

**Group Disability Insurance**

**Voluntary Short Term Disability**

**SUMMARY OF BENEFITS**

**Class 1**

**Sponsored By:** Town of Chapel Hill  
**Effective Date:** September 1, 2016  
**Policy Number:** 01-012767-00

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

**Benefit Highlights:**

**Benefit Amount**

Minimum \$50 not to exceed 25% of your Pre-Disability Earnings or \$400

**Minimum Benefit Amount** \$50

**Maximum Benefit Duration** 26 weeks

**Elimination Period**

Accident – 14 days  
 Sickness – 14 days  
 (number of days you must be disabled to collect disability benefits)

**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.

**Eligibility**

All full time employees working a minimum of 20 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 the same as any other condition.
- Non-Occupational Coverage
- 14 day recurrent disability/temporary recovery
- 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 recued due to a cost of living increase in any other income amounts.

## 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 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.

## 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 Short Term Disability coverage

Rates per \$10 of covered benefit based on 24 payroll deductions:

Age Group	\$50	\$100	\$150	\$200	\$250	\$300	\$350	\$400
0-29	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40
30-39	\$1.48	\$2.95	\$4.43	\$5.90	\$7.38	\$8.85	\$10.33	\$11.80
40-44	\$1.83	\$3.65	\$5.48	\$7.30	\$9.13	\$10.95	\$12.78	\$14.60
45-49	\$2.13	\$4.25	\$6.38	\$8.50	\$10.63	\$12.75	\$14.88	\$17.00
50-54	\$2.43	\$4.85	\$7.28	\$9.70	\$12.13	\$14.55	\$16.98	\$19.40
55-59	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	\$21.00	\$24.00
60-64	\$3.65	\$7.30	\$10.95	\$14.60	\$18.25	\$21.90	\$25.55	\$29.20
65-69	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60	\$32.20	\$36.80
70+	\$5.95	\$11.90	\$17.85	\$23.80	\$29.75	\$35.70	\$41.65	\$47.60

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 01-012767-00. 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**

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