREMENTS**

Symetra generates reports for employers of 100 or more employees to assist them with their E.R.I.S.A. 5500-Schedule A reporting requirements. In addition, you may receive a letter which discloses compensation cost allocations made to your agent by Symetra. Occasionally this information goes out to smaller employers. Please disregard the information if it is not applicable to your E.R.I.S.A. plan requirements.

# CONSUMER PRIVACY STATEMENT

Symetra Financial is serious about keeping your personal information private and secure. This notice of our privacy policy explains how we use and protect your information.

## Where We Get Information About You

The information we get about you comes from different sources and may include:

- Information that you give to us on applications or other forms, such as your name, address and Social Security number.
- Information from your transactions with us, our affiliated companies, or our business partners. This includes products and services you have purchased from us or information about your payment history or claims.
- Information we receive from consumer reporting agencies to confirm or add to facts given by you. Data collected by a reporting agency may be kept by them and later shared with others who use these reports. It will be given to others only as allowed by federal and state Fair Credit Reporting Acts.
- Information we receive from your insurance agent, broker, or financial advisor. This may include updated information about your policy or account.

Symetra Financial does not sell or rent information about you to others.

## Sharing Information

In order to conduct our business and offer you the products and services that you may want, we may share your information within the Symetra Financial family of companies.

We do not disclose your information to anyone else unless allowed or required by law. The law allows us to share your financial information with our affiliates or third parties outside the Symetra Financial family of companies to service, market or underwrite our products and services to you. You cannot prevent these disclosures.

We may share your information with insurance agents, brokers, and financial advisors who sell our products and services. We may also share your information with financial institutions that we have joint marketing agreements with to sell our products and services.

Working with these businesses allows us to provide you with a broader selection of insurance and investment products and services from our companies. These businesses sign a contract with us to keep your information private and secure and to use it only for the services we request.

## Medical Information

We only obtain or share medical information in connection with specific products and services. This may include underwriting a life insurance policy, processing a claim, or any other use that we disclose to you before the information is collected.

## About Independent Insurance Agents, Brokers, and Financial Advisors

The independent insurance agents, brokers, and financial advisors who sell our products and services are not our employees and are not subject to our privacy policy.

They may have personal information about you that we do not have. They may use this information differently than we do. Contact your agent, broker, or advisor to learn more about their privacy practices.

## Keeping Your Personal Information Safe

We protect your personal information in a variety of ways.

We maintain physical, administrative and technical safeguards to protect this information from unauthorized access.

Employees are only authorized to access this information when they have a business need to do so. We expect the agents, brokers, and advisors who sell our products and services to maintain a high regard for privacy and to safeguard customer information.

We follow your state law when it protects your privacy more than federal law.

## Accuracy of Your Information

We need accurate information to provide you with the best possible service.

If you need to update your information or if the information we have about you is inaccurate or incomplete, please contact us. Please be sure to include your name and policy number or contract number.

- By telephone. You can call us at the telephone number shown on your account statement or on other information we have sent to you. You can also call us at: **1-800 796-3872**
- In writing. You can write to us at the address shown on your account statement or on other information we have sent to you. You can also write to us at: **P.O. Box 34690, Seattle, WA 98124-1690**

You can also request a copy of the information that we have about you in our files to make sure it is correct. You must make your request in writing and send it to the address shown on your policy or contract or to the address shown above. Within 30 business days of receiving your request, we will send you the information. We will advise you of any person or group to whom we have given the information during the last two years.

If you believe the information about you in our files is wrong, you can notify us in writing. We will review your file and respond to you within 30 business days. If we agree with you, we will change our records. This change will become part of the file. It will be sent to those that received inaccurate information from us. It will also be included in any later disclosures to others.

If we disagree with you, we will explain why. You can provide us with a statement explaining why you believe the information is wrong. This statement will become part of the file. It will be sent to those that received the disputed information from us. It will also be included in any later disclosures to others.

## Privacy and Symetra Financial's Web sites

This notice also applies to our web sites. If you would like more information about our web site privacy and security practices, go to [www.symetra.com](http://www.symetra.com) and click on the Privacy link.

**SYMETRA.**  
FINANCIAL

Symetra Life Insurance Company  
777 108th Avenue NE, Suite 1200  
Bellevue, WA 98004  
[www.symetra.com](http://www.symetra.com)

Symetra® and the Symetra Financial logo are registered service marks of Symetra Life Insurance Company.

## The Symetra Financial Family of Companies

This notice applies to the following companies:

Symetra Life Insurance Company  
Symetra National Life Insurance Company  
First Symetra National Life Insurance Company of New York, New York, New York  
Symetra Assigned Benefits Service Company  
Symetra Investment Services, Inc.  
Symetra Securities, Inc.  
Clearscape Funding Corporation  
Employee Benefit Consultants, Inc. or EBC Mid-America, Inc. doing business as Select Benefit Administrators of America, Ashland, Wisconsin



# SYMETRA LIFE INSURANCE COMPANY

Group Life Insurance  
Contract

**SYMETRA**<sup>®</sup>  
FINANCIAL

# SYMETRA.

FINANCIAL

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Name of Policyholder: ABC Company

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**Policy Number:**  
00 000000 00

**Effective Date:**  
January 1, 2009

**Place of Delivery:**  
Tennessee

**Anniversary Date:**  
January first of each year beginning  
in 2010

**Premium Due Date:**  
Monthly, on the first day of each policy  
month

**Symetra Life Insurance Company**  
777 108<sup>th</sup> Avenue NE, Suite 1200  
Bellevue, Washington, 98004-5135  
(An insurance company, herein called The Company)  
will pay benefits according to the terms and conditions of The Policy.

Signed for The Company

  
George Pagos, Secretary

  
Randall H. Talbot, President

**Table of Contents**  
Premium Provisions  
Premium Schedule  
Policy Provisions  
Incorporation Provision

## Premium Provisions

The Schedule(s) of Insurance for The Policy benefits listed below are shown in the certificate(s), as incorporated into The Policy:

- 1) Basic Life Insurance;
- 2) Basic Accidental Death and Dismemberment Insurance;
- 3) Basic Dependent Life Insurance;
- 4) Basic Spouse Accidental Death and Dismemberment Insurance;
- 5) Supplemental Life Insurance;
- 6) Supplemental Accidental Death and Dismemberment Insurance;
- 7) Supplemental Dependent Life Insurance; and
- 8) Supplemental Spouse Accidental Death and Dismemberment Insurance.

The Schedule(s) of Insurance will control the:

- 1) benefit amounts and maximum limits;
- 2) eligibility and effective date requirements; and
- 3) other schedule amounts and limits;

which apply to the employees of the Policyholder.

### Initial Monthly Premium Rates:

The initial monthly premium rates to be charged for employee coverage and/or child/Spouse coverage, if applicable, are shown on the following page(s).

The first premium is due and payable on the effective date of The Policy. Subject to The Policy's grace period provision, all premiums after the first must be paid when or before they are due.

Premiums are based on the Employee's age on his or her effective date and thereafter on the Policy Anniversary following the date of change.

The Initial Monthly Premium Rates may be converted as follows:

To Convert Rates to:	Use a Conversion Factor of:
- annual rates	11.8227
- semi-annual rates	5.9557
- quarterly rates	2.9852

### Grace Period:

The Company will allow the Policyholder a 31 day grace period for the payment of all premiums after the first. During this 31 day period, The Policy will stay in force. If the owed premium is not paid by the 31<sup>st</sup> day, The Policy will automatically terminate. If the Policyholder gives The Company written advance notice of an earlier cancellation date, The Policy will terminate on the earlier date. Premium is due for each day The Policy is in force.

### Monthly Premium Rate Guarantee:

Initial Monthly Premium rates are guaranteed as follows:

Benefit	Rate Guarantee Period
Basic Life Insurance	24 months
Basic Accidental Death and Dismemberment Insurance	24 months
Basic Dependent Life Insurance	24 months
Basic Spouse Accidental Death and Dismemberment Insurance	24 months
Supplemental Life Insurance	24 months
Supplemental Accidental Death and Dismemberment Insurance	24 months
Supplemental Dependent Life Insurance	24 months
Supplemental Spouse Accidental Death and Dismemberment Insurance	24 months

## Premium Provisions

Subject to the Rate Guarantee period shown above, The Company has the right to change premium rates on any premium due date if:

- 1) written notice is delivered to the Policyholder's last address on record; and
- 2) the change is effective at least 31 days after the date of notice.

The Rate Guarantee supersedes only those provisions appearing elsewhere in The Policy which give The Company the right to change the premium rates, and then, only for the period of time for which the rates are guaranteed. However, The Company may change the premium rates during the Rate Guarantee period if there is a 25% change in The Policy, or if there is an increase or decrease in the number of insured employees, or if the Policyholder adds or deletes a subsidiary or affiliated business entity. The Company may also change the premium rates during the Guarantee Period if there has been a material misstatement in the reported experience during the pre-sale process. The Rate Guarantee in no way affects, amends or supersedes any other provision in The Policy.

### Calculation:

Premiums may be calculated by multiplying the rate times the applicable number of units of coverage.

If any insurance is added, increased or becomes effective after The Policy is in force, the premium charges will begin on:

- 1) the day the coverage is effective, if it is also the first day of a policy month; or
- 2) the first day of the next policy month.

For insurance which is terminated, premium charges will stop as of the first day of the next policy month. With respect to Dependent Life Insurance only, the premium rate per Dependent Unit or per \$1,000 of insurance, whichever is applicable, will be based on actuarial assumptions, due to the difficulty in obtaining the ages of all Dependents who are covered under this benefit. The actuarial assumptions will produce, in the opinion of The Company, the same total amount of premium as would be obtained by the use of the actual ages of the Dependents covered.

Premiums may be calculated by any other method which both The Company and the Policyholder agree to in writing.

### Premium Payments:

Premium payments are due and payable in full to a place designated by The Company or, with respect to the initial premium payment, premium payments may be made to an authorized agent of The Company. Payment of premiums for a period before it is due will not guarantee the insurance for that period.

### Premium Schedule

<u>Coverage</u>	<u>Monthly Rate</u>
Basic Life Insurance	\$0.000 per \$1,000
Basic Accidental Death and Dismemberment Insurance	\$0.000 per \$1,000
Basic Dependent Life Insurance	\$0.000 per family unit
Basic Dependent Accidental Death and Dismemberment Insurance	\$0.000 per \$1,000
Supplemental Life Insurance	step-rated*
Supplemental Accidental Death and Dismemberment Insurance	\$0.000 per \$1,000
Supplemental Dependent Life Insurance	Spouse step-rated*
	Child \$0.000 per \$1,000
Supplemental Spouse Accidental Death and Dismemberment Insurance	\$0.000 per \$1,000

\* Supplemental Life Insurance and Supplemental Spouse Life Insurance monthly step-rates are as follows: (Premiums for Supplemental Spouse Life Insurance are calculated based on the employee's age.)

<u>Age</u>	<u>Per \$1,000 of Insurance</u>	<u>Age</u>	<u>Per \$1,000 of Insurance</u>
Under 25	\$0.000	50 through 54	\$0.000
25 through 29	0.000	55 through 59	0.000
30 through 34	0.000	60 through 64	0.000
35 through 39	0.000	65 through 69	0.000
40 through 44	0.000	70 through 74	0.000
45 through 49	0.000	75 and over	0.000

Premium rate adjustments due to change in age are effective on the Policy Anniversary following the date of change.

## Policy Provisions

### Entire Contract:

The contract between the parties consists of:

- 1) The Policy;
- 2) any certificates incorporated and made a part of The Policy;
- 3) any riders issued in connection with such certificates;
- 4) the Policyholder's application, if any, a copy of which is attached to and made a part of The Policy when issued; and
- 5) any written medical insurability application submitted by the Eligible Person/Employee and accepted by The Company in connection with The Policy.

All statements made by the Policyholder, or persons insured under The Policy will be deemed representations and not warranties. No statement made to effect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary.

### Incontestability:

Except for non-payment of premium, the insurance provided by The Policy cannot be contested after such insurance has been in effect for a period of two years.

### Changes:

The Company reserves the right to make changes in The Policy, after The Policy has been in force for 12 months. The Company will give the Policyholder 31 days advance written notice of any change. No agent has authority to change or waive any part of The Policy. To be valid, any change or waiver must be in writing, approved by one of Our officers and made a part of The Policy.

### Clerical Error:

Clerical error (whether by the Policyholder, the Plan Administrator, or Us) in keeping the records having to do with The Policy, or delays in making entries on the records, will not void the insurance of any person if that insurance would otherwise have been in effect. A clerical error will not extend the insurance of any person if that insurance would otherwise have ended or been reduced as provided by The Policy. When a clerical error is found, premiums and benefits will be adjusted based on the true facts and The Policy.

