## **CONTACT US**

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# SUMMARY OF GROUP LIFE INSURANCE For the Employees of

## **ORAL ROBERTS UNIVERSITY**

For coverage effective January, 1st 2017. The information in this summary may be replaced by any subsequently issued summary or policy amendment.

CROLID DACIC LIFE INICIDANCE & ACCIDENTAL DEATH & DICMEMBERMENT (AD&D) INICIDANCE
Description of Life Insurance  Basic 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.
Description of AD&D Insurance  This benefit 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.
Eligibility All Active Full-Time Regular Faculty Members working a minimum of 40 hours each week.
All Other Active Full Time Employees working a minimum of 40 hours each week.
Benefits 1 x your Basic Annual Earnings rounded to the next higher \$1,000, not to exceed \$50,000, of Basic Life and AD&D coverage at no cost to you paid for by your employer.
Additional AD&D Benefits  Loss of Life, Loss of Speech and/or Hearing, Loss of Hand, Foot or sight of one Eye, Loss of Thumb and Index Finger on one Hand, Paralysis Benefit, Seat Belt/Airbag Benefit and
Repatriation Benefit are included under AD&D for actively insured employees.
Child Education, Spouse Education and Adaptive Home and Vehicle benefits are included under AD&D at the lesser of 5% of the Principal Sum to a \$5,000 maximum, Day Care is included at 5% of the Principal Sum to a \$2,500 maximum or the actual cost. Certain restrictions apply. Refer to your employee certificate
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. Refer to your employee certificate.
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. Refer to your
employee certificate.
Conversion A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions are met. Refer to your employee certificate.
Benefit Reduction

Benefit amounts will be reduced by the following percentages according to age category:

- 33% at Employee's age 70
- 67% at Employee's age 75

Benefit reduction will apply to the original benefit amount in force and will be rounded to the next higher \$1000.

# GROUP SUPPLEMENTAL LIFE INSURANCE & SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

**Eligibility** 

All Active Full-Time Regular Faculty Members working a minimum of 40 hours each week. All Other Active Full Time Employees working a minimum of 40 hours each week.

#### **Benefits**

#### Supplemental Life

- All Eligible Employees 1, 2, or 3 x your Basic Annual Earnings rounded to the next higher \$1,000, not to exceed \$400,000, of Supplemental Life.
- Spouse –Increments of \$5,000 to a maximum of \$200,000 not to exceed 50% of Employee's Supplemental Life coverage amount
- Child(ren) for child(ren) ages birth to 15 days \$500 and ages 6 months to age 26, Increments of \$2,000 to \$10,000 of Supplemental Life coverage.

#### Supplemental AD&D

- Increments of \$10,000
- The lesser of 10 x annual salary or \$500,000
- Spouse Only coverage 50% of the employee principal amount
- Child(ren) Only Each Dependent Child 10% of the employees principal amount
- Spouse and Child(ren) Spouse 50%; each child 10% of the employee principal amount

Evidence of Insurability Evidence of Insurability is required for all amounts of insurance selected after the initial 31 day eligibility period. Evidence of Insurability is required for Employee Supplemental Life Insurance amounts in excess of \$175,000 not to exceed 3 x Basic Annual Earnings.

Evidence of Insurability is required for Spouse Supplemental Life Insurance amounts in excess of \$10,000.

A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions are met. Refer to your employee certificate.

This coverage may be continued at group rates upon termination of employment. Certain restrictions apply. No portability available for Supplemental AD&D coverage. Refer to your employee certificate.

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. Refer to your employee certificate.

Accelerated Death Benefit If an employee has been diagnosed as Terminally III, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the employee. Refer to your

employee certificate.

#### **Benefit Reduction**

#### **Employee:**

Benefit amounts will be reduced by the following percentages according to age category:

- 33% at Employee's age 70
- 67% at Employee's age 75

Benefit reduction will apply to the original benefit amount in force and will be rounded to the nearest 1000.

#### Spouse:

Benefit amounts will be reduced by the following percentages according to age category:

- 33% at Employee's age 70
- 67% at Employee's age 75

Benefit reduction will apply to the original benefit amount in force and will be rounded to the next higher \$1000.

# Rates for Supplemental Life and AD&D coverage:

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

Employee's Age	Rates	Employee's Age	Rates
Under 25	\$0.060	50-54	\$0.210
25-29	\$0.060	55-59	\$0.390
30-34	\$0.070	60-64	\$0.610
35-39	\$0.080	65-69	\$1.160
40-44	\$0.090	70-74	\$1.890
45-49	\$0.140	75 and over	\$1.890

Child Supplemental Life rate per \$1,000 of coverage unit: \$0.200

Employee, Spouse and Child AD&D rate per \$1,000 of coverage: \$0.020

How to Calculate Your Co	ost:				
Employee Life:				/1,000=	\$
	(volume)	Χ	(rate)		Monthly cost
Employee AD&D:			0.020	/1,000=	\$
	(volume)	X	(rate)	_ `	Monthly cost
Spauga Lifa:				/1 000-	¢
Spouse Life:	(volume)	_ <sub>_</sub>	(rate)	_ /1,000=	\$ Monthly cost
	(volunto)	^	(rate)		Worlding Good
Spouse AD&D:			0.020	/1,000=	\$
	(volume)	Х	(rate)	_	Monthly cost
Child Life.			0.00	/4 000	<b>c</b>
Child Life:	(volumo)	_ ,	0.20 (roto)	_ /1,000=	\$ Monthly cost
	(volume)	Х	(rate)		Monthly Cost
Child AD&D:			0.020	/1,000=	\$
	(volume)	X	(rate)	_	Monthly cost
					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 01-017131-00. 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. For Class 2 and 3 Employees Only.

**Insured by Symetra Life Insurance Company**