

Group Life Insurance

Supplemental Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS

Class 1, 2, 4, 6

Sponsored By: Woods Services, Inc.
Effective Date: November 1, 2023
Policy Number: 01-020664-00

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

Employee	Life & AD&D Benefit
Amount	Increments of \$5,000
Maximum Amount	Lesser of \$500,000 or 5 x Earnings
Guaranteed Issue	\$150,000
Spouse	Life & AD&D Benefit
Spouse Amount	Increments of \$5,000
Maximum Amount	\$250,000 not to exceed 100% of Supplemental Employee Coverage
Guaranteed Issue	\$50,000
Child	Life & AD&D Benefit
Child Amount	Live Birth to 26 years: \$10,000
Benefit Reduction	Employee & Spouse
Original Benefit Amount	65% at age 70
Reduced To	50% at age 75
Eligibility	
All Eligible Woods Services, Inc. Woods Community Services LLC, Tabor Children, Tabor Community Partners Employees and Brian's House employees working a minimum of 30 hours per week.	
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 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, Repatriation, Child Education and Therapeutic Counseling 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

Rates for Supplemental Life Coverage

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

AGE	RATE
Under 25	\$0.077
25 - 29	\$0.066
30 - 34	\$0.076
35 - 39	\$0.107
40 - 44	\$0.156
45 - 49	\$0.247
50 - 54	\$0.389
55 - 59	\$0.592
60 - 64	\$0.846
65 - 69	\$1.442
70 - 74	\$2.569
75+	\$5.158

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

AGE	RATE
Under 25	\$0.130
25 - 29	\$0.110
30 - 34	\$0.110
35 - 39	\$0.150
40 - 44	\$0.210
45 - 49	\$0.330
50 - 54	\$0.530

55 - 59	\$0.810
60 - 64	\$1.420
65 - 69	\$2.460
70 - 74	\$4.390
75+	\$8.590

Monthly Supplemental Child Life Rate per \$1,000 of coverage is \$0.305

Monthly Supplemental Employee AD&D Rate per \$1,000 of coverage is \$0.023

Monthly Supplemental Spouse AD&D Rate per \$1,000 of coverage is \$0.026

Monthly Supplemental Child AD&D Rate per \$1,000 of coverage is \$0.035

Calculating Your Cost

Supplemental Employee Life:	<u> </u>	x	<u> </u>	/1,000 =	<u> </u>
	(volume)		(rate)		\$ Monthly Cost
Supplemental Spouse Life:	<u> </u>	x	<u> </u>	/1,000 =	<u> </u>
	(volume)		(rate)		\$ Monthly Cost
Supplemental Child Life:	<u> </u>	x	<u>0.305</u>	/1,000 =	<u> </u>
	(volume)		(rate)		\$ Monthly Cost
Supplemental Employee AD&D:	<u> </u>	x	<u>0.023</u>	/1,000 =	<u> </u>
	(volume)		(rate)		\$ Monthly Cost
Supplemental Spouse AD&D:	<u> </u>	x	<u>0.026</u>	/1,000 =	<u> </u>
	(volume)		(rate)		\$ Monthly Cost
Supplemental Child AD&D:	<u> </u>	x	<u>0.035</u>	/1,000 =	<u> </u>
	(volume)		(rate)		\$ 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 01-020664-00. 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