

Symetra
Group Benefits



Symetra Group Benefits

Response to Proposal Request

Prepared for:

Williamson County Georgetown, TX

on behalf of Holmes Murphy & Associates

April 27, 2020



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At-A-Glance



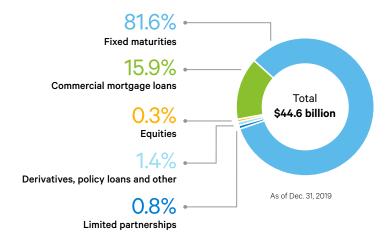
Facts about Symetra¹

CEO Margaret Meister	Headquarters Bellevue, Washington
CFO Tommie Brooks	Our offices Located in 17 cities across the U.S.
Assets \$55.5 billion as of Dec. 31, 2019 ^{2,3}	Distribution Benefit consultants
•	Financial institutions Financial professionals

High-quality investment portfolio

Our balance sheet reflects our rigorous risk management and strict asset-liability matching standards.

- 98% of fixed-maturities portfolio is investment grade.
- Commercial mortgage loan portfolio:
 - Provides attractive yields relative to Treasury securities.
 - 95% of portfolio is considered lower or medium risk based on their loan-to-value and debt-service coverage ratios.
 - Excellent credit performance.



Our guiding principles



Our success as a business is guided by the principles of Value, Transparency and Sustainability, or **VTS**.

Value

We provide products and solutions people need at a competitive price—backed by dedication to excellent customer service.

Transparency

We communicate clearly and openly so people can understand what they are buying.

Sustainability

Our products stand the test of time. We're financially disciplined, so we'll be here when customers need us.

Parent company

Sumitomo Life, a mutual insurance company with over 100 years of history and one of the largest life insurance companies in Japan.

Together, Sumitomo Life and Symetra have total assets of over \$300 billion.⁴

Not a bank or credit union deposit, obligation or guarantee May lose value

Not FDIC or NCUA/NCUSIF insured Not insured by any federal government agency

continued

Diverse product offerings

We provide products and services that help people and businesses achieve their financial goals.

Retirement Division

Annuity solutions providing asset protection, growth and guaranteed income in retirement.

- · Fixed indexed annuities
- Registered index-linked annuities
- · Fixed deferred annuities
- Income annuities:
 - Includes single premium immediate annuities (SPIA) and deferred income annuities (DIA)

Benefits Division

Products that help businesses stay competitive while providing valuable coverage to employees and their families.

- Medical stop loss
- Group life and accidental death and dismemberment (AD&D) insurance
- Group disability insurance and absence management programs
- Fixed-payment insurance
- · Critical illness and accident coverage

Individual Life Division

Flexible policies designed for tax-efficient wealth transfer and protection from personal loss.

- Universal life insurance
- Term life insurance
- Bank-owned life insurance
- Corporate-owned life insurance

About Symetra Life Insurance Company

- Established in 1957.
- · Well-positioned to execute on our growth plans.
- Committed to our products and distribution strategies:
 - Annuities with transparent features and benefits.
 - Flexible stop loss, group life, disability and fixed-payment solutions supported by a best-in-class service model.
 - Life insurance products that provide guarantees, flexibility and access.

Sound financial strength ratings⁵

For Symetra Life Insurance Company (est. 1957)

Financial strength ratings are impartial, third-party opinions that assess the ability of the company to meet its obligations to policyholders.

A.M. Best	А	"Excellent"	3rd highest of 16
Moody's	A1	"Good"	5th highest of 21
Standard & Poor's	А	"Strong"	6th highest of 21

Community commitment

Symetra strives to create long-term, positive change in our communities through a combination of corporate and employee giving and a deeply held commitment to volunteerism. We proudly support nonprofit organizations whose missions align with our three giving priorities:

 $\label{thm:loss} \mbox{Housing/Homelessness, Barrier Reduction for Women and Education Support for At-Risk Youth.}$

Diversity, equity and inclusion

We embrace and celebrate our diverse experiences, identities and perspectives, because lifting each other up fuels thought and creates a stronger, more innovative company. We are dedicated to equitable hiring, opportunities for advancement, career development and personal growth for all.

Established in 1957, Symetra Life Insurance Company is a subsidiary of Symetra Financial Corporation. Life insurance and annuities are issued and employee benefit plans are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, and are not available in all U.S. states or any U.S. territory.

Symetra Financial Corporation is a wholly owned subsidiary of Sumitomo Life Insurance Company.

Guarantees and benefits are subject to the claims-paying ability of the issuing life insurance company.

- ¹ References about "Symetra" are to Symetra Financial Corporation and its subsidiaries.
- $^{\rm 2}$ All financial figures for Symetra Financial Corporation are reported on a GAAP basis.
- ³ As of Dec. 31, 2019, liabilities were \$51.2 billion and stockholder's equity was \$4.3 billion.
- ⁴ As of March 31, 2019.
- ⁵ Dates of last ratings updates or affirmations are as follows: A.M. Best Dec. 11, 2019; Standard & Poor's – Aug. 8, 2019 and Moody's – Oct. 3, 2017. Ratings are subject to change. Please refer to www.symetra.com/ratings for current information.





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)

Shelley Loughrey Williamson County 100 Wilco Way, Suite # HR-101 Georgetown, TX 78626

Re: Policy 01-016850-00

January 01, 2021

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.

The inforce rates will be guaranteed for 2 years

Effective 1/1/2021 your renewal rates are as follows:

	Lives	Volume	Current Rates	Renewal Rates
Basic Life	1829	\$34,049,000.00	\$0.030	\$0.030
Basic Dependent Life	1247	1247	\$0.540	\$0.540
Basic AD&D	1721	\$33,509,000.00	\$0.020	\$0.020
Supplemental Employee Life	1058	\$92,809,000.00	Step-rates*	Step-rates*
Supplemental Spouse Life	554	\$19,276,000.00	Step-rates*	Step-rates*
Supplemental Child Life	576	\$5,760,000.00	\$0.054	\$0.054
Supplemental Employee AD&D	1058	\$92,809,000.00	\$0.020	\$0.020
Voluntary Long Term Disability				
Insurance	909	\$4,323,381.34	Step-rates*	Step-rates*
Voluntary Short Term Disability Insurance	404	\$246,646.57	Step-rates*	Step-rates*

	Current Monthly	Renewal Monthly	
	Premium	Premium	Percent Change
Basic Life	\$1,021.47	\$1,021.47	0%
Basic Dependent Life	\$673.38	\$673.38	0%
Basic AD&D	\$670.18	\$670.18	0%
Supplemental Employee			
Life	\$24,426.77	\$24,426.77	0%
Supplemental Spouse			
Life	\$4,435.24	\$4,435.24	0%
Supplemental Child			
Life	\$311.04	\$311.04	0%
Supplemental Employee			
AD&D	\$1,856.18	\$1,856.18	0%
Voluntary Long Term Disability			
Insurance	\$17,306.54	\$17,306.54	0%
Voluntary Short Term			
Disability Insurance	\$13,109.21	\$13,109.21	0%

- Life rates are based on per \$1,000
- AD&D rates are based on per \$1,000
- 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
- Life Insurance renewal rates are guaranteed for 2 years from the date shown above.
- Long Term Disability Insurance 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 & Associates. 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 4/13/2020 date

cc: Holmes Murphy & Associates

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, 2021

Coverage **Monthly Rate** \$0.030 **Basic Life** Basic Dependent Life \$0.540 Basic AD&D \$0.020 Step-rates* Supplemental Employee Life Step-rates* Supplemental Spouse Life 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 rates are based on per \$1,000

- AD&D rates are based on per \$1,000

Supplemental Employee Life Step-rates are as follows:

	Current:	Renewal:
Age	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:

Current: Renewal:

Age	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
70-74	\$0.000	\$0.000
75 +	\$0.000	\$0.000

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

Current Rates: Renewal Rates:

	current nates.	nenewar naces.
	Rate per \$100 of	Rate per \$100 of
Age	Monthly Covered	Monthly Covered
	Payroll	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:

Current: Renewal:

Age	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
70 +	\$0.930	\$0.930
75 +	\$0.000	\$0.000

Rates will be guaranteed until 1/1/2023 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

Margart Ment

BY: Margaret Meister, President

Date: April 13, 2020

Instructions: (1) Use these rates beginning on the effective date shown above.

(2) Retain this Premium Rate Notice with your policy.





