

Symetra Voluntary Life Plan (Employee Option)		Voluntary Age Banded Rates - Life Benefit			
Plan Coverage	Symetra Voluntary Life and Optional AD&D		EE Life Monthly Step Rates per \$1000	Spouse Life Monthly Step Rates per \$1,000	Child(ren) Life Monthly Rates
Employee Life Amount	Choice of \$10,000, \$25,000, \$50,000, \$75,000, \$100,000, \$125,000, \$150,000 or \$175,000	Age	Rate	Rate	\$2.937/\$10,000
Guarantee issue for Employee Voluntary Life	\$175,000	15-24	\$0.055	\$0.067	
Spouse Life Amount	Choice of \$10,000, \$25,000, \$50,000, \$75,000, \$100,000, \$125,000, \$150,000 or \$175,000	25-29	\$0.063	\$0.076	
Maximum Amount for Spouse Voluntary Life	100% of Employee Life; Spouse cannot have higher amount than employee	30-34	\$0.080	\$0.097	
Guarantee issue for Spouse Voluntary Life	\$25,000	35-39	\$0.110	\$0.140	
Dependent Child(ren): Live birth to 14 days	\$1,000	40-44	\$0.158	\$0.201	
Dependent Child(ren): 14 days to 6 months	\$1,000	45-49	\$0.252	\$0.315	
Dependent Child(ren): 6 months to 19 years; 26 if full time student	\$10,000	50-54	\$0.400	\$0.490	
Age reduction schedule: Applies to both Employee and Spouse Life	65% at age 70; 50% at age 75	55-59	\$0.615	\$0.752	
		60-64	\$0.960	\$1.286	
Employee AD&D Benefit Amount (employee must be covered for AD&D for Spouse to elect AD&D)	Choice of \$10,000, \$25,000, \$50,000, \$75,000, \$100,000, \$125,000, \$150,000 or \$175,000	65-69	\$1.666	\$2.196	
Spouse AD&D Maximum Amount	100% of Employee Amount	70-74	\$2.974	\$3.913	
Dependent Child(ren): Live birth to 14 days	\$1,000	75+	\$5.827	\$7.837	
Dependent Child(ren): 14 days to 6 months	\$1,000				
Dependent Child(ren): 6 months to 19 years; 26 if full time student	\$10,000				
		Voluntary AD&D Rates			
			EE AD&D Monthly Rate	Spouse AD&D Monthly Rate	Child(ren) AD&D Monthly Rate
			\$0.027/\$1,000	\$0.028/\$1,000	\$0.300/\$10,000
Conversion/Portability	Both				
Annual Enrollment Period	Included				
Accelerated Death Benefit	Included to a maximum of \$250,000				
Age Reduction	65% at age 70; 50% at age 75				

_____ I decline voluntary life insurance for myself and dependents.

_____ I elect to enroll in voluntary life insurance, subject to medical review, and authorize my employer to take the premiums post tax.

Your Signature _____ Date: _____