



Symetra Life Insurance Company
P.O. Box 34690
Seattle, WA 98124-1690

Phone: (800) 426-7784
Fax: (866) 348-0058
TT/TTY (800) 833-6388 (Deaf/HH only)

Benefit Administrator
Williamson County
301 SE Inner Loop, Suite 108
Georgetown, TX 78626

Re: Policy 01-016850-00
January 01, 2019

Dear Policyholder:

This letter contains the results of our annual review of your group insurance coverages. We have evaluated your rates using current census data and your plan's experience.

Effective January 1st, 2019 your renewal rates are as follows: :

	Lives	Volume	Current Rates	Renewal Rates
Basic Life	1766	\$16,955,500.00	\$0.030	\$0.030
Basic AD&D	1668	\$16,465,500.00	\$0.020	\$0.020
Basic Dependent Life	1193	1,193	\$0.540	\$0.540
Supplemental Employee Life	1041	\$95,758,000.00	Step-rates*	Step-rates*
Supplemental Spouse Life	585	\$19,715,500.00	Step-rates*	Step-rates*
Supplemental Child Life	571	\$5,710,000.00	\$0.054	\$0.054
Supplemental Employee AD&D	1041	\$95,758,000.00	\$0.020	\$0.020
Voluntary Long Term Disability Insurance	918	\$4,148,383.31	Step-rates*	Step-rates*
Voluntary Short Term Disability Insurance	408	\$239,804.02	Step-rates*	Step-rates*

	Current Monthly Premium	Renewal Monthly Premium	Percent Change
Basic Life	\$508.67	\$508.67	0%
Basic AD&D	\$329.31	\$329.31	0%

Basic Dependent Life	\$644.22	\$644.22	0%
Supplemental Employee Life	\$22,871.49	\$22,871.49	0%
Supplemental Spouse Life	\$3,867.49	\$3,867.49	0%
Supplemental Child Life	\$308.34	\$308.34	0%
Supplemental Employee AD&D	\$1,915.16	\$1,915.16	0%
Voluntary Long Term Disability Insurance	\$16,054.43	\$16,054.43	0%
Voluntary Short Term Disability Insurance	\$12,837.58	\$12,837.58	0%

- Life and AD&D rates are based on per \$1,000
- Basic Dependent Life rates are based on per family unit
- Long Term Disability rates are quoted as % of total covered payroll
- Short Term Disability rates are quoted as per \$10 of weekly covered benefit

- All renewal rates are guaranteed for 2 years from the date shown above.

If you have any questions regarding this renewal information, please contact me or Holmes Murphy. We appreciate the opportunity to provide this insurance coverage and look forward to many more years of continued service to you.

Sincerely,

Rachel Stetzer
Regional Account Manager
972-234-7166
Symetra

3/2/2018

date

cc: Holmes Murphy

SYMETRA LIFE INSURANCE COMPANY
777 108th Avenue NE, Suite 1200
Bellevue, Washington 98004-5135

PREMIUM RATE NOTICE

Policy Number: 01-016850-00
Policyholder: Williamson County
Effective Date of Premium Rates: January 01, 2019

Coverage	Monthly Rate
Basic Life	\$0.030
Basic AD&D	\$0.000
Basic Dependent Life	\$0.540
Supplemental Employee Life	Step-rates*
Supplemental Spouse Life	Step-rates*
Supplemental Child Life	\$0.054
Supplemental Employee AD&D	\$0.020
Voluntary Long Term Disability Insurance	Step-rates*
Voluntary Short Term Disability Insurance	Step-rates*

- Life and AD&D rates are based on per \$1,000
- Basic Dependent Life rates are based on per family unit
- Long Term Disability rates are quoted as % of total covered payroll
- Short Term Disability rates are quoted as per \$10 of weekly covered benefit

Supplemental Employee Life Step-rates are as follows:

Age	Current:	Renewal:
	Rate per \$1,000	Rate per \$1,000
< 25	\$0.086	\$0.086
25-29	\$0.086	\$0.086
30-34	\$0.086	\$0.086
35-39	\$0.108	\$0.108
40-44	\$0.151	\$0.151
45-49	\$0.218	\$0.218
50-54	\$0.324	\$0.324
55-59	\$0.542	\$0.542
60-64	\$0.599	\$0.599
65-69	\$0.997	\$0.997
70-74	\$1.748	\$1.748
75 +	\$6.546	\$6.546

Supplemental Spouse Life Step-rates are as follows:

Age	Current:	Renewal:
	Rate per \$1,000	Rate per \$1,000
< 25	\$0.056	\$0.056
25-29	\$0.056	\$0.056
30-34	\$0.056	\$0.056
35-39	\$0.078	\$0.078
40-44	\$0.121	\$0.121
45-49	\$0.188	\$0.188
50-54	\$0.294	\$0.294
55-59	\$0.512	\$0.512
60-64	\$0.569	\$0.569
65-69	\$0.967	\$0.967

Voluntary Long Term Disability Insurance Step-rates are as follows:

Age	Current Rates:	Renewal Rates:
	Rate per \$100 of Monthly Covered Payroll	Rate per \$100 of Monthly Covered Payroll
< 25	\$0.111	\$0.111
25-29	\$0.111	\$0.111
30-34	\$0.139	\$0.139
35-39	\$0.194	\$0.194
40-44	\$0.278	\$0.278
45-49	\$0.435	\$0.435
50-54	\$0.593	\$0.593
55-59	\$0.648	\$0.648
60-64	\$0.694	\$0.694
65-69	\$0.796	\$0.796
70-74	\$1.037	\$1.037
75 +	\$1.037	\$1.037

Voluntary Short Term Disability Insurance Step-rates are as follows:

Age	Current:	Renewal:
	Rate per \$10 of Monthly Covered Benefit	Rate per \$10 of Monthly Covered Benefit
< 25	\$0.560	\$0.560
25-29	\$0.560	\$0.560
30-34	\$0.640	\$0.640
35-39	\$0.600	\$0.600
40-44	\$0.470	\$0.470
45-49	\$0.440	\$0.440
50-54	\$0.480	\$0.480

55-59	\$0.530	\$0.530
60-64	\$0.640	\$0.640
65-69	\$0.710	\$0.710
70-74	\$0.930	\$0.930
75 +	\$0.930	\$0.930

Rates will be guaranteed until December 31st, 2020 unless there is a change in benefits, eligibility, or an Associated Company is added.

Premium rate adjustments due to change in age are effective on the policy anniversary following the date of change.

SYMETRA LIFE INSURANCE COMPANY

Margaret Meister

BY: Margaret Meister, President

Date: 3/2/2018

Instructions: (1) Use these rates beginning on the effective date shown above.
(2) Retain this Premium Rate Notice with your policy.





Symetra Life Insurance Company

Group Life Insurance

CERTIFICATE

Please Note: Death benefits will be reduced
if accelerated benefits are paid.

Class 1



CERTIFICATE OF INSURANCE

Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, Washington 98004-5135
(An insurance company)

Policyholder: Williamson County
Policy Number: 01 016850 00
Policy Effective Date: January 1, 2016
Policy Anniversary Date: January first of each year beginning in 2017

We have issued The Policy to the Policyholder. Our name, the Policyholder's name and the Policy Number are shown above. The provisions of The Policy, which are important to You, are summarized in this certificate consisting of this form and any additional forms which have been made a part of this certificate. This certificate replaces any other certificate We may have given to You earlier under The Policy. The Policy alone is the only contract under which payment will be made. Any difference between The Policy and this certificate will be settled according to the provisions of The Policy on file with Us at Our home office. The Policy may be inspected at the office of the Policyholder.

Signed for The Company

Michael Fry, Executive Vice President

Thomas M. Marra, President

A note on capitalization in this certificate:

Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in The Policy or refers to a specific provision contained herein.

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