

Summary of Benefits

Supplemental Life/Accidental Death & Dismemberment (AD&D) Insurance

Eligibility for Coverage

All active full-time employees working at least 30 hours per week. An employee must be a citizen or permanent resident of the United States who is Actively at Work. Temporary, leased, and seasonal workers are not eligible for coverage.

Who's Paying?

You pay for the cost of this coverage.

Benefit Amount	Guaranteed Issue	Benefit Reductions
Employee Increments of \$10,000, up to the lesser of \$200,000 or 5 times earnings	Employee \$130,000	Employee Original benefits are reduced to 65% at age 65, 40% at age 70 and to 20% at age 75
Spouse Increments of \$5,000, up to \$100,000 not to exceed 100% of the Employee's Supplemental Life amount	Spouse \$25,000	Spouse Original benefits are reduced to 65% at age 65, 40% at age 70 and to 20% at age 75 (Reductions are based on age of the employee)
Child(ren) \$10,000 Live Birth to 26 Years	Child \$10,000	Child Not applicable

Enrolling for Coverage

If you do not enroll within the first 31 days after the date you become eligible, you may only enroll during an Annual Enrollment Period, if designated by the Policyholder, or within 31 days of the date you have Change in Family Status, and you may have to submit satisfactory Evidence of Insurability in order to become covered.

Contact your HR department or your company intranet for the most current enrollment information

Evidence of Insurability

Evidence of Insurability is required for any Life insurance elected after the initial 31 day eligibility period and for any amount exceeding the Guaranteed Issue amount. Evidence of Insurability is not required for Child Life Insurance. Contact your employer for details on the enrollment process and refer to the Eligibility and Enrollment section in your Certificate of coverage.

Actively at Work Requirement

If you are not Actively at Work on the date that you become eligible for coverage, your coverage will be delayed until you return to being Actively at Work. This applies to both initial coverage and any increases or additions to coverage. "Actively at Work" means working for your Employer on a scheduled workday, performing all the job duties in the usual way for the usual number of hours, and includes regularly scheduled vacation days or holidays.

Dependent Non-Confinement Requirement

If a Dependent is confined, initial coverage, new coverage, and increases in coverage will be delayed until the Dependent is no longer confined and has the ability to engage 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 does not apply to newborns or to disabled children who qualify under the definition of Dependent Children. Please refer to your Certificate for additional information.

Additional Provisions

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
Conversion	A conversion benefit is available that allows you to convert your group coverage to a permanent, individual policy if certain conditions apply
Portability	This coverage may be continued at group portability rates upon termination of employment for a limited period of time. Certain restrictions apply
Waiver of Premium	With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for a period of time for an active employee that becomes totally disabled prior to a certain qualifying age. Certain restrictions, such as an elimination period, apply
AD&D Benefit Riders	Includes Seat Belt, Airbag, Repatriation and more.
Continuity of Coverage	Continuity of coverage is included for employees covered under the Employer's prior plan on the day prior to the Policy effective date.
Exclusions	Supplemental Life coverage is subject to a suicide exclusion. AD&D coverage is subject to exclusions and limitations, including a suicide exclusion
Duplicate Coverage	A person may not be covered as a Dependent if they are covered as an employee under the Policy, and no person can be insured as a Dependent of more than one employee.

Please refer to your employee certificate for additional information.

Value Add Services

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

Value Add Services are provided by third-party vendors. Benefits may not be available in all states and are not available in any U.S. Territory.

Rates for Supplemental Life & AD&D Coverage

Calculating Your Cost

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

Employee Age	Employee Rate	Spouse Age	Spouse Rate
Under 25	\$0.130	Under 25	\$0.150
25 - 29	\$0.130	25 - 29	\$0.140
30 - 34	\$0.150	30 - 34	\$0.140
35 - 39	\$0.170	35 - 39	\$0.180
40 - 44	\$0.250	40 - 44	\$0.260
45 - 49	\$0.400	45 - 49	\$0.400
50 - 54	\$0.760	50 - 54	\$0.650
55 - 59	\$1.180	55 - 59	\$1.040
60 - 64	\$1.430	60 - 64	\$1.440
65 - 69	\$2.530	65 - 69	\$2.470
70 - 74	\$2.530	70 - 74	\$2.470
75 +	\$2.530	75 +	\$2.470

