

## CONTACT US

Symetra Life Insurance Company  
777 108<sup>th</sup> Avenue NE, Suite 1200  
Bellevue, WA 98004-5135  
1-800-796-3872  
TTY/TDD 1-800-833-6388



---

## SUMMARY OF GROUP LIFE INSURANCE

### Employees of Participating Employers of

### TIMBER PRODUCT MANUFACTURERS ASSOCIATION

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

---

#### GROUP SUPPLEMENTAL LIFE INSURANCE & SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

---

**Eligibility** All Eligible Employees of a Participating Entity enrolled in the Timber Products Manufacturers Association.

#### Benefits

- All Eligible Employees – Increments of \$25,000 to a maximum of \$150,000
- Spouse – Increments of \$10,000 to a maximum of \$50,000, not to exceed 100% of the Employee's Supplemental Life coverage amount
- Child(ren) – for child(ren) birth to age 26, Options of \$5,000 or \$10,000, not to exceed 100% of the Employee's Supplemental Life coverage amount

**Evidence of Insurability** Evidence of Insurability is required for all amounts of insurance selected after the initial 31 day eligibility period. **For Employees under age 60:** Evidence of Insurability is required for Employee Supplemental Life Insurance amounts in excess of \$150,000. **For Employees age 60 and over:** Evidence of Insurability is required for Employee Supplemental Life Insurance amounts in excess of \$50,000. **For Spouses under age 60:** Evidence of Insurability is required for Spouse Supplemental Life Insurance amounts in excess of \$50,000. **For Spouses ages 60 to 69:** Evidence of Insurability is required for Spouse Supplemental Life Insurance amounts in excess of \$30,000. **For Spouses ages 70 or older:** Evidence of Insurability is required for Spouse Supplemental Life Insurance amounts in excess of \$10,000.

**Conversion** A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions are met. Refer to your employee certificate.

**Portability** This coverage may be continued at group rates upon termination of employment. Certain restrictions apply. Refer to your employee certificate.

**Waiver of Premium** With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for an employee that becomes disabled. Certain restrictions apply. Refer to your employee certificate.

**Accelerated Death Benefit**

- If an employee has been diagnosed as Terminally Ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the employee. Refer to your employee certificate.

#### Benefit Reduction

##### Employee and Spouse:

Benefit amounts will be reduced by the following percentages according to age category:

- 35% at Employee's age 65
- 50% at Employee's age 70
- 70% at Employee's age 75
- 80% at Employee's age 80

Benefit reduction will apply to the original benefit amount in force and will be rounded to the next higher multiple of \$500, if not already a multiple of \$500.

**Rates for Supplemental Life and AD&D coverage:**

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

Employee's Age	Rates	Employee's Age	Rates
Under 25	\$0.060	50-54	\$0.460
25-29	\$0.060	55-59	\$0.750
30-34	\$0.080	60-64	\$1.010
35-39	\$0.110	65-69	\$1.580
40-44	\$0.170	70-74	\$2.750
45-49	\$0.280	75 and over	\$4.760

Premiums for Supplemental Spouse Life Insurance are calculated based on the employee's age.

Child Supplemental Life rate per unit: \$0.760 for \$5,000 Coverage, \$1.520 for \$10,000 Coverage

Employee, Spouse and Child AD&D rate per \$1,000 of coverage: \$0.040

**How to Calculate Your Cost:**

Employee Life:	<u>          </u>	x	<u>          </u>	/1,000=	<u>          </u>	\$
	(volume)		(rate)		Monthly cost	
Employee AD&D:	<u>          </u>	x	<u>0.040</u>	/1,000=	<u>          </u>	\$
	(volume)		(rate)		Monthly cost	
Spouse Life:	<u>          </u>	x	<u>          </u>	/1,000=	<u>          </u>	\$
	(volume)		(rate)		Monthly cost	
Spouse AD&D:	<u>          </u>	x	<u>0.040</u>	/1,000=	<u>          </u>	\$
	(volume)		(rate)		Monthly cost	
Child Life:	<u>          </u>	x	<u>          </u>	/Unit =	<u>          </u>	\$
	(volume)		(rate)		Monthly cost	
Child AD&D:	<u>          </u>	x	<u>0.040</u>	/1,000=	<u>          </u>	\$
	(volume)		(rate)		Monthly cost	
					<u>          </u>	
					Total 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 call 1-800-426-7784 or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-016966-02. 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**

Symetra® is a registered service mark of Symetra Life Insurance Company.