

WAIVER OF PREMIUM *for Life Coverages*

Under certain conditions, group life insurance can be continued in force without the further payment of premium if the Employee becomes totally and permanently disabled while insured under this plan. In order to assure prompt claims service, it is essential that all requested information be supplied when a claim is first submitted. Missing information requires additional time-consuming correspondence.

Employees are eligible to apply for Waiver of Premium after having been disabled for the period of time specified in the contract (usually 6 or 9 months - refer to your policy for specific details). This period begins on the day the Employee was last actively at work. Symetra must receive **WRITTEN** notice of a Waiver of Premium claim within 3 months after completing the period specified in your contract. Claims can be submitted earlier if the Employee never expects to return to work because of the disability.

While the Employer may choose to continue paying the premium for an Employee who is disabled and has not had his or her employment terminated, the time period for submission of the claim still begins when the Employee stops working. ***Requests for Waiver of Premium submitted later than the policy specifications will be denied.***

Example:

The employee's last day of work due to disability is January 15, 2007. This particular contract requires that the employee be disabled for 9 months before being eligible to apply for Waiver of Premium.

In this situation, application for Waiver of Premium would need to be received by Symetra on or before January 15, 2008, which is within 3 months of completing the 9 month period of disability.

APPLICATION FOR WAIVER OF PREMIUM

To apply for this benefit the **EMPLOYER** must:

- Complete the Employer section of the Application for Waiver of Premium application and have the Employee complete the Employee section of the Waiver of Premium application (LB-53/H).
- Have the Employee complete and sign the Authorization for Release of Medical Information to Symetra Life Insurance Company (LB-85/H) and Part A of the Attending Physician's Statement (LB-83/H). Have the Employee request that the attending physician complete the remainder of the Attending Physician's Statement.
- Provide copies of all Enrollment Forms and all change of Beneficiary requests (keep the originals).

SUBMITTING CLAIMS

Complete forms fully and accurately and submit them with all required documents to the address indicated on the claim form.

CLAIM INQUIRIES

If your employees have questions regarding claim submissions, they may call our toll free number at 1-800-943-2107.