

Group Life Insurance

Supplemental Life

SUMMARY OF BENEFITS

Class 2

Sponsored By: EMR (USA Holdings) Inc.
Effective Date: January 1, 2022
Policy Number: 01-020379-00

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

Employee Life Benefit

Amount: Increments of \$10,000
 Minimum Amount: \$10,000
 Maximum Amount: Lesser of \$500,000 or 5 x Earnings (None)
 Guaranteed Issue: Guaranteed Issue Amount:
 Age 99 and below: Lesser of x3 Earnings or \$200,000

Spouse Life Benefit

Spouse Amount: Increments of \$5,000
 Minimum Amount: \$5,000
 Maximum Amount: \$250,000 not to exceed 50% of Supplemental Employee Coverage (None)
 Guaranteed Issue: Guaranteed Issue Amount:
 Age 99 and below: \$25,000

Note: Spouses are not eligible for supplemental life coverage unless the employee also elects supplemental life coverage

Child Life Benefit

Child Amount: Live Birth to 26 year(s): \$10,000

Benefit Reduction Employee

No Reductions



Benefit Reduction	Spouse
-------------------	--------

No Reductions

Eligibility

All Full-Time Non-Union Employees,
excluding Class 1 Employees, working a minimum of 30 hours per week and
their eligible dependents.

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 a 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.
-------------	---

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 Supplemental Life coverage

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

AGE	RATE
Under 25	\$0.063
25 - 29	\$0.063
30 - 34	\$0.080
35 - 39	\$0.103
40 - 44	\$0.150
45 - 49	\$0.246
50 - 54	\$0.388
55 - 59	\$0.673
60 - 64	\$1.038
65 - 69	\$1.909
70 - 74	\$3.968
75 -	\$3.968

Monthly Supplemental Child Life Rate per \$1,000 of coverage is \$0.1960

Calculating Your Cost

Supplemental
Employee Life: $\frac{\text{(volume)}}{\text{(volume)}} \times \frac{\text{(rate)}}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$

Supplemental Spouse
Life: $\frac{\text{(volume)}}{\text{(volume)}} \times \frac{\text{(rate)}}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$

Supplemental Child
Life: $\frac{\text{(volume)}}{\text{(volume)}} \times \frac{0.196}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$

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 01-020379-00. 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