### Conformity with Law:

If any provision of The Policy is contrary to the law of the jurisdiction in which it is delivered, such provision is hereby amended to conform to that law. If any change to state or federal law, including but not limited to the Federal Social Security Act, affects The Company's liability under The Policy, The Company may change The Policy, the premiums or both. Such change:

- 1) will be effective as of the date of the change to the state or federal law; and
- 2) will not be made until The Company gives the Policyholder 31 days notice.

### Termination of Policy:

The Company may terminate The Policy for the following reasons by giving the Policyholder 31 days written notice:

- 1) the Policyholder fails to furnish any information which The Company may reasonably require;
- 2) the Policyholder fails to perform any of his other obligations pertaining to The Policy;
- 3) less than 75% of the persons eligible for coverage on a Non-Contributory basis are insured;
- 4) less than 15% of the persons eligible for coverage on a Contributory basis are insured; or
- 5) fewer than ten persons are insured.

In addition, The Company may terminate The Policy on any premium due date after The Policy has been in force for 12 months by providing 31 days written notice.

The Company reserves the right to terminate Dependent Life Insurance Benefits on any premium due date on which:

- 1) there are fewer than ten persons insured for Dependent Coverage; or
- 2) less than 15% of the persons eligible for Dependent Coverage on a Contributory basis are insured.

## Policy Provisions

The Company shall give the Policyholder 31 days notice of its intent to terminate the Dependent Life Insurance Benefit.

### **Cancellation:**

The Policy may be cancelled at any time by written notice mailed or delivered by The Company to the Policyholder, or by the Policyholder to Us. If The Company cancels, The Company will mail or deliver the notice to the Policyholder at its last address shown in Our records. If The Company cancels, it becomes effective on the later of:

- 1) the date stated in the notice; or
- 2) the 31<sup>st</sup> day after The Company mails or delivers the notice.

If the Policyholder cancels, it becomes effective on the later of:

- 1) the date The Company receives the notice; or
- 2) the date stated in the notice.

In either event:

- 1) The Company will promptly return to the Policyholder any unearned premium; or
- 2) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro-rata basis. Cancellation will be without prejudice to any claim which commenced prior to the effective date of the cancellation.

### **Certificates:**

The Company will give individual certificates to:

- 1) the Policyholder; or
- 2) any other person according to a mutual agreement among the other person, the Policyholder, and Us;

for delivery to persons covered under The Policy and which will explain the important features of The Policy.

### **Data to be Furnished:**

The Policyholder, or any other person designated by the Policyholder, will give The Company all information The Company needs regarding matters pertaining to the insurance. At any reasonable time while The Policy is in force and for 12 months after that, The Company may inspect any of the Policyholder's documents, books or records which may affect the insurance or premiums of The Policy.

The Policyholder will, upon Our request, give Us:

- 1) the names of all persons initially eligible for coverage;
- 2) the names of all additional persons who become eligible for coverage;
- 3) the names of all persons whose amount of insurance is to be changed;
- 4) the names of all persons whose eligibility or insurance is terminated; and
- 5) any data necessary to administer the insurance provided by The Policy.

If the Policyholder gives The Company any incorrect information, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he or she is otherwise entitled or have insurance to which he or she is not entitled, because of any misstatement of fact by the Policyholder. Any required adjustment may be made in premiums or benefits.

## Policy Provisions

### **Right to Audit:**

The Company reserves the right to audit, once every two years, the Policyholder's billing records and premium accounting practices. If The Company discovers:

- 1) an underpayment of premium by the Policyholder, the Policyholder will be obligated to remit, in a timely manner, the underpayment amount; or
- 2) an overpayment of premium, The Company will return any overpayment amount in a timely manner;

for the previous two year period.

### **Not in Lieu of Workers' Compensation:**

The Policy does not satisfy any requirement for Workers' Compensation insurance.

### **Time Period:**

All periods begin and end at 12:01 A.M., standard time, at the Policyholder's address.



### Incorporation Provision

The Certificate(s) of Insurance listed below are attached to, incorporated in and made a part of, The Policy.

<u>Certificate of Insurance</u>	<u>Applicable to</u>	<u>Effective Date of Incorporation</u>
LGC 13500/TN-CERT 08/06	Class 1	January 1, 2009

The provisions found in the certificate(s) will control the benefit plan, period of coverage, exclusions, claims and other general policy provisions pertaining to state insurance law requirements.

In all other respects, The Policy and certificate(s) remain the same.

# SYMETRA LIFE INSURANCE COMPANY

## Group Life Insurance Certificate

Class 1

**SYMETRA**<sup>®</sup>  
FINANCIAL

# SYMETRA<sup>®</sup>

FINANCIAL

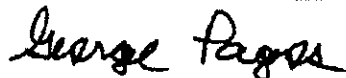
## CERTIFICATE OF INSURANCE

**Symetra Life Insurance Company**  
777 108<sup>th</sup> Avenue NE, Suite 1200  
Bellevue, Washington 98004-5135  
(An insurance company)

**Policyholder:** ABC Company  
**Policy Number:** 00 000000 00  
**Policy Effective Date:** January 1, 2009  
**Policy Anniversary Date:** January first of each year beginning in 2010

We have issued The Policy to the Policyholder. Our name, the Policyholder's name and the Policy Number are shown above. The provisions of The Policy, which are important to You, are summarized in this certificate consisting of this form and any additional forms which have been made a part of this certificate. This certificate replaces any other certificate We may have given to You earlier under The Policy. The Policy alone is the only contract under which payment will be made. Any difference between The Policy and this certificate will be settled according to the provisions of The Policy on file with Us at Our home office. The Policy may be inspected at the office of the Policyholder.

Signed for The Company



George Pagos, Secretary



Randall H. Talbot, President

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*A note on capitalization in this certificate:*

Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in The Policy or refers to a specific provision contained herein.

**Table of Contents**

Certificate Face Page  
Schedule of Insurance  
Definitions  
Eligibility and Enrollment  
Period of Coverage  
Benefits  
General Provisions

**Schedule of Insurance**

The benefits described herein are those in effect as of: January 1, 2009

**Cost of coverage:**

**Non-Contributory Coverage:**

- Basic Life Insurance
- Basic Accidental Death and Dismemberment Insurance
- Basic Dependent Life Insurance
- Basic Spouse Accidental Death and Dismemberment Insurance

**Contributory Coverage:**

- Supplemental Life Insurance
- Supplemental Accidental Death and Dismemberment Insurance
- Supplemental Dependent Life Insurance
- Supplemental Spouse Accidental Death and Dismemberment Insurance

**Eligible Class(es) For Coverage:** All full-time Active Employees working a minimum of XX hours each week who are citizens or legal residents of the United States, excluding temporary, leased or seasonal employees.

Class 1 All Eligible Employees

**Eligibility Waiting Period for Coverage:**

If You are Actively at Work for the Employer on the Policy Effective Date: None.

If You start working for the Employer after the Policy Effective Date: The first of the month following XX days of continuous employment.

**Life Insurance Benefit**

**Employee**

	<u>Benefit Amount</u>	<u>Benefit Maximum Amount</u>	<u>Guaranteed Issue Amount</u>
<u>Basic</u> Class 1	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX
<u>Supplemental</u> Class 1	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX

**Dependent**

	<u>Benefit Amount</u>	<u>Benefit Maximum Amount</u>	<u>Guaranteed Issue Amount</u>
<u>Basic</u> Class 1			
Spouse	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX
Child			
15 days to 6 months	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX
6 months to 19 years; to age 25 if full-time student	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX

**Schedule of Insurance**

<u>Supplemental</u>	<u>Benefit Amount</u>	<u>Benefit Maximum Amount</u>	<u>Guaranteed Issue Amount</u>
Class 1			
Spouse	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX
Child			
15 days to 6 months	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX
6 months to 19 years	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX
(to age 25 if a full-time student)			

**Accidental Death and Dismemberment Insurance Benefit (AD&D)**

**Employee**

<u>Basic</u>	<u>Principal Sum</u>	<u>Principal Maximum Sum</u>
Class 1	\$XXX,XXX	\$XXX,XXX
<u>Supplemental</u>		
Class 1	\$XXX,XXX	\$XXX,XXX

**Dependent**

<u>Basic</u>	<u>Principal Sum</u>	<u>Principal Maximum Sum</u>
Class 1		
Spouse	\$XXX,XXX	\$XXX,XXX
<u>Supplemental</u>	<u>Principal Sum</u>	<u>Principal Maximum Sum</u>
Class 1		
Spouse	\$XXX,XXX	\$XXX,XXX

**Additional Accidental Death and Dismemberment Insurance Benefits**

**Seat Belt and Air Bag Coverage**

Seat Belt Benefit Amount: 10% of Basic and Supplemental AD&D Principal Sum  
 Seat Belt Maximum Amount: \$10,000  
 Seat Belt Minimum Amount: \$1,000

Air Bag Benefit Amount: 5% of Basic and Supplemental AD&D Principal Sum  
 Air Bag Maximum Amount: \$5,000

**Repatriation Benefit**

Benefit Amount: 5% of Basic and Supplemental AD&D Principal Sum  
 Maximum Amount: \$5,000

**Child Education Benefit**

Benefit Amount: 2.5% of Basic and Supplemental AD&D Principal Sum  
 Maximum Amount: \$2,500  
 Minimum Amount: \$1,250

**Day Care Benefit**

Benefit Amount: 2.5% of Basic and Supplemental AD&D Principal Sum  
 Maximum Amount: \$2,500  
 Minimum Amount: \$1,250

## Schedule of Insurance

### Rehabilitation Benefit

Benefit Amount: 2.5% of Basic and Supplemental AD&D Principal Sum  
Maximum Amount: \$2,500

### Spouse Education Benefit

Benefit Amount: 2.5% of Basic and Supplemental AD&D Principal Sum  
Maximum Amount: \$2,500  
Minimum Amount: \$1,250

### Adaptive Home and Vehicle Benefit

Benefit Amount: 2.5% of Basic and Supplemental AD&D Principal Sum  
Maximum Amount: \$2,500

### Coma Benefit

Waiting Period: 30 days  
Maximum Amount: 100% of Basic and Supplemental AD&D Principal Sum less all other AD&D payments under The Policy for the Injury

### Critical Burn Benefit

Benefit Amount: 5% of Basic and Supplemental AD&D Principal Sum  
Maximum Amount: \$5,000

### Therapeutic Counseling Benefit

Benefit Amount: 5% of Basic and Supplemental AD&D Principal Sum  
Maximum Amount: \$5,000

### Felonious Assault Benefit

Benefit Amount: 10% of Basic and Supplemental AD&D Principal Sum  
Maximum Amount: \$25,000

### **Reduction in Amount of Life Insurance**

We will reduce the amount of Life Insurance for You and Your Dependent by any amount:

- 1) of individual Life Insurance issued in accordance with the Conversion Right;
- 2) that was continued under the Portability provision; or
- 3) of Life Insurance in force, paid or payable under the Prior Policy.

### **Reduction in Coverage Due to Age**

We will reduce the Life Insurance Benefit and Principal Sum for You and Your Spouse by the percentage indicated in the table below. This reduction will be effective on the date You attain the age shown below. These reductions also apply if:

- 1) You or Your Spouse become covered under The Policy; or
  - 2) Your or Your Spouse's coverage increases;
- on or after the date You attain age 65.

Percentage by which the current amount of coverage (after all previous reductions) will be reduced:

<b>Your Age</b>	<b>Your and Your Spouse's % Reduction</b>
65	35%
70	35%
75	35%
80	25%
85	25%
90	25%
95	25%

The reduced amount of coverage will be rounded to the next higher multiple of \$500, if not already a multiple of \$500 and an appropriate adjustment in premium will be made.

## Definitions

### Active Employee

means an employee who works for the Employer on a regular basis in the usual course of the Employer's business. This must be at least the number of hours shown in the Schedule of Insurance.

### Actively at Work

means at work with Your Employer on a day that is one of Your Employer's scheduled workdays. On that day, You must be performing for wage or profit all of the regular duties of Your job:

- 1) in the usual way; and
- 2) for Your usual number of hours.

We will also consider You to be Actively At Work on any regularly scheduled vacation day or holiday, only if You were Actively At Work on the preceding scheduled work day.

### Common Carrier

means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by that concern.

Common Carrier will not mean any such conveyance which is hired or used for a sport, gamesmanship, contest, sightseeing, observatory and/or recreational activity, regardless of whether such conveyance is licensed.

