Symetra Life Insurance Company

How to file a claim

Life or accidental death

Policy #: 01-021682-00

Policyholder:
City of South Fulton

1 Collect the following information

- Insured's employment and insurance information, including life insurance class, company division, date of hire, coverage effective date, last day worked and (if applicable) employment termination date and salary if benefit is a multiple of earnings.
- Insured's (and if applicable, dependent's) personal information, including address, Social Security number, date of birth and deceased person's date of death.

2 Log in to the Group Online (GO) portal

Visit **www.symetra.com/GO** to log in.

Initiate a claim in GO:

- Click on the claims tab and select "Initiate a claim."
  - Select claim type (Life) from the drop-down list.
  - Select "Primary Insured" or "Dependent" from the drop-down list.
  - Enter all required information and any notes or comments.
  - Submit the form, and a claim will be set up the same day.
- Download the death claim packet from the "Forms" tab and complete and submit as instructed.

Or initiate a claim by mail:

- Click on the "Forms" tab in GO.
  - Download the death claim packet.
  - Enter all required information.
  - Mail the completed claim form and supporting documentation as instructed in the packet.

Supporting documentation

- Original certified death certificate with cause and manner of death for non-accident claims in excess of $250,000 and for accident claims in excess of $150,000; otherwise, a photocopy is acceptable.
- All enrollment and beneficiary forms completed by the insured. Screenshots of electronic enrollment and beneficiary elections are acceptable if the history can be shown.
- Completed Beneficiary Statement from each beneficiary (or insured, if death of a dependent).
- Proof of earnings as defined in your policy for claims in excess of $100,000 when benefit amount is based on earnings.
- If death is due to an accident, provide supporting documents (accident or police report, newspaper article, etc.) and medical authorization form completed by the insured or beneficiary.
  - You may request that the beneficiary or insured mail the death certificate, Beneficiary Statement(s) and, if applicable, accidental death supporting documents directly to Symetra.

Contact us:

LADCLA@symetra.com
www.symetra.com/MyGO

Call 1-877-377-6773
Monday–Friday
8a.m. to 8 p.m. ET
Fax: 1-877-737-3650

Mailing address:
P.O. Box 1230
Enfield, CT 06083

Continued >

Frequently asked questions

What happens after the claim is submitted?
The claim will be assigned to a Life Claims Specialist the day it is received. A letter acknowledging receipt will be sent to the policyholder and beneficiary (or beneficiaries, if more than one). The claim will be reviewed within 48 hours; if additional information is needed to make a claim determination, it will be requested from the policyholder or beneficiary.

How long does it take for a claim to be paid?
Once all necessary information is obtained, payment usually takes less than five business days. Payment is sent directly to any beneficiaries, and the policyholder will be notified in writing.

Who do I contact if I have a question about a claim?
Call our toll-free number, 1-877-377-6773 , or send an email to LADCLA@symetra.com. Refer to the claim number found in the acknowledgment letter.

How can I check the status of a claim?
Contact Symetra at 1-877-377-6773 , or log into the GO portal through www.symetra.com/GO to view your claim data.

Can a claim be processed when the death certificate notes the cause of death as "pending" or "to be determined"?
The specific cause of death must be listed on the death certificate before the claim can be processed. When a death certificate does not include the specific cause of death, an amended death certificate is usually issued shortly thereafter. If there is an extended delay or difficulty obtaining the amended death certificate, contact the Life Claims Specialist for assistance.

Can the life portion of a life and accidental death claim be paid if the investigation of accidental death is ongoing?
Yes. If we determine the insured was eligible for the life benefit, it will be paid immediately.

Is the original enrollment form required?
The original form is required when the claim is for an insured's death. Copies should be submitted for the death of a dependent.

What if an enrollment and/or beneficiary form is not available?
Submit the claim with the documents you have available. Include a note explaining that you have no enrollment or beneficiary forms and why. The Life Claims Specialist will review the claim and determine any appropriate beneficiaries in accordance with the policy. You will not have anyone complete a Beneficiary Statement in this situation.

