

Group Disability Insurance

Voluntary Long Term Disability

SUMMARY OF BENEFITS

Class 2

Sponsored By:	Northern Aviation Services
Effective Date:	January 1, 2016
Policy Number:	01-016857-04

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

Benefit Highlights:			
Benefit Amount	50% 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):		
	Age at Disability	Maximum Payment Duration	
	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	You may not be eligible for benefits if you have received treatment for a condition within the 6 months prior to your initial eligibility date until you have been covered under this plan for 12 months.		
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			
		cluding Northern Air Cargo Flight Crew as llective Bargaining Agreement working a eek.	

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Standard Provisions:

- Maternity is covered the same as any other condition.
- Six-month recurrent disability/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

Rates for Voluntary Long Term Disability coverage

Monthly rates per \$100 monthly covered payroll:

AGE	RATE	
Under 25	\$0.165	
25 - 29	\$0.165	
30 - 34	\$0.165	
35 - 39	\$0.275	
40 - 44	\$0.462	
45 - 49	\$0.726	
50 - 54	\$1.100	
55 - 59	\$1.419	
60 +	\$1.419	

Calculating Your Cost

(rate)

х

/100= (your monthly gross earnings to

Monthly Voluntary Long Term Disability cost

\$

a maximum of \$20,000)



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 01-016857-04. 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