*Spouse rates are based on Employee age

Supplemental Child Life Rate per \$1,000 of coverage is \$0.220

Supplemental AD&D Rates per \$1,000 of coverage:

- **Employee:** \$0.020
- **Spouse:** \$0.020
- **Child:** \$0.020

$$\text{Supplemental Employee Life: } \frac{\text{_____}}{\text{(volume)}} \times \frac{\text{_____}}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$$

$$\text{Supplemental Spouse Life: } \frac{\text{_____}}{\text{(volume)}} \times \frac{\text{_____}}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$$

$$\text{Supplemental Child Life: } \frac{\text{_____}}{\text{(volume)}} \times \frac{0.220}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$$

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

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

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

Claims Contact Information:

Phone: 1-877-377-6773

Fax: 1-877-737-3650

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

This summary provides only a brief description of the Supplemental 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, 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 01-021211-00. We will administer claims according to the terms and conditions of the Group Policy which may be subject to state-required variations and restrictions. If there is a difference between the information in this summary and the information contained in the Group Policy, the terms of the Group Policy 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

Summary of Benefits

Voluntary Long Term Disability (“VLTD”) Insurance

Eligibility for Coverage

All active full-time employees working at least 30 hours per week. An employee must be a citizen or permanent resident of the United States in active employment. Temporary and seasonal workers are not eligible for coverage.

Benefit Amount	Minimum Monthly Benefit	Who’s Paying for Coverage?												
<ul style="list-style-type: none"> Benefit: 60% of monthly Pre-disability Earnings Maximum: \$5,000 per month, reduced by Other Income Amounts 	<ul style="list-style-type: none"> \$100 	<ul style="list-style-type: none"> You pay for the cost of coverage. 												
Maximum Benefit Duration	Definition of Disability	Elimination Period												
<p>2 Years/Reducing Benefit Duration (RBD):</p> <table border="1"> <thead> <tr> <th><u>Age at Disability</u></th> <th><u>Maximum Payment Duration</u></th> </tr> </thead> <tbody> <tr> <td>Less than age 66</td> <td>2 years</td> </tr> <tr> <td>66</td> <td>21 months</td> </tr> <tr> <td>68</td> <td>18 months</td> </tr> <tr> <td>68</td> <td>15 months</td> </tr> <tr> <td>69 and over</td> <td>12 months</td> </tr> </tbody> </table>	<u>Age at Disability</u>	<u>Maximum Payment Duration</u>	Less than age 66	2 years	66	21 months	68	18 months	68	15 months	69 and over	12 months	<p>24 Month Regular Occupation and a Reasonable Employment Option offered to you by the Employer, with Residual Disability</p> <p>Please refer to the What Does Disability Mean? provision in your Certificate for a complete description of the definition of disability.</p>	<ul style="list-style-type: none"> 180 Days <p>(number of days you must be Disabled before LTD benefits become payable)</p>
<u>Age at Disability</u>	<u>Maximum Payment Duration</u>													
Less than age 66	2 years													
66	21 months													
68	18 months													
68	15 months													
69 and over	12 months													

Enrolling for VLTD Coverage

You may enroll in the VLTD plan coverage within the first 31 days after the date you become eligible. If you enroll after this period, you will be considered a late enrollee and will have to submit satisfactory Evidence of Insurability in order to become covered.

Contact your employer for details on the enrollment process and refer to the Eligibility for Coverage section in your Certificate of coverage.

Active Employment Requirement

If you are not in Active Employment on the date that you become eligible for coverage, your coverage will be delayed until you return to Active Employment. This applies to both initial coverage and increases or additions to coverage. “Active Employment” means working at the Employer’s regular work site, performing the material and substantial duties of your regular occupation, and includes normal non-work days such as vacation, weekends and holidays.