Can a benefit payment be issued to a beneficiary residing in a foreign country?
Yes. Benefits will be issued in U.S. dollars. If the beneficiary does not have a Taxpayer Identification Number or Social Security number, the payment may be subject to withholding tax.

Does the beneficiary designation in a will supersede a beneficiary designation for the group life insurance policy?
No. The beneficiary designation for the group life insurance policy will determine any beneficiaries.

What happens if the beneficiary is a minor?
If the beneficiary is a minor child, the custodian or guardian should complete the Beneficiary Statement on his or her behalf. State laws do not allow payment of a benefit directly to a minor. Benefits may be paid to a court-appointed guardian of the minor beneficiary's estate or, depending on the beneficiary's state of residence and the amount of the payment, to an adult custodian under the Uniform Transfer to Minors Act (UTMA). A third option is for Symetra to hold the proceeds in an interest-bearing account until the minor beneficiary reaches legal age, at which time the benefit will be paid directly to the beneficiary. The Life Claims Specialist will discuss these options with the custodian of the minor beneficiary.

What is the effect of divorce on beneficiary designations?
This varies based on applicable state law and whether the group plan is subject to ERISA. Typically, Symetra cannot enforce the terms of divorce decrees without a court order directing Symetra to take a specific action.

Can a funeral home be paid directly?
The funeral home may be paid directly if we receive a funeral home assignment that identifies the Symetra policy and is signed by the beneficiary.[1] If there is more than one beneficiary and the intent is for the beneficiaries to share in the reimbursement, each beneficiary must sign an assignment. Assignment forms are provided by the funeral home.

What happens if the beneficiary is an estate or trust?
If the beneficiary is an estate or trust, the executor/administrator or trustee should complete the Beneficiary Statement and provide a copy of the estate papers or trust agreement.

Is the benefit taxable?
While life insurance proceeds are not taxable, interest payable on the proceeds may be considered taxable income. If the interest payable on a life insurance claim totals more than $600, Symetra will mail an IRS 1099-INT form to the recipient in January of the year following the claim payment. The recipient should consult a tax advisor for more information.

What if my claim or payment of a benefit is denied?
Symetra will send an explanation letter to any beneficiaries with instructions on how to file an appeal if they disagree with our decision. The policyholder will receive written notice that the claim or a benefit has been denied. If we receive additional information to support the original claim, a Life Claims Specialist will conduct a review. If the new documentation supports reopening the claim, we will do so. If no new information is sent with the appeal, or if the original decision is upheld, the file will be assigned to an appeals specialist for further review.

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.

This is a brief description of some claim procedures that may apply to your Symetra Group Life policy. It is not intended to become part of your plan, nor does it replace the information or benefits contained in the policy. If there is any conflict between the provisions in this document and the policy, the policy will prevail.

Group life policies, insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, are not available in any U.S. territory.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, call your HR representative.

[1] Not applicable if the beneficiary is a minor.

Click here to clear form

GROUP LIFE INSURANCE CLAIM PACKET
(Death)

SYMETRA
RETIREMENT | BENEFITS | LIFE

You Can Help Ensure A Quick Claim Decision

- ✓ All required claim forms must be signed, dated and completed fully and accurately.
- ✓ Provide all supporting documentation as required:
  - Original certified death certificate with cause and manner of death for all claims over $500k, otherwise a copy is acceptable. If you don't have this available, please still submit the claim at your earliest convenience.
  - All enrollment and beneficiary forms completed by the member. This would include enrollment forms completed prior to the Symetra policy.
  - Verification of Earnings as defined in your policy if claim is in excess of $100,000 and a benefit amount is based on earnings.
  - Fully complete the Policyholder's Group Life and Accidental Death Statement.

