**Group Life Insurance** | **Supplemental Life and Accidental Death & Dismemberment**

**SUMMARY OF BENEFITS** | **Class 1**

**Sponsored By:** **Four B Corp., dba Balls Food Stores**
**Effective Date:** **January 1, 2024**
**Policy Number:** **01-020492-00**

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

## Eligibility

All Eligible Employees Enrolled in the Employer's Medical Plan

| **Employee** | **Life and AD&D Benefit** |
|---|---|
| Amount | Increments of $1,000 |
| Minimum Amount | $5,000 |
| Maximum Amount | Lesser of $500,000 or 10 x Earnings (Round to the next higher $1,000) |
| Guaranteed Issue | $150,000 |

| **Spouse** | **Life and AD&D Benefit** |
|---|---|
| Spouse Amount | Increments of $1,000 |
| Minimum Amount | $1,000 |
| Maximum Amount | $250,000 not to exceed 100% of Supplemental Employee Coverage (Round to the next higher $1,000) |
| Guaranteed Issue | $50,000 |

| **Child** | **Life and AD&D Benefit** |
|---|---|
| Child Amount | Live Birth to 26 year(s): Increments of $1,000. Minimum benefit of $5,000 to a maximum of $10,000 |
| Guaranteed Issue | $10,000 |

| **Benefit Reduction** | **Employee and Spouse** |
|---|---|
| Original Benefit Amount | 65% at age 65 |
| Reduced To | 50% at age 70<br>30% at age 75 |

## 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. |
| AD&D Riders | Includes Seat Belt, Airbag, Repatriation, Therapeutic Counseling and Coma benefits. Please refer to your employee certificate for additional information. |

## Value Added Services

| | |
|---|---|
| Beneficiary Companion | Support services for beneficiaries who have experienced a loss. |
| Travel Assist | Travel assistance services for employees and eligible dependents traveling more than 100 miles from home. |
| Identity Theft Protection | Help is just a phone call away wherever employees travel, including lost wallet protection, translation service and emergency cash. |

## Rates for Supplemental Life coverage

Monthly Supplemental Employee and Spouse Life Rates per $1,000 of coverage

| AGE | RATE |
|---|---|
| Under 25 | $0.100 |
| 25 - 29 | $0.100 |
| 30 - 34 | $0.110 |
| 35 - 39 | $0.150 |
| 40 - 44 | $0.240 |
| 45 - 49 | $0.370 |
| 50 - 54 | $0.600 |
| 55 - 59 | $1.040 |
| 60 - 64 | $1.670 |
| 65 - 69 | $2.780 |
| 70 - 74 | $4.640 |
| 75 - | $5.550 |

Monthly Supplemental Child Life Rate per $1,000 of coverage is $0.2500

Monthly Supplemental Employee AD&D Rate per $1,000 of coverage is $0.0470

Monthly Supplemental Spouse AD&D Rate per $1,000 of coverage is $0.0470

Monthly Supplemental Child AD&D Rate per $1,000 of coverage is $0.0470

## Calculating Your Cost

| | | | | | | |
|---|---|---|---|---|---|---|
| Supplemental Employee Life: | _____ (volume) | x | _____ (rate) | ÷ 1,000 = | $_____ | Monthly Cost |
| Supplemental Spouse Life: | _____ (volume) | x | _____ (rate) | ÷ 1,000 = | $_____ | Monthly Cost |
| Supplemental Child Life: | _____ (volume) | x | _____ (rate) | ÷ 1,000 = | $_____ | Monthly Cost |
| Supplemental Employee AD&D: | _____ (volume) | x | _____ (rate) | ÷ 1,000 = | $_____ | Monthly Cost |
| Supplemental Spouse AD&D: | _____ (volume) | x | _____ (rate) | ÷ 1,000 = | $_____ | Monthly Cost |
| Supplemental Child AD&D: | _____ (volume) | x | _____ (rate) | ÷ 1,000 = | $_____ | 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 01-020459-00. 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

## Contact Information for Claims

Phone: 1-877-377-6773
Fax: 1-877-737-3650

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Life and Absence Management Center
P.O. Box 1230
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