Symetra Group Term Life and Disability Insurance Proposal

April 27, 2020

Presented to

Williamson County

Georgetown, TX

Presented on behalf of Holmes Murphy & Associates

Proposed Contract Effective Date 1/1/2021

Any policy sold and issued in the State of New York is insured and underwritten by First Symetra National Life Insurance Company of New York, a New York-licensed insurer.

Any policy sold and issued in any state other than the State of New York is insured and underwritten by Symetra Life Insurance Company, an lowa-domiciled insurer that is licensed in all states except New York.

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Basic Employee Life and AD&D Insurance

Eligibility:	All full-time active employees working minimum of 30 hours per week
	Eligibility excludes all temporary and seasonal employees

Basic Employee Life Insurance	
Classes:	Class 1: Actives
	Class 2: Retirees
Waiting Period (months):	0
Benefit Schedule:	Class 1: Flat \$20,000
	Class 2: Flat \$5,000
Benefit Maximum:	Class 1: \$20,000
	Class 2: \$5,000
Benefit Minimum:	\$0
Guaranteed Issue Amount:	Class 1: \$20,000
	Class 2: \$5,000
Disability Provision:	Class 1: Premium Waiver If Disabled Prior To Age 60
	Class 2: Death Benefit Only
Premium Waiver Elimination Period:	Class 1: 6 Months
	Class 2: None
Disability Duration:	Class 1: To Age 65
	Class 2: Does Not Apply
Accelerated Death Benefit %:	75%
Accelerated Death Benefit Maximum:	Class 1: \$232,500
Terminal Illness Period:	Class 1: 24 Months Or Less
	Class 2: None
Definition of Earnings:	Salary
Rounding Method:	Next Higher \$1,000
Enhanced No Loss / No Gain:	Not Included
Portability (Life Benefits Only):	Not Included
Minimum Hour Requirement:	Class 1: 30
	Class 2: 0
Employee Contribution:	0%
Employer Contribution:	100%
Participation Requirement:	100%
Age Reduction:	Class 1: reduced to - Original volume 65% @ age 65,
	45% @ age 70, 30% @ age 75, 20% @ age 80
	Class 2: None
Conversion:	Included



Basic Employee Life and AD&D Insurance

Basic Employee AD&D Insurance	
Classes:	Class 1: Actives
Benefit Schedule:	Class 1: Flat \$20,000
Benefit Maximum:	Class 1: \$20,000
Benefit Minimum:	Class 1: \$0.00
Guaranteed Issue Amount:	Class 1: Match Maximum Benefit Amount
Coverage Type:	24-hour coverage
Common Carrier Benefit:	Not Included
Definition of Earnings:	Class 1: Salary
Rounding Method:	Class 1: Next Higher \$1,000
Enhanced No Loss / No Gain:	Class 1: Not Included
Minimum Hour Requirement:	Class 1: 30
Employee Contribution:	0%
Employer Contribution:	100%
Participation Requirement:	100%
Age Reduction:	Class 1: reduced to - Original volume 65% @ age 65,
	45% @ age 70, 30% @ age 75, 20% @ age 80
Conversion:	Not Included

Supplemental Employee Life and AD&D Insurance

Eligibility:	All full-time active employees working minimum of 30 hours per week	
	Eligibility excludes all temporary and seasonal employees	

Supplemental Employee Life Insurance	
Classes:	Actives
Benefit Schedule:	Increments of \$10,000
Benefit Maximum:	The Lesser of 6 X Annual Earnings Or \$300,000
Benefit Minimum:	\$0
Guaranteed Issue Amount:	\$100,000
Disability Provision:	Premium Waiver If Disabled Prior To Age 60
Premium Waiver Elimination Period:	6 Months
Disability Duration:	To Age 65
Accelerated Death Benefit %:	75%
Accelerated Death Benefit Maximum:	\$232,500
Terminal Illness Period:	24 Months Or Less
Definition of Earnings:	Salary
Rounding Method:	Next Higher \$1,000
Enhanced No Loss / No Gain:	Not Included
Portability:	Included
Portability Maximum:	\$300,000
Employee Contribution:	100%
Employer Contribution:	0%
Participation Requirement:	62%
Age Reduction:	reduced to - Original volume 65% @ age 65, 45% @ age 70,
	30% @ age 75, 20% @ age 80
Suicide Exclusion:	24 Months
Enrollment Type:	Traditional
Conversion:	Included

Supplemental Employee AD&D Insura	nce
Classes:	Actives
Benefit Schedule:	Increments of \$10,000
Benefit Maximum:	The Lesser of 6 X Annual Earnings Or \$300,000
Benefit Minimum:	\$0
Guaranteed Issue Amount:	Match Maximum Benefit Amount
Coverage Type:	24-Hour Coverage
Common Carrier Benefit:	Not Included
Definition of Earnings:	Salary
Rounding Method:	Next Higher \$1,000
Enhanced No Loss / No Gain:	Not Included
Employee Contribution:	100%
Employer Contribution:	0%
Age Reduction:	reduced to - Original volume 65% @ age 65, 45% @ age 70,
	30% @ age 75, 20% @ age 80
Conversion:	Not Included
Portability:	Not Included

Basic Spouse and Dependent Life Insurance

Eligibility:	All full-time active employees working minimum of 30 hours per week
	Eligibility excludes all temporary and seasonal employees

Provision

Spouse Benefit Schedule:	Flat Amount
Spouse Benefit Maximum:	\$5,000
Spouse Guarantee Issue:	\$5,000
Child Benefit Schedule:	Flat \$2,000
Child Guarantee Issue:	Match The Benefit Max Quoted
Child Benefit (Live Birth to Start Age)	\$1,000
Child Benefit Start Age:	6 months
Child Benefit End Age:	26
Enhanced No Loss / No Gain:	Not Included
Portability:	Not Included
Conversion:	Included

Supplemental Dependent Life Insurance

Eligibility:	All full-time active employees working minimum of 30 hours per week
	Eligibility excludes all temporary and seasonal employees
Spouse Benefit Schedule:	Increments of \$5,000
Spouse Benefit Maximum:	Lesser of 100% of the employee's life benefit or \$300,000
Spouse Guarantee Issue:	\$25,000
Terminal Illness Period:	24 Months Or Less
Rounding Method:	Next Higher \$1,000
Enhanced No Loss / No Gain:	Included
Spouse Portability:	Included
Spouse Portability Maximum:	\$50,000
Conversion:	Included
Child Benefit Schedule:	Choice of \$2,000; \$5,000 or \$10,000
Child Benefit Maximum:	\$10,000
Child Guarantee Issue:	Match The Benefit Max Quoted
Child Benefit (Live Birth to Start Age)	\$1,000
Benefit Start Age:	6 months
Benefit End Age:	26
Child Portability:	Included
Child Portability Maximum:	\$10,000
Conversion:	Included

Group Life Provisions Included in this Proposal

Enhanced No Loss/No Gain

Provided the employee was insured under the prior carrier contract and premiums were being paid on the day preceding our effective date, we will waive the actively at work requirement on a no loss/no gain basis. Coverage will not be deferred if an eligible employee is insured under the prior policy and, although not actively at work on the policy effective date, would otherwise meet the eligibility requirements of the policy period. The amount of insurance will be the lesser of the amount of life insurance and AD&D principal sum in effect under the prior policy or shown in the schedule and reduced by any coverage amount in force, paid or payable under the prior policy.

Right of Conversion

If Life Insurance coverage or any portion of it under The Policy ends for any reason, the insured may have the right to convert

the coverage that terminated to an individual conversion policy without providing Evidence of Insurability. Conversion is not

available for:

- 1. the Accidental Death and Dismemberment Benefits: or
- 2. any Amount of Life Insurance for which the insured was not eligible under The Policy.

Waiver of Premium

The Waiver of Premium provision allows continuation of life insurance coverage without paying premium if the insured is:

disabled and qualifies for Waiver of Premium. To qualify, an insured must become disabled prior to age 60 and, if approved,

premiums will be waived to age 65 as long as the insured remains disabled. If the insured qualifies, the amount of continued

coverage:

- 1. will be the amount in force on the date the insured ceases to be an active employee;
- 2. will be subject to any reductions provided by The Policy; and
- 3. will not increase.

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Accidental Death & Dismemberment Loss Schedule

If the insured sustains an injury which results in any of the following losses within 365 days of the date of accident, we will pay the injured person's amount of Principal Sum or a portion of such Principal Sum, as shown opposite the loss after we receive Proof of Loss in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

No more than the Principal Sum will be paid to any one person, for all losses due to the same accident.