### Contributory Coverage

means coverage for which You are required to contribute toward the cost. Contributory Coverage is shown in the Schedule of Insurance.

### Dependent Child

means:

- 1) Your unmarried children, stepchildren, legally adopted children; or
- 2) Any other children related to You by blood or marriage who:
  - a) live with You in a regular parent-child relationship; or
  - b) You claim as a dependent on Your last filed federal income tax return;

provided such children are primarily dependent upon You for financial support and maintenance and are:

- 1) at least 15 days old but under age 19;
- 2) age 19, but under age 25 and in full-time attendance (at least 12 course credit hours per semester) at an accredited institution of learning. If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student continues to qualify as a Dependent; or
- 3) age 19 or older and disabled. Such children must have become disabled before attaining age 19. You must submit proof, satisfactory to Us, of such children's disability.

### Dependent

means Your Spouse, and Your Dependent Child. A Dependent must be a citizen or legal resident of the United States. Any person who is in full-time military service cannot be a Dependent.

### Employer

means the Policyholder.

### Guaranteed Issue Amount

means the amount of Life Insurance for which We do not require Evidence of Insurability. The Guaranteed Issue Amount is shown in the Schedule of Insurance.

## Definitions

### Injury

means bodily Injury resulting:

- 1) directly from an accident; and
- 2) independently of all other causes;

which occurs while You or Your Dependent are covered under The Policy.

Loss resulting from:

- 1) sickness or disease, except a pus-forming infection which occurs through an accidental wound;  
or
- 2) medical or surgical treatment of a sickness or disease;

is not considered as resulting from Injury.

### Motor Vehicle

means a self-propelled, four or more wheeled:

- 1) private passenger: car, station wagon, van or sport utility vehicle;
- 2) motor home or camper; or
- 3) pick-up truck;

not being used as a Common Carrier.

A Motor Vehicle does not include farm equipment, snowmobiles, all-terrain vehicles, lawnmowers or any other type of equipment vehicles.

### Non-Contributory Coverage

means coverage for which You are not required to contribute toward the cost. Non-Contributory Coverage is shown in the Schedule of Insurance.

### Normal Retirement Age

means the Social Security Normal Retirement Age under the most recent amendments to the United States Social Security Act. It is determined by Your date of birth, as follows:

Year of Birth	Normal Retirement Age	Year of Birth	Normal Retirement Age
1937 or before	65	1955	66 + 2 months
1938	65 + 2 months	1956	66 + 4 months
1939	65 + 4 months	1957	66 + 6 months
1940	65 + 6 months	1958	66 + 8 months
1941	65 + 8 months	1959	66 + 10 months
1942	65 + 10 months	1960 or after	67
1943 through 1954	66		

### On

means, when used with reference to any conveyance (land, water or air), in or On, boarding or alighting from the conveyance.

### Physician

means a legally qualified Physician or surgeon other than a Physician or surgeon who is Related to You by blood or marriage.

### Prior Policy

means, if applicable, the group life insurance policy carried by the Employer on the day before the Policy Effective Date.



## Definitions

### **Related**

means Your Spouse or other adult living with You, sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter or grandchild.

### **Spouse**

means Your Spouse who is not legally separated or divorced from You.

### **The Policy**

means The Policy which We issued to the Policyholder under the Policy Number shown on the face page.

### **We, Us or Our**

means the insurance company named on the face page of The Policy.

### **You or Your**

means the person to whom this certificate is issued.

## Eligibility and Enrollment

### **Eligible Persons:** *Who is eligible for coverage?*

All persons in the class or classes shown in the Schedule of Insurance will be considered Eligible Persons.

### **Eligibility for Coverage:** *When will I become eligible?*

You will become eligible for coverage on the latest of:

- 1) the Policy Effective Date;
- 2) the date on which You complete the Eligibility Waiting Period for Coverage; or
- 3) the date You become a member of an Eligible Class.

### **Eligibility for Dependent Coverage:** *When will I become eligible for Dependent Coverage?*

You will become eligible for Dependent coverage on the later of:

- 1) the date You become insured for employee coverage; or
- 2) the date You acquire Your first Dependent.

You may not elect coverage for Your Dependent if such Dependent is covered as an employee under The Policy. No person can be insured as a Dependent of more than one employee under The Policy.

### **Enrollment:** *How do I enroll for coverage for myself and my Dependents?*

For Non-Contributory Coverage, Your Employer will automatically enroll You. However, You will need to complete a beneficiary designation form.

To enroll for Contributory Coverage, You must:

- 1) complete and sign a group insurance enrollment form, satisfactory to Us; and
- 2) deliver it to Your Employer.

If You do not enroll for Contributory Coverage within 31 days after becoming eligible under The Policy, or if You were eligible to enroll under the Prior Policy and did not do so, and later choose to enroll, You may only enroll for Contributory Coverage:

- 1) during an Annual Enrollment Period if designated by the Policyholder; or
- 2) within 31 days of the date You have a Change in Family Status.

Any enrollment may be subject to the Evidence of Insurability Requirements provision.

### **Evidence of Insurability Requirements:** *When will I first be required to provide Evidence of Insurability?*

We require Evidence of Insurability, satisfactory to Us, for initial coverage, if You:

- 1) enroll more than 31 days after the date You are first eligible to enroll, including electing initial coverage after a Change in Family Status;
- 2) enroll for an amount of Life Insurance greater than the Supplemental Guaranteed Issue Amount, regardless of when You enroll for coverage; or
- 3) were eligible for any coverage under the Prior Policy, but did not enroll and later choose to enroll for that coverage under The Policy.

However, You may enroll for coverage amounts less than the Guaranteed Issue Amount without providing Evidence of Insurability if You do so within 31 days of the Policy Effective Date.

If Your Evidence of Insurability is not satisfactory to Us:

- 1) Your amount of Life Insurance will equal the amount for which You were eligible without providing Evidence of Insurability, provided You enrolled within 31 days of the date You were first eligible to enroll; or
- 2) You will not be covered under The Policy if You enrolled more than 31 days after the date You were first eligible to enroll.

## Eligibility and Enrollment

**Dependent Evidence of Insurability Requirements:** *When will my Dependent first be required to provide Evidence of Insurability?*

We require Evidence of Insurability, satisfactory to Us, for initial coverage, if You:

- 1) enroll for Your Dependent coverage more than 31 days after the date You are first eligible to enroll, including electing initial coverage after a Change in Family Status;
- 2) enroll for an amount of Dependent Life Insurance greater than the Supplemental Dependent Guaranteed Issue Amount, regardless of when You enroll for coverage; or
- 3) were eligible for any coverage under the Prior Policy, but did not enroll and later choose to enroll for that coverage under The Policy.

However, no Evidence of Insurability will be required if the amount of Life Insurance for Your Dependent Child is \$15,000 or less. In addition, You may enroll Your Dependent for coverage amounts less than the Guaranteed Issue Amount without providing Evidence of Insurability if You do so within 31 days of the Policy Effective Date.

If Your Dependent Evidence of Insurability is not satisfactory to Us:

- 1) the amount of Dependent Life Insurance will equal the amount for which Your Dependent was eligible without providing Evidence of Insurability, provided You enrolled within 31 days of the date You were first eligible to enroll; or
- 2) Your Dependent will not be covered under The Policy if You enrolled more than 31 days after the date You were first eligible to enroll.

**Evidence of Insurability:** *What is Evidence of Insurability?*

Evidence of Insurability must be satisfactory to Us and may include, but will not be limited to:

- 1) a completed and signed application approved by Us;
- 2) a medical examination;
- 3) attending Physicians' statement; and
- 4) any additional information We may require.

All Evidence of Insurability will be furnished at Your expense. We will then determine if You or Your Dependent are insurable for initial coverage or an increase in coverage under The Policy.

You will be notified in writing of Our determination of any Evidence of Insurability submission.

**Change in Family Status:** *What constitutes a Change in Family Status?*

A Change in Family Status occurs when:

- 1) You get married;
- 2) You and Your Spouse divorce;
- 3) Your child is born or You adopt or become the legal guardian of a child;
- 4) Your Spouse dies;
- 5) Your child is no longer financially dependent on You or dies;
- 6) Your Spouse is no longer employed, which results in a loss of group insurance; or
- 7) You have a change in classification from part-time to full-time or from full-time to part-time.

## Period of Coverage

### **Effective Date:** *When does my coverage start?*

Non-Contributory Coverage, for which Evidence of Insurability is not required, will start on the date You become eligible.

Contributory Coverage, for which Evidence of Insurability is not required, will start on the latest to occur of:

- 1) the date You become eligible, if You enroll on or before that date;
- 2) the first of the month following the last day of any Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or
- 3) the date You enroll, if You do so within 31 days from the date You are eligible.

Any coverage, for which Evidence of Insurability is required, will become effective on the later of:

- 1) the date You become eligible; or
- 2) the date We approve Your Evidence of Insurability.

However, all Effective Dates of coverage are subject to the Deferred Effective Date provision.

### **Deferred Effective Date:** *When will my effective date for coverage or a change in my coverage be deferred?*

If, on the date You are to become covered:

- 1) under The Policy;
- 2) for increased benefits; or
- 3) for a new benefit;

You are not Actively at Work due to a physical or mental condition such coverage will not start until the date You are Actively at Work.

### **Continuity from a Prior Policy:** *Is there continuity of coverage from a Prior Policy?*

Your initial coverage under The Policy will begin, and will not be deferred if, on the day before the Policy Effective Date, You were insured under the Prior Policy, but on the Policy Effective Date You were not Actively at Work and would otherwise meet the Eligibility requirements of The Policy. However, Your amount of Insurance will be the lesser of the amount of Life Insurance and Accidental Death and Dismemberment Principal Sum:

- 1) You had under the Prior Policy; or
- 2) shown in the Schedule of Insurance;

reduced by any coverage amount:

- 1) that is in force, paid or payable under the Prior Policy; or
- 2) that would have been so payable under the Prior Policy had timely election been made.

Such amount of insurance under this provision is subject to any reductions in The Policy and will not increase.

Coverage provided through this provision ends on the first to occur of:

- 1) the last day of a period of 12 consecutive months after the Policy Effective Date;
- 2) the date Your insurance terminates for any reason shown under the Termination provision;
- 3) the last day You would have been covered under the Prior Policy, had the Prior Policy not terminated; or
- 4) the date You are Actively at Work.

However, if the coverage provided through this provision ends because You are Actively at Work, You may be covered as an Active Employee under The Policy.

### **Dependent Effective Date:** *When does Dependent coverage start?*

Non-Contributory Coverage, for which Evidence of Insurability is not required, will start on the date You become eligible for Dependent coverage.

## Period of Coverage

Contributory Coverage, for which Evidence of Insurability is not required, will start on the latest to occur of:

- 1) the date You become eligible for Dependent coverage, if You have enrolled on or before that date;
- 2) the first of the month following the last day of any Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or
- 3) the date You enroll, if You do so within 31 days from the date You are eligible for Dependent coverage.

Coverage, for which Evidence of Insurability is required, will become effective on the later of:

- 1) the date You become eligible for Dependent coverage; or
- 2) the date We approve Your Dependent Evidence of Insurability.

In no event will Dependent coverage become effective before You become insured.

**Dependent Deferred Effective Date:** *When will the effective date for Dependent coverage or a change in coverage be deferred?*

If, on the date Your Dependent, is to become covered:

- 1) under The Policy;
- 2) for increased benefits; or
- 3) for a new benefit;

he or she is:

- 1) confined in a hospital; or
- 2) Confined Elsewhere;

such coverage will not start until he or she:

- 1) is discharged from the hospital; or
- 2) is no longer Confined Elsewhere;

and has engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.

This Deferred Effective Date provision will not apply to Disabled children who qualify under the definition of Dependent Child.

**Confined Elsewhere** means Your Dependent is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.

**Dependent Continuity from a Prior Policy:** *Is there continuity of coverage from a Prior Policy for my Dependent?*

If, on the day before the Policy Effective Date, You were covered with respect to Your Dependent under the Prior Policy, the Deferred Effective Date provision will not apply to initial coverage under The Policy for such Dependent. However, the Dependent amount of Insurance will be the lesser of the amount of Life Insurance and the Accidental Death and Dismemberment Principal Sum:

- 1) they had under the Prior Policy; or
- 2) shown in the Schedule of Insurance;

reduced by any coverage amount:

- 1) that is in force, paid or payable under the Prior Policy; or
- 2) that would have been so payable under the Prior Policy had timely election been made.