Policyholder's Instructions for Filing a Group Life and Accidental Death Claim

Please submit the following to expedite claim review:

MEMBER CLAIM

- ☐ **Policyholder's Group Life and Accidental Death Statement** fully completed by the policyholder.
- ☐ **Beneficiary Statement** fully completed by the beneficiary. If multiple beneficiaries, make additional copies for each beneficiary to complete.
- ☐ Original certified death certificate with cause and manner of death for all claims over $500k, otherwise a copy is acceptable. If you don't have this available, please still submit the claim at your earliest convenience.
- ☐ **All original enrollment forms** (including forms completed prior to the Symetra policy effective date, if applicable) and **change of beneficiary** forms completed by the member. (If the named primary beneficiary has predeceased the member, provide a copy of the named beneficiary's death certificate.)
- ☐ If a benefit is based on **earnings** and the total claim is more than $100,000, provide proof of earnings as of the period specified in your policy's Earnings definition.
- ☐ If claim is being made for **Accidental Death benefits**, provide:
  - ☐ The police or accident report, newspaper articles, work injury report or similar documentation that describes the accident.
  - ☐ The Authorization for Release of Medical Information fully completed by the named beneficiary or next of kin if named beneficiary is not the next of kin.
- ☐ Review the Fraud Warning Notices for your state.

DEPENDENT CLAIM

- ☐ **Policyholder's Group Life Insurance and Accidental Death Statement** fully completed by the policyholder.
- ☐ **Beneficiary Statement** fully completed by the beneficiary.
- ☐ Original certified death certificate with cause and manner of death for all claims over $500k, otherwise a copy is acceptable. If you don't have this available, please still submit the claim at your earliest convenience.
- ☐ **Copies of all enrollment forms** completed by the member (including forms completed prior to the Symetra policy effective date, if applicable).
- ☐ If claim is being made for **Accidental Death benefits**, provide:
  - ☐ The police or accident report, newspaper articles, work injury report or similar documentation that describes the accident.
  - ☐ The Authorization for Release of Medical Information fully completed by the member.
- ☐ Review the Fraud Warning Notices for your state.

Symetra reserves the right to request an original certified death certificate or verification of earnings.

Mail documents to:
Symetra Life Insurance Company
Claims Department
PO Box 1230
Enfield, CT 06083-1230
Email documents to:
LADCLA@symetra.com

If you should need assistance in submitting the claim, please contact the Life and Absence Management Center at 1-877-377-6773 or email LADCLA@symetra.com. Additional information may be required.

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

Symetra Life Insurance Company
Claims Department
Mailing Address: PO Box 1230 | Enfield, CT 06083
Phone 1-877-377-6773 | Fax 1-877-737-3650

POLICYHOLDER'S GROUP LIFE AND ACCIDENTAL DEATH STATEMENT

As a reminder, you can help ensure a quick claim decision.

- In addition to the checklist, all directions and required documents are noted in each section below.
- All required claim forms must be signed, dated, and completed fully and accurately.
- Any missing information will delay the prompt handling of the claim and may lead to follow-up with you for additional information.
- Mail these documents to the address at the top of this claim form or **email them to LADCLA@symetra.com.**

Policyholder/Employee/Member

Life Insurance policy number(s)

If you are also making a claim under a Select Benefits Policy, please provide that policy number here:

_____

Is this claim for an employee or their dependent? _____

If dependent, please be sure to complete BOTH the employee/insured and dependent sections below.

Group policyholder/ Employer name

Employee/Insured name	Employee/Insured Social Security number

Employee/Insured full address

Employee/Insured date of birth	Employee/Insured date of death

If you've been provided with a copy of the certified death certificate, please submit it with the claim application.