Standard Provisions

- Maternity is covered same as any other condition.
- Temporary Recovery during the Elimination Period and Maximum Benefit Duration: Please refer to your Certificate for the periods allowed for temporary recovery.
- Waiver of premium: Premium payments for coverage are suspended while you are receiving LTD benefit payments under this Policy
- Continuity of coverage is included for employees covered under the Employer's prior plan on the day prior to the Policy effective date.
- Other Income Amounts: Your gross LTD benefit will be reduced by any Other Income Amounts you receive or are eligible to receive, including, but not limited to, any disability or retirement benefits you or your spouse and dependent children receive from Social Security. Refer to your Certificate for a complete list of offsets.
- Cost of living freeze: Except for increases in income earned or received from any form of employment, once Other Income Amounts have been subtracted from the gross LTD benefit, your payment will not be further reduced due to a cost of living increase in that Other Income Amount.
- A Return to Work Incentive is included to encourage disabled individuals to return to work. This means that if you are working while Disabled during the 12 month incentive period, no offset will be taken for Other Income Amounts (which includes income from employment), until the sum of the gross LTD benefit and Other Income Amounts exceeds 100% of your Pre-disability Earnings.
- Vocational Rehabilitation: Provides assistance if you are disabled and receiving an LTD benefit from us. Services may include vocational testing and training, job modifications, job placement, or other services we find reasonably needed to assist you in returning to active employment. If we recommend a vocational rehabilitation program for you but you do not complete your responsibilities under the program, we may discontinue our payments to you, unless there is good cause for the non-participation.
- Social Security Assistance: If you are disabled, we will provide advice and assistance regarding your disability claim and assist you with your application for Social Security disability benefits or an appeal.

Exclusions and Limitations

- Coverage is subject to exclusions and limitations, including a Pre-existing Condition exclusion.
- Pre-existing Condition Exclusion: A Disability caused by, contributed to by, or resulting from a Pre-existing Condition will be covered only if the Disability begins after you've been insured for 12 consecutive months. A Pre-Existing Condition means a sickness or injury for which you received treatment within 3 months before your coverage effective date.

The plan also includes the following (combined) limitations on benefits:

Mental Illness: 24 months per lifetime
Substance Abuse: 24 months per lifetime
Special Conditions: 24 months per lifetime

Please refer to your Certificate for a complete list of exclusions and limitations.

Additional Provisions

Survivor Benefit
Vocational Rehabilitation Program Benefit

Value-Added Services

Your LTD coverage includes the following Value-Added Services:

- Employee Assistance Program (EAP): The EAP finds the resources you and your household family members need to help with a variety of issues, such as finding child or elder care, managing a serious illness or dealing with work/life issues, and provides access to confidential counseling, financial information and resources, and legal support. It also includes online access to important estate planning tools such as a last will and testament, living will, healthcare power of attorney, financial power of attorney, and final arrangements.
- Health navigation: If you are disabled and receiving STD benefits, health navigation services helps you to become an educated, engaged consumer in your health care by providing administrative and clinical support to help you navigate your medical plan benefits.

Value Add Services are provided by third-party vendors. Benefits may not be available in all states and are not available in any U.S. Territory.

Rates for VLTD Plan

Monthly rates per \$100 of covered payroll:

AGE	RATE
Under 25	\$0.080
25-29	\$0.120
30-34	\$0.176
35-39	\$0.240
40-44	\$0.360
45-49	\$0.520
50-54	\$0.768
55-59	\$1.080
60-64	\$1.368
65-69	\$1.440
70-74	\$1.512
75 +	\$1.512

Calculating Your Cost for VLTD Plan Coverage

Employee's Monthly Cost of Coverage:

Monthly Rate Per \$100 of Monthly Covered Payroll

Actual per pay period premiums may differ slightly due to rounding.

How to Calculate Your Monthly Cost:

- Step 1:** Divide your annual salary by 12 to calculate your monthly earnings
- Step 2:** Find your Monthly rate (see table to the left)
- Step 3:** Multiply this rate by your monthly earnings, or \$8,333, whichever is less.
- Step 4:** Divide the total by 100. The result is your Monthly cost.

Claims Contact Information:

Phone: 1-877-377-6773

Fax: 1-877-737-3650

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

This summary provides only a brief description of the Voluntary Long Term Disability Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 12/05 policy series. For a complete description of coverage, 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 01-021211-00. We will administer claims according to the terms and conditions of the Group Policy which may be subject to state-required variations and restrictions. If there is a difference between the information in this summary and the information contained in the Group Policy, the terms of the Group Policy 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

Summary of Benefits

Voluntary Short Term Disability (“VSTD”) Insurance

Eligibility for Coverage

All active full time employees electing 40% benefit, working at least 30 hours per week. An employee must be a citizen or permanent resident of the United States in active employment. Temporary and seasonal workers are not eligible for coverage.

