



Group Life Insurance

Basic Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS

Class 2

Sponsored By: Yakima County
Effective Date: January 1, 2020
Policy Number: 01-018083-00

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

Employee	Life Benefit
Amount	\$10,000
Minimum Amount	\$10,000
Maximum Amount	\$10,000
Guarantee Issue	\$10,000

Employee	AD&D Benefit
Amount	\$10,000
Minimum Amount	\$10,000
Maximum Amount	\$10,000

Spouse	Dependent Life Benefit
Spouse Amount	\$1,000
Minimum Amount	\$1,000
Maximum Amount	\$1,000
Guarantee Issue	\$1,000

Child	Dependent Life Benefit
Child Amount	Live Birth to 6 month(s): \$100 6 month(s) to 26 year(s): \$1,000

Benefit Reduction	Employee
Original Benefit	65% at age 65
Amount Reduced To	50% at age 70

Eligibility
All Eligible Teamster Employees working a minimum of 20 hours per week and their eligible dependents.

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 an employee that becomes disabled. Certain restrictions apply. Please refer to your employee certificate for additional information.
AD&D Riders	Includes Seat Belt, Airbag, Repatriation, Child Education, Rehabilitation, Spouse Education, Adaptive Home and Vehicle and Coma 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

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 01-018083-00. 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