

# Life and Accidental Death & Dismemberment (AD&D) insurance protection after group coverage ends

Symetra Group Life and AD&D Insurance Portability Kit



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# Group Life and AD&D Insurance

## Portability Kit

Your group life and AD&D insurance coverage includes a portability provision, which allows you to continue your coverage when you leave your job.

### What is Life Portability?

Life Portability allows you to continue your life and if applicable, accidental death & dismemberment (AD&D) insurance coverage when your employment is terminated, subject to the eligibility requirements below. If you also have coverage for your dependents, that coverage may also be continued under the Portability provision.

### Eligibility Requirements:

You are eligible for portability coverage if all of the following criteria apply: <sup>1</sup>

- Your company's group life and AD&D insurance policy, including the portability provision, is in-force at the time of application;
- You have not yet reached age 70;
- You are not entering active military service; and
- Your application and premium payment must be received within 31 days of termination of coverage under the Group Life policy.

**Important:** Your completed portability application and initial premium payment must be received within 31 days after your group coverage ends.

### How Portability Works:

You can choose to continue 50%, 75% or 100% of your current Life and AD&D insurance benefit amount. Be sure to carefully consider all of your life and AD&D insurance needs – if you decide to port a reduced percentage of your current life and AD&D insurance benefit amount, you won't be able to continue any portion of the remaining amount at a later date.

Portability may also be available for your spouse and dependents if dependent life and AD&D insurance coverage is included in your company's policy. You can select portability coverage for your spouse and dependents as long as they are insured under the current group life and AD&D policy at the time your group coverage terminates. Child coverage may only be ported if you or your spouse elects portability<sup>2</sup>.

# Frequently Asked Questions

## Do I need a medical exam?

No. A medical exam is not required and you will not have to answer any medical questions.

## How much does it cost?

The actual cost (rate) is based on your age, or if applicable, your spouse's age, at the time you are approved for portability and whether or not you have used tobacco products (cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, and any nicotine-containing vaping or electronic cigarette products, etc.) within the last 12 months. Rates are reviewed annually and may change.

Basic, Supplemental and Spouse Life Insurance (per \$1,000 of coverage)

| Age      | Non-Tobacco | Tobacco  |
|----------|-------------|----------|
| Under 30 | \$0.085     | \$0.171  |
| 30-34    | \$0.095     | \$0.183  |
| 35-39    | \$0.135     | \$0.228  |
| 40-44    | \$0.210     | \$0.342  |
| 45-49    | \$0.345     | \$0.560  |
| 50-54    | \$0.520     | \$0.895  |
| 55-59    | \$0.865     | \$1.398  |
| 60-64    | \$1.375     | \$2.005  |
| 65-69    | \$2.135     | \$3.544  |
| 70-74    | \$3.575     | \$5.978  |
| 75-79    | \$6.078     | \$10.163 |

Dependent Child Life Insurance (per \$1,000 of coverage)

|      |         |
|------|---------|
| Rate | \$0.220 |
|------|---------|

Accidental Death & Dismemberment Insurance (per \$1,000 of coverage)

|      |        |
|------|--------|
| Rate | \$0.06 |
|------|--------|

## Can I port only my AD&D coverage?

No. You must port your life insurance coverage in order to port your AD&D coverage.

# Frequently Asked Questions *(continued)*

## What are the minimum and maximum benefit amounts that can be ported?

|                      | Minimum Amount | Maximum Amount |
|----------------------|----------------|----------------|
| You                  | \$5,000        | \$1,000,000    |
| Your Spouse          | \$5,000        | \$500,000      |
| Your Dependent Child | \$5,000        | \$100,000      |

If you port AD&D in addition to Life coverage, the ported AD&D amount generally must match the ported Life amount, subject to the AD&D coverage amounts available under your employer's group. In no event may you port a Life and AD&D benefit amount that exceeds the amount for which you were covered under the employer's group policy.

