

## **Group Life Insurance**

**Employee** 

## Basic Life and Accidental Death & Dismemberment

## **SUMMARY OF BENEFITS**

Class 2 - JPS

Sponsored By: The Tarrant County Hospital District dba JPS Health Network

Effective Date: January 1, 2024 Policy Number: 01-020008-00

Life Benefit

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

Amount Minimum Amount Maximum Amount Guaranteed Issue	1.00 x Earnings; Rounded to the next higher \$1,000 \$10,000 \$1,000,000 \$1,000,000
Employee	AD&D Benefit
Amount Minimum Amount Maximum Amount	1.00 x Earnings; Rounded to the next higher \$1,000 \$10,000 \$1,000,000
Benefit Reduction	Employee
Original Benefit Amount Reduced By	45% at age 70 65% at age 75 75% at age 80
Eligibility	
	All active benefit eligible hospital employees not enrolled in the buy-up plan option regularly scheduled to work at least 40 hours per pay period.
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.
	ricuse refer to your employee continues 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.
Conversion  Waiver of Premium	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply. Please refer to

LGP-2319/Class 2 – JPS 10/23



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 Help is just a phone call away wherever employees travel, including lost

Protection wallet protection, translation service and emergency cash.

## **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

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 01-020008-00. 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**