

A guide to using your Select Benefits coverage



As part of your insurance coverage, you have access to Select Benefits, a suite of medical insurance policies designed to help reduce your out-of-pocket medical costs. Benefits are paid at a preselected, fixed dollar amount, regardless of any other coverage you may have.

Select Benefits is not a replacement for a major medical plan or any other comprehensive coverage and does not satisfy the requirements of the Affordable Care Act (ACA). If the benefit amount provided by the policy does not cover the entire cost of the visit or procedure, you are responsible for any remaining balance.

Contact Information

Symetra Select Benefits

Customer Service Hours:
Monday through Friday,
6:30 a.m. to 5 p.m., CT

Toll-free: 1-800-497-3699
Email: symsba@symetra.com
Fax: (715) 682-5919
P.O. Box 440
Ashland, WI 54806

The Policy Administrator

Our in-house team manages all administration for your Select Benefits coverage. This includes eligibility verification, billing and claims payment.

We're available to help you understand and use your benefits. Please feel free to contact us with any questions or concerns.

How Does It Work?

To use the coverage, follow these steps:

- 1 Present your Select Benefits ID card at the time of service.** If you need to use your coverage before you receive your insurance card, contact Symetra before your visit and ask for the case number. Give your provider this number along with the Symetra customer service phone number.
- 2 Ask that the claim be submitted to Symetra Select Benefits, and assign benefits to the provider.** If your provider will not accept the assignment, or if you wish to be paid directly, you will need to file a claim yourself.
To file a claim yourself, request claim and medical release forms from Symetra. Return the completed forms and an itemized bill from the provider listing dates of service, provider information, procedure codes and diagnosis codes. Symetra cannot process your claim without these codes.
- 3 Pay the provider any outstanding balance due.** Any charges that remain after the claim has been paid to the provider are your responsibility.

Accident Coverage One Occurrence

Help when the unexpected happens



Accidents can happen to anyone, at any time. Can you afford the financial hit if one were to happen to you or someone in your family? Select Benefits accident coverage can help with some of the costs after an accident, allowing you and your family to get the care you need and back to your daily routine.



How it works

Select Benefits accident coverage provides benefits for one accident per covered person per calendar year. That means all eligible expenses associated with that accident are covered at 100%, up to the benefit limit. Benefits are paid no matter what other coverage you may have, and you can visit any provider you like.

The first expense must be incurred within 60 days of the accident, with all remaining expenses incurred within 52 weeks of the accident date.



Why accident coverage?

Understanding how accident coverage fits into your overall benefits package can help you decide if it's right for you and your family.

Consider your health care out-of-pocket liability. Accident coverage can help you reach any deductible while paying little to nothing from your own pocket.

Accident benefits can also be used to pay for additional costs triggered by an accident, such as child or elder care during recovery.



What's covered?



X-rays

Benefits are provided for eligible expenses incurred in connection with an accident when they are ordered or performed by a physician.



Inpatient prescription drugs

Benefits are provided for eligible expenses incurred in connection with an accident if you are confined in a hospital and the drugs are prescribed by a physician and administered in the hospital by a licensed health care provider.



Surgery

Benefits are provided for eligible expenses incurred in connection with an accident when surgical procedures are performed by a licensed physician.



Dental

Benefits are provided for eligible expenses performed by a licensed physician or licensed dentist in connection with the following accidents:

- Dislocation of jaw
- Injury to natural teeth
- Closed or open reduction of a fracture



Medical

Benefits are provided for the following services and supplies when they are provided or prescribed by a licensed physician or other licensed health care provider:

- Physician office visits
- Emergency room visits
- Outpatient hospital visits
- Urgent care visits
- Chiropractic visits
- Rehabilitation services
- Nursing services



Inpatient hospital

Benefits are provided for eligible expenses incurred in connection with an accident if all of the following conditions are met:

- You are confined in a hospital.
- A charge is made for room and board.
- The entire duration of the hospital confinement is recommended and approved by a physician.
- Confinement is the result of a non-occupational accident.
- The services and supplies used are not excluded under the exclusions and limitations provision of your policy.