## My group life plan includes portability and conversion provisions. What's the difference?

The primary difference is the type of insurance coverage you receive (see below).

| Provision   | Policy Type                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Portability | <b>Group Term Life Insurance certificate under a group policy.</b> This type of coverage provides protection until the age maximum is reached, provided that required premiums are paid. Pricing is determined by age, and tends to be lower than conversion. Coverage does not remain associated with the group life insurance policy that provided the right to port. There is no cash value. |
| Conversion  | <b>Individual Permanent Life Insurance policy.</b> This type of policy provides lifetime protection provided that required premiums are paid. Pricing is based on individual rates which tend to be more expensive than rates under a ported policy. The policy also accumulates a cash value that can be borrowed against, if needed.                                                          |

## Once I'm covered for portability life and AD&D insurance, will my benefit amount stay the same?

Once portability coverage becomes effective, your ported benefit amount is not subject to additional age-based reductions. Contact your HR representative for more information.

## Will I have life and AD&D insurance coverage while my portability application is being reviewed?

Yes. Your portability coverage, if approved, will become effective on the day after your group insurance benefits are terminated.

# Frequently Asked Questions *(continued)*

## **When will my portability coverage terminate?**

Your portability coverage will terminate on the earliest of:

- 1) the date you reach age 80;
- 2) the last day of the period for which you have paid premium;
- 3) the date you enter active full-time duty in the armed forces (land, water, air) or any country or authority (not including active duty training for 2 months or less); or
- 4) the date the Portable Group Term Life Policy terminates.

## **Can I convert to an individual policy if my portability coverage terminates?**

Yes, if your portability life benefit terminates, you can convert the amount of life insurance to individual coverage. You may not convert your AD&D coverage. The cost is based on your age at the time you apply for conversion which may impact the amount of premium you pay. You may not convert to individual coverage if the termination of your portability coverage is due to non-payment of premium.

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# Getting Started

Don't miss the deadline. Complete your portability application today.

For more information on how to port your coverage, talk with your HR representative.

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It is important to get started as soon as possible. We must receive your application and initial premium payment within 31 days from the date your group coverage ends.

If you miss the 31 day enrollment deadline, you and your dependent(s) may not be able to port your coverage.

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To apply for portability, fill out Part 2 of the enclosed application. Your employer is responsible for completing Part 1.

**Send your completed application and initial premium to:**

**Symetra Life Insurance Company**  
PO Box 1491  
Minneapolis, MN 55480-1491

Portability life insurance policies are insured by Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004. Portability Policy form number is ICC25 GLCPORT 10/25 in most states and is not available in any U.S. territory. Our New York subsidiary insures products for New York policyholders. Policies contain exclusions, limitations, reduction of benefits and terms for keeping them in-force.

<sup>1</sup> Eligibility is verified on an annual basis.

<sup>2</sup> Dependent children that have reached maximum issue age are not eligible to port their coverage.



777 108<sup>th</sup> Avenue NE, Suite 1200 Bellevue, WA 98004

[www.symetra.com](http://www.symetra.com)

Symetra® is a registered service mark of Symetra Life Insurance Company.



Symetra Life Insurance Company  
Mailing Address: PO Box 1491, Minneapolis, MN 55480-1491

APPLICATION FOR PORTABLE GROUP TERM LIFE INSURANCE

If your Group Term Life Insurance coverage terminates, you are eligible to continue your Basic, Supplemental Life and Dependent Life coverage under a group portability policy. You must apply for Portability within 31 days of the date of your coverage terminates. For information about the maximum amount you may continue, see your certificate.

To apply:

- 1. Complete Part 2 of this application for portability. Be sure that your Policyholder has completed Part 1. Premium rates and instructions for figuring your premium are shown on the back of this form.
- 2. Mail completed application **together with your check or money order** for the first premium payment within 31 days of termination of coverage to the mailing address indicated above.