**Change in Coverage:** *When may I change my coverage or coverage for my Dependent?*

After Your initial enrollment, You may increase or decrease coverage for You or Your Dependent or add a new Dependent to Your existing Dependent coverage:

- 1) during any Annual Enrollment Period designated by the Policyholder; or
- 2) within 31 days of the date of a Change in Family Status.

## Period of Coverage

### **Effective Date for Changes in Coverage:** *When will changes in coverage become effective?*

Any decrease in coverage will take effect on the date of the change.

Any increase in coverage will take effect on the latest of:

- 1) the date of the change;
- 2) the date requirements of the Deferred Effective Date provision are met; or
- 3) the date Evidence of Insurability is approved, if required.

### **Increase in Amount of Life Insurance:** *If I request an increase in the amount of Life Insurance for myself or my Dependent, must we provide Evidence of Insurability?*

If You or Your Dependent are:

- 1) already enrolled for an amount of Insurance under The Policy, then You and Your Dependent must provide Evidence of Insurability for any increase; or
- 2) not already enrolled:
  - a) for and Dependent Life Insurance under The Policy, You and Your Dependent must provide Evidence of Insurability for any amount of Basic Life Insurance; or
  - b) for Supplemental Life Insurance under The Policy You and Your Dependent must provide Evidence of Insurability for any amount of Supplemental Life Insurance; including an initial amount.

In any event, if the amount of Insurance You request is greater than the Guaranteed Issue Amount, You or Your Dependent, as applicable, must provide Evidence of Insurability.

If Your Evidence of Insurability is not satisfactory to Us, the amount of Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.

If Your Dependent Evidence of Insurability is not satisfactory to Us, the amount of Insurance he or she had in effect on the date immediately prior to the date You requested the increase will not change.

### **Termination:** *When will my coverage end?*

Your coverage will end on the earliest of the following:

- 1) the date The Policy terminates;
- 2) the date You are no longer in a class eligible for coverage, or the class is cancelled;
- 3) the date the required premium is due but not paid;
- 4) the date You or Your Employer terminates Your employment; or
- 5) the date You are no longer Actively at Work;

unless continued in accordance with one of the Continuation Provisions.

### **Reinstatement:** *Can my coverage be reinstated after it ends?*

If:

- 1) Your coverage ends because You are no longer employed by the Employer or no longer in an eligible class; and
- 2) You are rehired or return to an eligible class within 12 months of the date Your coverage ended;

then coverage for You and Your previously covered Dependent may be reinstated, provided You request such reinstatement within 31 days of the date You return to work or to an eligible class.

The reinstated coverage will:

- 1) be the same coverage amounts in force on the date coverage ended;
- 2) not be subject to any Eligibility Waiting Period for Coverage or Evidence of Insurability; and
- 3) be subject to all the terms and provisions of The Policy.

## Period of Coverage

We will not reinstate any amount of coverage which You or Your Dependent:

- 1) converted in accordance with the Conversion Right; or
- 2) continued under the Portability provision;

unless You cancel such coverage.

### **Dependent Termination:** *When does coverage for my Dependent end?*

Coverage for Your Dependent will end on the earliest to occur of:

- 1) the date Your coverage ends;
- 2) the date the required premium is due but not paid;
- 3) the date You are no longer eligible for Dependent coverage;
- 4) the date We or the Employer terminate Dependent coverage; or
- 5) the date the Dependent no longer meets the definition of Dependent;

unless continued in accordance with the Continuation Provisions.

### **Continuation Provisions:** *Can my coverage be continued beyond the date it would otherwise terminate?*

Coverage under The Policy may be continued, at Your Employer's option, beyond a date shown in the Termination provision, provided Your Employer provides a plan of continuation which applies to all employees the same way. Coverage may not be continued under more than one Continuation Provision. The amount of continued coverage applicable to You will be the amount of coverage in effect on the date immediately before coverage would otherwise have ended. Continued coverage:

- 1) is subject to any reductions in The Policy;
- 2) is subject to payment of premium;
- 3) may be continued up to the maximum time shown in the provisions; and
- 4) terminates if The Policy terminates.

In no event will the amount of insurance increase while coverage is continued in accordance with the following provisions.

In all other respects, the terms of Your coverage remain unchanged.

**Leave of Absence:** If You are on a documented leave of absence, other than Family and Medical Leave or Military Leave of Absence, all of Your coverage may be continued until the last day of the month following the month in which the leave of absence commenced. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

**Military Leave of Absence:** If You enter active military service and are granted a military leave of absence in writing, all of Your coverage may be continued for up to 12 weeks. If the leave ends prior to the agreed upon date, this continuation will cease immediately.

**Layoff:** If You are temporarily laid off by the Employer due to lack of work, all of Your coverage may be continued until the last day of the month following the month in which the layoff commenced. If the layoff becomes permanent, this continuation will cease immediately.

**Status Change:** If You are:

- 1) employed by the Policyholder; and
- 2) no longer in an Eligible Class due to a reduction in the number of scheduled hours You work;

Your coverage may be continued until the last day of the third consecutive month after the date Your scheduled hours were reduced.

**Sickness or Injury:** If You are not Actively at Work due to sickness or Injury, all of Your coverage may be continued:

- 1) for a period of 12 consecutive months from the date You were last Actively at Work; or
- 2) if such absence results in a leave of absence in accordance with state and/or federal family and medical leave laws, then the combined continuation period will not exceed 12 consecutive months.

## Period of Coverage

**Family and Medical Leave:** If You are granted a leave of absence, in writing, according to the Family and Medical Leave Act of 1993, or other applicable state or local law, Your coverage may be continued for up to 12 weeks, or longer if required by other applicable law, following the date Your leave commenced. If the leave of absence ends prior to the agreed upon date, this continuation will cease immediately.

**Labor Dispute:** If You are not Actively at Work as the result of a labor dispute, all of Your coverage may be continued during such dispute until the last day of the month in which the coverage terminated. If the labor dispute ends, this continuation will cease immediately.

**Sabbatical:** If You are on a documented paid sabbatical, Your coverage may be continued until the last day of the month in which the sabbatical commenced. If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately.

**Severance:** If Your employment terminates and continuation of life insurance is available to You in a severance plan sponsored by the Employer, all of Your coverage may be continued. Your coverage will continue until the earliest of:

- 1) the date The Policy terminates;
- 2) the date You become covered under another group life insurance policy;
- 3) the date specified in Your Severance plan; or
- 4) 12 months from the date Your employment terminated.

### **Continuation for Dependent Child with Disabilities:** *Will coverage for Dependent Child with Disabilities be continued?*

If Your Dependent Child reaches the age at which they would otherwise cease to be a Dependent as defined, and they are:

- 1) age 19 or older;
- 2) Disabled; and
- 3) primarily dependent upon You for financial support;

then Dependent Child coverage will not terminate solely due to age. However:

- 1) You must submit proof satisfactory to Us of such Dependent Child's disability within 31 days of the date he or she reaches such age; and
- 2) such Dependent Child must have become Disabled before attaining age 19.

Coverage under The Policy will continue as long as:

- 1) You remain insured;
- 2) the child continues to meet the required conditions; and
- 3) any required premium is paid when due.

However, no increase in the amount of Life Insurance for such Dependent Child will be available.

We have the right to require proof, satisfactory to Us, as often as necessary during the first two years of continuation, that the child continues to meet these conditions. We will not require proof more often than once a year after that.

### **Waiver of Premium:** *Does coverage continue if I am Disabled?*

Waiver of Premium is a provision which allows You to continue Your Life Insurance coverage without paying premium, while You are Disabled and qualify for Waiver of Premium.

If You qualify for Waiver of Premium, the amount of continued coverage:

- 1) will be the amount in force on the date You cease to be an Active Employee;
- 2) will be subject to any reductions provided by The Policy; and
- 3) will not increase.



## Period of Coverage

### **Eligible Coverages:** *What coverages are eligible under this provision?*

This provision applies only to:

- 1) Your Basic Life Insurance; and
- 2) Your Supplemental Life Insurance.

You are not eligible to apply for both the Portability Benefit and Waiver of Premium for the same coverage amount.

### **Disabled:** *What does Disabled mean?*

Disabled means You are prevented by Injury or sickness from doing any work for which You are, or could become, qualified by:

- 1) education;
- 2) training; or
- 3) experience.

In addition, You will be considered Disabled if You have been diagnosed with a life expectancy of 12 months or less.

### **Conditions for Qualification:** *What conditions must I satisfy before I qualify for this provision?*

To qualify for Waiver of Premium You must:

- 1) be covered under The Policy and be under age 60 when You become Disabled;
- 2) be Disabled and provide Proof of Loss that You have been Disabled for nine consecutive months, starting on the date You were last Actively at Work; and
- 3) provide such proof within one year of Your last day of work as an Active Employee.

In any event, You must have been Actively at Work under The Policy to qualify for Waiver of Premium.

### **When Premiums are Waived:** *When will premiums be waived?*

If We approve Waiver of Premium, We will notify You of the date We will begin to waive premium. In any case, We will not waive premiums for the first nine months You are Disabled. We have the right to:

- 1) require Proof of Loss that You are Disabled; and
- 2) have You examined at reasonable intervals during the first two years after receiving initial Proof of Loss, but not more than once a year after that.

If You fail to submit any required Proof of Loss or refuse to be examined as required by Us, then Waiver of Premium ceases.

However, if We deny Waiver of Premium, You may be eligible to:

- 1) continue coverage under the Portability Benefit; or
- 2) convert coverage in accordance with the Conversion Right.

If You cease to be Disabled and return to work for a total of five days or less during the first nine months that You are Disabled, the nine month waiting period will not be interrupted. Except for the five days or less that You worked, You must be Disabled by the same condition for the total nine month period. If You return to work for more than five days, You must satisfy a new waiting period.

### **Benefit Payable before Approval of Waiver of Premium:** *What if I die before I qualify for Waiver of Premium?*

If You die within one year of Your last day of work as an Active Employee, but before You qualify for Waiver of Premium, We will pay the amount of Life Insurance which is in force for You provided:

- 1) You were continuously Disabled;
- 2) the disability lasted or would have lasted nine months or more; and
- 3) premiums had been paid for coverage.

## Period of Coverage

### **Waiver Ceases:** *When will Waiver of Premium cease?*

We will waive premium payments and continue Your coverage, while You remain Disabled, until the date You attain age 65 if Disabled prior to age 60.

### *What happens when Waiver of Premium ceases?*

When the Waiver of Premium ceases:

- 1) if You return to work in an Eligible Class, as an Active Employee, then You may again be eligible for coverage as long as premiums are paid when due; or
- 2) if You do not return to work in an Eligible Class, coverage will end and You may be eligible to exercise the Conversion Right if You do so within the time limits described in such provision. The amount of Life Insurance that may be converted will be subject to the terms and conditions of the Conversion Right. Portability will not be available.

### **Effect of Policy Termination:** *What happens to the Waiver of Premium if The Policy terminates?*

If The Policy terminates before You qualify for Waiver of Premium:

- 1) You may be eligible to exercise the Conversion Right, provided You do so within the time limits described in such provision; and
- 2) You may still be approved for Waiver of Premium if You qualify.

If The Policy terminates after You qualify for Waiver of Premium, Your coverage under the terms of this provision will not be affected.

## Benefits

### **Life Insurance Benefit:** *When is the Life Insurance Benefit payable?*

If You or Your Dependent die while covered under The Policy, We will pay the deceased person's Life Insurance Benefit after We receive Proof of Loss, in accordance with the Proof of Loss provision.

The Life Insurance Benefit will be paid according to the General Provisions of The Policy.

### **Suicide:** *What benefit is payable if death is a result of suicide?*

If You or Your Dependent commit suicide while sane or insane, We will not pay any amount of Life Insurance or amount of Dependent Life Insurance for the deceased person which was elected within the two year period immediately prior to the date of death. This applies to initial coverage and elected increases in coverage.

This two year period includes the time group life insurance coverage was in force under the Prior Policy.

### **Accelerated Benefit:** *What is the benefit?*

In the event that You or Your Dependent are diagnosed as Terminally Ill, and You request in writing that a portion of the Terminally Ill person's amount of Life Insurance be paid as an Accelerated Benefit while the Terminally Ill person is:

- 1) covered under The Policy for an amount of Life Insurance of at least \$10,000; and
- 2) under age 60;

We will pay the Accelerated Benefit Amount as shown below, provided We receive proof of such Terminal Illness.

The amount of Life Insurance payable upon the Terminally Ill person's death will be reduced by any Accelerated Benefit Amount paid under this benefit.