Claims Example

Meet Carlos



Carlos has an active lifestyle and feels that enrolling in his company's accident coverage is the right decision.

One afternoon, Carlos decides to clean out the gutters on his house. Unfortunately, the ladder is not stable and he falls and hurts his back.

Because Carlos enrolled in his company's Select Benefits accident coverage, he was able to use those benefits to help cover some of the costs associated with his fall. As a result, his out-of-pocket costs were only \$570, compared to the **\$3,070** he would have owed without accident coverage.

Carlos is covered for up to **\$2,500** in the event of one accidental occurrence per calendar year. Here's a look at his expenses for this one occurrence:

Emergency room: \$720

X-ray: \$510

Diagnostic testing (MRI): \$850

Physician fees: \$300

Physical therapy: \$690

Total expenses: \$3,070

Benefits paid: \$2,500

Out-of-pocket costs = \$570*

DID YOU KNOW?

6 in 10



lack the savings to cover
a \$500 expense¹

*This amount may be less if the participant has other insurance coverage

Turn the page to learn more

Why enroll?

Let's face it, our lives are busy. Whether we're going straight from work to the grocery store or heading to after-school activities, we're not thinking about things taking unexpected turns. But if they do, Select Benefits accident coverage can help. By paying 100% of all eligible expenses up to the policy limit, these valuable benefits allow you to focus on recovery—not your finances—after an accident.

To learn more about how Select Benefits accident coverage can make a difference for you and your family, talk to your HR or benefits representative.

In addition to a lower group rate, buying Symetra accident coverage through your employer also means:

- **Easy enrollment.**
- **No medical questionnaires.**
- **Convenient payroll deduction.**

Get started

- Review your enrollment material.
- Follow the steps outlined by your benefits team.
- Complete the enrollment process.

**Don't miss your opportunity to enroll in this valuable coverage at work.
To get started, talk to your benefits representative.**

Enrollment starts soon.



www.symetra.com
www.symetra.com/ny

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

Accident coverage is designed to pay benefits up to a preselected, per-occurrence amount for eligible expenses related to an accidental injury. It is not a replacement for a major medical policy or other comprehensive coverage and may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, contact your benefits representative.

Select Benefits policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Policy form number is LGC-10011 10/11 in most states. Not available in all U.S. states or any U.S. territory.

In New York, Select Benefits policies are insured by First Symetra National Life Insurance Company of New York, New York, NY. Mailing address: P.O. Box 34690, Seattle, WA 98124. Policy form number is LGC-10011/NY.

Symetra Life Insurance Company is a direct subsidiary of Symetra Financial Corporation. First Symetra National Life Insurance Company of New York is a direct subsidiary of Symetra Life Insurance Company and is an indirect subsidiary of Symetra Financial Corporation (collectively, "Symetra"). Neither Symetra Financial Corporation nor Symetra Life Insurance Company solicits business in the state of New York and they are not authorized to do so. Each company is responsible for its own financial obligations.

16 in 10 Americans don't have \$500 in savings: <http://money.cnn.com/2017/01/12/pf/americans-lack-of-savings/index.html>

Symetra Life Insurance Company

Critical Illness Insurance

Financial relief at a critical time



Modern medicine has greatly improved the odds of beating a critical illness. But the cost of that fight—while keeping up with everyday expenses—can put a strain on your finances. While most major medical plans help with care and treatment expenses, there are plenty of other costs that can add financial pressure to an already stressful situation. Select Benefits critical illness insurance can help.



How it works

If you are diagnosed with a covered condition after the policy is in effect, you will receive a lump-sum benefit payment based on the terms of your policy and the diagnosis.

Benefits are paid directly to you and do not coordinate with any other insurance coverage you have.



Why critical illness insurance?

Critical illness insurance can provide some financial relief after a serious medical condition.

Select Benefits critical illness insurance can be used for anything—whether it's transportation, child care or other expenses—allowing you to concentrate on your recovery rather than your finances.

Turn the page to learn more 

What's covered?