Benefit Amount	Minimum Weekly Benefit	Who’s Paying for Coverage?
<ul style="list-style-type: none"> Benefit: 40% of weekly Pre-disability Earnings Maximum: \$1,500 per week, reduced by Other Income Amounts 	<ul style="list-style-type: none"> \$25 	<ul style="list-style-type: none"> You pay for the cost of coverage.
Maximum Benefit Duration	Elimination Period	Definition of Disability
<ul style="list-style-type: none"> 24 weeks 	<ul style="list-style-type: none"> If Disability is due to Injury: 14 days If Disability is due to Sickness: 14 days <p>(number of days you must be Disabled before VSTD benefits become payable)</p>	Regular Occupation and a Reasonable Employment Option offered to you by the Employer, with Residual Disability

Enrolling for VSTD Coverage

You may enroll in the VSTD plan coverage within the first 31 days after the date you become eligible. If you enroll after this period, you will be considered a late enrollee and will have to submit satisfactory Evidence of Insurability in order to become covered.

Contact your employer for details on the enrollment process and refer to the Eligibility for Coverage section in your Certificate of coverage.

Active Employment Requirement

If you are not in Active Employment on the date that you become eligible for coverage, your coverage will be delayed until you return to Active Employment. This applies to both initial coverage and increases or additions to coverage. “Active Employment” means working at the Employer’s regular work site, performing the material and substantial duties of your regular occupation, and includes normal non-work days such as vacation, weekends and holidays.

Standard Provisions

- Maternity is covered same as any other condition.
- Temporary Recovery during the Elimination Period and Maximum Benefit Duration: Please refer to your Certificate for the periods allowed for temporary recovery.
- Continuity of coverage is included for employees covered under the Employer’s prior plan on the day prior to the Policy effective date.
- Other Income Amounts: Your gross STD benefit will be reduced by any Other Income Amounts you receive or are eligible to receive, including, but not limited to, any disability or retirement benefits you or your spouse and dependent children receive from Social Security. Refer to your Certificate for a complete list of offsets.
- Cost of living freeze: Except for increases in income earned or received from any form of employment, once Other Income Amounts have been subtracted from the gross STD benefit, your payment will not be further reduced due to a cost of living increase in that Other Income Amount.
- A Return to Work Incentive is included to encourage disabled individuals to return to work. This means that if you are working while Disabled and earning more than 20% of Pre-disability earnings but less than the earnings test, no offset will be taken for Other Income Amounts (which includes income from employment), until the sum of the gross STD benefit and Other Income Amounts exceeds 100% of your Pre-disability Earnings.

Exclusions and Limitations

Coverage is subject to exclusions and limitations, including but not limited to an exclusion for an injury arising out of, or in the course of, any work for wage or profit, and a sickness for which you are entitled to benefits under any Workers' Compensation Act, Occupational disease law, Compulsory Benefit Act or law or similar law, unless you are a partner or sole proprietor not covered by any of these acts or laws.

Pre-existing Condition Exclusion: A Disability caused by, contributed to by, or resulting from a Pre-existing Condition will be covered only if the Disability begins after you've been insured for 6 consecutive months. A Pre-Existing Condition means a sickness or injury for which you received treatment within 3 months before your coverage effective date.

Value-Added Services

Your VSTD coverage includes the following Value-Added Services:

- Employee Assistance Program (EAP): The EAP finds the resources you and your household family members need to help with a variety of issues, such as finding child or elder care, managing a serious illness or dealing with work/life issues, and provides access to confidential counseling, financial information and resources, and legal support. It also includes online access to important estate planning tools such as a last will and testament, living will, healthcare power of attorney, financial power of attorney, and final arrangements.
- Health navigation: If you are disabled and receiving VSTD benefits, health navigation services helps you to become an educated, engaged consumer in your health care by providing administrative and clinical support to help you navigate your medical plan benefits.

Value-Added Services are provided by third-party vendors. Benefits may not be available in all states and are not available in any U.S. territory.

VSTD Rates

Monthly rates per \$10 of weekly benefit:

Rate = \$0.980

Calculating Your Cost for VSTD Coverage

$$\frac{\$}{\text{(rate)}} \times \frac{\text{(your weekly salary} \times .40 \text{ to a maximum of } \$1,500)}{10} = \frac{\$}{\text{Monthly Voluntary Short Term Disability cost}}$$

Claims Contact Information:

Phone: 1-877-377-6773

Fax: 1-877-737-3650

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

This summary provides only a brief description of the Voluntary Short Term Disability Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 12/05 policy series. For a complete description of coverage, 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 01-021211-00. We will administer claims according to the terms and conditions of the Group Policy which may be subject to state-required variations and restrictions. If there is a difference between the information in this summary and the information contained in the Group Policy, the terms of the Group Policy 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

Summary of Benefits

Voluntary Short Term Disability (“VSTD”) Insurance

Eligibility for Coverage

All active full time employees electing 60% benefit, working at least 30 hours per week. An employee must be a citizen or permanent resident of the United States in active employment. Temporary and seasonal workers are not eligible for coverage.

