



Group Life Insurance

Supplemental Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS

Sponsored By: Tule River Indian Tribe of California
Effective Date: October 1, 2023
Policy Number: 01-020665-00

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

Employee	Life and AD&D Benefit
Amounts	Increments of \$10,000
Minimum Amount	\$10,000
Maximum Amount	Lesser of \$500,000 or 5 x Earnings
(life) Guaranteed Issue	\$200,000

Spouse	Life and AD&D Benefit
Spouse Amount	Increments of \$5,000
Minimum Amount	\$5,000
Maximum Amount	\$250,000 not to exceed 100% of Supplemental Employee Coverage
(life) Guaranteed Issue	\$25,000

Child	Life and AD&D Benefit
Child Amount	Live Birth to 26 year(s): Increments of \$2,000; \$2,000 to \$45,000

Benefit Reduction	Employee and Spouse
Original Benefit	35% at age 70
Amount Reduced By	23% at age 75

Rounded to the next higher \$1,000

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.
Waiver of Premium*	With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for a period of time for an employee that becomes disabled prior to a certain qualifying age. Certain restrictions, such as an elimination period, apply. Please refer to your employee certificate for additional information.
AD&D Riders	Includes Seat Belt, Airbag and Repatriation benefits. Please refer to your employee certificate for additional information.

**life only*

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

AGE	RATE
Under 25	\$0.090
25 - 29	\$0.090
30 - 34	\$0.095
35 - 39	\$0.115
40 - 44	\$0.170
45 - 49	\$0.245
50 - 54	\$0.375
55 - 59	\$0.645
60 - 64	\$0.725
65 - 69	\$1.215
70 - 74	\$2.145
75 - 100	\$8.095

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

AGE	RATE
Under 25	\$0.096
25 - 29	\$0.096
30 - 34	\$0.100
35 - 39	\$0.120
40 - 44	\$0.176
45 - 49	\$0.250
50 - 54	\$0.342
55 - 59	\$0.483
60 - 64	\$0.730
65 - 69	\$1.220
70 - 74	\$2.150
75 - 100	\$8.100

Monthly Supplemental Child Life Rate per \$1,000 of coverage is \$0.1950

Monthly Supplemental Employee AD&D Rate per \$1,000 of coverage is \$0.0200

Monthly Supplemental Spouse AD&D Rate per \$1,000 of coverage is \$0.0200

Monthly Supplemental Child AD&D Rate per \$1,000 of coverage is \$0.0200



Calculating Your Cost

Supplemental Employee Life:	$\frac{(\text{volume})}{(\text{rate})} \times \frac{1,000}{1,000} =$	\$ Monthly Cost
Supplemental Spouse Life:	$\frac{(\text{volume})}{(\text{rate})} \times \frac{1,000}{1,000} =$	\$ Monthly Cost
Supplemental Child Life:	$\frac{(\text{volume})}{(\text{rate})} \times \frac{0.195}{1,000} =$	\$ Monthly Cost
Supplemental Employee AD&D:	$\frac{(\text{volume})}{(\text{rate})} \times \frac{0.020}{1,000} =$	\$ Monthly Cost
Supplemental Spouse AD&D:	$\frac{(\text{volume})}{(\text{rate})} \times \frac{0.020}{1,000} =$	\$ Monthly Cost
Supplemental Child AD&D:	$\frac{(\text{volume})}{(\text{rate})} \times \frac{0.020}{1,000} =$	\$ 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 01-020665-00. 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