Conditions are grouped into three categories. The maximum benefit you can receive from a category equals 100% of your benefit amount. If a diagnosed critical illness is paid at less than 100% of the benefit amount, you could receive an additional lump-sum benefit upon diagnosis of a different type of critical illness within the same category, up to the category maximum. Benefits of the same or different categories are subject to a separation period of 12 months between diagnoses.^{1,2}

Covered critical illness conditions ¹	% of benefit amount paid
Category 1	
• Invasive cancer	100%
• Minor cancer	25%
Category 2	
• Heart attack • Stroke	100%
• Coronary artery disease needing surgery or angioplasty	25%
Category 3	
• Coma due to accident • Major organ failure	100%
• Occupational HIV • End-stage renal failure	
• Loss of sight*	• Paralysis due to accident
• Loss of speech*	• Severe burns
• Loss of hearing*	

* Due to accident or specified disease.

Covered conditions are paid at the amount shown in the policy until you reach your 70th birthday. At age 70, the benefit reduces to 50% of your coverage amount.

Spouse and child coverage

If offered by your employer, spousal benefits are available for up to 50% of your coverage amount. Dependent child benefits are available at 25% of your coverage amount, up to \$10,000.

according to
one study:³

1/3 of cancer patients
with health insurance cut back
on basic needs like groceries
and transportation to afford
treatment.

17%

missed a rent or mortgage
payment.

Claims Example

Meet the Lee family

In addition to their health insurance, Sarah and Andrew are both enrolled in the Select Benefits critical illness insurance policy offered through Sarah's work. That means that when unexpected illnesses occur, they can count on an additional layer of protection to help with their expenses.

Sarah's policy has a \$20,000 benefit for primary insureds and \$10,000 for covered spouses.



Sarah

Sarah went in for treatment after doctors discovered she had early-stage breast cancer.* They used a combination of surgery and radiation therapy to treat the cancer, and Sarah's critical illness benefit went towards her deductible and coinsurance, as well as to other added costs while she was recovering.

Minor cancer

Benefit paid:

25% of benefit amount = \$5,000

Out-of-pocket medical costs = \$4,500

Child care = \$300

Parking and transportation = \$200



Andrew

After Andrew suffered a heart attack, he had more than just medical costs on his mind. With two days spent in the hospital and another two months recovering at home, he welcomed the financial support the benefit provided to help with a variety of related health costs and help recoup his lost income.

Heart attack

Benefit paid:

100% of benefit amount = \$10,000

Out-of-pocket medical costs = \$5,500

Lost income = \$4,500

For illustrative purposes only. *Diagnosed as ductal carcinoma in situ.

Turn the page to learn more 

Why enroll?

A cancer diagnosis, heart attack or other life-altering condition usually leads to unknown and unexpected costs. And some of these—such as transportation, child care, mortgage payments and more—aren't covered by health insurance. Select Benefits critical illness insurance can help pay for these additional costs while you focus on your recovery.

In addition to a lower group rate, enrolling in Select Benefits critical illness insurance through your employer also means:

- **Guaranteed issue amounts with no medical underwriting⁴**
- **Easy enrollment**
- **Convenient payroll deduction**

Get started

- Review your enrollment material
- Follow the steps outlined by your benefits team
- Complete the enrollment process

Don't miss your opportunity to enroll in this important coverage at work. To get started, talk to your benefits representative.

Enrollment starts soon.



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
www.symetra.com

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

Critical illness insurance policies are designed to provide benefits at a preselected, fixed dollar amount for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details, contact your benefits representative. Critical illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Root policy form number is SBC 00500 6/14 in most states and is not available in all U.S. states or any U.S. territory.

Select Benefits critical illness insurance has a pre-existing conditions limitation.¹

Benefits may be taxable. Contact your benefits representative to learn more.

¹ May vary by state.

² Does not apply to conditions within the same category if the initial benefit for a covered condition in that category is less than 100% and the category maximum is not met.