The amount of Principal Sum is shown in the Schedule of Insurance.

	Amount of Principal Sum
Accidental Loss Of:	Payable:
Life	100%
Both hands or both feet or sight of both eyes	100%
One hand and one foot	100%
Speech and hearing in both ears	100%
Either hand or foot and sight of one eye	100%
Movement of both upper and lower limbs (Quadriplegia)	100%
Movement of both lower limbs (Paraplegia)	75%
Movement of three limbs (Triplegia)	75%
Movement of the upper and lower limbs of one side of the body (Hemiplegia)	50%
Either hand or foot	50%
Sight of one eye	50%
Speech or hearing in both ears	50%
Movement of one limb (Uniplegia)	25%
Thumb and index finger of either hand	25%

Additional Benefits:	Percent	Maximum
Seatbelt	10.0%	\$10,000
Airbag	5.0%	\$5,000
Repatriation	5.0%	\$5,000
Child Education (payable up to 4 years)	2.5%	\$2,500
Daycare (payable up to 4 years)	2.5%	\$2,500
Rehabilitation Benefit	2.5%	\$2,500
Spouse Education	2.5%	\$2,500
Adaptive Home and Vehicle Benefit	2.5%	\$2,500
Coma Benefit	1.0%	a month
Exposure and Disappearance Benefit		Included

Accidental Death & Dismemberment Exclusions

The Policy does not cover any Loss caused or contributed by:

- · Intentionally self-inflicted Injury;
- Suicide or attempted suicide, whether sane or insane;
- · War or act of war, whether declared or not;
- Injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve National Guard Service;
- Injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
- · Injury sustained while On any aircraft:
- a) as a pilot, crewmember or student pilot;
- b) as a flight instructor or examiner;
- c) if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization whose eligible persons are covered under The Policy;
- d) being used for tests, experimental purposes, stunt flying, racing or endurance tests; or
- Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician;
- Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
- · Injury sustained while committing or attempting to commit a felony;
- · Injury sustained while Intoxicated; or
- · Injury sustained while driving while Intoxicated.

Intoxicated means:

- 1) the blood alcohol content;
- 2) the results of other means of testing blood alcohol level; or
- 3) the results of other means of testing other substances;

that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.

Reserve National Guard Service means: You or Your Spouse are:

- 1) attending or en route to or from any active duty training of less than 60 days;
- 2) attending or en route to or from a service school of any duration;
- 3) taking part in any authorized inactive duty training; or
- 4) taking part as a unit member in a parade or exhibition authorized by official orders.



Short Term Disability Insurance

Eligibility:	All full-time active employees working minimum of 30 hours per week
	Eligibility excludes all temporary and seasonal employees
Classes:	All active full-time employees
Waiting Period (months):	2 months
Benefit Type:	Variable
Benefit Percent:	60%
Maximum Weekly Benefit:	\$1,500
Minimum Weekly Benefit:	\$50
Accident Elimination Period (Days):	7
Sickness Elimination Period (Days):	7
Benefit Duration (Weeks):	13
Definition of Disability:	Regular Occ Partial
Coverage Basis:	Non Occ Coverage
First Day Hospital:	No: Inpatient
Contributory:	Contributory
Employer Contribution Percent:	0%
Employee Contribution Percent:	100%
Premium Contributions:	Post Tax
Minimum Participation Percent:	23%
Pre-Existing Condition Limitation:	3/12
Pay Employer FICA:	No

Short Term Disability Provisions Included in this Proposal

Actively at Work:

If you are not in active employment as a result of your injury or a sickness, then your coverage will be effective on the date you return to active employment. This applies to your initial coverage, as well as any increases or additions to coverage occurring after your initial coverage is effective.

Continuity of Coverage:

We will cover you under this plan if you were insured by the prior group insurance plan, and the cost of your coverage under the prior group insurance plan was paid.

Our payments to you will be limited to the monthly amount the prior group insurance plan would have paid you had the plan stayed in effect. Our payments will be reduced by any amount the prior group insurance plan is responsible for paying.

Prior group insurance plan means the group short term disability plan in effect with the employer just before the effective date of this plan.

Elimination Period:

The disability benefit payment begins the later of the elimination period listed in the proposal, the date salary continuation ends or the date accumulated sick leave ends. The elimination period is a period of continuous days of disability (trial work days may be available). The elimination period begins on the first day of your disability.

Disabled/Disability means our determination that your sickness or injury:

Prevents you from performing with reasonable continuity the material and substantial duties of your regular occupation and a reasonable employment option offered to you by the employer; and as a result, the income you are able to earn is less than or equal to 80% of your pre-disability earnings.

Material and substantial duties are the duties that:

are normally required for the performance of the occupation;

AND

cannot be reasonably omitted or changed.

Recurrent Disability

14 day recurrent disability/temporary recovery: If the insured recovers and returns to work, and the same sickness or injury causes the disability to occur again within 14 days of the date prior disability ended, Symetra will resume monthly payments if the insured is covered under the policy for the period of temporary recovery.

Pre-Existing Condition Limitation:

Pre-existing condition is a sickness or injury:

- · for which you received treatment; or
- where symptoms were present to the degree that an ordinarily prudent person would seek treatment; within the three months prior to your effective date of coverage.

Treatment includes:

- · consulting with a doctor
- · receiving care or services from a doctor or from other medical professionals a doctor recommends you see
- · taking prescribed medicines
- · being prescribed medicines
- · you should have been taking prescribed medicines but chose not to
- · receiving diagnostic measures.



Short Term Disability Provisions Included in this Proposal

Exclusions:

We will not cover a disability if it is due to:

- · War, declared or not, or any act of war;
- Intentionally self-inflicted injuries or illness, while sane or insane;
- · Your active participation in a riot;
- Your attempt to commit or your commission of a felony under federal or state law, or your being engaged in an illegal occupation;
- An injury arising out of, or in the course of, any work for wage or profit;
- A sickness for which you are entitled to benefits under any Workers' Compensation Act, Occupational disease law, Compulsory Benefit Act or law or similar law, unless you are a partner or sole proprietor not covered by any of these acts or laws:
- Your service in the armed forces, military reserves or National Guard of any country or International authority, or in a civilian unit serving with such forces;
- Cosmetic or reconstructive surgery, except for complications arising from any such surgery or for surgery necessary to correct a deformity caused by accidental injury or sickness;
- An accident resulting from or caused by your operation of a motor vehicle while intoxicated according to the laws of the jurisdiction where the accident occurred; or
- An accident resulting from or caused by your being under the influence of drugs or any controlled substance, unless taken as prescribed by your doctor.

Long Term Disability Insurance

Eligibility:	All full-time active employees working minimum of 30 hours per week
	Eligibility excludes all temporary and seasonal employees
	T
Classes:	All active full-time employees
Waiting Period:	2 Months
Benefit Percent:	60%
Maximum Monthly Benefit:	\$6,000.00
Minimum Monthly Benefit:	The Greater of \$100 or 10% of Gross Monthly Benefit
Elimination Period (Days):	90 Days
Maximum Payment Duration:	SSNRA
Definition of Disability:	24 month Own Occ
Partial / Residual:	Residual
Own Occ / Any Occ Earnings Test:	80/60%
Return to Work Incentive:	24 Months
Integration Method:	Direct
Social Security Offset:	Family
Pre-Existing Condition Limitation:	3/12
Lump Sum Survivor Benefit:	100% Gross 3 Months
Mental Illness Limitation	24 Months
Substance Abuse Limitation:	24 Months
Special Conditions Limitation:	Unlimited
Lifetime / Per Occurrence:	Per Lifetime
Indexation:	Yes
Dependent Care Benefit:	Not Included
Personal Care Benefit:	Included
Extended Care Benefit:	Not Included
Education Benefit:	Not Included
Spousal Disability Benefit:	Not Included
Pension Supplement Percent:	Not Included
Pension Supplement Max:	Not Included
COLA:	Not Included
Additional Catastrophic:	Not Included
Worksite Modification:	Not Included
Contribution Method:	Contributory
Employee Contribution Percent:	100%

0%

53%

Included

6 Months

Included

Not Included

Employer Contribution Percent: Minimum Participation Percent:

Employee Assistance Program:

Recurrent Disability:

Waiver of Premium:

Conversion Privilege:

Long Term Disability Provisions Included in this Proposal

Actively at Work:

If you are not in active employment as a result of your injury or a sickness, then your coverage will be effective on the date you return to active employment. This applies to your initial coverage, as well as any increases or additions to coverage occurring after your initial coverage is effective.

