

# 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"> <li>Benefit: 60% of monthly Pre-disability Earnings</li> <li>Maximum: \$8,000 per month, reduced by Other Income Amounts</li> </ul>	<ul style="list-style-type: none"> <li>The greater of \$100 or 10% of your gross monthly benefit</li> </ul>	<ul style="list-style-type: none"> <li>You pay for the cost of coverage.</li> </ul>																								
Maximum Benefit Duration	Definition of Disability	Elimination Period																								
<p>Social Security Normal Retirement Age (SSNRA):</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 60</td> <td>To SSNRA</td> </tr> <tr> <td>60</td> <td>60 months or to SSNRA, greater of</td> </tr> <tr> <td>61</td> <td>48 months or to SSNRA, greater of</td> </tr> <tr> <td>62</td> <td>42 months or to SSNRA, greater of</td> </tr> <tr> <td>63</td> <td>36 months or to SSNRA, greater of</td> </tr> <tr> <td>64</td> <td>30 months or to SSNRA, greater of</td> </tr> <tr> <td>65</td> <td>24 months</td> </tr> <tr> <td>66</td> <td>21 months</td> </tr> <tr> <td>67</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 60	To SSNRA	60	60 months or to SSNRA, greater of	61	48 months or to SSNRA, greater of	62	42 months or to SSNRA, greater of	63	36 months or to SSNRA, greater of	64	30 months or to SSNRA, greater of	65	24 months	66	21 months	67	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"> <li>180 Days</li> </ul> <p>(number of days you must be Disabled before VLTD benefits become payable)</p>
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### 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-workdays such as vacation, weekends and holidays.

### Standard Provisions

- Maternity is covered the 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 VLTD 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 VLTD 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 24-month incentive period, no offset will be taken for Other Income Amounts (which includes income from employment), until the sum of the gross VLTD benefit and Other Income Amounts exceeds 100% of your Pre-disability Earnings.
- **Vocational Rehabilitation:** Provides assistance if you are disabled and receiving a VLTD 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.
- **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

Additional Catastrophic Disability Benefit  
Survivor Benefit

### Value-Added Services

Your VLTD 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.
- **Well-Being Coaching:** Empowers clients to discover and reflect on aspects of their well-being that are most important to them. Services offer holistic one-on-one support for a variety of issues.
- **Computerized Cognitive Behavioral Therapy (CCBT):** Provides a digital program available by mobile app, tablet or desktop offering guided programs to help reduce personal roadblocks, whenever and wherever needed.

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	\$0.081
25-29	\$0.081
30-34	\$0.170
35-39	\$0.251
40-44	\$0.308
45-49	\$0.365
50-54	\$0.535
55-59	\$0.834
60-64	\$1.134
65-69	\$1.191
70-74	\$1.191
75 +	\$1.191

## Calculating Your Cost for VLTD Plan Coverage

### Employee's Monthly Cost of Coverage:

Monthly Rate Per \$100 of Monthly Covered Earnings

*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 \$13,333.33, 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 01-021408-00. 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