³ "2016 CancerCare Patient Access and Engagement Report." CancerCare. Retrieved Jan. 10, 2018 from <https://media.cancercare.org/accessengagementreport/FINAL-CancerCare-CAPER-10May2016-hsp.pdf>

⁴ Late entrants and those who elect coverage over the guaranteed issue amount outlined in the plan design will have to complete a medical questionnaire.

Easy-to-use tools that help you save money and time on your prescriptions

“I looked up my allergy medicine and found a generic that costs less.”

— Website user

“I used the app to show my doctor which strength of blood pressure medicine I was taking.”

— Mobile app user

Checklist to help you stay well ahead

- Use your member information on your ID card to register on the website
- Download the mobile app: scan the QR code or search for OptumRx/CatamaranRx on the app store
- Compare your prescription costs with Price and Save and find the lowest copay
- Go generic when possible
- Enroll in home delivery if you take maintenance medication



OPTUM™

optumrx.com/myCatamaranRx

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum™ company — a leading provider of integrated health services. Learn more at optum.com.

All Optum™ trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners.

© 2015 Optum, Inc. All rights reserved.
0844.07.081015 | ORX0000_140327



SAVE MONEY & STAY HEALTHY



Get the most value from your pharmacy benefit.

Go generic

Generic drugs usually have a lower cost. Many brand-name drugs have FDA-approved generics that are safe and effective. Ask your doctor if there is a generic medicine for you.

Shop around

Use the website and mobile app to compare costs before you fill a prescription.

Stay in-network

Network pharmacies offer the best value. Use the website or mobile app to find a nearby network pharmacy.

Get delivery

Home delivery of long-term medicine usually costs less than going to a retail pharmacy. Avoid lines, save gas and let us remember the refills for you.

YOUR HEALTH
is in
YOUR HANDS

Every day you make dozens of choices that affect your health. Our online and mobile tools help make some of those choices easier. Use these tools to:

- Find the lowest copay for your medications
- Order refills of your mail order prescriptions
- Set medication reminders
- Always have a list of your current medications available
- Manage prescriptions for family members
- Locate a pharmacy near you



Get the App

Scan the QR code or search for OptumRx/CatamaranRx at the Apple App Store or the Google Play Store.



Questions?

Get help 24/7. Go online or call member services — find the website and phone number on your ID card.

[optumrx.com/myCatamaranRx](https://www.optumrx.com/myCatamaranRx)

800-248-1062

Help is just a phone call away

Your coverage includes **24/7 access to value-add benefits and programs** provided by Health Advocate at no additional cost to you.

These services can help you and your eligible family members with a wide range of health care and insurance-related issues.



EAP+Work/Life[™]

This **confidential program** offers unlimited, toll-free access to licensed professional counselors and work/life specialists for short-term assistance with a wide range of family- and work-related issues. Educational materials, webinars and other resources are available through a dedicated website. Specialists can help you address:

- Stress, depression and anxiety
- Substance abuse
- Financial and legal problems
- Divorce, grief and loss
- Child and elder care concerns



Health Advocacy

You have **unlimited access** to a Personal Health Advocate, typically a registered nurse supported by medical directors and benefits and claims specialists, who can help:

- Find qualified doctors, hospitals and other providers
- Explain conditions and treatments
- Resolve billing and claims issues
- Arrange for second opinions and the transfer of medical records
- Clarify health insurance benefits and answer coverage questions



NurseLine[™]

You can reach a registered nurse **24 hours a day, 7 days a week** for trusted advice when you need it most. Our experienced nurses are available to:

- Answer questions about symptoms or medications
- Offer self-care information for non-urgent health issues
- Explain health conditions and treatments
- Direct you to the appropriate care for immediate attention, if needed



Medical Bill Saver[™]

Expert negotiators will work with providers to **reduce the cost** of medical and dental bills that are not covered by your insurance—saving you time and money. Our skilled negotiators can:

- Help reduce your out-of-pocket costs on non-covered bills
- Handle negotiations and obtain provider signoff
- Give you an itemized summary of the outcome and payment terms



Wellness Coaching

Our Wellness Coaching program provides a personalized, **action-oriented approach** to help you and your eligible family members reach and maintain your best possible health. Features include:

- Unlimited, confidential support from a personal Wellness Coach by telephone, email or secure web messaging
- A comprehensive website featuring a personalized health profile to identify health risks, wellness tools and trackers, and self-guided programs on weight loss, nutrition and exercise

continued >

Who's eligible?