Continuity of Coverage:

If you were insured by the prior group insurance plan just before you become eligible for coverage under this plan; you are in active employment; and you are insured under this plan, then you may be eligible for payments from us under this plan if your disability is due to a pre-existing condition.

In order to receive payments from us, you must meet the pre-existing condition exclusion of this plan; OR

the prior group insurance plan had the plan stayed in effect.

We will consider the total amount of time you were continuously insured under both the prior group insurance plan and this plan to determine if you satisfy the pre-existing condition exclusion. If you cannot satisfy the pre-existing condition exclusion of either plan then we will not pay you a disability benefit.

We will determine our payments to you using the provisions of this plan, but your monthly payment will not be more than the maximum monthly payment of the prior group insurance plan. Your monthly payments will end on the earlier of the following dates:

the end of the maximum payment duration under this plan;

ΩR

the date benefits would have ended under the prior group insurance plan if the plan had stayed in effect.

Elimination Period:

The disability benefit payment begins the later of the elimination period listed in the proposal, the date STD payments ends, the date salary continuation ends or the date accumulated sick leave ends. The elimination period is a period of continuous days of disability. The elimination period begins on the first day of your disability.

Disabled/Disability means our determination that your sickness or injury:

During the elimination period, prevents you from performing with reasonable continuity the material and substantial duties of your regular occupation and a reasonable employment option offered to you by the employer and, as a result, you are not working at all, or you are working and the income you are able to earn is less than or equal to 80% of your pre-disability earnings.

During the own occupation period of disability benefits, prevents you from performing with reasonable continuity the material and substantial duties of your regular occupation and a reasonable employment option offered to you by the employer and, as a result, the income you are able to earn is less than or equal to 80% of your pre-disability earnings.

During the any occupation period of disability benefits, prevents you from performing with reasonable continuity the material and substantial duties of any gainful occupation and, as a result, the income you are able to earn is less than or equal to 60% of your pre-disability earnings.

Material and substantial duties are the duties that:

are normally required for the performance of the occupation;

AND

cannot be reasonably omitted or changed.

Integration Method:

Direct - Under direct integration, offsets are subtracted from the Scheduled Monthly Benefit.



Long Term Disability Provisions Included in this Proposal

Social Security Offset:

Social Security Type - Other income benefit sources include those (due to the employee's disability or retirement) which are payable to the employee's spouse, children and dependents.

Return to Work:

12 Months return to work incentive provides insureds with a safety net during the early months of return to employment. Monthly benefits combined with earnings can provide up to 100% of pre-disability earnings If the insured recovers and returns to work, and the same sickness or injury causes the disability to occur again within the time period specified in our proposal of the date the prior disability ended, Symetra will resume monthly payments if the insured is covered under the policy for the period of temporary recovery

Waiver of Premium:

Premium payments for coverage are suspended for and 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

Indexed Monthly Earnings:

Indexed pre-disability earnings means your basic monthly earnings in effect just prior to the date your disability began adjusted on the first anniversary of benefit payments and each following anniversary. Each adjustment will be based on the lesser of 10% or the current annual percentage increase in the Consumer Price Index.

Work Place Modification:

Provides a benefit for costs associated with the accommodation of a disabled insured's workplace

Vocational Rehabilitation:

Provides assistance through services such as testing and training as well as job modification and placement

Social Security Assistance:

Helps an insured obtain Social Security disability benefits

Long Term Disability Provisions Included in this Proposal

Maximum Benefit Period

Age When Disability Begins - Maximum Payment Duration

Less than Age 60 - To Social Security Normal Retirement Age (SSNRA)

Age 60 - 60 months

Age 61 - 48 months

Age 62 - 42 months

Age 63 - 36 months

Age 64 - 30 months

Age 65 - 24 months

Age 66 - 21 months

Age 67 - 18 months

Age 68 - 15 months

Age 69 and over - 12 months

Social Security Normal Retirement Age (SSNRA) means the age at which you are eligible for Social Security full retirement benefits.

Pre-Existing Condition Limitation:

Pre-existing condition is a sickness or injury:

- · for which you received treatment; or
- where symptoms were present to the degree that an ordinarily prudent person would seek treatment; within the three months prior to your effective date of coverage.

Treatment includes:

- · consulting with a doctor
- receiving care or services from a doctor or from other medical professionals a doctor recommends you see
- · taking prescribed medicines
- being prescribed medicines
- · you should have been taking prescribed medicines but chose not to
- · receiving diagnostic measures.

Exclusions:

Symetra will not cover a disability if it is due to:

- · War, declared or not, or any act of war;
- Intentionally self inflicted injuries or illness, while sane or insane;
- · Your active participation in a riot;
- You attempt to commit or your commission of a felony under federal or state law, or your being engaged in an illegal occupation.
- Your service in the armed forces, military reserves or National Guard of any country or International authority, or in a civilian unit serving with such forces
- Cosmetic or reconstructive surgery, except for complications arising from any such surgery or for surgery necessary to correct a deformity caused by accidental injury or sickness;
- An accident resulting from or caused by your operation of a motor vehicle while intoxicated according to the laws of the jurisdiction where the accident occurred; or
- An accident resulting from or caused by your being under the influence of drugs or any controlled substance, unless taken as prescribed by your doctor.
- No benefits are payable for any period of disability during which you are incarcerated in a penal or correctional facility for a period of 30 or more consecutive days or for which you are not under the regular care of a doctor.
- If your professional or occupational license or your certification is suspended, revoked or surrendered, loss of your license or certification, by itself, does not mean you are disabled.

Qualifications and Deviations

• Symetra reserves the right to review and evaluate changes, deviations and qualifications that we have put forth in our proposal. The coverage being offered is predicated on all of the above information being accurate and correct to the best of the [employer's/prospective client's] knowledge and belief. If any of these conditions are not satisfied, we reserve the right to adjust pricing accordingly, withdraw this proposal from consideration or rescind coverage.

Qualifications:

- This quote assumes a situs state of TX and an SIC of 9199
- Any policy sold and issued in the State of New York is insured and underwritten by First Symetra National Life Insurance Company of New York, a New York-licensed insurer.
- Any policy sold and issued in any state other than the State of New York is insured and underwritten by Symetra Life Insurance Company, an Iowa-domiciled insurer that is licensed in all states except New York.
- All rates assume a non-participating financial arrangement. Symetra reserves the right to revise the quote if the data provided is not accurate or if the lives or volume change by +/- 10% after initial enrollment.
- Unless otherwise stated, this quote assumes all eligible employees are residents in the United States Citizens and on the U.S. payroll.
- This quote assumes that the employees benefit plan will be governed by ERISA.
- · Grace period is 31 days unless regulated by state law.
- By signing the accompanying Application for Group Insurance and providing a binder payment of one month of premium, the applicant accepts the issuance of a group policy according to the terms of this proposal.
- Policies and certificates of insurance will be delivered electronically as PDF attachments. A fee may apply for
 printing and delivery of paper certificates if requested. You may not modify the electronic certificates in any way,
 and are responsible for providing current versions of certificates, including amendments, to certificate holders.
- · Quote assumes premium billing will be on a self-administered basis.
- Quote excludes temporary, part time and seasonal employees.
- · Coverage is subject to exclusions and limitations.
- If applicable law in the state of policy issuance changes, then any provision of this policy which conflicts with the such law will be construed to comply with such law.
- We reserve the right to reprice if any taxes are changed.
- It is Symetra's intent to match the requested benefits. However, Symetra's standard policy provisions will apply as our policy is filed and approved in the state where the policy will be issued. If there are employees located in other states, Symetra will need to comply with any extraterritorial requirements of those other states. Some states may require Symetra to file its policy language and may require us to make modifications for the residents of that state.
- A copy of the prior policy must be submitted at the time the case is sold
- A copy of a current billing statement to verify covered lives and volumes is required at time of sale.
- This proposal is not intended as a contract. Policy provisions, exclusions and limitations will be subject to Symetra Life Insurance Company or First Symetra National Life Insurance Company of New York standard provisions. If there is any conflict between this proposal and a subsequently issued group policy, the policy will prevail. The limitations and exclusions of any policy issued will comply with state insurance laws and regulations as applicable. The agent/broker does not have authority to bind or modify the terms of this offer without prior written approval from Symetra Life Insurance Company of First Symetra national Life Insurance Company of New York.
- Quote is based on the census presented and actual cost will be based on the data submitted at sold case time. Should there be any changes in the original data quoted number of lives, class occupations, salaries, or other pertinent facts the case will be subject to new underwriting to determine acceptability of the group, the policy provisions and the rate may be changed.
- This offer expires if not accepted within 31 days of the proposed policy effective date.