You may request a minimum Accelerated Benefit Amount of \$3,000, and a maximum of \$100,000. However, in no event will the Accelerated Benefit Amount exceed 80% of the Terminally Ill person's amount of Life Insurance. This option may be exercised only once for You and only once for each of Your Dependents.

For example, if You are covered for a Life Insurance Benefit Amount under The Policy of \$10,000 and are Terminally Ill, You can request any portion of the amount of Life Insurance Benefits from \$3,000 to \$8,000 to be paid now instead of to Your beneficiary upon death. However, if You decide to request only \$3,000 now, You cannot request the additional \$5,000 in the future.

A person who submits proof satisfactory to Us of his or her Terminal Illness will also meet the definition of Disabled for Waiver of Premium.

Any benefits received under this benefit may be taxable. You should consult a personal tax advisor for further information.

In the event:

- 1) You are required by law to accelerate benefits to meet the claims of creditors; or
- 2) if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement;

You will still be required to satisfy all the terms and conditions herein in order to receive an Accelerated Benefit.

If You have executed an assignment of rights and interest with respect to Your or Your Dependent amount of Life Insurance, in order to receive the Accelerated Benefit, We must receive a release from the assignee before any benefits are payable.

**Terminal Illness or Terminally Ill** means a life expectancy of 12 months or less.

## Benefits

### **Proof of Terminal Illness and Examinations:** *Must proof of Terminal Illness be submitted?*

We reserve the right to require satisfactory Proof of Terminal Illness on an ongoing basis. Any diagnosis submitted must be provided by a Physician.

If You or Your Dependent do not submit proof of Terminal Illness satisfactory to Us, or if You or Your Dependent refuse to be examined by a Physician, as We may require, then We will not pay an Accelerated Benefit.

### **No Longer Terminally Ill:** *What happens to my coverage if I am no longer Terminally Ill or my Dependent is no longer Terminally Ill?*

If You or Your Dependent are diagnosed by a Physician as no longer Terminally Ill and:

- 1) are in an Eligible Class, coverage will remain in force, provided premium is paid;
- 2) are not in an Eligible Class, but You continue to meet the definition of Disabled, coverage will remain in force, subject to the Waiver of Premium provision; or
- 3) are not in an Eligible Class, but You do not continue to meet the definition of Disabled, coverage will end and You may be eligible to exercise the Conversion Right, if You do so within the time limits described in such provision.

In any event, the amount of coverage will be reduced by the Accelerated Benefit paid.

### **Conversion Right:** *If coverage under The Policy ends, do I have a right to convert?*

If Life Insurance coverage or any portion of it under The Policy ends for any reason, You and Your Dependent may have the right to convert the coverage that terminated to an individual conversion policy without providing Evidence of Insurability. Conversion is not available for:

- 1) the Accidental Death and Dismemberment Insurance Benefits; or
- 2) any amount of Life Insurance for which You or Your Dependent were not eligible and covered; under The Policy.

If coverage under The Policy ends because:

- 1) The Policy is terminated; or
- 2) coverage for an Eligible Class is terminated;

then You or Your Dependent must have been insured under The Policy for five years or more, in order to be eligible to convert coverage. The amount which may be converted under these circumstances is limited to the lesser of:

- 1) \$10,000; or
- 2) the Life Insurance Benefit under The Policy less any amount of Life Insurance for which You or Your Dependent may become eligible under any group life insurance policy issued or reinstated within 31 days of termination of group life coverage.

If coverage under The Policy ends for any other reason, the full amount of coverage which ended may be converted.

**Insurer**, as used in this provision, means Us or another insurance company which has agreed to issue conversion policies according to this Conversion Right.

## Benefits

### **Conversion:** *How do I convert my coverage or my Dependent coverage?*

To convert Your coverage or coverage for Your Dependent, You must complete a Notice of Conversion Right form. The Insurer must receive this within:

- 1) 31 days after Life Insurance terminates. However, We will not accept requests for Conversion if they are received more than 91 days after Life Insurance terminates; or
- 2) if You are not given notice of the existence of the conversion privilege 15 days prior to the expiration of the 31 days election period, You will have an additional period in which to exercise conversion rights. This additional period will end 15 days following the date You are given notice of the right to convert or 60 days following the required 31 day election period, whichever occurs first. Written notice of conversion rights will be presented to You or mailed by the Employer to Your last known address.

After the Insurer verifies eligibility for coverage, the Insurer will send You a Conversion Policy proposal. You must:

- 1) complete and return the request form in the proposal; and
- 2) pay the required premium for coverage;

within the time period specified in the proposal.

Any individual policy issued to You or Your Dependent under the Conversion Right:

- 1) will be effective as of the 32<sup>nd</sup> day after the date coverage ends; and
- 2) will be in lieu of coverage for this amount under The Policy.

### **Conversion Policy Provisions:** *What are the Conversion Policy Provisions?*

The Conversion Policy will:

- 1) be issued on one of the Life Insurance policy forms the Insurer is issuing for this purpose at the time of conversion; and
- 2) base premiums on the Insurer's rates in effect for new applicants of Your class and age at the time of conversion.

The Conversion Policy will not provide:

- 1) the same terms and conditions of coverage as The Policy;
- 2) any benefit other than the Life Insurance Benefit; and
- 3) term insurance.

However, Conversion is not available for any amount of Life Insurance which was, or is being, continued:

- 1) in accordance with the Waiver of Premium provision;
- 2) under a certificate of insurance issued in accordance with the Portability provision; or
- 3) in accordance with the Continuation Provisions;

until such coverage ends.

### **Death within the Conversion Period:** *What if I or my Dependent die before coverage is converted?*

We will pay the deceased person's amount of Life Insurance You would have had the right to apply for under this provision if:

- 1) coverage under The Policy terminates;
- 2) You or Your Dependent die within 31 days of the date coverage terminates; and
- 3) We receive Proof of Loss.

If the Conversion Policy has already taken effect, no Life Insurance Benefit will be payable under The Policy for the amount converted.

### **Effect of Waiver of Premium on Conversion:** *What happens to the Conversion Policy if Waiver of Premium is later approved?*

If You apply and are approved for Waiver of Premium after an individual Conversion Policy has been issued, any benefit payable at Your or Your Dependent's death under The Policy will be paid only if the individual Conversion Policy is surrendered.

## Benefits

### **Portability Benefits: *What is Portability?***

Portability is a provision which allows You and Your Dependent to continue coverage under a Group Portability policy when coverage would otherwise end due to certain Qualifying Events. Portability applies to Supplemental and Supplemental Dependent Life Insurance only.

### **Qualifying Events: *What are Qualifying Events?***

Qualifying Events for You are:

- 1) Your employment terminates, for any reason prior to Normal Retirement Age; or
- 2) Your membership in an Eligible Class under The Policy ends.

Qualifying Events for Your Dependent are:

- 1) Your Employment terminates, for any reason prior to Normal Retirement Age;
- 2) Your death;
- 3) Your membership in a class eligible for Dependent coverage ends; or
- 4) he or she no longer meets the definition of Dependent. However, a Dependent Child who reaches the limiting age under The Policy is not eligible for Portability.

### **Electing Portability: *How do I elect Portability?***

You may elect Portability for Your coverage after Your Supplemental coverage ends because You had a Qualifying Event. You may also elect Portability for Your Dependent coverage if Your Dependent has a Qualifying Event. The Policy must still be in force in order for Portability to be available.

In order for Dependent Child coverage to be continued under this provision, You or Your Spouse must elect to continue coverage.

To elect Portability for You or Your Dependent, You must:

- 1) complete and have Your Employer sign a Portability application; and
- 2) submit the application to Us, with the required premium.

This must be received within:

- 1) 31 days after Life Insurance terminates; or
- 2) 15 days from the date Your Employer signs the application;

whichever is later. However, Portability requests will not be accepted if they are received more than 91 days after Life Insurance terminates.

After We verify eligibility for coverage, We will issue a certificate of insurance under a Portability policy.

The Portability coverage will be:

- 1) issued without Evidence of Insurability;
- 2) issued on one of the forms then being issued by Us for Portability purposes; and
- 3) effective on the day following the date Your or Your Dependent's coverage ends.

The terms and conditions of coverage under the Portability policy will not be the same terms and conditions that are applicable to coverage under The Policy.

### **Limitations: *What limitations apply to this benefit?***

You may elect to continue 50%, 75% or 100% of the amount of Life Insurance which is ending for You or Your Dependent. This amount will be rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. However, the amount of Life Insurance that may be continued will not exceed:

- 1) \$250,000 for You;
- 2) \$50,000 for Your Spouse; or
- 3) \$10,000 for Your Dependent Child.

If You elect to continue 50% or 75% now, You may not continue any portion of the remaining amount under this Portability provision at a later date. In no event will You or Your Dependent be able to continue an amount of Life Insurance which is less than \$5,000.

## Benefits

Portability is not available for any amount of Life Insurance for which You or Your Dependent were not eligible and covered.

In addition, Portability is not available if You or Your Dependent are entering active military service.

### **Effect of Portability on other Provisions:** *How does Portability affect other provisions?*

Portability is not available for any amount of Life Insurance which was, or is being, continued in accordance with the:

- 1) Conversion Right;
- 2) Waiver of Premium provision; or
- 3) Continuation Provisions;

under The Policy. However, if:

- 1) You elect to continue only a portion of terminated coverage under this Portability provision; or
- 2) the amount of Life Insurance exceeds the maximum Portability amount;

then the Conversion Right may be available for the remaining amount.

The Waiver of Premium provision will not be available if You elect to continue coverage under this Portability provision.

### **Accidental Death and Dismemberment Insurance Benefit:** *When is the Accidental Death and Dismemberment Insurance Benefit payable?*

If You or Your Spouse sustain an Injury which results in any of the following Losses within 365 days of the date of accident, We will pay the injured person's amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss, after We receive Proof of Loss in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

We will not pay more than the Principal Sum, to any one person, for all Losses due to the same accident. Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Spouse Principal Sum is shown in the Schedule of Insurance.

For Loss of:

Life .....	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes .....	Principal Sum
One Hand and One Foot .....	Principal Sum
Speech and Hearing in Both Ears .....	Principal Sum
Either Hand or Foot and Sight of One Eye .....	Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia) .....	Principal Sum
Movement of Both Lower Limbs (Paraplegia) .....	Three-Quarters of Principal Sum
Movement of Three Limbs (Triplegia) .....	Three-Quarters of Principal Sum
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia) .....	One-Half of Principal Sum
Either Hand or Foot .....	One-Half of Principal Sum
Sight of One Eye .....	One-Half of Principal Sum
Speech or Hearing in Both Ears .....	One-Half of Principal Sum
Movement of One Limb (Uniplegia) .....	One-Quarter of Principal Sum
Thumb and Index Finger of Either Hand .....	One-Quarter of Principal Sum

**Loss** means with regard to:

- 1) hands and feet, actual severance through or above wrist or ankle joints;
- 2) sight, speech and hearing, entire and irrecoverable loss thereof;
- 3) thumb and index finger, actual severance through or above the metacarpophalangeal joints; or
- 4) movement, complete and irreversible paralysis of such limbs.

## Benefits

### **Double Indemnity while On a Common Carrier Benefit:** *When is the Double Indemnity while On a Common Carrier Benefit payable?*

If the Injury occurs while the injured person is On a Common Carrier, We will double the Principal Sum payable.

### **Seat Belt and Air Bag Benefit:** *When is the Seat Belt and Air Bag Benefit payable?*

If You or Your Spouse sustain an Injury that results in a Loss payable under the Accidental Death and Dismemberment Insurance Benefit, We will pay an additional Seat Belt and Air Bag Benefit if the Injury occurred while the injured person was:

- 1) a passenger riding in; or
- 2) the licensed operator of;

a properly registered Motor Vehicle and was wearing a Seat Belt at the time of the Accident as verified on the police accident report.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

If a Seat Belt Benefit is payable, We will also pay an Air Bag Benefit if the injured person was:

- 1) positioned in a seat equipped with a factory-installed Air Bag; and
- 2) properly strapped in the Seat Belt when the Air Bag inflated.

The Seat Belt Benefit is the lesser of:

- 1) an amount resulting from multiplying the injured person's amount of Principal Sum by the Seat Belt Benefit Percentage; or
- 2) the Maximum Amount for this Benefit.

The Air Bag Benefit is the lesser of:

- 1) an amount resulting from multiplying the injured person's amount of Principal Sum by the Air Bag Benefit Percentage; or
- 2) the Maximum Amount for this Benefit.

If it cannot be determined that the injured person was wearing a Seat Belt at the time of Accident, a Minimum Benefit will be payable under the Seat Belt Benefit.

