



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, Washington 98004-5135

Application for Group Insurance

Name of Applicant: _____

Address: _____

(Street)

(City)

(State)

(Zip)

applies to Symetra Life Insurance Company, for:

- ☐ Group Short Term Disability Insurance
- ☐ Group Long Term Disability Insurance
- ☐ Group Term Life Insurance

If Symetra Life Insurance Company (Symetra) approves this application, the policy(ies) indicated above will be issued. The applicant agrees that by signing this application it accepts the policy issued pursuant to the proposal dated _____.

This application supersedes any previous application.

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.

Signed at (City) _____, (State) _____

Date signed: _____

By _____

Title _____

Agent/Producer Name (printed) _____

Agent/Producer Signature _____

Resident Licensed Agent/Producer where required by law

- Instructions:
- (1) Sign and return to Symetra.
 - (2) Retain copy with your policy.