Employee/Insured date of hire	Employee/Insured effective date of insurance

Occupation	Work Location	Employee/Insured class

Is Employee/Insured:

☐ Salaried ☐ Hourly
☐ Full-time ☐ Part-time
☐ Union ☐ Non-Union
☐ Exempt ☐ Non-Exempt
☐ Commissioned

Employee/Insured last day physically at work

_____

Reason Employee/Insured stopped working:

☐ Illness ☐ FMLA ☐ Retirement (date) _____ ☐ Quit ☐ Terminated
☐ Vacation ☐ Temporary Layoff ☐ Deceased

Are premiums paid through Employee/Insured date of death?

☐ Yes ☐ No If no, date premiums were paid through: _____

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Life/Accidental Death & Dismemberment Benefit(s)

For any claims with voluntary/contributory coverages, including dependent coverage(s), **you must include copies of current year and prior two year enrollment forms.** This can be paper forms or online enrollment screen prints.

If the benefit claimed is based on earnings, and the total benefit amount exceeds $100,000 please **submit proof of earnings as defined in your policy booklet, i.e., paystub from last worked pay period, paystub from policy anniversary date, W-2**, etc. If there is an age reduction that applies, please indicate the reduced amount below.

Basic Life coverage amount/benefit claimed	Supplemental Life coverage amount/benefit claimed
Basic AD&D coverage amount/benefit claimed	Supplemental AD&D coverage amount/benefit claimed

Employee/Insured rate of earnings used to calculate benefit amount: _____

☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐ W-2

Regular hours worked (if applicable)	Effective date of reported earnings
Did the Employee/Insured receive commissions or bonuses? ☐ Yes ☐ No	Did the Employee/Insured receive shift differential? ☐ Yes ☐ No

Beneficiary Designation(s)

Do you have beneficiary designations on file? ☐ Yes ☐ No

If yes, please include the most recently dated paper form or online screen prints with your claim submission.

Please provide beneficiary contact information below, if available. Otherwise, please provide known contact information for next of kin or the insured's emergency contact.

_____

_____

If the beneficiary has completed a Funeral Home Assignment, please provide a copy with your claim submission. If no Funeral Home Assignment has been provided, if known, please provide funeral home information available to you.

Beneficiary

Beneficiary name	Beneficiary date of birth	Beneficiary relationship to the employee/insured
Beneficiary full mailing address		
Beneficiary phone number	Beneficiary email address	

Beneficiary

Beneficiary name	Beneficiary date of birth	Beneficiary relationship to the employee/insured
Beneficiary full mailing address		
Beneficiary phone number	Beneficiary email address	

Beneficiary Designation(s) *(continued)*

Beneficiary

Beneficiary name	Beneficiary date of birth	Beneficiary relationship to the employee/insured

Beneficiary full mailing address

Beneficiary phone number	Beneficiary email address

Dependent Information – Only complete for dependent claim

If dependent is a child, please provide the necessary paperwork supporting the dependent's status as a full-time student OR status as a disabled dependent. If you're not sure what is needed, our claim team will help you.

Full name of deceased dependent	Dependent Social Security number	Dependent last residence
Dependent relationship to Employee/Insured	Dependent date of death	Dependent date of birth

Have premiums been paid to date for this dependent? ☐ Yes ☐ No

If no, please indicate the date premiums were paid through. _____

For any claims with voluntary/contributory coverages, including dependent coverage(s), you must include copies of current year and prior two year enrollment forms. This can be paper forms or online enrollment screen prints. If there is an age reduction that applies, please indicate the reduced amount below.

Basic Life coverage amount/benefit claimed	Supplemental Life coverage amount/benefit claimed
Basic AD&D coverage amount/benefit claimed	Supplemental AD&D coverage amount/benefit claimed

Policyholder Certification

I certify that the information contained in this Policyholder Statement is true, accurate, and complete, according to our Policyholder records. I agree to make the information contained in this Policyholder Statement available for audit by Symetra and/or its representative(s) upon request.