Benefit Amount	Minimum Weekly Benefit	Who’s Paying for Coverage?
<ul style="list-style-type: none"> Benefit: 60% of weekly Pre-disability Earnings Maximum: \$1,500 per week, reduced by Other Income Amounts 	<ul style="list-style-type: none"> \$25 	<ul style="list-style-type: none"> You pay for the cost of coverage.
Maximum Benefit Duration	Elimination Period	Definition of Disability
<ul style="list-style-type: none"> 24 weeks 	<ul style="list-style-type: none"> If Disability is due to Injury: 14 days If Disability is due to Sickness: 14 days <p>(number of days you must be Disabled before VSTD benefits become payable)</p>	Regular Occupation and a Reasonable Employment Option offered to you by the Employer, with Residual Disability

Enrolling for VSTD Coverage

You may enroll in the VSTD plan coverage within the first 31 days after the date you become eligible. If you enroll after this period, you will be considered a late enrollee and will have to submit satisfactory Evidence of Insurability in order to become covered.

Contact your employer for details on the enrollment process and refer to the Eligibility for Coverage section in your Certificate of coverage.

Active Employment Requirement

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Standard Provisions

- Maternity is covered same as any other condition.
- Temporary Recovery during the Elimination Period and Maximum Benefit Duration: Please refer to your Certificate for the periods allowed for temporary recovery.
- Continuity of coverage is included for employees covered under the Employer’s prior plan on the day prior to the Policy effective date.
- Other Income Amounts: Your gross STD benefit will be reduced by any Other Income Amounts you receive or are eligible to receive, including, but not limited to, any disability or retirement benefits you or your spouse and dependent children receive from Social Security. Refer to your Certificate for a complete list of offsets.
- Cost of living freeze: Except for increases in income earned or received from any form of employment, once Other Income Amounts have been subtracted from the gross STD benefit, your payment will not be further reduced due to a cost of living increase in that Other Income Amount.
- A Return to Work Incentive is included to encourage disabled individuals to return to work. This means that if you are working while Disabled and earning more than 20% of Pre-disability earnings but less than the earnings test, no offset will be taken for Other Income Amounts (which includes income from employment), until the sum of the gross STD benefit and Other Income Amounts exceeds 100% of your Pre-disability Earnings.

Exclusions and Limitations

Coverage is subject to exclusions and limitations, including but not limited to an exclusion for an injury arising out of, or in the course of, any work for wage or profit, and a sickness for which you are entitled to benefits under any Workers' Compensation Act, Occupational disease law, Compulsory Benefit Act or law or similar law, unless you are a partner or sole proprietor not covered by any of these acts or laws.

Pre-existing Condition Exclusion: A Disability caused by, contributed to by, or resulting from a Pre-existing Condition will be covered only if the Disability begins after you've been insured for 6 consecutive months. A Pre-Existing Condition means a sickness or injury for which you received treatment within 3 months before your coverage effective date.

Value-Added Services

Your VSTD coverage includes the following Value-Added Services:

- Employee Assistance Program (EAP): The EAP finds the resources you and your household family members need to help with a variety of issues, such as finding child or elder care, managing a serious illness or dealing with work/life issues, and provides access to confidential counseling, financial information and resources, and legal support. It also includes online access to important estate planning tools such as a last will and testament, living will, healthcare power of attorney, financial power of attorney, and final arrangements.
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Value-Added Services are provided by third-party vendors. Benefits may not be available in all states and are not available in any U.S. territory.

VSTD Rates

Monthly rates per \$10 of weekly benefit:

Rate = \$0.980

Calculating Your Cost for VSTD Coverage

$$\frac{\$}{\text{(rate)}} \times \frac{\text{(your weekly salary} \times .60 \text{ to a maximum of } \$1,500)}{10} = \frac{\$}{\text{Monthly Voluntary Short Term Disability cost}}$$

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Phone: 1-877-377-6773

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

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