Health Advocate benefits are available to the enrolled member and their spouse, dependent children, parents and parents-in-law. The Wellness Coaching feature is available to enrolled members, their spouse and dependent children age 18+.

Questions?

For more information about your Health Advocate benefits or your specific group coverage, contact your company's benefits representative or Symetra Select Benefits at symsba@symetra.com or **1-800-497-3699**.



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
www.symetra.com

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

Value-add programs are offered by Health Advocate™ through Symetra Life Insurance Company. Health Advocate, a subsidiary of West Corporation, is not affiliated with any insurance or third-party provider. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment.

Select Benefits Plan Design for
10892000 - OLB Group-ShopFast

Fixed-Payment Indemnity Insurance

<p>Inpatient Hospital Benefits Hospital Stay</p> <p>Intensive Care Unit</p>	<p>500 days per lifetime unless otherwise noted \$250 per day 90 days per person, per calendar year maximum \$250 per day 90 days per person, per calendar year maximum</p>
<p>Group Accident Benefit</p>	<p>\$5,000 per person, per calendar year maximum</p>
<p>Critical Illness Benefit¹ For first diagnosis of covered conditions after coverage is in effect.</p>	<p>\$10,000 for employee \$5,000 for spouse \$2,500 for children</p>

¹ There are three categories of covered critical illness conditions. See Description of Benefits report for detailed information.

Value-add benefits are included at no additional cost to you. These services are provided by Health Advocate, Inc., 3043 Walton Road, Suite 150, Plymouth Meeting, PA 19462. Please review the Value-add benefits flier for more information on these services. Not an insured benefit.

A Pharmacy Discount Program is included at no additional cost. This program is administered by a prescription benefit manager, OptumRx, 11900 W Lake Park Drive, Milwaukee, WI 53224. This discount program is not an insured benefit.

Monthly Premium
<i>Employee</i>
<i>Employee + 1</i>
<i>Employee + 2 or more</i>

Your plan design and applicable premium amount may include benefits provided under one or more group policies. The plan design has been made available as a complete package and you may not elect to enroll in any policy or benefit separately. If you would like cost details, please contact your company or the plan administrator, Select Benefits Administrators at 1-800-497-3699 or symsba@symetra.com.

Please refer to the Description of Benefits included in this packet for additional information on your benefits.

Select Benefits insurance policies are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. They are designed to provide benefits at a preselected, fixed-dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Select Benefits policies are insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, and are not available in all U.S. states or any U.S. territory. Coverage is provided under generic policy form numbers SBC-00500, SBC-00535, and LGC-10011 or LGC-9072.

Fixed-Payment Indemnity Insurance

Inpatient Hospital Benefit

Benefits are paid on the first day of a covered stay. ICU stays are included with the hospital stay benefit. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

Group Accident Benefit

This benefit pays billed charges up to a calendar year maximum for services and supplies incurred in connection with an accident. Expenses must be incurred within 52 weeks from the date of the accident with the first expense incurred within 60 days from the date of the accident.

Critical Illness Benefit

Critical Illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage is in effect. Covered conditions are grouped into three benefit categories. Benefits for covered conditions will be paid at a percentage of the policy amount per category (up to 100%). Below are the definitions of the conditions covered.

CATEGORY 1

Invasive Cancer (100% of benefit amount paid)

Invasive Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The term cancer may include leukemia, lymphoma, sarcoma, and Hodgkin's disease. Invasive Cancer must be diagnosed by a specialist according to a pathological or clinical diagnosis.

Minor Cancer (25% of benefit amount paid)

Minor Cancer is defined as a diagnosis of one of the following four malignant cancers: 1) carcinoma in-situ; 2) malignant prostate cancer; 3) malignant melanoma; 4) malignant thyroid cancer. The diagnosis must be confirmed with a report from a specialist that includes the pathology report.

