
SUMMARY OF GROUP LIFE & SUPPLEMENTAL LIFE INSURANCE

Longview School District

OPEN ENROLLMENT	<p>Dates for Open Enrollment are August 16, 2009 thru October 15, 2009. Coverage will be effective October 1, 2009 or November 1, 2009, dependent upon your payroll schedule and the date your enrollment is received.</p> <p>Late entrants can enroll in Supplemental Life benefits at 1 x base annual earnings rounded to the next higher \$1,000 to a maximum of \$150,000 without Evidence of Insurability. Spouses may enroll in Supplemental Life benefits up to \$75,000 without Evidence of Insurability.</p> <p>Individuals who were previously declined for coverage under Symetra's policy, or who were required to submit Evidence of Insurability but failed to do so, may reapply during this open enrollment but must provide Evidence of Insurability for any amounts of coverage.</p>
TERM LIFE	<p>Group life insurance is term life coverage made available through your employer. Term life insurance is the most common type of life insurance and, initially, usually is the least expensive. To put it simply, it pays a death benefit if you die while you have coverage.</p>
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	<p>Pays an additional benefit in the event of loss of life or contractually defined injury. Coverage can be extended for other reasons not qualified as — but relating to — accidental death or dismemberment. Refer to your employee certificate for details.</p>
ELIGIBILITY	<p>Basic Life: All regular full-time employees working at least 17.5 hours a week and if you are enrolled in the Kaiser Medical Plan. Dependents have to be enrolled in the Kaiser Medical Plan to be eligible for benefits.</p> <p>Supplemental Life: All regular full-time employees working at least 17.5 hours a week and if you are enrolled in the Kaiser Medical Plan or if you are an active employee working 17.5 hours each week.</p>
BENEFITS	<p>Basic Life and AD&D: <i>Eligible Employees-</i> \$25,000 of Group Life Insurance and AD&D at no cost to you. <i>Spouse-</i> \$5,000 of Group Life Insurance at no cost to you. <i>Dependent-</i> \$2,000 of Group Life Insurance at no cost to you for children age 14 days up to age 25.</p> <p>Supplemental Life and AD&D: <i>Eligible Employees-</i> 1, 2, or 3x your base annual earnings rounded to the next higher \$1,000 up to a maximum of \$250,000 <i>Spouse-</i> One-half the amount of employee Supplemental Life and AD&D coverage.</p>
EVIDENCE OF INSURABILITY	<p>Evidence of Insurability is required for all amounts of insurance selected after the initial 31 day eligibility period. It is also required for Employee Supplemental Life Insurance amounts in excess of \$150,000 and increases in coverage amount in excess of \$10,000 in any 12 month period of time and any increase in the benefit multiplier. Evidence of Insurability is also required for Spouse Supplemental Life Insurance amounts in excess of \$75,000 and increases in basic coverage amount in excess of \$5,000 in any 12 month period of time.</p>
ACCELERATED DEATH BENEFIT	<p>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.</p>
SEAT BENEFIT	<p>If an injury that results in an AD&D benefit from an auto accident and a seat belt was worn, an additional 10% to a maximum of \$10,000; minimum of \$1,000, may be paid if certain conditions are met. Refer to your employee certificate.</p>
AIR BAG BENEFIT	<p>If an injury that results in an AD&D benefit from an auto accident and your air bag deploys, an additional 5% to a maximum of \$5,000, may be paid if certain conditions are met. Refer to your employee certificate.</p>
CHILD EDUCATION BENEFIT	<p>If you sustain an injury that results in loss of life payable under the AD&D benefit, we may pay an additional Child Education Benefit to your Child(ren) at the lesser of 2.5% of the Principal AD&D Sum, \$2,500, or the actual cost. Refer to your employee certificate.</p>

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DAY CARE BENEFIT	If you sustain an injury that results in loss of life payable under the AD&D benefit, we may pay an additional Day Care Benefit for each of your Child(ren) at the lesser of 2.5% of the Principal AD&D Sum, \$2,500, or the actual cost. Refer to your employee certificate.
REHABILITATION BENEFIT	If you sustain an injury which results in a loss other than loss of life, payable under the AD&D Benefit, we may pay an additional Rehabilitation Benefit at the lesser of 2.5% of the Principal AD&D Sum, \$2,500, or the actual cost, for Rehabilitative Program expense incurred with a defined period of the date of the accident. Refer to your employee certificate.
SPOUSE EDUCATION BENEFIT	If you sustain an injury that results in loss of life payable under the AD&D benefit, we may pay an additional Spouse Education Benefit to your surviving Spouse at the lesser of 2.5% of the Principal AD&D Sum, \$2,500, or the actual cost. Refer to your employee certificate.
ADAPTIVE HOME AND VEHICLE BENEFITS	If you sustain an injury that results in a loss, other than loss of life, payable under the AD&D benefit, we may pay an additional Adaptive Home and Vehicle benefit at the lesser of 2.5% of the Principal AD&D Sum, \$2,500, or the actual cost. Refer to your employee certificate.
REPATRIATION	If you die outside the territorial limits of your home state or country and the death results in an AD&D benefit payable, this benefit pays an additional benefit equal to the lesser of: a) the cost of preparing and transporting the body, b) the repatriation benefit percentage of 5% times the combined basic and supplemental principal amount, or c) the repatriation benefit maximum of \$5,000. Refer to your employee certificate.
RATES FOR SUPPLEMENTAL INSURANCE	The monthly cost to you for those currently enrolled in Employee Supplemental Life and Spouse Life combined with AD&D Insurance is \$0.36 per \$1,000 of benefit. Those currently enrolled but interested in re-applying for coverage under the new rate plan below may do so if you submit Evidence of Insurability.

Monthly Cost for New Applicants:

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

Employee Age	Rates	Employee Age	Rates
Under 25	\$0.056	50-54	\$0.326
25-29	\$0.056	55-59	\$0.516
30-34	\$0.066	60-64	\$0.686
35-39	\$0.086	65-69	\$1.086
40-44	\$0.126	70-74	\$1.856
45-49	\$0.196	75 and over	\$3.266

Dependent Rate: \$1.75 per family unit

HOW TO CALCULATE YOUR COST				
Employee:	$\frac{\text{_____}}{\text{(volume)}}$	x	$\frac{\text{_____}}{\text{(rate)}}$	/1,000= \$ _____ Monthly cost
Spouse:	$\frac{\text{_____}}{\text{(volume)}}$	x	$\frac{\text{_____}}{\text{(rate)}}$	/1,000= \$ _____ Monthly cost
Dependent Life:			$\frac{\$1.75}{\text{(family rate)}}$	\$ _____ 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 01-003936-00.

Insured by Symetra® Life Insurance Company