Qualifications:

- The proposal is subject to the approval of the company's board of directors, or a committee thereof, of the related party transaction, if any, that would result from issuance of the policy.
- A final sold case census is required at time of sale. Census must include lives, classes, and volume by coverage line, and work or home address.
- A copy of a current billing statement to verify the number of covered lives and volumes is required at time of sale.
- By signing the accompanying Application for Group Insurance, the applicant accepts the issuance of a group policy according to the terms of this proposal.
- Rates do not include third party administrator (TPA) or general agent (GA) fees or commissions. The rates will be increased to reflect any additional fees or commissions payable by Symetra other than those noted in this proposal.
- Additional Experience, Billing and/or loss units exceeding Symetra's standard may be subject to charges.
- This quote is conditional on satisfying Symetra's concentration of risk requirements. Please provide a list of locations with 500 or more lives, outlining the address and number of lives at the location. Terms of quote are subject to change based on Symetra's evaluation of concentration of risk information received.

Life Qualifications:

- Proposed rates are contingent on writing all lines including Basic Life, Basic AD&D, and Supplemental Life and AD&D coverages as a package.
- Symetra requires a list of all employees eligible for life insurance not actively at work. Symetra must review and approve this list before binding coverage.
- Our proposal assumes that we are not grandfathering any employees outside of the plan design. Any employees that have coverage that does not meet our plan design will have their coverage decrease to the closest amount that meets our quoted plans.
- Traditional EOI Enrollment: Traditional EOI enrollments assume scheduled annual enrollment periods and standard Evidence of Insurability requirements will apply meaning EOI is required for all late entrants, increases in coverage and for amounts in excess of the guarantee issue.
- There is no one-time open enrollment unless agreed to in writing in advance by Symetra Underwriting.

Short Term Disability Qualifications:

- Rates assume participation in Social Security and Workers' Compensation Insurance plan and integration with any salary continuation program.
- Evidence of insurability/proof of good health is required for applicants who apply for contributory/voluntary coverage more than 31 days after first becoming eligible.
- Employees must be actively at work to become eligible. This policy does not replace or affect requirements for coverage by Workers' Compensation Insurance or State Disability Insurance.
- · Coverage will continue while employees are on FMLA.
- Salary continuation and accumulated sick leave are included.
- Traditional EOI Enrollment: Traditional EOI enrollments assume scheduled annual enrollment periods and standard Evidence of Insurability requirements will apply meaning EOI is required for all late entrants, increases in coverage and for amounts in excess of the guarantee issue.

Long Term Disability Qualifications:

- Rates assume participation and integration with Social Security, Workers' Compensation Insurance, Statutory Disability Plans and any salary continuation programs, if applicable.
- Evidence of insurability/proof of good health is required for applicants who apply for contributory/voluntary coverage more than 31 days after first becoming eligible.
- Employees must be actively at work to become eligible. This policy does not replace or affect requirements for coverage by Workers' Compensation Insurance or State Disability Insurance.
- · Coverage will continue while employees are on FMLA.
- LTD benefits will be reduced by other income amounts, including integration with Family Social Security benefits
- Traditional EOI Enrollment: Traditional EOI enrollments assume scheduled annual enrollment periods and standard Evidence of Insurability requirements will apply meaning EOI is required for all late entrants, increases in coverage and for amounts in excess of the guarantee issue.



Symetra Select Benefits Critical Illness Insurance Proposal

April 27, 2020

Presented to

Williamson County

Georgetown, TX

Presented on behalf of Holmes Murphy & Associates

Proposed Contract Effective Date 1/1/2021

Any policy sold and issued in the State of New York is insured and underwritten by First Symetra National Life Insurance Company of New York, a New York-licensed insurer.

Any policy sold and issued in any state other than the State of New York is insured and underwritten by Symetra Life Insurance Company, an lowa-domiciled insurer that is licensed in all states except New York.

Employer Plan Summary for Williamson County

Critical Illness

Proposal: C00041826 Date: 4/6/2020

Participation Requirement: Greater of 25 employees or 10% of eligible employees.			
		Coverage Details	
once coverage due to diseas	ge takes se. Cove	ritical illness insurance provides a lump sum payment upon the first diagnosis of a covered condition effect for the individual. Covered conditions include cancer, heart attack and other critical illnesses red critical illness conditions are grouped into benefit categories. The benefit is payable once for a al illness, up to 100% of the benefit amount payable for each category of covered critical illness.	
Category 1	Invasive	e cancer: 100%, minor cancer: 25%	
Category 2	ory 2 Heart attack and stroke: 100%, coronary artery disease needing surgery or angioplasty: 25%		
Category 3		ue to accident, occupational HIV infection, loss of sight, loss of speech, loss of hearing, major organ end-stage renal failure, paralysis due to accident, severe burns: 100%	
Category 4		ed Alzheimer's disease, multiple sclerosis, Parkinson's disease, ALS and other motor neuron s: 100%	
		Employee Benefit Amount(s)	
		Critical Illness benefit: \$5,000, \$10,000, \$15,000, \$20,000 Guaranteed Issue Amount: Up to \$20,000	
		Dependent Benefit Amount(s)	
	of the emp	imployee's benefit. Guaranteed Issue Amount: 50% of the employee's guaranteed issue amount. bloyee's benefit, not to exceed \$10,000. Guaranteed Issue Amount: 25% of the employee's nount.	
Guarantee	d Issue (GI)	Guaranteed issue is the benefit amount available without the need for evidence of insurability at the time an individual is first eligible for coverage. The spouse has a different GI amount.	
	ence of irability	The guaranteed issue benefit amounts in our offering are available with no medical underwriting. EOI will not be required at initial open or annual enrollment. Outside of selecting coverage during an enrollment period, EOI will not be required during the plan year when an employee pursues coverage as a new employee or as an existing employee following an approved change in life status when said elections are made within 30 days of eligibility under the plan or the change in status.	
Benefit Red	duction chedule	The benefit amount for employee, spouse, and child is reduced by 50% on the policy anniversary date that occurs on or follows the employee's 70th birthday.	
Benefit ¹	Waiting Period	The 30-day period immediately following an individual's effective date of coverage (or increase in coverage). No benefit (or benefit increase) is payable for a critical illness that is diagnosed during the benefit waiting period. No benefit waiting period for individuals that reside in Idaho.	
Condition		Benefits are not payable for a critical illness diagnosed during the first 12 months of an individual's coverage if it is caused by or results from a condition that existed during the 12-month period before coverage took effect. The limitation may apply to any increase in coverage. The number of months may vary by state.	
		The time period between the diagnosis dates of different critical illnesses in either the same or another critical illness category. Benefits for different covered critical illness may be payable if the dates when each of the conditions is diagnosed are separated by at least 12 months. The separation period is 6 months for individuals that reside in Colorado.	
Continua Co	ation of overage	Allows coverage to be continued for a limited duration following termination of employment or temporary absence.	
		Options	
Health Sc	reening Benefit	Pays an annual benefit amount of \$50 for x-ray and laboratory tests only incurred by either the employee or spouse.	

Proposal: C00041826 4/6/2020

Recurrence Benefit Pays an additional benefit of 100% of the critical illness benefit when a specific critical illness recurs more than 365 days after the first diagnosis.

Employee Eligibility: An employee must be actively at work, employed by the eligible group and performing for wage or profit all of the normal duties required of a job. The minimum number of 30 hours/week must be met.

If/when Critical Illness coverage is currently offered through a different carrier: The current participants of an existing plan will receive credit for time served under that policy as part of the Continuity with Prior Coverage feature found in Critical Illness policy offered by the Symetra Life Insurance Company. Symetra will rely on the Policyholder to confirm existing coverage status.

Unless otherwise stated, this quote assumes that all eligible employees are residents of the United States and on your U.S. payroll.

