



Group Life Insurance

Supplemental Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS

Class 1

Sponsored By: GM Nameplate, Inc.
Effective Date: January 1, 2020
Policy Number: 01-018162-00

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

Employee	Life Benefit
Amount	Increments of \$10,000
Minimum Amount	\$10,000
Maximum Amount	Lesser of \$500,000 or 5 x Earnings
Guarantee Issue	\$200,000

Employee	AD&D Benefit
Amount	Increments of \$10,000
Minimum Amount	\$10,000
Maximum Amount	Lesser of \$500,000 or 5 x Earnings

Spouse	Life Benefit
Spouse Amount	Increments of \$5,000
Minimum Amount	\$5,000
Maximum Amount	\$500,000 not to exceed 100% of Supplemental Employee Coverage
Guarantee Issue	\$50,000

Child	Life Benefit
Child Amount	15 day(s) to 6 month(s): \$1,000 6 month(s) to 26 year(s): Increments of \$5,000 to a maximum of \$10,000

Benefit Reduction	Employee and Spouse
Original Benefit	65% at age 70
Amount Reduced To	50% at age 75

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

Eligibility

All Active Full Time Employees working a minimum of 20 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 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. 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 an employee that becomes disabled. Certain restrictions apply. Please refer to your employee certificate for additional information.
AD&D Riders	Includes Seat Belt, Airbag, Repatriation, Child Education, Day Care and Coma benefits. Please refer to your employee certificate for additional information.

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

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Rates for Supplemental Life coverage

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

AGE	RATE
Under 25	\$0.048
25 - 29	\$0.055
30 - 34	\$0.068
35 - 39	\$0.096
40 - 44	\$0.137
45 - 49	\$0.218
50 - 54	\$0.348
55 - 59	\$0.536
60 - 64	\$0.839
65 - 69	\$1.460
70 - 74	\$2.607
75 - 100	\$5.090

Monthly Employee Supplemental AD&D Rate per \$1,000 of coverage is \$0.0320

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

AGE	RATE
Under 25	\$0.041
25 - 29	\$0.047
30 - 34	\$0.059
35 - 39	\$0.086
40 - 44	\$0.124
45 - 49	\$0.193
50 - 54	\$0.302
55 - 59	\$0.463
60 - 64	\$0.791
65 - 69	\$1.353
70 - 74	\$2.410
75 - 100	\$4.824

*Supplemental Spouse Life Rates are based on Employee's Age

Monthly Child Supplemental Life Rate per \$1,000 of coverage is \$0.2280

Calculating Your Cost

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

$$\text{Supplemental Employee AD\&D:} \quad \frac{\text{(volume)}}{\text{(volume)}} \times \frac{.032}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$$

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

$$\text{Supplemental Child Life:} \quad \frac{\text{(volume)}}{\text{(volume)}} \times \frac{.228}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$$

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 01-018162-00. 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

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