Name of Policyholder Representative (employer)

Role	Phone number	Email address
Signature		Date

POLICYHOLDER'S FREQUENTLY ASKED QUESTIONS

SYMETRA®
RETIREMENT | BENEFITS | LIFE

Q: What happens after the claim has been submitted?
A: The claim will be assigned to a Life Claims Specialist the day it is received. A letter acknowledging receipt of the claim is sent to the policyholder and beneficiary(ies). Within 48 hours, the claim will be reviewed. If additional information is needed to make a claim determination, it will be requested from the policyholder or the beneficiary.

Q: How long does it take for a claim to be paid?
A: Once all necessary information is obtained, payment usually takes less than five business days. Payment is sent directly to the beneficiary and written notice of the payment is sent to the policyholder.

Q: Who do I contact if I have a question about a filed claim?
A: Questions regarding claim submissions may be directed to our toll free number at 1-877-377-6773 or emailed to LADCLA@symetra.com. It is helpful if you refer to the claim number provided in the acknowledgement letter.

Q: How can I check the status of my claim?
A: Contact Symetra by phone at 1-877-377-6773 or visit www.Symetra.com/GO and log in to view your claim data if you are a registered user. If you are not a registered user, select New User Registration to begin the registration process.

Q: Can a claim be processed when the death certificate notes the Cause of Death as "Pending" or "To Be Determined"?
A: The specific cause of death must be included on the death certificate before the claim can be processed. When a death certificate does not include the specific cause of death, an amended death certificate is usually issued shortly thereafter. If there is an extended delay or difficulty in obtaining the amended death certificate, contact the Life Claims Specialist for assistance.

Q: Is the original enrollment form(s) required?
A: The original enrollment form(s) is required when the claim is for a member's death. Copies may be submitted when the claim is for a dependent's death.

Q: What do I do if an enrollment form or beneficiary form is not available?
A: Proceed with submitting the claim with the documents that you have in your possession. Provide a note with the claim explaining that you have no enrollment or beneficiary forms and why. The Life Claims Specialist will review the claim and determine the appropriate beneficiary(ies) in accordance with the policy.

Q: What happens if the beneficiary is a minor?
A: If the beneficiary is a minor child, the custodian or guardian of the child should complete the Beneficiary Statement on his or her behalf. State laws do not allow payment of a benefit directly to a minor beneficiary. Instead payment may be made to a person who is court appointed as guardian of the estate of the minor beneficiary or, depending on the state the minor beneficiary resides in and the amount of the payment, payment may be made to an adult custodian under the Uniform Transfer to Minors Act (UTMA). A third option is for Symetra to hold the proceeds in an interest bearing account until the minor beneficiary reaches legal age at which time the benefit will be paid directly to the beneficiary. The Life Claims Specialist will discuss these options with the custodian of the minor beneficiary.

Q: What happens if the beneficiary is an Estate or Trust?
A: If the beneficiary is an Estate or Trust, the executor/administrator or trustee should complete the Beneficiary Statement and provide a copy of the Estate papers or Trust agreement.

Q: Can a funeral home be paid directly?
A: Yes. If we receive a funeral home assignment signed by the beneficiary (and the beneficiary is not a minor), which identifies the Symetra policy, the funeral home can be paid directly. If there is more than one beneficiary and the intent is for the beneficiaries to share in the reimbursement of the funeral home assignment, each beneficiary must sign an assignment. The funeral home provides the assignment form.

Q: What is the effect of divorce on beneficiary designations?
A: The effect of a divorce on beneficiary designations depends on applicable state law, and on whether the group plan is subject to ERISA. In general, Symetra cannot enforce the terms of a divorce decree absent a court order directing Symetra to take specific action.

Q: Does the beneficiary designation in a will control over a beneficiary designation for the group life insurance policy?
A: No, the beneficiary designation in a will does not control over the beneficiary designation in the group life insurance policy. The beneficiary designation for the group life policy will determine the beneficiary(ies).

Q: Can a benefit payment be issued to a beneficiary residing in a foreign country?
A: Yes, we can issue payment to a foreign beneficiary. Benefits will be issued in U.S. dollars. If the beneficiary does not have a Tax Identification Number or Social Security Number, the payment may be subject to withholding tax.