By delivering this proposal for coverage, the producer represents and warrants to Symetra that each of the producer and any other person and entity acting with or on behalf of the producer in the sale or solicitation of such coverage maintains such insurance producer licenses and appointments as are required by each state in which the coverage has been or will be solicited, and in all states in which the policy(ies) will be issued (including any states in which a statutory disability policy may be issued). This proposal is authorized for delivery only if the foregoing representation and warranty is true and correct.

This proposal is subject to change to comply with regulatory requirements taking effect before or on the effective date of coverage.

The rates provided on the following rate sheets are guaranteed for 24 months following the effective date.

Employer sponsored biometric testing completed at the workplace is not covered under the Health Screening Benefit.

Quote assumes premiums to be billed monthly on an advance basis. Billing in arrears is available at an additional cost, subject to Underwriting approval.

CI Plan/Benefit Amounts Selected	
Authorized Signature:	Date:

Description of Benefits for Williamson County

Critical Illness

Proposal: C00041826 Date: 4/6/2020

Critical Illness Benefit

Critical Illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage is in effect. Covered conditions are grouped into benefit categories. Benefits for covered conditions will be paid at a percentage of the policy amount per category (up to 100%). Below are the definitions of the conditions covered.

CATEGORY 1

Invasive Cancer

Invasive Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The term cancer may include leukemia, lymphoma, sarcoma, and Hodgkin's disease. Invasive Cancer must be diagnosed by a specialist according to a pathological or clinical diagnosis.

Minor Cancer

Minor Cancer is defined as a diagnosis of one of the following four malignant cancers: 1) carcinoma in-situ; 2) malignant prostate cancer; 3) malignant melanoma; 4) malignant thyroid cancer. The diagnosis must be confirmed with a report from a specialist that includes the pathology report.

CATEGORY 2

Heart Attack (Myocardial Infarction)

Heart Attack (Myocardial Infarction) is defined as the ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries. The diagnosis must be made by a specialist and based on all three of the following criteria: 1) new clinical presentation; 2) electrocardiographic changes consistent with an evolving heart attack; 3) serial measurement of cardiac biomarkers.

Stroke

Stroke is defined as cerebrovascular incident resulting in an irreversible death of brain tissue due to intracranial hemorrhage or cerebral infarction due to embolism or thrombosis in an intra-cranial vessel. This event must result in permanent neurological functional impairment with objective neurological abnormal signs on physical examination by a specialist at least 30 days after the event.

Coronary Artery Disease Needing Surgery or Angioplasty

Coronary Artery Disease Needing Surgery or Angioplasty is defined as coronary artery disease with blockages in one or more coronary artery(s) demonstrated on cardiac catheterization coronary angiography that requires the insured to undergo either coronary artery bypass surgery or coronary angioplasty. A specialist must report that the insured requires surgical intervention on the coronary artery(s) following clinically accepted cardiovascular surgery guidelines.

CATEGORY 3

Coma Due to Accident

Coma due to accident is defined as a coma that results from an accidental injury that occurred while covered under the policy. This diagnosis must be supported by evidence of the following: 1) no response to external stimuli; 2) life support measures are necessary to sustain life; 3) brain damage resulting in permanent neurological deficit.

Occupational Human Immunodeficiency Virus (HIV) Infection Due to Accident

Occupational Human Immunodeficiency Virus (HIV) Infection is defined as infection with the human immunodeficiency virus (HIV) resulting from an accidental injury which exposed the insured to HIV-contaminated blood or bodily fluids during the course of the duties of the insured's normal occupation. The accident causing the infection of HIV must have occurred in the United States and while covered under the policy.

Loss of Sight

Loss of Sight is defined as permanent and irreversible loss of sight in both eyes. A specialist must clinically confirm that the insured's corrected visual acuity is 20/200 or less or the field of vision is less than 20 degrees in both eyes.

Loss of Speech

Loss of Speech is defined as permanent loss of the ability to speak to the extent that the insured is unintelligible to another person with normal hearing. The insured must be able to demonstrate that the loss has been continuous for at least 180 days. The diagnosis of loss must be made by a specialist.

Loss of Hearing

Loss of Hearing is defined as permanent reduction of hearing in both ears to a point that the insured is unable to hear sounds at or below (90 decibels). The diagnosis must be made by a specialist as diagnosed by audiometric testing.

Major Organ Failure

Major Organ Failure is defined as the failure of bone marrow, heart, liver, lung, pancreas, or small bowel. A specialist must determine that a transplant of one or a combination of the above mentioned organs is necessary to treat organ failure in the insured. The insured must be included on an official USA transplant waiting list such as the United Network for Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP).

End Stage Renal Failure (Kidney Failure)

End Stage Renal Failure (Kidney Failure) is defined as the total and irreversible failure of both kidneys which requires permanent regular renal dialysis or a kidney transplant. A specialist must confirm that either of the following is necessary: 1) The insured must undergo regular renal dialysis at least weekly; 2) The insured needs a kidney transplant and is included on an official USA transplant waiting list such as the United Network for Organ Sharing (UNOS).

Paralysis Due to Accident

Paralysis Due to Accident is defined as paralysis with quadriplegia, paraplegia, hemiplegia, or diplegia, as the result of an accident that occurred while covered under the policy. There must be complete and permanent loss of use of two or more limbs that is present for a continuous period of at least 180 days.

Severe Burns

Severe Burns is defined as having sustained third degree burns. The third degree burns must cover at least 20% of the surface area of an insured's body.

CATEGORY 4

Advanced Alzheimer's Disease

Advanced Alzheimer's Disease is diagnosed by a specialist and defined as dementia due to Alzheimer's disease, where there is progressive and permanent deterioration of memory and intellectual capacity where the insured is unable to perform independently, at least two of five defined "Activities of Daily Living" for a continuous period of at least 180 days. The diagnosis must be supported by clinically accepted standardized cognitive testing and neurological examination.

Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases

Amyotrophic Lateral Sclerosis (ALS) and other Motor Neuron Diseases is diagnosed by a specialist and defined as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease) or primary lateral sclerosis. There must be objective evidence of motor dysfunction with muscle weakness for a continuous period of time of at least 90 days.

Multiple Sclerosis

Multiple Sclerosis diagnosed by a specialist and defined as permanent functional neurological impairment with objective evidence of motor or sensory dysfunction confirmed by objective neurological investigations (i.e. lumbar puncture, evoked visual responses, evoked auditory responses and MRI evidence of lesions of the central nervous system).

Parkinson's Disease

Parkinson's disease is diagnosed by a specialist and defined as unequivocal diagnosis of idiopathic Parkinson's disease. Disease characteristics include resting tremor, rigidity, bradykinesia and gait disturbance compatible with the diagnosis of Parkinson's disease.

Continuation of Coverage during Temporary Absence

Coverage may continue beyond the day it would otherwise cease under the termination provisions if the insured is absent from work due to any of the following reasons. In no event will coverage continue beyond the maximum time shown below for any temporary absence. If the insured is eligible to continue coverage for more than one reason, the periods of continuation will run concurrently. The continuation periods may not be applied consecutively. Continuation of coverage is subject to the payment of required premium.

Illness or Injury:

If absent from work due to illness or injury, all coverage may be continued for a period of 3 consecutive months from the date last actively at work.

Personal Leave of Absence

If on a documented leave of absence, all coverage may be continued for up to 1 month following the date last actively at work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Health Screening Benefit

The health screen benefit is only available to employees and their spouse. It does not apply to dependent children. The benefit will be paid once during a calendar year regardless of the number of x-rays or laboratory tests administered during that year.

- 1. Tests to Screen for Cancer:
 - (a) Biopsy
 - (b) Bone marrow testing
 - (c) Breast ultrasound
 - (d) CA 125 (blood test for ovarian cancer)
 - (e) CA 15-3 (blood test for breast cancer)
 - (f) CEA (blood test for colon cancer)
 - (g) Colonoscopy
 - (h) Flexible sigmoidoscopy
 - (i) Hemocult stool specimen
 - (j) Mammogram
 - (k) Pap test
 - (I) PSA (prostate-specific antigen tests)
 - (m) Serum protein electrophoresis (blood test for myeloma)
 - (n) Thermography
- 2. Tests to screen for Heart-related Disease
 - (a) Blood test for triglycerides
 - (b) Chest x-ray
 - (c) Serum cholesterol test to determine HDL/LDL level
 - (d) Stress test on a bicycle or treadmill
- 3. Test to screen for Organ-related Disease
 - (a) Fasting blood glucose test

Recurrence Benefit

The Recurrence Benefit is paid if a critical illness previously paid under the policy is diagnosed a second time while eligible under the policy. The following conditions must be satisfied to be eligible for the benefit:

- a. The subsequent condition is a critical illness that qualifies for the recurrence benefit (see below).
- b. The subsequent condition satisfies policy requirements to be considered a covered critical illness condition.
- c. The subsequent condition occurred and is diagnosed at least 365 days after the date of the diagnosis of the paid critical illness benefit.
- d. The subsequent diagnosis must be made while the insured is covered under the policy.

