



Group Life Insurance

Supplemental Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS

All Classes - JPS

Sponsored By: The Tarrant County Hospital District dba JPS Health Network
Effective Date: January 1, 2024
Policy Number: 01-020008-00

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

Employee	Life Benefit
Amount	Increments of \$25,000, Rounded to the next higher \$1,000
Minimum Amount	\$25,000
Maximum Amount	\$500,000
Guaranteed Issue	\$300,000
Spouse	Life Benefit
Spouse Amount	Increments of \$12,500, Rounded to the next higher \$1,000
Minimum Amount	\$12,500
Maximum Amount	\$100,000 not to exceed 50% of Supplemental Employee Coverage
Guaranteed Issue	\$100,000
Child	Life Benefit
Birth to 6 months	\$1,000
6 months to 26 years	\$10,000
Employee	AD&D Benefit
Amount	Increments of \$25,000, Rounded to the next higher \$1,000
Minimum Amount	\$25,000
Maximum Amount	\$500,000
Spouse	AD&D Benefit
Spouse Amount	Increments of \$12,500, Rounded to the next higher \$1,000
Minimum Amount	\$12,500
Maximum Amount	\$100,000 not to exceed 50% of Supplemental Employee Coverage
Benefit Reduction	Employee and Spouse
Original Benefit	45% at age 70
Amount Reduced By	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.

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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.
Annual Enrollment Period	An Annual Enrollment Period is determined by your employer on a yearly basis. During this enrollment period, the Evidence of Insurability Requirement is waived for benefit increases for late entrants listed below. Allowable benefit increases are: <u>For Currently Enrolled:</u> Employees: 1 increment of \$25,000 Spouses: 1 increment of \$12,500 Benefit increases may not exceed the policy's guaranteed issue amount. This open enrollment does not apply to employees who were required to submit Evidence of Insurability but failed to do so and/or who have not satisfied the service waiting 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.
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.
Waiver of Premium	With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for an employee that becomes disabled. Certain restrictions apply. Please refer to your employee certificate for additional information.
AD&D Riders	Includes Seat Belt, Airbag, Repatriation, Child Education, Day Care and Spouse Education benefits. 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
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