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SUMMARY OF GROUP SHORT TERM DISABILITY INCOME 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.

GROUP VOLUNTARY SHORT TERM DISABILITY INCOME INSURANCE

Short Term Disability

Disability income insurance can provide a portion of the income you would lose if you became disabled and could not work. This would help to pay your everyday living expenses and it may assist you in maintaining the standard of living you and your family now enjoy.

Definition of Disability

Disabled/Disability means our determination that your sickness or injury:

- Prevents you from performing with reasonable continuity the material and substantial duties of your regular occupation and a reasonable employment option offered to you by the employer; and
- As a result, the income you are able to earn is less than or equal to 80% of your pre-disability earnings.

Material and substantial duties are the duties that:

- Are normally required for the performance of the occupation;

AND

- Cannot be reasonably omitted or changed.

Pre-Existing Condition

This plan will cover a disability if it is caused by, contributed to by, or results from a pre-existing condition and the disability begins after you have gone at least 3 consecutive months after the effective date of your coverage without treatment for the pre-existing condition or after being insured for 12 consecutive months from his/her effective date of coverage. If the time period requirements are not met, the disability is excluded from coverage under the plan.

Pre-Existing Condition means a sickness or injury for which the insured received treatment within 3 months prior to his/her effective date of coverage. Treatment includes consultation, care, or services from a doctor, or other medical professional recommended by a doctor. It also includes being prescribed medicines, taking prescribed medicines (or the fact that the insured should have been taking prescribed medicines, but chooses not to), and receiving diagnostic measures.

Eligibility

All Full-Time Active Employees working a minimum of 40 hours each week.

Benefits

Option 1

If you become disabled and have short term disability coverage, benefits begin after 29 days of sickness or accident. Symetra Life Insurance Company will pay your benefit to you while you are disabled under the terms of the policy. The voluntary short term disability income weekly benefit will be 60% of your salary to a maximum of \$1,500 per week. The minimum weekly benefit is \$25 per week. The maximum payment duration is 22 weeks.

Option 2

If you become disabled and have short term disability coverage, benefits begin after 7 days of sickness or accident. Symetra Life Insurance Company will pay your benefit to you while you are disabled under the terms of the policy. The voluntary short term disability income weekly benefit will be 60% of your salary to a maximum of \$1,500 per week. The minimum weekly benefit is \$25 per week. The maximum payment duration is 25 weeks.

Standard Provisions

- Pre-Existing Conditions Exclusion. Certain restrictions apply.
- Maternity is covered as any other condition
- Option 1 – 14 days; Option 2 - 30 day recurrent disability/temporary recovery

Rates

Rates per \$10 of weekly benefit:

Option 1 29/29 ; 22 week	.210
Option 2 7/7/; 25 week	.469

How to Calculate Your Cost

Employee: $\frac{\text{Rate}}{\text{Rate}} \times \frac{(\text{your weekly salary} \times .60 \text{ to a maximum of } \$1,500)}{10} = \frac{\$}{\text{Monthly Short Term Disability cost}}$

This summary is based on proposal information only. It provides only a brief description Disability Income Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 series Group Disability Income 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 1, 2 and 3 Employees Only.**

Insured by Symetra Life Insurance Company