The recurrence benefit is only payable one time. The benefit is not available when an insured has already received a recurrence benefit. The following covered critical illness conditions qualify for the benefit:

Invasive Cancer Major Organ Failure

Heart Attack Paralysis Due to Accident

Stroke Severe Burns

Coma Due to Accident

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

Rates for Williamson County

Critical Illness

Proposal: C00041826 Date: 4/6/2020

Employee Benefit Amount(s)

Critical Illness benefit: \$5,000, \$10,000, \$15,000, \$20,000 Guaranteed Issue Amount: Up to \$20,000

Dependent Benefit Amount(s)

Spouse: 50% of the employee's benefit. Guaranteed Issue Amount: 50% of the employee's guaranteed issue amount. Child: 25% of the employee's benefit, not to exceed \$10,000. Guaranteed Issue Amount: 25% of the employee's guaranteed issued amount.

Cost is dependent upon how much coverage is selected and/or approved after Evidence of Insurability¹ (if applies), whether or not tobacco use is applicable, and the age of the insured as of the effective date. Because attained age rating applies, premiums may increase due to age changes upon the start of the next policy year.

Monthly 4-Tier Premium Rates

NON-TOBACCO RATES

	Employee Attained Age	[\$5,000]	[\$10,000]	[\$15,000]	[\$20,000]
	24 or less	\$ 2.96	\$ 3.64	\$ 4.33	\$ 5.02
	25-29	\$ 3.17	\$ 4.07	\$ 4.98	\$ 5.88
	30-34	\$ 3.52	\$ 4.78	\$ 6.03	\$ 7.29
	35-39	\$ 4.39	\$ 6.51	\$ 8.63	\$ 10.76
١	40-44	\$ 5.65	\$ 9.03	\$ 12.41	\$ 15.80
Employee	45-49	\$ 7.27	\$ 12.28	\$ 17.28	\$ 22.28
<u></u>	50-54	\$ 9.74	\$ 17.21	\$ 24.68	\$ 32.16
du	55-59	\$ 13.10	\$ 23.93	\$ 34.75	\$ 45.58
ᇤ	60-64	\$ 17.88	\$ 33.49	\$ 49.11	\$ 64.72
	65-69	\$ 27.66	\$ 53.05	\$ 78.44	\$ 103.83
	70-74	\$ 36.49	\$ 70.72	\$ 104.95	\$ 139.17
	75-79	\$ 47.70	\$ 93.13	\$ 138.56	\$ 183.99
	80-84	\$ 61.50	\$ 120.74	\$ 179.97	\$ 239.20
	85+	\$ 87.83	\$ 173.39	\$ 258.95	\$ 344.51
	24 or less	\$ 5.57	\$ 6.60	\$ 7.64	\$ 8.67
	25-29	\$ 5.89	\$ 7.24	\$ 8.60	\$ 9.95
	30-34	\$ 6.42	\$ 8.30	\$ 10.19	\$ 12.07
Spouse	35-39	\$ 7.72	\$ 10.90	\$ 14.08	\$ 17.26
ا کر	40-44	\$ 9.61	\$ 14.68	\$ 19.76	\$ 24.83
Sp	45-49	\$ 12.04	\$ 19.55	\$ 27.06	\$ 34.57
+	50-54	\$ 15.75	\$ 26.96	\$ 38.17	\$ 49.38
ee	55-59	\$ 20.78	\$ 37.03	\$ 53.28	\$ 69.53
<u></u>	60-64	\$ 27.94	\$ 51.33	\$ 74.73	\$ 98.13
Employee	65-69	\$ 42.61	\$ 80.69	\$ 118.77	\$ 156.85
En	70-74	\$ 55.91	\$ 107.28	\$ 158.65	\$ 210.02
	75-79	\$ 72.72	\$ 140.91	\$ 209.09	\$ 277.27
	80-84	\$ 93.36	\$ 182.18	\$ 271.00	\$ 359.82
	85+	\$ 132.93	\$ 261.32	\$ 389.71	\$ 518.10

Monthly 4-Tier Premium Rates (Continued)
NON-TOBACCO RATES

	11011 102/1000 101120					
	Employee Attained Age	[\$5,000]	[\$10,000]	[\$15,000]	[\$20,000]	
	24 or less	\$ 3.14	\$ 4.01	\$ 4.88	\$ 5.75	
	25-29	\$ 3.35	\$ 4.44	\$ 5.52	\$ 6.61	
	30-34	\$ 3.69	\$ 5.11	\$ 6.52	\$ 7.94	
en	35-39	\$ 4.56	\$ 6.85	\$ 9.14	\$ 11.43	
 	40-44	\$ 5.81	\$ 9.35	\$ 12.89	\$ 16.43	
Child(ren)	45-49	\$ 7.42	\$ 12.57	\$ 17.72	\$ 22.87	
	50-54	\$ 9.89	\$ 17.51	\$ 25.12	\$ 32.74	
+	55-59	\$ 13.25	\$ 24.22	\$ 35.20	\$ 46.18	
) ě	60-64	\$ 18.02	\$ 33.77	\$ 49.52	\$ 65.27	
Employee	65-69	\$ 27.82	\$ 53.37	\$ 78.92	\$ 104.47	
] L	70-74	\$ 36.66	\$ 71.06	\$ 105.45	\$ 139.85	
🔟	75-79	\$ 47.87	\$ 93.47	\$ 139.08	\$ 184.68	
	80-84	\$ 61.50	\$ 120.74	\$ 179.97	\$ 239.20	
	85+	\$ 87.83	\$ 173.39	\$ 258.95	\$ 344.51	
	24 or less	\$ 5.75	\$ 6.96	\$ 8.18	\$ 9.39	
	25-29	\$ 6.07	\$ 7.60	\$ 9.14	\$ 10.67	
	30-34	\$ 6.58	\$ 8.62	\$ 10.67	\$ 12.71	
<u>></u>	35-39	\$ 7.88	\$ 11.23	\$ 14.57	\$ 17.92	
Family	40-44	\$ 9.76	\$ 14.99	\$ 20.22	\$ 25.45	
	45-49	\$ 12.19	\$ 19.84	\$ 27.50	\$ 35.15	
+	50-54	\$ 15.89	\$ 27.25	\$ 38.60	\$ 49.96	
l ee	55-59	\$ 20.92	\$ 37.31	\$ 53.70	\$ 70.09	
Employee	60-64	\$ 28.09	\$ 51.64	\$ 75.19	\$ 98.75	
du	65-69	\$ 42.77	\$ 81.01	\$ 119.25	\$ 157.49	
П	70-74	\$ 56.00	\$ 107.46	\$ 158.92	\$ 210.39	
	75-79	\$ 72.82	\$ 141.10	\$ 209.39	\$ 277.67	
	80-84	\$ 93.42	\$ 182.31	\$ 271.19	\$ 360.08	
	85+	\$ 132.93	\$ 261.32	\$ 389.71	\$ 518.10	