**Accident**, for the purpose of this Benefit only, means the unintentional collision of a Motor Vehicle during which the injured person was wearing a Seat Belt.

**Air Bag** means an inflatable supplemental passive restraint system installed by the manufacturer of the Motor Vehicle or its proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications that inflates upon collision to protect an individual from Injury and death. An Air Bag is not considered a Seat Belt.

**Seat Belt** means an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the Motor Vehicle, or proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

### **Repatriation Benefit:** *When is the Repatriation Benefit payable?*

If You or Your Spouse sustain an Injury that results in Loss of life payable under the Accidental Death and Dismemberment Insurance Benefit, We will pay an additional Repatriation Benefit, if the death occurs outside the territorial limits of the state or country of the deceased person's place of permanent residence.



## Benefits

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Repatriation Benefit will pay the least of:

- 1) the actual expenses incurred for:
  - a) preparation of the body for burial or cremation; and
  - b) transportation of the body to the place of burial or cremation;
- 2) the amount resulting from multiplying the deceased person's amount of Principal Sum by the Repatriation Benefit Percentage; or
- 3) the Maximum Amount for this Benefit.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

### **Felonious Assault Benefit:** *When is the Felonious Assault Benefit payable?*

If You or Your Spouse sustain an Injury that results in a Loss payable under the Accidental Death and Dismemberment Insurance Benefit, We will pay an additional Felonious Assault Benefit, if Injury is the result of a Felonious Assault.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Felonious Assault Benefit will pay the lesser of:

- 1) the amount resulting from multiplying the injured person's amount of Principal Sum by the Felonious Assault Percentage; or
- 2) the Maximum Amount for this Benefit.

**Felonious Assault** means a violent or criminal act directed at You or Your Spouse during the course of:

- 1) a robbery, kidnapping or criminal assault; or
- 2) an attempt at any of the above;

which constitutes a felony under the law.

The Felonious Assault Benefit will not pay for a Loss that results from a Felonious Assault committed by:

- 1) a member of the injured person's family;
- 2) a member of the household in which the injured person lives; or
- 3) the injured person's fellow employee.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

### **Child Education Benefit:** *When is the Child Education Benefit payable?*

If You or Your Spouse sustain an Injury that results in Loss of life payable under the Accidental Death and Dismemberment Insurance Benefit, We will pay an additional Child Education Benefit to Your Child.

This Benefit will be paid:

- 1) after We receive proof that Your Child qualifies as a Student, as defined in this Benefit; and
- 2) according to the General Provisions of The Policy.

If You die, the Child Education Benefit provides an annual amount equal to the lesser of:

- 1) the amount resulting from multiplying Your amount of Principal Sum by the Child Education Percentage; or
- 2) the Maximum Amount for this Benefit.

## Benefits

If Your Spouse dies, the Child Education Benefit pays an amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Spouse's amount of Principal Sum by the Child Education Percentage; or
- 2) the Maximum Amount for this Benefit.

The Child Education Benefit is payable to each of Your Children:

- 1) on the date; and
- 2) for whom;

We have received proof satisfactory to Us that he or she is a Student.

If he or she is a minor, We will pay the benefit to the Student's legal guardian.

We will pay the Child Education Benefit to a qualifying Student until the first to occur of:

- 1) Our payment of the fourth Child Education Benefit to or on behalf of that person; or
- 2) the end of the 12<sup>th</sup> consecutive month during which We have not received proof satisfactory to Us that he or she is a Student.

We will not pay more than one Child Education Benefit to any one Student during any one school year.

We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision of The Policy if:

- 1) a Principal Sum is payable because of Your death or Your Spouse's death; and
- 2) no person qualifies as a Student.

**Student** means Your Child who on the date of Your or Your Spouse's death:

- 1) is a full-time (at least 12 course credit hours per semester) post-high school student at an accredited institution of learning on the date of Your or Your Spouse's death; or
- 2) became a full-time (at least 12 course credit hours per semester) post-high school student at an accredited institution of learning within 365 days after Your or Your Spouse's death and was a student in the 12<sup>th</sup> grade on the date of Your or Your Spouse's death.

If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student qualifies as a Student.

**Child** means Your or Your Spouse's unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child who is less than age 21 who:

- 1) regularly attends an accredited institution of learning; and
- 2) is primarily dependent on You for financial support and maintenance.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

### **Day Care Benefit:** *When is the Day Care Benefit payable?*

If You or Your Spouse sustain an Injury that results in Loss of life payable under the Accidental Death and Dismemberment Insurance Benefit, We will pay an additional Day Care Benefit for each of Your Children if such Child is under age seven at the time of Your or Your Spouse's death.

This Benefit will be paid:

- 1) after We receive proof of enrollment in a Day Care Program as described in this Benefit; and
- 2) according to the General Provisions of The Policy.

We will make one Day Care Benefit payment each year, for a maximum of four Day Care Benefit payments, for each Child. The Benefit will be paid to the person who has primary responsibility for the Child's Day Care expenses.

## Benefits

Proof of enrollment satisfactory to Us for each Child in a Day Care Program includes, but will not be limited to, the following:

- 1) a copy of the Child's approved enrollment application in a Day Care Program;
- 2) cancelled check(s) evidencing payment to a Day Care facility or Day Care provider; or
- 3) a letter from the Day Care facility or Day Care provider stating that the Child:
  - a) is attending a Day Care Program; or
  - b) has been enrolled in a Day Care Program and will be attending within 365 days of the date of the death.

Proof of enrollment must be sent to Us prior to the last day of the 12<sup>th</sup> month following the date of death.

If You die, the Day Care Benefit provides an annual amount equal to the lesser of:

- 1) the amount resulting from multiplying Your amount of Principal Sum by the Day Care Benefit; or
- 2) the Maximum Amount for this Benefit.

If Your Spouse dies, the Day Care Benefit pays an amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Spouse's amount of Principal Sum by the Day Care Benefit; or
- 2) the Maximum Amount for this Benefit.

We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision for payment of benefits for Loss of life if:

- 1) a Principal Sum is payable because of the deceased person's death; and
- 2) no person qualifies as a Child eligible for the Day Care Benefit.

**Day Care or Day Care Program** means a program of child care which:

- 1) is operated in a private home, school or other facility;
- 2) provides, and makes a charge for, the care of children;
- 3) is licensed as a day care center or is operated by a licensed day care provider, if such licensing is required by the state or jurisdiction in which it is located; or
- 4) if licensing is not required, provides child care on a daily basis for 12 months a year.

**Child** means Your or Your Spouse's unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child who is less than age seven and primarily dependent on You or Your Spouse for financial support and maintenance.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Rehabilitation Benefit:** *When is the Rehabilitation Benefit payable?*

If You or Your Spouse sustain an Injury which results in a Loss other than Loss of life, payable under the Accidental Death and Dismemberment Insurance Benefit, We will pay an additional Rehabilitation Benefit for Rehabilitative Program Expenses Incurred within one year of the date of accident.

This Benefit will be paid:

- 1) after We receive proof of Expenses Incurred for a Rehabilitative Program, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Rehabilitation Benefit provides an amount equal to the least of:

- 1) the actual Expense Incurred for a Rehabilitative Program;
- 2) the amount resulting from multiplying the injured person's amount of Principal Sum by the Rehabilitation Benefit Percentage; or
- 3) the Maximum Amount for this Benefit.

## Benefits

**Rehabilitative Program** means any training which:

- 1) is required due to the injured person's Injury; and
- 2) prepares the injured person for an occupation for which he or she was not previously trained.

**Expense Incurred** means the actual cost of:

- 1) training; and
- 2) materials needed for the training.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Spouse Education Benefit:** *When is the Spouse Education Benefit payable?*

If You sustain an Injury that results in a Loss of life payable under the Accidental Death and Dismemberment Insurance Benefit, We will pay an additional Spouse Education Benefit to Your surviving Spouse.

This Benefit will be paid:

- 1) after We receive proof satisfactory to Us that the Spouse has enrolled in an Occupational Training program; and
- 2) according to the General Provisions of The Policy.

The Spouse Education Benefit is the least of:

- 1) the Expense Incurred for Occupational Training;
- 2) the amount resulting from multiplying Your amount of Principal Sum by the Spouse Education Benefit Percentage; or
- 3) the Maximum Amount for this Benefit.

If a Principal Sum is payable because of Your death and there is no surviving Spouse, We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision.

Your surviving Spouse must enroll in Occupational Training:

- 1) for the purpose of obtaining an independent source of income; and
- 2) within one year of Your death.

**Occupational Training** means any:

- 1) education;
- 2) professional; or
- 3) trade training;

program which prepares the Spouse for an occupation for which he or she was not previously qualified.

**Expense Incurred** means:

- 1) the actual tuition charged, exclusive of room and board; and
- 2) the actual cost of the materials needed;

for the Occupational Training. The expense must be incurred within two years of the date of Your death.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Adaptive Home and Vehicle Benefit:** *When is the Adaptive Home and Vehicle Benefit payable?*

If You or Your Spouse sustain an Injury that results in a Loss, other than Loss of life, payable under the Accidental Death and Dismemberment Insurance Benefit, We will pay an additional Adaptive Home and Vehicle Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

## Benefits

The Adaptive Home and Vehicle Benefit pays a benefit for the one-time cost of alterations to the injured person's:

- 1) principal residence; and/or
- 2) private automobile;

to make the residence accessible and/or the private automobile drivable or rideable for him or her. The costs must be incurred within two years from the date of accident.

We will pay the Adaptive Home and Vehicle Benefit if:

- 1) such home alterations are:
  - a) made by a person or persons with experience in such alterations; and
  - b) recommended by a recognized organization associated with the Injury; and
- 2) such vehicle modifications are:
  - a) carried out by a person or persons with experience in such matters; and
  - b) approved by the Motor Vehicle Department.

The Adaptive Home and Vehicle Benefit will provide an amount equal to the least of:

- 1) the actual cost of the alterations;
- 2) the amount resulting from multiplying the injured person's amount of Principal Sum by the Adaptive Home and Vehicle Benefit Percentage; or
- 3) the Maximum Amount for this Benefit.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

### **Coma Benefit: *When is the Coma Benefit payable?***

If, as a result of an Injury, You or Your Spouse:

- 1) are in a Coma within 31 days from the date of accident; and
- 2) remain continuously in a Coma for at least the number of days shown as the Waiting Period;

We will pay 1% of the Coma Maximum Benefit Amount for each month after the Waiting Period that the injured person remains in a Coma.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

We will pay the benefit until the earliest to occur of:

- 1) the end of the month in which the injured person dies;
- 2) the end of the month in which the injured person recovers from the Coma; or
- 3) when the total payment equals the Coma Maximum Benefit Amount.

The Coma Maximum Benefit equals the injured person's amount of Principal Sum less all other payments under The Policy for the Injury.

**Coma** means complete and continuous:

- 1) unconsciousness; and
- 2) inability to respond to external or internal stimuli, as verified by a Physician.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

### **Critical Burn Benefit: *When is the Critical Burn Benefit payable?***

If You or Your Spouse are Critically Burned and require reconstructive surgery as determined by a Physician, We will pay a Critical Burn Benefit.

## Benefits

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

The Critical Burn Benefit is an amount equal to the least of:

- 1) the actual cost for the expense of the reconstructive surgery;
- 2) the amount resulting from multiplying the injured person's amount of Principal Sum by the Critical Burn Percentage; or
- 3) the Maximum Amount for this Benefit.

No benefit is payable under this Benefit for any Loss which has been paid to the injured person under the Accidental Death and Dismemberment Insurance Benefit.

**Critically Burned** means the injured person suffered burns which:

- 1) are certified by a Physician as more severe than second degree burns; and
- 2) result in scarring over at least 25% of the body which will last indefinitely and can only be corrected through reconstructive surgery.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Therapeutic Counseling Benefit:** *When is the Therapeutic Counseling Benefit payable?*

If You or Your Spouse sustain an Injury that results in a Loss, other than Loss of life, that is payable under the Accidental Death and Dismemberment Insurance Benefit, We will pay an additional Therapeutic Counseling Benefit if the injured person requires Therapeutic Counseling due to the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

Therapeutic Counseling must:

- 1) begin within 90 days of the date of the Loss; and
- 2) be incurred no later than one year of the date of the Loss.

The Therapeutic Counseling Benefit is an amount equal to the least of:

- 1) the Reasonable Expenses incurred for Therapeutic Counseling;
- 2) the amount resulting from multiplying the injured person's amount of Principal Sum by the Therapeutic Counseling Percentage; or
- 3) the Maximum Amount for this Benefit.