Part 1 TO BE COMPLETED BY POLICYHOLDER

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                         |  |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|--|-----------------------------------------------------|
| Group Policy Number                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Name of Policyholder    |  | Reason for Termination (if applicable)              |
| Date Employment Terminated                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date Coverage Terminated | Last Day of Active Work |  | Date of Hire/Membership of Employee/Member          |
| Insurance Class                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | Current Salary          |  | Signature of Person Authorized to Certify for Group |
| <ul style="list-style-type: none"><li>Employee Basic Life <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____</li><li>Supplemental Life <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____</li><li>Dependent Spouse Life <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____</li><li>Dependent Child Life <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____</li></ul> |                          |                         |  | Phone Number                                        |
| <ul style="list-style-type: none"><li>Employee AD&amp;D <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____</li></ul>                                                                                                                                                                                                                                                                                                                   |                          |                         |  | Date                                                |
| <ul style="list-style-type: none"><li>Spouse AD&amp;D <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____</li></ul>                                                                                                                                                                                                                                                                                                                     |                          |                         |  | Email                                               |

**Part 2 TO BE COMPLETED BY THE APPLICANT.**

"Applicant" means the employee or member of the Group Policy from which coverage is being ported or the employee/member's eligible Spouse as defined in the Group Policy.

|                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                                                             |                        |                                                                             |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|--------------|
| Name (Last)                                                                                                                                                                                                                                                                                                                                                             | (First)                                                                     | (MI)                                                                        | Social Security Number | Sex                                                                         | Phone number |
| Street Address                                                                                                                                                                                                                                                                                                                                                          |                                                                             | City                                                                        |                        | State                                                                       | Zip Code     |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                           | Email                                                                       |                                                                             |                        |                                                                             |              |
| Spouse Name (Last)                                                                                                                                                                                                                                                                                                                                                      | (First)                                                                     | (MI)                                                                        | Spouse Sex             | Spouse Date of Birth                                                        |              |
| Have you or your spouse used any form of tobacco product in the last 12 months?<br>Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No      Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Tobacco product includes cigarettes, cigars, pipe tobacco, snuff, and any nicotine-containing vaping or electronic cigarette products.) |                                                                             |                                                                             |                        |                                                                             |              |
| I wish to continue                                                                                                                                                                                                                                                                                                                                                      | <b>Employee</b>                                                             | <b>Spouse</b>                                                               |                        | <b>Dependent Child</b>                                                      |              |
| <input type="checkbox"/> Basic Life                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Amount \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Amount \$ _____ |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Amount \$ _____ |              |
| <input type="checkbox"/> Supplemental Life                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Amount \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Amount \$ _____ |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Amount \$ _____ |              |
| <input type="checkbox"/> AD&D                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Amount \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Amount \$ _____ |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Amount \$ _____ |              |
| <b>Billing Mode</b> (Select One): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual                                                                                                                                                                                              |                                                                             |                                                                             |                        |                                                                             |              |

| Beneficiary Designation |           | Date of Birth | Social Security Number | Relationship | Benefit % |
|-------------------------|-----------|---------------|------------------------|--------------|-----------|
| First Name              | Last Name |               |                        |              |           |
| (Primary)               |           |               |                        |              |           |
| (Primary)               |           |               |                        |              |           |
| (Contingent)            |           |               |                        |              |           |
| (Contingent)            |           |               |                        |              |           |

If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must be 100%.

**FRAUD WARNING:**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I have read the above questions and answers and hereby declare that they are complete and true to the best of my knowledge and belief. I further agree that while my eligibility to port this coverage under the terms of the Group Insurance Policy is being determined, the company may deposit the payment submitted with this application. If I am not eligible to port my Group Insurance, the sole obligation of the company shall be to refund the above payment

Employee Signature

Date

Spouse Signature

Date

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## How to Compute Portable Group Term Life Insurance Premium

### Employee Life Insurance

| Age                | Under 30 | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60-64   | 65-69   | 70-74   | 75-79    |
|--------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|
| <b>Non Tobacco</b> | \$0.085  | \$0.095 | \$0.135 | \$0.210 | \$0.345 | \$0.520 | \$0.865 | \$1.375 | \$2.135 | \$3.575 | \$6.078  |
| <b>Tobacco</b>     | \$0.171  | \$0.183 | \$0.228 | \$0.342 | \$0.560 | \$0.895 | \$1.398 | \$2.005 | \$3.544 | \$5.978 | \$10.163 |

