

GROUP LIFE INSURANCE AND DISABILITY INCOME INSURANCE ENROLLMENT

TO BE COMPLETED BY THE POLICYHOLDER			
Policy Number <u>01-018009-00</u>			
Employer/Policyholder Name <u>Juniata College</u>			
1700 Moore St Street Address	Huntingdon City	PA State	16652 Zip Code
Employee Occupation/Job Title	Employee Date of Employment		
Effective Date of Coverage	<input type="checkbox"/> Full Time Employee <input type="checkbox"/> Part Time Employee		
\$ _____ / <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR Basic Earnings	Life Class 1 Class Number (if applicable)		

I. EMPLOYEE/ENROLLEE INFORMATION

Name _____	Sex	<input type="checkbox"/> M	<input type="checkbox"/> F
Street Address _____	City _____	State _____	Zip Code _____
Home Telephone Number _____	Date of Birth _____	Marital Status _____	

II. BENEFITS (Please check if you wish to enroll)

	Yes	N	Indicate the benefit amount
Employee Life	X		\$60,000 Flat Amount
Employee AD&D	X		\$60,000 Flat Amount
*Employee Supplemental Life and AD&D - Increments of \$10,000 to a maximum of \$500,000, not to exceed 5 x basic annual earnings. You may elect an amount upto \$130,000 without Evidence of Insurability.			Supplemental Life: \$ _____ Supplemental AD&D: \$ _____
Dependents who are Confined will be subject to a Deferred Effective Date – see your Certificate for details.			
Dependent Spouse Supplemental Life and AD&D - Increments of \$10,000 to a maximum of \$50,000, not to exceed 100% of supplemental employee coverage. You may elect an amount upto \$30,000 without Evidence of Insurability.			Supplemental Sp Life: \$ _____ Supplemental Sp AD&D: \$ _____
Dependent Child Supplemental Life - Live birth to 6 months -> \$1,000 - 6 months – 19 years -> \$10,000 - 19 years – 26 years if FT student -> \$10,000			\$ _____
Long-Term Disability Income Insurance	X		60% of Monthly Earnings to \$10,000
Other			

¹BAE: Basic Annual Earnings as defined in your contract. List Dependents' names and birthdates (use another page if needed).

Name	Relationship	Date of Birth	Name	Relationship	Date of Birth

III. BENEFICIARY DESIGNATION

Primary Beneficiary: The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

Contingent Beneficiary: The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

	NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP	% OF BENEFIT
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

IV. SELECTION/WAIVER OF GROUP INSURANCE *(Only check one box below, and sign.)*

- ☐ I, the undersigned, elect the insurance coverage which I selected above and for which I am eligible under the terms of the group policy or policies issued to the policyholder by Symetra Life Insurance Company. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this insurance **(Not applicable if the Policyholder pays 100% of the required contribution)**.
- ☐ I, the undersigned, hereby waive my right at this time to elect the insurance coverage which I did not select above. I understand that if I do not enroll within 31 days of the date I am first eligible, that I will not be able to obtain coverage in the future without submitting satisfactory evidence of insurability (proof of good health) to Symetra Life Insurance Company for approval. I also understand that Symetra Life Insurance Company will have the right to refuse my request for insurance.

I designate the beneficiary(ies) named on this form to receive any benefits payable in the event of my death. All information submitted by me on this form to the best of my knowledge and belief is true and complete.

Enrollee/Employee Signature

Date Signed

Group Benefits are insured by Symetra Life Insurance Company.



Group Life Insurance**Basic Life and Accidental Death &
Dismemberment**

SUMMARY OF BENEFITS**Class 1**

Sponsored By: Juniata College
Effective Date: June 1, 2019
Policy Number: 01-018009-00

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

Employee Life Benefit

Amount	\$60,000
Maximum Amount	\$60,000
Guarantee Issue	\$60,000

Employee AD&D Benefit

Amount	\$60,000
Maximum Amount	\$60,000

Benefit Reduction Employee

Original Benefit	35% at age 65
Amount Reduced By	50% at age 70

Eligibility

All Active Full Time Employees working a minimum of 30 hours per week.

**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, Rehabilitation, Spouse Education, Adaptive Home and Vehicle, Critical Burn, Therapeutic Counseling, Felonious Assault and Coma benefits. Please refer to your employee certificate for additional information.