**Therapeutic Counseling** means treatment or counseling provided by a licensed therapist or counselor registered or certified to provide psychological treatment or counseling.

**Reasonable Expenses** means fees and prices which do not exceed those generally charged for similar Therapeutic Counseling in the local area where such Therapeutic Counseling was received. For purposes of this benefit, We reserve the right to determine Reasonable Expenses. A Reasonable Expense is considered to be incurred on the date the Therapeutic Counseling is rendered.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

## Benefits

**Exclusions:** *What is not covered under The Policy?* (Applies to Accidental Death and Dismemberment Insurance only)

The Policy does not cover any Loss caused or contributed by:

- 1) intentionally self-inflicted Injury;
- 2) suicide or attempted suicide, whether sane or insane;
- 3) war or act of war, whether declared or not;
- 4) Injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority;
- 5) Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician;
- 6) Injury sustained while committing or attempting to commit a felony;
- 7) Injury sustained while Intoxicated; or
- 8) Injury sustained while driving while Intoxicated.

**Intoxicated** means:

- 1) the blood alcohol content;
- 2) the results of other means of testing blood alcohol level; or
- 3) the results of other means of testing other substances;

that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.

## General Provisions

### **Notice of Claim:** *When should I notify The Company of a claim?*

You, or the person who has the right to claim benefits, must give Us written notice of a claim within 30 days after:

- 1) the date of death; or
- 2) the date of Loss.

If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Such notice must include the claimant's name, address and the Policy Number.

### **Claim Forms:** *Are special forms required to file a claim?*

Within 15 days of receiving a Notice of Claim, We will send forms to the claimant to provide Proof of Loss. If We do not send the forms within 15 days, any other written proof which fully describes the nature and extent of the claim may be submitted.

### **Proof of Loss:** *What is Proof of Loss?*

Proof of Loss may include, but is not limited to, the following:

- 1) a completed claim form;
- 2) a certified copy of the death certificate (if applicable);
- 3) Your enrollment form;
- 4) Your beneficiary designation (if applicable);
- 5) if applicable, documentation of:
  - a) the date Your disability began;
  - b) the cause of Your disability; and
  - c) the prognosis of Your disability;
- 6) any and all medical information, including x-ray films and photocopies of medical records, including histories, physical, mental or diagnostic examinations and treatment notes;
- 7) the names and addresses of all:
  - a) Physicians or other qualified medical professionals You have consulted;
  - b) hospitals or other medical facilities in which You have been treated; and
  - c) pharmacies which have filled Your prescriptions within the past three years;
- 8) Your signed authorization for Us to obtain and release medical, employment and financial information; or
- 9) any additional information required by Us to adjudicate the claim.

All proof submitted must be satisfactory to Us.

### **Sending Proof of Loss:** *When must Proof of Loss be given?*

Written Proof of Loss should be sent to Us:

- 1) with respect to the Life Insurance Benefits, within 365 days; and
  - 2) with respect to the Accidental Death and Dismemberment Insurance Benefits, within 90 days ;
- after the Loss. However, all claims should be submitted to Us within 90 days of the date coverage ends.

If proof is not given by the time it is due, it will not affect the claim if:

- 1) it was not possible to give proof within the required time; and
- 2) proof is given as soon as possible; but
- 3) not later than one year after it is due unless You, or the person who has the right to claim benefits, are not legally competent.

### **Physical Examination and Autopsy:** *Can We have a claimant examined or request an autopsy?*

While a claim is pending We have the right at Our expense:

- 1) to have the person who has a Loss examined by a Physician when and as often as We reasonably require; and
- 2) to have an autopsy performed in case of death where it is not forbidden by law.



## General Provisions

### **Claim Payment:** *When are benefit payments issued?*

When We determine that benefits are payable, We will pay the benefits due in accordance with the Claims to be Paid provision, but not more than 30 days after such Proof of Loss is received.

### **Claims to be Paid:** *To whom will benefits for my claim be paid?*

Life Insurance Benefits and benefits for Loss of life under the Accidental Death and Dismemberment Insurance Benefits will be paid in accordance with the life insurance beneficiary designation.

If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay:

- 1) the executors or administrators of Your estate;
- 2) all to Your surviving Spouse;
- 3) if Your Spouse does not survive You, in equal shares to Your surviving Children; or
- 4) if no Child survives You, in equal shares to Your surviving parents.

In addition, We may, at Our option, pay a portion of Your Life Insurance Benefit up to \$500 to any person equitably entitled to payment because of expenses from Your burial. Payment to any person, as shown above, will release Us from liability for the amount paid.

If any beneficiary is a minor, We may pay his or her share, until a legal guardian of the minor's estate is appointed, to a person who at Our option and in Our opinion is providing financial support and maintenance for the minor. We will pay:

- 1) \$200 at Your death; and
- 2) monthly installments of not more than \$200.

Payment to any person as shown above will release Us from all further liability for the amount paid.

We will pay the Life Insurance Benefit at Your Dependent's death to You, if living. Otherwise, it will be paid, at Our option, to Your surviving Spouse or the executor or administrator of Your estate.

If benefits are payable and meet Our guidelines, then We may pay benefits into a draft book account (checking account) which will be owned by:

- 1) You, if living; or
- 2) Your beneficiary, in the event of Your death.

The account owner may elect a lump sum payment by writing a check for the full amount in the account. However, an account will not be established for:

- 1) a benefit payable to Your estate;
- 2) an Accidental Death and Dismemberment Principal Sum that is less than \$10,000; or
- 3) benefits due at Your Dependent's death.

We will make any payments, other than for Loss of life, to You. We may make any such payments owed at Your death to Your estate. If any payment is owed to:

- 1) Your estate;
- 2) a person who is a minor; or
- 3) a person who is not legally competent;

then We may pay up to \$500 to a person who is related to You and who, at Our sole discretion, is entitled to it. Any such payment shall fulfill Our responsibility for the amount paid.

### **Beneficiary Designation:** *How do I designate or change my beneficiary?*

You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us and filing the form with the Employer. Only satisfactory forms sent to the Employer prior to Your death will be accepted.

Beneficiary designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change from the Employer.

In no event may a beneficiary be changed by a power of attorney.

## General Provisions

### **Claim Denial:** *What notification will my beneficiary or I receive if a claim is denied?*

If a claim for benefits is wholly or partly denied, You or Your beneficiary will be furnished with written notification of the decision. This written notification will:

- 1) give the specific reason(s) for the denial;
- 2) make specific reference to the provisions upon which the denial is based;
- 3) provide a description of any additional information necessary to perfect a claim and an explanation of why it is necessary; and
- 4) provide an explanation of the review procedure.

### **Claim Appeal:** *What recourse will my beneficiary or I have if a claim is denied?*

On any claim, the claimant or his or her representative may appeal to Us for a full and fair review. To do so, he or she:

- 1) must request a review upon written application within:
  - a) 180 days of receipt of claim denial if the claim requires Us to make a determination of disability; or
  - b) 60 days of receipt of claim denial if the claim does not require Us to make a determination of disability; and
- 2) may request copies of all documents, records and other information relevant to the claim; and
- 3) may submit written comments, documents, records and other information relating to the claim.

We will respond in writing with Our final decision on the claim.

### **Policy Interpretation:** *Who interprets policy terms and conditions?*

We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of The Policy. This provision applies where the interpretation of The Policy is governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA).

### **Incontestability:** *When can The Policy be contested?*

Except for non-payment of premiums, the Life Insurance Benefit of The Policy cannot be contested after two years from the Policy Effective Date. This provision does not apply to the Accidental Death and Dismemberment Insurance Benefits.

In the absence of Fraud, no statement made by You relating to Your insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during Your lifetime. In order to be used, the statement must be in writing and signed by You.

No statement made relating to Your Dependent being insurable will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Dependent's lifetime. In order to be used, the statement must be in writing and signed by You or Your representative.

### **Assignment:** *Are there any rights of assignment?*

Except for the dismemberment benefits under the Accidental Death and Dismemberment Insurance Benefit, You have the right to absolutely assign all of Your rights and interest under The Policy including, but not limited to, the following:

- 1) the right to make any contributions required to keep the insurance in force;
- 2) the right to convert; and
- 3) the right to name and change a beneficiary.

We will recognize any absolute assignment made by You under The Policy, provided:

- 1) it is duly executed; and
- 2) a copy is acknowledged and on file with Us.

## General Provisions

We and the Policyholder assume no responsibility:

- 1) for the validity or effect of any assignment; or
- 2) to provide any assignee with notices which We may be obligated to provide to You.

You do not have the right to collaterally assign Your rights and interest under The Policy.

### **Legal Actions:** *When can legal action be taken?*

Legal action cannot be taken against Us:

- 1) sooner than 60 days after the date written Proof of Loss is furnished; or
- 2) five years after the date Proof of Loss is required to be furnished according to the terms of The Policy.

### **Workers' Compensation:** *How does The Policy affect Workers' Compensation coverage?*

The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

### **Insurance Fraud:** *How does The Company deal with fraud?*

Insurance fraud occurs when You, Your Dependent and/or Your Employer provide Us with false information or file a claim for benefits that contains any false, incomplete or misleading information with the intent to injure, defraud or deceive Us. It is a crime if You, Your Dependent and/or Your Employer commit insurance fraud. We will use all means available to Us to detect, investigate, deter and prosecute those who commit insurance fraud. We will pursue all available legal remedies if You, Your Dependent and/or Your Employer perpetrate insurance fraud.

### **Misstatements:** *What happens if facts are misstated?*

If material facts about You or Your Dependent were not stated accurately:

- 1) the premium may be adjusted; and
- 2) the true facts will be used to determine if, and for what amount, coverage should have been in force.

Application is made to  
**Symetra Life Insurance Company**  
777 108th Avenue NE, Suite 1200  
Bellevue, Washington 98004-5135

by ABC Company

whose address is 123 Main Street  
Altamont, Tennessee 99999

for Policy Number 00 000000 00

The policyholder approves and accepts the terms of this policy.

This application supersedes any previous application.

**Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

Signed at (City) \_\_\_\_\_, (State) \_\_\_\_\_

On \_\_\_\_\_

ABC Company

By \_\_\_\_\_

Title \_\_\_\_\_

Agent \_\_\_\_\_

Resident Licensed Agent where required by law

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Instructions: (1) Sign and return original to Symetra.  
(2) Retain copy with your policy.

AGENT USE ONLY

# SYMETRA GROUP INSURANCE

## SALES GUIDE



**SYMETRA**<sup>®</sup>  
FINANCIAL



## EXCESS LOSS



*As one of the nation's leading stop loss carriers, we grow our business by delivering on promises and exceeding customer expectations.*

Conditions and limitations may apply. Please refer to the policy for a full description of benefits.

Symetra Life has been offering stop loss for more than 30 years and is one of the nation's leading coverage providers. We continue to grow our business by delivering on promises and exceeding customer expectations.

Here are just some of the reasons to choose Symetra as your stop loss carrier:

### **A clear, concise and flexible contract**

We try to keep things simple by not changing individual premium or aggregate attachment factors for enrollment differences of less than 25 percent in the contract year, or 15 percent in a single month. There are no mandatory preexisting condition limitations or actively-at-work exclusions, and we do not laser at renewal.

### **In-house claims decisions**

We retain nearly all of the insurance risk; so all claims decisions are made here at Symetra, not somewhere else.

### **Fast and accurate claims service**

Minimal documentation is required for satisfactory proof of loss, and claims can be submitted electronically to expedite reimbursements. Most claims are paid within five working days.

### **Medical management expertise**

Registered nurse professionals help customers find cost-containment solutions.

### **National transplant program access**

Symetra Life provides access to national transplant "Centers of Excellence" through our partner vendors.

### **Individual advantage deductible (aggregating specific)**

Employers can reduce premium by adding a second deductible to their individual Excess Loss coverage.

**Excess Loss is available for groups with 51 or more eligible employees.**

# LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS



*For most employees, the only opportunity to buy life insurance is at work. That's why it's important to help employers choose cost-effective benefits that work for their valued staff and their families.*

Certain benefit amounts will vary from state to state or may not be available in certain states. Contact your Symetra Regional Group Manager for more information. Conditions and limitations may apply. Please refer to the policy for a full description of benefits.

For most employees, the only opportunity to buy life insurance is at work. That's why employers need to ensure the group life policy they offer meets the needs of their employees at a cost-effective price. Whether you're helping clients transition their current group life policy or starting a benefit plan from scratch, Symetra Life delivers an up-to-date contract at a competitive rate.

**Basic Group Life** allows employers to provide life protection at attractive group rates. Plans can be offered as a flat amount for all workers, a multiple of salary, or customized to fit a business need.