CATEGORY 2

Heart Attack (Myocardial Infarction) (100% of benefit amount paid)

Heart Attack (Myocardial Infarction) is defined as the ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries. The diagnosis must be made by a specialist and based on all three of the following criteria: 1) new clinical presentation; 2) electrocardiographic changes consistent with an evolving heart attack; 3) serial measurement of cardiac biomarkers.

Stroke (100% of benefit amount paid)

Stroke is defined as cerebrovascular incident resulting in an irreversible death of brain tissue due to intracranial hemorrhage or cerebral infarction due to embolism or thrombosis in an intra-cranial vessel. This event must result in permanent neurological functional impairment with objective neurological abnormal signs on physical examination by a specialist at least 30 days after the event.

Coronary Artery Disease Needing Surgery or Angioplasty (25% of benefit amount paid)

Coronary Artery Disease Needing Surgery or Angioplasty is defined as coronary artery disease with blockages in one or more coronary artery(s) demonstrated on cardiac catheterization coronary angiography that requires the insured to undergo either coronary artery bypass surgery or coronary angioplasty. A specialist must report that the insured requires surgical intervention on the coronary artery(s) following clinically accepted cardiovascular surgery guidelines.

CATEGORY 3

Coma Due to Accident (100% of benefit amount paid)

Coma due to accident is defined as a coma that results from an accidental injury that occurred while covered under the policy. This diagnosis must be supported by evidence of the following: 1) no response to external stimuli; 2) life support measures are necessary to sustain life; 3) brain damage resulting in permanent neurological deficit.

Occupational Human Immunodeficiency Virus (HIV) Infection Due to Accident (100% of benefit amount paid)

Occupational Human Immunodeficiency Virus (HIV) Infection is defined as infection with the human immunodeficiency virus (HIV) resulting from an accidental injury which exposed the insured to HIV-contaminated blood or bodily fluids during the course of the duties of the insured's normal occupation. The accident causing the infection of HIV must have occurred in the United States and while covered under the policy.

Loss of Sight (100% of benefit amount paid)

Loss of Sight is defined as permanent and irreversible loss of sight in both eyes. A specialist must clinically confirm that the insured's corrected visual acuity is 20/200 or less or the field of vision is less than 20 degrees in both eyes.

Loss of Speech (100% of benefit amount paid)

Loss of Speech is defined as permanent loss of the ability to speak to the extent that the insured is unintelligible to another person with normal hearing. The insured must be able to demonstrate that the loss has been continuous for at least 180 days. The diagnosis of loss must be made by a specialist.

Loss of Hearing (100% of benefit amount paid)

Loss of Hearing is defined as permanent reduction of hearing in both ears to a point that the insured is unable to hear sounds at or below (90 decibels). The diagnosis must be made by a specialist as diagnosed by audiometric testing.

Major Organ Failure (100% of benefit amount paid)

Major Organ Failure is defined as the failure of bone marrow, heart, liver, lung, pancreas, or small bowel. A specialist must determine that a transplant of one or a combination of the above mentioned organs is necessary to treat organ failure in the insured. The insured must be included on an official USA transplant waiting list such as the United Network for Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP).

End Stage Renal Failure (Kidney Failure) (100% of benefit amount paid)

End Stage Renal Failure (Kidney Failure) is defined as the total and irreversible failure of both kidneys which requires permanent regular renal dialysis or a kidney transplant. A specialist must confirm that either of the following is necessary: 1) The insured must undergo regular renal dialysis at least weekly; 2) The insured needs a kidney transplant and is included on an official USA transplant waiting list such as the United Network for Organ Sharing (UNOS).

Paralysis Due to Accident (100% of benefit amount paid)

Paralysis Due to Accident is defined as paralysis with quadriplegia, paraplegia, hemiplegia, or diplegia, as the result of an accident that occurred while covered under the policy. There must be complete and permanent loss of use of two or more limbs that is present for a continuous period of at least 180 days.