To determine your cost for coverage, please determine your rate based on your age above, and then use the following formula(s) to calculate your cost:

$$\begin{aligned}
 &\$ \frac{\text{Life Benefit Amount}}{1,000} = \$ \text{Rate} \times \$ \text{Monthly Premium} \\
 &\$ \frac{\text{Life Benefit Amount}}{1,000} = \$ \text{Rate} \times \$ \text{Monthly Premium} \times 3 = \$ \text{Quarterly Premium} \\
 &\$ \frac{\text{Life Benefit Amount}}{1,000} = \$ \text{Rate} \times \$ \text{Monthly Premium} \times 6 = \$ \text{Semi-Annual Premium} \\
 &\$ \frac{\text{Life Benefit Amount}}{1,000} = \$ \text{Rate} \times \$ \text{Monthly Premium} \times 12 = \$ \text{Annual Premium}
 \end{aligned}$$

### Spouse Life Insurance

| Age                | Under 30 | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60-64   | 65-69   | 70-74   | 75-79    |
|--------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|
| <b>Non Tobacco</b> | \$0.085  | \$0.095 | \$0.135 | \$0.210 | \$0.345 | \$0.520 | \$0.865 | \$1.375 | \$2.135 | \$3.575 | \$6.078  |
| <b>Tobacco</b>     | \$0.171  | \$0.183 | \$0.228 | \$0.342 | \$0.560 | \$0.895 | \$1.398 | \$2.005 | \$3.544 | \$5.978 | \$10.163 |

To determine your cost for coverage, please determine your rate based on your spouse's age above, and then use the following formula(s) to calculate your cost:

$$\begin{aligned}
 &\$ \frac{\text{Life Benefit Amount}}{1,000} = \$ \text{Rate} \times \$ \text{Monthly Premium} \\
 &\$ \frac{\text{Life Benefit Amount}}{1,000} = \$ \text{Rate} \times \$ \text{Monthly Premium} \times 3 = \$ \text{Quarterly Premium} \\
 &\$ \frac{\text{Life Benefit Amount}}{1,000} = \$ \text{Rate} \times \$ \text{Monthly Premium} \times 6 = \$ \text{Semi-Annual Premium} \\
 &\$ \frac{\text{Life Benefit Amount}}{1,000} = \$ \text{Rate} \times \$ \text{Monthly Premium} \times 12 = \$ \text{Annual Premium}
 \end{aligned}$$

### Dependent Child Life Insurance

|             |         |
|-------------|---------|
| <b>Rate</b> | \$0.220 |
|-------------|---------|

To determine your cost for coverage, please indicate the total life benefit amount for covered dependent children, and then use the following formula(s) to calculate your cost.

$$\begin{aligned}
 &\$ \frac{\text{Life Benefit Amount}}{1,000} = \$ \text{Rate} \times \$ \text{Monthly Premium} \\
 &\$ \frac{\text{Life Benefit Amount}}{1,000} = \$ \text{Rate} \times \$ \text{Monthly Premium} \times 3 = \$ \text{Quarterly Premium} \\
 &\$ \frac{\text{Life Benefit Amount}}{1,000} = \$ \text{Rate} \times \$ \text{Monthly Premium} \times 6 = \$ \text{Semi-Annual Premium} \\
 &\$ \frac{\text{Life Benefit Amount}}{1,000} = \$ \text{Rate} \times \$ \text{Monthly Premium} \times 12 = \$ \text{Annual Premium}
 \end{aligned}$$

## How to Compute Portable Group AD&D Insurance Premium:

### Employee AD&D Insurance

|      |        |
|------|--------|
| Rate | \$0.06 |
|------|--------|

To determine your cost for coverage, please indicate your total AD&D benefit amount, and then use the following formula(s) to calculate your cost:

$$\begin{array}{l} \$ \underline{\hspace{2cm}} \div 1,000 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} \text{Rate} = \$ \underline{\hspace{2cm}} \text{Monthly Premium} \\ \text{AD\&D Benefit Amount} \end{array}$$
$$\begin{array}{l} \$ \underline{\hspace{2cm}} \div 1,000 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} \text{Rate} = \$ \underline{\hspace{2cm}} \text{Monthly Premium} \times 3 = \$ \underline{\hspace{2cm}} \text{Quarterly Premium} \\ \text{AD\&D Benefit Amount} \end{array}$$
$$\begin{array}{l} \$ \underline{\hspace{2cm}} \div 1,000 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} \text{Rate} = \$ \underline{\hspace{2cm}} \text{Monthly Premium} \times 6 = \$ \underline{\hspace{2cm}} \text{Semi-Annual Premium} \\ \text{AD\&D Benefit Amount} \end{array}$$
$$\begin{array}{l} \$ \underline{\hspace{2cm}} \div 1,000 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} \text{Rate} = \$ \underline{\hspace{2cm}} \text{Monthly Premium} \times 12 = \$ \underline{\hspace{2cm}} \text{Annual Premium} \\ \text{AD\&D Benefit Amount} \end{array}$$

### Spouse AD&D Insurance

|      |        |
|------|--------|
| Rate | \$0.06 |
|------|--------|

To determine your cost for coverage, please indicate your spouse's total AD&D benefit amount, and then use the following formula(s) to calculate your cost:

$$\begin{array}{l} \$ \underline{\hspace{2cm}} \div 1,000 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} \text{Rate} = \$ \underline{\hspace{2cm}} \text{Monthly Premium} \\ \text{AD\&D Benefit Amount} \end{array}$$
$$\begin{array}{l} \$ \underline{\hspace{2cm}} \div 1,000 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} \text{Rate} = \$ \underline{\hspace{2cm}} \text{Monthly Premium} \times 3 = \$ \underline{\hspace{2cm}} \text{Quarterly Premium} \\ \text{AD\&D Benefit Amount} \end{array}$$
$$\begin{array}{l} \$ \underline{\hspace{2cm}} \div 1,000 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} \text{Rate} = \$ \underline{\hspace{2cm}} \text{Monthly Premium} \times 6 = \$ \underline{\hspace{2cm}} \text{Semi-Annual Premium} \\ \text{AD\&D Benefit Amount} \end{array}$$
$$\begin{array}{l} \$ \underline{\hspace{2cm}} \div 1,000 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} \text{Rate} = \$ \underline{\hspace{2cm}} \text{Monthly Premium} \times 12 = \$ \underline{\hspace{2cm}} \text{Annual Premium} \\ \text{AD\&D Benefit Amount} \end{array}$$

### Dependent Child AD&D Insurance

|      |        |
|------|--------|
| Rate | \$0.06 |
|------|--------|

To determine your cost for coverage, please indicate your dependent child(ren)'s total AD&D benefit amount, and then use the following formula(s) to calculate your cost:

$$\begin{array}{l} \$ \underline{\hspace{2cm}} \div 1,000 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} \text{Rate} = \$ \underline{\hspace{2cm}} \text{Monthly Premium} \\ \text{AD\&D Benefit Amount} \end{array}$$
$$\begin{array}{l} \$ \underline{\hspace{2cm}} \div 1,000 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} \text{Rate} = \$ \underline{\hspace{2cm}} \text{Monthly Premium} \times 3 = \$ \underline{\hspace{2cm}} \text{Quarterly Premium} \\ \text{AD\&D Benefit Amount} \end{array}$$
$$\begin{array}{l} \$ \underline{\hspace{2cm}} \div 1,000 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} \text{Rate} = \$ \underline{\hspace{2cm}} \text{Monthly Premium} \times 6 = \$ \underline{\hspace{2cm}} \text{Semi-Annual Premium} \\ \text{AD\&D Benefit Amount} \end{array}$$
$$\begin{array}{l} \$ \underline{\hspace{2cm}} \div 1,000 = \$ \underline{\hspace{2cm}} \times \$ \underline{\hspace{2cm}} \text{Rate} = \$ \underline{\hspace{2cm}} \text{Monthly Premium} \times 12 = \$ \underline{\hspace{2cm}} \text{Annual Premium} \\ \text{AD\&D Benefit Amount} \end{array}$$

### Total Portability Premium

|                                                 |                                                   |                                                     |                                                |
|-------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|------------------------------------------------|
| \$ <u>                    </u><br>Monthly Total | \$ <u>                    </u><br>Quarterly Total | \$ <u>                    </u><br>Semi Annual Total | \$ <u>                    </u><br>Yearly Total |
|-------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|------------------------------------------------|