Q: Are life insurance proceeds taxable?
A: Life insurance proceeds (non-living benefit) are not taxable; however, if there is interest payable on the benefit, the interest may be considered taxable income. If the interest payable on a life insurance claim totals over $600.00 an IRS 1099-INT form will be mailed to the beneficiary in January following the date the payment was made. The recipient should consult with a tax advisor for more information on the taxation of these benefits.

Q: What if the claim or payment of a benefit is denied?
A: Symetra sends an explanation letter to the beneficiary along with instructions on how to file an appeal if the beneficiary disagrees with our decision. The policyholder will receive written notice that the claim or a benefit has been denied. If we receive additional information to support the original claim, a Life Claims Specialist will re-open the claim. If no additional information has been provided to support the original claim and a reversal of the denial, the file will be assigned to an Appeals Specialist for further review.

Symetra Life Insurance Company
Claims Department
Mailing Address: PO Box 1230 | Enfield, CT 06083
Phone 1-877-377-6773 | Fax 1-877-737-3650

BENEFICIARY STATEMENT

Instructions to the Beneficiary:

- Each beneficiary should complete and sign a separate Beneficiary Statement. If the beneficiary is a minor, the parent or custodian of the minor beneficiary may sign on his or her behalf.
- If claim is being made for Accidental Death benefit, provide:
  - The police or accident report, newspaper articles, work injury report or similar documentation that describes the accident.
  - The Authorization for Release of Medical Information fully completed by the named beneficiary or next of kin if named beneficiary is not the next of kin.
- Mail these documents to the address at the top of this claim form or **email them to LADCLA@symetra.com.**

You can help ensure a quick claim decision:

- Directions and required documents are noted in each section below.
- All required claim forms must be signed, dated, and completed fully and accurately.
- Any missing information will delay the prompt handling of the claim and may lead to follow-up with you for additional information.

Employee/Member

Name of Deceased	Policy number *(if known)*	Claim number *(if known)*

Deceased's full address

Date of death	Deceased's martial status
	☐ Married ☐ Divorced ☐ Single ☐ Widowed ☐ Partnered ☐ Unknown

If known, please indicate the manner of death

☐ Illness ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending, Undetermined, Other

Cause *(if known)*

If available, please **provide a copy of the certified death certificate** when you submit this form. If not available, please submit a copy as soon as possible.

If the **death occurred in a foreign country**, please include the local (foreign) death certificate from where the death occurred AND the Consular Report of Death of a U.S. Citizen Abroad. The United States Embassy can assist you with obtaining this paperwork if it has not yet been provided to you or the next of kin.

If you have **completed a Funeral Home Assignment**, please submit a copy with this form. Otherwise, please provide funeral home information

Name of funeral home	Contact person	Phone number

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Beneficiary/Beneficiary's Representative

If the claim for benefits is approved, we will issue payment of benefits to the named beneficiaries in a timely manner. Please note EACH beneficiary needs to complete their own form.

Your name or Minor Beneficiary's name	Beneficiary Date of birth

Beneficiary's Social Security Number or Tax ID if beneficiary is an Estate or Trust

Citizenship:

☐ U.S. citizen ☐ U.S. Resident ☐ Non-resident Alien ☐ Foreign *(list country)* _____

Your phone number	May we have your authorization to leave confidential benefit or medical information on your voicemail? ☐ Yes ☐ No
Your email address	May we have your authorization to correspond with you electronically via email? ☐ Yes ☐ No

Mailing address

Benefit Payment

Please note,

- If benefits are **payable to an Estate**, an official certificate of the individual's legal appointment and qualification should be attached to this form.
- If benefits are **payable to a Trust**, a copy of the Trust paperwork should be attached to this form.
- If the benefits are **payable to a minor**, we will contact you about payment options.
- If you are a **foreign resident**, we will contact you about payment options.

