



Group Disability Insurance

Short Term Disability

SUMMARY OF BENEFITS

Class 2

Sponsored By: Florida Institute of Technology
Effective Date: October 1, 2017
Policy Number: 24-000055-04

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

Benefit Highlights:

Benefit Amount	66.67% of Salary up to \$2,000 per week
Minimum Benefit Amount	\$25
Maximum Benefit Duration	11 weeks
Elimination Period	Accident - 14 days Sickness - 14 days (number of days you must be disabled to collect disability benefits)
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.

Eligibility

All full-time employees but not those who are classified as Presidents and Corporate Officers working a minimum of 30 hours per week who are in an eligible class are eligible for coverage on the policy effective date. *A delayed effective date will apply if the employee is not actively at work or in a period of limited activity.*

Standard Provisions:

- Maternity is covered the same as any other condition.
 - Non Occupational
 - 14 day recurrent disability/temporary recovery
 - 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.

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 24-000055-04. 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

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