



**Group Disability Insurance**

**Voluntary Long Term Disability**

**SUMMARY OF BENEFITS**

**Class 1**

**Sponsored By:** Four B Corp. dba Balls Food Stores  
**Effective Date:** January 1, 2018  
**Policy Number:** 01-017493-00

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

**Benefit Highlights:**

**Benefit Amount** Increments of \$100 up to a Maximum of \$2,000, not to exceed 60% of earnings, as elected by you on your enrollment form

**Elimination Period** 90 days (number of days you must be disabled to collect disability benefits)

**Maximum Payment Duration** 2 Years/Reducing Benefit Duration:

<u>Age at Disability</u>	<u>Maximum Payment Duration</u>
Less than age 66	2 years
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** 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.

**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 employees, but not those who are subject to a Collective Bargaining Agreement working a minimum of 30 hours per week.

**Standard Provisions:**

- Maternity is covered the same as any other condition.
- 6 months 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 6 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 monthly covered benefit:

AGE	RATE
Under 25	\$0.383
25 - 29	\$0.467
30 - 34	\$0.567
35 - 39	\$0.800
40 - 44	\$1.017
45 - 49	\$1.217
50 - 54	\$1.517
55 - 59	\$1.983
60 - 64	\$2.000
65 - 69	\$2.000
70 - 74	\$2.000
75 - 100	\$2.000

## Calculating Your Cost

$$\frac{\text{(rate)}}{\text{(rate)}} \times \frac{\text{(your selected increments of \$100 up to \$2,000)}}{\text{(your selected increments of \$100 up to \$2,000)}} / 100 = \$ \text{Monthly Voluntary Long Term Disability cost}$$

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 01-017493-00. 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**