Additionally, if the claim for benefits is approved, we offer payment options. *(Please check one box below.)*

☐ I would like to receive payment via check.

☐ I would like to receive payment via Electronic Funds Transfer. I authorize Symetra to send my Life payment(s) to the bank designated below for electronic deposit into my account. I understand I may terminate this arrangement at any time via phone or in writing. If any overpayment of benefits is credited to my account in error, I authorize and direct the bank to charge my account and to refund such overpayment to Symetra.

If no selection is made, payment will be issued via check.

Signature	Date

Bank name	Type of account ☐ Checking ☐ Savings

Bank account number

Bank routing number *(the first 9 numbers from the left at the bottom of the check are your bank routing number)*

Beneficiary Certification

Under penalties of perjury, I certify that the number shown on this form is my correct Social Security or Tax Identification Number. I am a U.S. citizen or other U.S. person, and I am not subject to backup withholding due to failure to report all interest or dividends.

☐ Check this box if you have received a notification from the IRS that you are the subject to backup withholding

☐ Check this box if you are claiming Non-U.S. status and submitting an appropriate withholding certificate (usually a signed IRS Form W-8 or IRS Form 8233) instead of agreeing to this certification.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By signing below:

- I certify that the information contained in this Beneficiary Statement is true, accurate, and complete to the best of my knowledge.
- I certify that I have read and understand the fraud notice(s) contained at the bottom of this form.
- I agree to reimburse Symetra in full for any payment(s) of claim proceeds that are determined to not be payable to me under the policy and/or applicable law.

Signature	Date

Please read the following notice that we are required by law to give to you.

For all states not named: Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

AR, LA, RI, WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DE: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NH: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TX: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Symetra Life Insurance Company
Claims Department
Mailing Address: PO Box 2993 | Hartford, CT 06104-2993
Phone 1-877-377-6773 | Fax (908) 655-2394
www.symetra.com

Note: We will accept an authorization form preferred by your provider's office in place of this authorization form.

SYMETRA LIFE INSURANCE COMPANY

Authorization for Release of Medical Information

Group Life Policy Number: _____

Name of insured/patient (please type or print): _____ Date of birth: _____

I authorize any physician, health care professional, hospital, clinic, medical facility, laboratory, pharmacy or pharmacy benefit manager, other health care provider, insurance company, or government agency that has provided treatment, services, or payment to me or on my behalf ("My Providers") to disclose my entire medical record, medications prescribed, prescription history, and any other protected health information concerning me to Symetra Life Insurance Company, its employees, agents, or representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness, excluding psychotherapy notes, and the use of alcohol, drugs, and tobacco.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization, and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that Symetra Life Insurance Company may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 2) administer coverage; 3) obtain reinsurance; and 4) conduct other legally permissible activities that relate to any coverage I have or have applied for with Symetra Life Insurance Company.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by providing written notification to Symetra Life Insurance Company. I understand that a revocation is not effective to the extent that any of My Providers have already relied on this Authorization to disclose information about me or to the extent that Symetra Life Insurance Company has a legal right to contest a claim under an insurance policy. I understand that any information that is disclosed pursuant to this authorization is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be redisclosed by Symetra Life Insurance Company except as authorized by me or as required by law.

This Authorization complies with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

I understand that if I refuse to sign this authorization to release my complete medical record, Symetra Life Insurance Company may not be able to process my application, continue my coverage, or make any benefit payments. I understand that any authorized representative or I will receive a copy of this authorization upon request.

_____ _____
Signature of Insured/Patient or Personal Representative Date

_____
Description of Personal Representative's Authority or Relationship to Patient

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

BENEFICIARY'S FREQUENTLY ASKED QUESTIONS

SYMETRA®
RETIREMENT | BENEFITS | LIFE

Q: What happens after the claim has been submitted?
A: The claim will be assigned to a Life Claims Specialist the day it is received and a letter acknowledging receipt of the claim is sent to the beneficiary(ies). Within 48 hours, the claim will be reviewed. If additional information is needed to make a claim determination, it will be requested from the policyholder or the beneficiary.