Those looking for more flexibility should consider **Supplemental Group Life**. This policy can be sold as stand-alone coverage, or in addition to any Symetra Basic Group Life insurance offered by an employer. Benefits can be a flat amount for all employees, face amounts in increments of \$10,000, or a multiple of salary.

Whether your clients choose Basic or Supplemental Group Life, they'll be able to take advantage of:

- **Employee accelerated death benefits.**
- **Three optional accidental death and dismemberment packages.**
- **Portability for employees who wish to continue coverage after employment ends.**

## **Basic Group Life**

Available for employers with 10 or more eligible employees. Minimum participation is 100 percent for noncontributory groups and 75 percent if contributory.

## **Supplemental Group Life**

Available for groups with 10 or more eligible employees. Minimum participation is the greater of 10 lives or 15 percent of eligible employees.



## Our Commitment to You

Symetra is a group benefits leader because of a strong loyalty to TPAs, brokers, independent agents and advisors. We believe in our producer partnerships and are dedicated to developing products and programs that fit the needs of your clients, their employees and their families.

Our experienced sales force and policy administrators are available to help you prospect, sell and enroll plans. Your Regional Group Manager and Group Sales Associate offer a depth of experience and knowledge in the marketplace as well as in our products and underwriting. Please contact them at any point during your sales process.

To access marketing materials, administrative forms or any additional resources, please visit us at [www.symetra.com/financial/group](http://www.symetra.com/financial/group).

We thank you for your business and look forward to being part of your continued success.

*Reach for great things.<sup>®</sup>*

## **SYMETRA FINANCIAL**

Symetra Financial Corporation provides retirement plans, employee benefits, life insurance and annuities through a national network of independent advisors and agents. Headquartered in Bellevue, Wash., Symetra's insurance company subsidiaries have \$20 billion in assets.\* For more information, visit [www.symetra.com](http://www.symetra.com).

\* Source: Total GAAP assets per financial statements on June 30, 2008.

**SYMETRA**<sup>®</sup>  
FINANCIAL

Symetra Life Insurance Company  
777 108th Avenue NE, Suite 1200  
Bellevue, WA 98004  
[www.symetra.com](http://www.symetra.com)

Symetra<sup>®</sup> and the Symetra Financial logo are registered service marks of Symetra Life Insurance Company.

**LIFE INSURANCE  
ENROLLMENT FORM**

<b>TO BE COMPLETED BY THE EMPLOYER</b>			
POLICY # _____			
EMPLOYER/POLICYHOLDER NAME: _____			
STREET ADDRESS	CITY	STATE	ZIP CODE
EMPLOYEE OCCUPATION/JOB TITLE	EMPLOYEE DATE OF EMPLOYMENT		
EFFECTIVE DATE OF COVERAGE	FULL OR PART TIME EMPLOYEE		
\$ _____ / HR WK MO YR	CLASS NUMBER (IF APPLICABLE)		
BASIC EARNINGS			

**I. EMPLOYEE INFORMATION**

NAME	SEX	M	F
STREET ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	DATE OF BIRTH	MARITAL STATUS	

**II. BENEFITS: PLEASE CHECK IF YOU WISH TO ENROLL AND INCLUDE BENEFIT AMOUNT**

Employee Life:	YES	NO	X BAE*	OR	\$
Employee AD&D:	YES	NO	X BAE*	OR	\$
Employee Supplemental Life:	YES	NO	X BAE*	OR	\$
Employee Supplemental AD&D:	YES	NO	X BAE*	OR	\$
Dependent Life:					
Spouse:	YES	NO	X BAE*	OR	\$
Child:	YES	NO	X BAE*	OR	\$
Spouse & Child:	YES	NO	X BAE*	OR	\$
Dependent AD&D:					
Spouse:	YES	NO	X BAE*	OR	\$
Dependent Supplemental Life:					
Spouse:	YES	NO	X BAE*	OR	\$
Child:	YES	NO	X BAE*	OR	\$
Spouse & Child:	YES	NO	X BAE*	OR	\$
Dependent Supplemental AD&D:					
Spouse:	YES	NO	X BAE*	OR	\$
Other:	YES	NO	X BAE*	OR	\$
Other:	YES	NO	X BAE*	OR	\$
Other:	YES	NO	X BAE*	OR	\$

\* BAE: Basic Annual Earnings as defined in your contract

**III. BENEFICIARY DESIGNATION**

**Definitions:**

**Primary Beneficiary:** The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

**Contingent Beneficiary:** The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

NAME	ADDRESS	D.O.B	RELATIONSHIP	PRIMARY	CONTINGENT	% OF BENEFIT

**IV. SELECTION/WAIVER OF GROUP INSURANCE**

I, the undersigned, an employee of the above-named policyholder, elect the insurance coverage which I selected above and for which I am eligible under the terms of the group policy or policies issued to the policyholder by Symetra Life Insurance Company. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance **(Not applicable if the [Employer] pays 100% of the required contribution).**

I hereby waive my right at this time to elect the insurance coverages which I did not select above. I understand that if I do not enroll within 31 days, when first eligible, that I will not be able to obtain coverage in the future without submitting satisfactory evidence of insurability (proof of good health) to Symetra Life Insurance Company for approval. I also understand that Symetra Life Insurance Company will have the right to refuse my request for insurance.

I designate the beneficiary(ies) named on this form to receive any benefits payable in the event of my death.

All information submitted by me on this form to the best of my knowledge and belief is true and complete.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE SIGNED

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# EVIDENCE OF INSURABILITY

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## DISCLOSURE NOTICE TO APPLICANTS FOR INSURANCE:

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This brief description of our underwriting process is designed to help you to understand how an application for insurance is handled, the type and sources of information we may collect about you, the circumstances under which we may disclose that information to others and your right to learn the nature and substance of that information upon written request. Your medical history and current physical condition, which is obtained from various sources, are factors, which are considered in determining your insurability.

### **Sources of Information:**

Your application, including the medical history, is a primary source of information in the evaluation process. We may also ask for a report from your doctor, hospital, pharmacy, or another insurance company. When we do so, we use the authorization form you sign with your application. It is sometimes necessary that we ask you to take a physical examination or other special tests such as an electrocardiogram and/or blood test.

### **Disclosure to Others:**

Personal information obtained about you during the underwriting process is confidential and will not be disclosed to other persons or organizations without your written authorization except to the extent necessary for the conduct of our business. Examples of situations where we share information about you are as follows:

1. The agent may retain a copy of your application. If reinsurance is required, the reinsurance company would have access to our application file.
2. We may release information to another life insurance company to whom you have applied for life or health insurance or to whom you have submitted a claim for benefits, if you have authorized them to obtain this information.
3. We would disclose information to government regulatory officials, law enforcement authorities and others where required by law.

### **Disclosure to You:**

If an adverse underwriting decision is made, we will notify you of the reason(s) for that decision and the source of the information upon which our action is based. Medical record information, however, will be given only to a licensed physician of your choice.

Symetra Life Insurance Company respects your right to the privacy of your personal information. This notice is provided to you to help you understand that information, which is obtained, is treated in a confidential manner. You have a right of access and correction with respect to all personal information collected. Upon written request, we will provide you with a more detailed description of our information practices and your rights of access and correction.

Employee's Copy

Group Policy No. \_\_\_\_\_

Company Name (Employer)	<b>COVERAGES REQUESTED:</b> <input type="checkbox"/> Basic Employee Life (total) \$ _____ Basic Employee Life (in-force) \$ _____ <input type="checkbox"/> Supplemental Trust Life (total) \$ _____ Supplemental Trust Life (in-force) \$ _____ <input type="checkbox"/> Spouse Life (total) \$ _____ Spouse Life (in-force) \$ _____ <input type="checkbox"/> Child Life \$ _____ <input type="checkbox"/> Supplemental Life (total) \$ _____ Supplemental Life (in-force) \$ _____ <input type="checkbox"/> Dependent Life \$ _____ <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Other: _____
Company Address	
City State ZIP	
Name of Employee Date of Hire	
Job Title Basic Annual Earnings	
Home Address	
City State ZIP	
Home Phone ( ) _____ Work Phone ( ) _____	

**HEALTH INFORMATION (INCLUDE ONLY THOSE INDIVIDUALS APPLYING FOR COVERAGE)**

NAME	RELATIONSHIP	SEX	DATE OF BIRTH Mo/Day/Yr	STATE OF BIRTH	HT.		WT.	FULL NAME AND ADDRESS OF PERSONAL PHYSICIAN
					Ft	In		
1.	EMPLOYEE							
2.	SPOUSE							
3.								
4.								

**The following health questions must be answered fully and truthfully to the best of your knowledge and belief. If any misstatements or omissions are made, they may be the basis for later rescission of your insurance coverage. Rescission voids your coverage and claims will not be paid.**

1. Are any applicants pregnant?  Yes\*  No  
**\*If yes, please give details on the next page including due date.**
2. Are any applicants currently taking any medication?  Yes\*  No  
**\*If yes, please give details on the next page.**
3. In the past ten years, or as indicated below, have any of the applicants been treated for, or been diagnosed by a member of the medical profession as having any of the following:  Yes\*  No  
**\*If yes, please indicate condition and provide details on the next page.**

a) ___ Heart Disorder, Chest Pain, Circulatory Disorder	i) ___ Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) Infection/Disease, or tested Positive to the AIDS virus (HIV)	o) ___ Gland Disorder
b) ___ High Blood Pressure	j) ___ Abnormal Physical Exam, Lab or X-ray. (5 years)	p) ___ Diabetes
c) ___ Mental & Nervous Disorder, Depression	k) ___ Reproductive Organ Disorder	q) ___ Developmental Disorder
d) ___ Alcoholism and/or Drug Habits	l) ___ Sexually Transmitted Disease	r) ___ Birth Defect
e) ___ Stomach, Abdominal, Intestinal Disorder	m) ___ Kidney Disorder	s) ___ Epilepsy, Seizures
f) ___ Brain or Nervous System Disorder	n) ___ Liver Disorder	t) ___ Lungs, Respiratory Disorder
g) ___ Stroke, Paralysis		u) ___ Bone, Joint, Connective Tissue Disorder
h) ___ Cancer, Tumors		v) ___ Accident or Injury
		w) ___ Blood Disorder
		x) ___ Infectious Diseases
		y) ___ Back, Neck Pain, or Discomfort
4. Have you consulted, been advised or been examined by any healthcare provider for any other medical reason within the last ten years, or as indicated above? **\*If yes, please indicate condition and provide details on the next page.**  
 Yes\*  No

**IMPORTANT: PLEASE SIGN AND DATE ON THE NEXT PAGE**

**HEALTH INFORMATION**

Question # Or Letter	Name of Person	Details of Yes Answers	Onset Mo. Yr.	Duration	Degree of Recovery	Full Name and Full Address of Attending Physician

**Please read the following notice that we are required by law to give you.**

Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Employee: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applying)



*Note: We will accept an authorization form preferred by your provider's office in place of this authorization form.*

Authorization for Release of Medical Information to Symetra Life Insurance Company

Group Life Policy Number: \_\_\_\_\_

Name of insured/patient (please type or print): \_\_\_\_\_ Date of birth: \_\_\_\_\_

I authorize any physician, health care professional, hospital, clinic, medical facility, laboratory, pharmacy or pharmacy benefit manager, other health care provider, insurance company, or government agency that has provided treatment, services, or payment to me or on my behalf ("My Providers") to disclose my entire medical record, medications prescribed, prescription history, and any other protected health information concerning me to Symetra Life Insurance Company, its employees, agents, or representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness, excluding psychotherapy notes, and the use of alcohol, drugs, and tobacco.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization, and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that Symetra Life Insurance Company may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 2) administer coverage; 3) obtain reinsurance; and 4) conduct other legally permissible activities that relate to any coverage I have or have applied for with Symetra Life Insurance Company.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by providing written notification to Symetra Life Insurance Company. I understand that a revocation is not effective to the extent that any of My Providers have already relied on this Authorization to disclose information about me or to the extent that Symetra Life Insurance Company has a legal right to contest a claim under an insurance policy. I understand that any information that is disclosed pursuant to this authorization is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be redisclosed by Symetra Life Insurance Company except as authorized by me or as required by law.

This Authorization complies with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

I understand that if I refuse to sign this authorization to release my complete medical record, Symetra Life Insurance Company may not be able to process my application, continue my coverage, or make any benefit payments. I understand that any authorized representative or I will receive a copy of this authorization upon request.

\_\_\_\_\_  
Signature of Insured/Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority or Relationship to Patient