

Group Disability Insurance

Voluntary Long Term Disability

SUMMARY OF BENEFITS

Class 1

Sponsored By: Town of Rockland – School Employees
Effective Date: July 1, 2017
Policy Number: 01-017340-00

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

Benefit Highlights:

Benefit Amount	60% of salary up to \$5,000 per month	
Elimination Period	90 days (number of days you must be disabled to collect disability benefits)	
Maximum Benefit Duration	Reducing Benefit Duration (RBD):	
	<u>Age at Disability</u>	<u>Maximum Payment Duration</u>
	Less than age 60	To age 65 (but not less than 60 mos.)
	60	60 months
	61	48 months
	62	42 months
	63	36 months
	64	30 months
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69 and over	12 months
Accumulation of Elimination Days	You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability.	
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within the 12 months prior to your initial eligibility date and have been covered under this plan for 24 months. Unless you have been treatment free for 12 months from your initial eligibility date.	
Survivor Income Benefit	A survivor benefit may be paid to your beneficiary if you should die while receiving qualifying disability payments.	
Benefit Limitations	Mental Illness: 24 months per lifetime Substance Abuse: 24 months per lifetime	

Eligibility

All active full-time **School** employees working a minimum of 30 hours per week who are in an eligible class are eligible for coverage on the policy effective date. *A delayed effective date will apply if the employee is not actively at work or in a period of limited activity.*

Standard Provisions:

- Maternity is covered same as any other condition
- Accumulation of elimination period
- Six-month recurrent disability/temporary recovery
 - If the insured recovers and returns to work, and the same sickness or injury causes the disability to occur again within six months of the date the prior disability ended, Symetra will resume monthly payments if the insured is covered under the policy for the period of temporary recovery.
- Waiver of premium
 - Premium payments for coverage are suspended for an insured while he/she is receiving disability income payments under this policy.
- Cost of living freeze
 - Except for increases in income earned (or received from any form of employment) once other income amounts have been subtracted from the gross monthly disability payment, the insured's payment will not be further reduced due to a cost of living increase in any other income amounts.
- Social Security assistance
 - Helps an insured obtain Social Security disability benefits
- Continuity of coverage

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 Voluntary Long Term Disability coverage

Monthly rates per \$100 of covered payroll: \$0.51

Calculating Your Cost

$$\frac{\$0.51}{(\text{rate})} \times \frac{(\text{your monthly gross earnings to a maximum of } \$8,333.33)}{100} = \$ \frac{\text{Monthly Voluntary Long Term Disability cost}}{100}$$

This summary provides only a brief description of the 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 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 01-017340-00. 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