



Group Life Insurance

Supplemental Life

SUMMARY OF BENEFITS

Sponsored By: Knox County Government/Knox County Schools
Effective Date: January 1, 2024
Policy Number: 01-020046-00

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

Employee Life Benefit

Amount: Increments of \$15,000
Minimum Amount: \$15,000
Maximum Amount: \$300,000 or 7x Annual Earnings

Spouse Life Benefit

Spouse Amount: Options of \$10,000, \$20,000, \$30,000
Minimum Amount: \$10,000
Maximum Amount: \$30,000

Child Life Benefit

Child Amount: Live Birth to 26 year(s): \$5,000

Benefit Reduction Employee and Spouse

Reductions: None

Eligibility

All Active Full time and Part time Employees working a minimum of 18.5 hours per week and their eligible dependents.

Evidence of Insurability

Evidence of Insurability is required for all amounts of insurance selected after the initial 31 day eligibility period and for any amount in excess of the Guarantee Issue amount.

Additional Benefit Details

Accelerated Death Benefit	If a employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the employee. Please refer to your employee certificate for additional information.
Conversion	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply. Please refer to your employee certificate for additional information.
Portability	This coverage may be continued at group rates upon termination of employment. Certain restrictions apply. Please refer to your employee certificate for additional information.
Waiver of Premium	With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for a employee that becomes disabled. Certain restrictions apply. Please refer to your employee certificate for additional information.

Value Added Services

Beneficiary Companion	Support services for beneficiaries who have experienced a loss.
Travel Assist	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.
Identity Theft Protection	Help is just a phone call away wherever employees travel, including lost wallet protection, translation service and emergency cash.



Contact Information for Claims

Phone: 1-877-377-6773
 Fax: 1-877-737-3650

Symetra Life Insurance Company
 Life and Absence Management Center
 P.O. Box 1230
 Enfield, CT 06083-1230

Rates for Supplemental Life coverage

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

Monthly Supplemental Spouse Life Rate per \$1,000 of coverage is \$0.3500

Monthly Supplemental Child Life Rate per \$1,000 of coverage is \$0.2210

Calculating Your Cost

Supplemental Employee Life:	<u> </u>	x	<u> </u>	/1,000 =	<u> </u>
	(volume)		(rate)		Monthly Cost
Supplemental Spouse Life:	<u> </u>	x	<u>0.350</u>	/1,000 =	<u> </u>
	(volume)		(rate)		Monthly Cost
Supplemental Child Life:	<u> </u>	x	<u>0.221</u>	/1,000 =	<u> </u>
	(volume)		(rate)		Monthly Cost

This summary provides only a brief description of the Life Insurance coverage insured by Symetra Life Insurance Company under the LGC-13000 8/06 series Group Life Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-020046-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company