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 Protection	Help is just a phone call away wherever employees travel, including lost 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 01-018009-00. 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

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



Group Life Insurance

Supplemental Life and Accidental Death & Dismemberment

SUMMARY OF BENEFITS

Class 1

Sponsored By: Juniata College
Effective Date: June 1, 2019
Policy Number: 01-018009-00

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 (round to the next higher \$1,000)
Guarantee Issue	\$130,000

Employee	AD&D Benefit
----------	--------------

Amount	Increments of \$10,000
Minimum Amount	\$10,000
Maximum Amount	Lesser of \$500,000 or 5 x Earnings (Round to the next higher \$1,000)

Spouse	Life Benefit
--------	--------------

Spouse Amount	Increments of \$10,000
Minimum Amount	\$10,000
Maximum Amount	\$50,000 not to exceed 100% of Supplemental Employee Coverage
Guarantee Issue	\$30,000

Spouse	AD&D Benefit
--------	--------------

Spouse Amount	Increments of \$10,000
Minimum Amount	\$10,000
Maximum Amount	\$50,000 not to exceed 100% of Supplemental Employee Coverage

Child	Life Benefit
-------	--------------

Child Amount	Live Birth to 6 month(s): \$1,000 6 month(s) to 19 year(s): \$10,000
--------------	---

Benefit Reduction	Employee
-------------------	----------

Original Benefit	35% at age 65
Amount Reduced By	50% at age 70

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

Benefit Reduction Spouse

Original Benefit	35% at age 65
Amount Reduced By	50% at age 70

Eligibility

All Active Full Time 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 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, Child Education, Day Care, Rehabilitation, Spouse Education, Adaptive Home and Vehicle, Critical Burn, Therapeutic Counseling, Felonious Assault and Coma 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
Life and Absence Management Center
P.O. Box 1230
Enfield, CT 06083-1230

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

Rates for Supplemental Life coverage

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

AGE	RATE
Under 25	\$0.050
25 - 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.090
40 - 44	\$0.125
45 - 49	\$0.235
50 - 54	\$0.375
55 - 59	\$0.645
60 - 64	\$0.735
65 - 69	\$1.515
70 - 74	\$2.345
75 - 100	\$2.345

Monthly Employee Supplemental AD&D Rate per \$1,000 of coverage is \$0.0230

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

AGE	RATE
Under 25	\$0.051
25 - 29	\$0.051
30 - 34	\$0.059
35 - 39	\$0.083
40 - 44	\$0.121
45 - 49	\$0.189
50 - 54	\$0.308
55 - 59	\$0.485
60 - 64	\$0.643
65 - 69	\$1.013
70 - 74	\$1.766
75 - 100	\$3.119

***Supplemental Spouse Life Rates are based on Spouse's Age**

Monthly Spouse Supplemental AD&D Rate per \$1,000 of coverage is \$0.0250

Monthly Child Supplemental Life Rate per \$1,000 of coverage is \$0.4000

Calculating Your Cost

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

$$\begin{array}{l} \text{Supplemental} \\ \text{Employee AD\&D:} \end{array} \quad \frac{\quad}{(\text{volume})} \times \frac{.023}{(\text{rate})} / 1,000 = \frac{\$}{\text{Monthly Cost}}$$

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

$$\begin{array}{l} \text{Supplemental Spouse} \\ \text{AD\&D:} \end{array} \quad \frac{\quad}{(\text{volume})} \times \frac{.025}{(\text{rate})} / 1,000 = \frac{\$}{\text{Monthly Cost}}$$

$$\begin{array}{l} \text{Supplemental Child} \\ \text{Life:} \end{array} \quad \frac{\quad}{(\text{volume})} \times \frac{.40}{(\text{rate})} / 1,000 = \frac{\$}{\text{Monthly Cost}}$$

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 01-018009-00. 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

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



Group Disability Insurance

Long Term Disability

SUMMARY OF BENEFITS

Class 1

Sponsored By: Juniata College
Effective Date: June 1, 2019
Policy Number: 01-018009-00

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

Benefit Highlights:

Benefit Amount	60% of Salary up to \$10,000 per month	
Elimination Period	180 days (number of days you must be disabled to collect disability benefits)	
Maximum Payment Duration	Social Security Normal Retirement Age (SSNRA):	
	<u>Age at Disability</u>	<u>Maximum Payment Duration</u>
	Less than age 60	To SSNRA
	60	60 months or to SSNRA, greater of
	61	48 months or to SSNRA, greater of
	62	42 months or to SSNRA, greater of
	63	36 months or to SSNRA, greater of
	64	30 months or to SSNRA, greater of
	65	24 months
	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 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

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 01-018009-00. 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