Q: How long does it take for a claim to be paid?
A: Once all necessary information is obtained, payment usually takes less than five business days. Payment is sent directly to the beneficiary.

Q. Who do I contact if I have a question about a filed claim or would like to check the status?
A: Questions regarding claim submissions may be directed to our toll free number at 1-877-377-6773 or emailed to LADCLA@symetra.com. It is helpful if you refer to the claim number provided in the acknowledgment letter.

Q: Can a claim be processed when the death certificate notes the Cause of Death as "Pending" or "To Be Determined"?
A: The specific cause of death must be included on the death certificate before the claim can be processed. When a death certificate does not include the specific cause of death, an amended death certificate is usually issued shortly thereafter. If there is an extended delay or difficulty in obtaining the amended death certificate, contact the Life Claims Specialist for assistance.

Q: What happens if the beneficiary is a minor?
A: If the beneficiary is a minor child, the custodian or guardian of the child should complete the Beneficiary Statement on his or her behalf. State laws do not allow payment of a benefit directly to a minor beneficiary. Instead payment may be made to a person who is court appointed as guardian of the estate of the minor beneficiary or, depending on the state the minor beneficiary resides in and the amount of the payment, payment may be made to an adult custodian under the Uniform Transfer to Minors Act (UTMA). A third option is for Symetra to hold the proceeds in an interest bearing account until the minor beneficiary reaches legal age at which time the benefit will be paid directly to the beneficiary. The Life Claims Specialist will discuss these options with the custodian of the minor beneficiary.

Q: What happens if the beneficiary is an Estate or Trust?
A: If the beneficiary is an Estate or Trust, the executor/administrator or trustee should complete the Beneficiary Statement and provide a copy of the Estate or Trust agreement.

Q: Can a funeral home be paid directly?
A: Yes. If we receive a funeral home assignment signed by the beneficiary (and the beneficiary is not a minor), which identifies the Symetra policy, the funeral home can be paid directly. If there is more than one beneficiary and the intent is for the beneficiaries to share in the reimbursement of the funeral home assignment, each beneficiary must sign an assignment. The funeral home provides the assignment form.

Q: What is the effect of divorce on beneficiary designations?
A: The effect of a divorce on beneficiary designations depends on applicable state law, and on whether the group plan is subject to ERISA. In general, Symetra cannot enforce the terms of a divorce decree absent a court order directing Symetra to take specific action.

Q: Does the beneficiary designation in a will control over a beneficiary designation for the group life insurance policy?
A: No, the beneficiary designation in a will does not control over the beneficiary designation in the group life insurance policy. The beneficiary designation for the group life policy will determine the beneficiary(ies).

Q: Can a benefit payment be issued to a beneficiary residing in a foreign country?
A: Yes, we can issue payment to a foreign beneficiary. Benefits will be issued in U.S. dollars. If the beneficiary does not have a Tax Identification Number or Social Security Number, the payment may be subject to withholding tax.

Q: Are life insurance proceeds taxable?
A: Life insurance proceeds (non-living benefit) are not taxable; however, if there is interest payable on the benefit, the interest may be considered taxable income. If the interest payable on a life insurance claim totals over $600.00 an IRS 1099-INT form will be mailed to the beneficiary in January following the date the payment was made. The recipient should consult with a tax advisor for more information on the taxation of these benefits.

Q: What if my claim or payment of a benefit is denied?
A: Symetra sends an explanation letter to the beneficiary along with instructions on how to file an appeal if the beneficiary disagrees with our decision. The policyholder will receive written notice that the claim or a benefit has been denied. If we receive additional information to support the original claim, a Life Claims Specialist will re-open the claim. If no additional information has been provided to support the original claim and a reversal of the denial, the file will be assigned to an Appeals Specialist for further review.