Severe Burns (100% of benefit amount paid)

Severe Burns is defined as having sustained third degree burns. The third degree burns must cover at least 20% of the surface area of an insured's body.

**Critical Illness Policy Provisions
Benefit Reduction Schedule**

The benefit amount for employee, spouse, and child is reduced by 50% on the policy anniversary date that occurs on or follows the employee's 70th birthday. There is no benefit reduction schedule for individuals that reside in New Jersey.

Benefit Waiting Period

There is no benefit waiting period for this proposal.

Pre-Existing Condition

Benefits are not payable for a critical illness diagnosed during the first 6 months of an individual's coverage if it is caused by or results from a condition that existed during the 6-month period before coverage took effect. The limitation may apply to any increase in coverage. The number of months may vary by state.

Separation Period

The time period between the diagnosis dates of different critical illnesses in either the same or another critical illness category. Benefits for different covered critical illness may be payable if the dates when each of the conditions is diagnosed are separated by at least 12 months. The separation period is 6 months for individuals that reside in Colorado.

Critical Illness Continuation of Coverage

Allows coverage to be continued for a limited duration following termination of employment or temporary absence. See policy for specific details.

Health Advocacy

Personalized assistance with a full range of health coverage and insurance-related issues such as locating doctors and other providers, scheduling appointments, getting cost estimates and more.

NurseLine™

Direct access to a registered nurse 24/7 for non-urgent concerns.

Medical Bill Saver™

Help negotiating with providers for medical and dental bills that are not covered by your insurance.

EAP+Work/Life

Licensed professional counselors and work/life specialists provide confidential, short-term help with personal, family and work-related issues.

Wellness Program

Unlimited access to highly trained wellness coaches by telephone, email or instant messaging. Includes a comprehensive, secure wellness website.

Pharmacy Discount Program

A discount from usual and customary drug charges will be given to the eligible person when prescriptions are purchased through a contracting pharmacy.

Survivor Benefit

If an employee dies while insured, any covered dependents will be extended benefits (except Dependent Life, Group Accident, and Critical Illness) without premium payments for up to two years after the employee's death. This is as long as the plan remains in force and the covered dependent meets the coverage requirements in the policy.

Name

Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship
---------------	---	---	--------------

Home address (if different than your address)	City	State	Zip
---	------	-------	-----

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Terminate	} Coverage: <input type="checkbox"/> Fixed-Payment Medical
---	---

Name

Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship
---------------	---	---	--------------

Home address (if different than your address)	City	State	Zip
---	------	-------	-----

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Terminate	} Coverage: <input type="checkbox"/> Fixed-Payment Medical
---	---

Beneficiary Information *(Complete if your elected coverage includes a life insurance benefit.)*

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.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage _____ %	Name	Date of birth	Relationship
		Home address (if different than your address)	City	State Zip
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage _____ %	Name	Date of birth	Relationship
		Home address (if different than your address)	City	State Zip

Signatures *(Sign and date only one option below. Retain a copy for yourself. Provide the original to your insured group's representative.)*

Authorization *(If you are enrolling in, changing or updating coverage)*

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) insured by Symetra Life Insurance Company. I authorize the deduction from my earnings for any contribution I am required to make toward the cost of this insurance. I understand that I may not be able to make any changes to my elected coverage until the next enrollment period.

All information submitted by me on this form to the best of my knowledge and belief is true and complete. This form replaces all Enrollment/Change Request forms previously submitted.

Enrollee/Employee signature	Date
-----------------------------	------

Waiver *(If you are declining or terminating all coverage.)*

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 30 days of the date I am first eligible, that I may have to wait to obtain coverage until the next enrollment period.

Further, I understand that I may not be able to obtain coverage for life insurance, disability, or critical illness benefits in the future without submitting satisfactory evidence of insurability 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.

Reason: I already have insurance Other _____

All information submitted by me on this form to the best of my knowledge and belief is true and complete. This form replaces all Enrollment/Change Request forms previously submitted.

Enrollee/Employee signature	Date
-----------------------------	------