Monthly 4-Tier Premium Rates (Continued)
TOBACCO RATES

105/1000 17/120					
	Employee Attained Age	[\$5,000]	[\$10,000]	[\$15,000]	[\$20,000]
	24 or less	\$ 2.96	\$ 3.64	\$ 4.33	\$ 5.02
	25-29	\$ 3.29	\$ 4.32	\$ 5.35	\$ 6.37
	30-34	\$ 4.04	\$ 5.82	\$ 7.60	\$ 9.37
	35-39	\$ 5.58	\$ 8.88	\$ 12.19	\$ 15.50
	40-44	\$ 8.33	\$ 14.38	\$ 20.44	\$ 26.50
ee	45-49	\$ 11.98	\$ 21.69	\$ 31.39	\$ 41.10
o	50-54	\$ 17.16	\$ 32.05	\$ 46.94	\$ 61.83
d	55-59	\$ 24.26	\$ 46.26	\$ 68.26	\$ 90.26
Employee	60-64	\$ 35.01	\$ 67.75	\$ 100.49	\$ 133.23
-	65-69	\$ 55.99	\$ 109.72	\$ 163.44	\$ 217.17
	70-74	\$ 71.78	\$ 141.28	\$ 210.79	\$ 280.30
	75-79	\$ 84.91	\$ 167.54	\$ 250.18	\$ 332.82
	80-84	\$ 94.85	\$ 187.43	\$ 280.02	\$ 372.60
	85+	\$ 108.29	\$ 214.30	\$ 320.32	\$ 426.34
	24 or less	\$ 5.57	\$ 6.60	\$ 7.64	\$ 8.67
	25-29	\$ 6.08	\$ 7.62	\$ 9.15	\$ 10.69
	30-34	\$ 7.20	\$ 9.87	\$ 12.53	\$ 15.20
se	35-39	\$ 9.49	\$ 14.45	\$ 19.41	\$ 24.37
Spouse	40-44	\$ 13.63	\$ 22.72	\$ 31.81	\$ 40.90
Sp	45-49	\$ 19.10	\$ 33.67	\$ 48.24	\$ 62.81
+	50-54	\$ 26.88	\$ 49.22	\$ 71.56	\$ 93.90
ee	55-59	\$ 37.54	\$ 70.55	\$ 103.55	\$ 136.56
o	60-64	\$ 53.61	\$ 102.68	\$ 151.75	\$ 200.82
Employee	65-69	\$ 85.11	\$ 165.69	\$ 246.26	\$ 326.84
En_	70-74	\$ 108.86	\$ 213.18	\$ 317.51	\$ 421.83
	75-79	\$ 128.56	\$ 252.59	\$ 376.61	\$ 500.64
	80-84	\$ 143.36	\$ 282.19	\$ 421.02	\$ 559.85
	85+	\$ 163.63	\$ 322.72	\$ 481.81	\$ 640.90

Monthly 4-Tier Premium Rates (Continued)
TOBACCO RATES

	=				
	Employee Attained Age	[\$5,000]	[\$10,000]	[\$15,000]	[\$20,000]
	24 or less	\$ 3.14	\$ 4.01	\$ 4.88	\$ 5.75
	25-29	\$ 3.50	\$ 4.73	\$ 5.96	\$ 7.20
	30-34	\$ 4.27	\$ 6.28	\$ 8.28	\$ 10.29
l e	35-39	\$ 5.84	\$ 9.41	\$ 12.98	\$ 16.55
)p	40-44	\$ 8.61	\$ 14.94	\$ 21.28	\$ 27.62
Child(ren)	45-49	\$ 12.27	\$ 22.26	\$ 32.26	\$ 42.26
3	50-54	\$ 17.45	\$ 32.64	\$ 47.82	\$ 63.00
	55-59	\$ 24.56	\$ 46.86	\$ 69.16	\$ 91.45
ye	60-64	\$ 35.30	\$ 68.33	\$ 101.36	\$ 134.40
응	65-69	\$ 56.33	\$ 110.39	\$ 164.46	\$ 218.52
Employee	70-74	\$ 72.12	\$ 141.97	\$ 211.81	\$ 281.66
ш	75-79	\$ 85.22	\$ 168.17	\$ 251.12	\$ 334.07
	80-84	\$ 94.85	\$ 187.43	\$ 280.02	\$ 372.60
	85+	\$ 108.29	\$ 214.30	\$ 320.32	\$ 426.34
	24 or less	\$ 5.75	\$ 6.96	\$ 8.18	\$ 9.39
	25-29	\$ 6.28	\$ 8.02	\$ 9.76	\$ 11.51
	30-34	\$ 7.42	\$ 10.31	\$ 13.20	\$ 16.09
<u> </u>	35-39	\$ 9.75	\$ 14.96	\$ 20.18	\$ 25.39
Family	40-44	\$ 13.89	\$ 23.25	\$ 32.61	\$ 41.97
	45-49	\$ 19.39	\$ 34.24	\$ 49.09	\$ 63.95
+	50-54	\$ 27.17	\$ 49.80	\$ 72.43	\$ 95.07
lee	55-59	\$ 37.82	\$ 71.11	\$ 104.39	\$ 137.68
<u>o</u>	60-64	\$ 53.93	\$ 103.32	\$ 152.71	\$ 202.10
Employee	65-69	\$ 85.45	\$ 166.36	\$ 247.27	\$ 328.18
ᇤ	70-74	\$ 109.05	\$ 213.56	\$ 318.07	\$ 422.58
	75-79	\$ 128.74	\$ 252.95	\$ 377.15	\$ 501.36
	80-84	\$ 143.47	\$ 282.40	\$ 421.33	\$ 560.26
	85+	\$ 163.63	\$ 322.72	\$ 481.81	\$ 640.90

Rates include Health Screening benefit for Employee and Spouse

¹ If the Evidence of Insurability amount is not approved for either the Employee, Spouse, or both, the Guaranteed Issue Amount is applied.

Proposal for Williamson County

Disclaimer

Proposal: C00041826 Date: 4/6/2020

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory. Symetra



Savings on dental, vision and hearing care

Careington

As part of their benefits, your employees have access to savings passes offered through Careington that can help them save on dental, vision and hearing services for them and their covered dependents. They're easy to use and valid for 30 days, and there is no added cost to you.

For more information about these savings passes, contact Careington at (833) 330-7223.

Three discount passes are available:

Dental



- 20% to 50% savings on most dental procedures through one of the nation's largest national dental networks
- Eligible services include:
 - Cleanings
 - Routine checkups
 - Fillings
 - Crowns
 - Dentures
 - Root canals
 - Extractions

Vision



- Savings Pass is a discount vision program that offers savings on eye care and eyewear.
- Members receive exclusive extras and special offers in addition to access to discounts through trusted, privatepractice VSP doctors on eye and contact lens exams, glasses and sunglasses.

Hearing



- 30% to 60% discounts on hearing aids
- Over 5,000 network providers
- Latest in hearing aid and accessory technology
- 45-day, no-obligation trial period on purchased products
- Additional services such as routine hearing tests, batteries and extended warranties at no extra charge

This plan is not insurance. Not available in VT or WA.

How it works

- 1. Employees can sign up for an account at lovemypass.com/Symetra.
- 2. They can purchase any of the discount passes above. Each pass is \$20* and valid for 30 days. They're available to employees or any family members who sign up for your Select Benefits insurance. Each pass can only be used by one person, but they can purchase multiple passes for multiple people.
- Once they buy a pass, they'll receive an email with an electronic membership kit. They can find a Careington network provider in their area and show their membership card to receive immediate savings on the care they need.

*AR and MD residents may cancel within the first 30 days after effective date and receive a refund of the processing fee, less a nominal \$5 fee in MD.

SBM-6360 9/19



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.

Savings pass is a discount program offered through Careington. It is not insurance and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. **Members must pay for all services to receive a discount from participating providers.** The list of participating providers is at lovemypass.com/Symetra. A written list of participating providers is available upon request. AR and MD residents may cancel within the first 30 days after effective date and receive a refund of the processing fee, less a nominal \$5 fee in MD. Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 1-800-441-0380.

This plan is not available in VT or WA.

Careington International Corporation is not affiliated with Symetra Life Insurance Company or its affiliates.



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

Mailing Address: Select Benefit Administrators

PO Box 440 | Ashland, WI 54806 Overnight deliveries to: 118 3rd Street East | Ashland, WI 54806

Phone 1-800-497-3699 | Fax (715) 682-5919

MASTER APPLICATION For Group Insurance

Instructi		 Complete and sign the a Attach the Plan Summar Retain a copy with your 	ry and send to Select Benefit A	Administrators (SB	A)
Name of	Applica	ant			
Address					
	Street				
	City			State	Zip
applies to	Symet	ra Life Insurance Company f	or the following group insura	nce:	
	In	surance	Requested Effective Date		
		Fixed-Payment Indemnity		-	
		Accident			
		Outpatient Prescription Drug			
		Critical Illness		<u>.</u>	
issued pur shall cons	rsuant t stitute i	to the selected Plan Summary ts acceptance and approval of This application supersedes	 The applicant agrees that its fall policy terms. any previous application. 	payment of premiu	e insurance indicated above will be um, after delivery of the policy(ies), an insurer, submits an application or
files a cla	im cor	ntaining a false or deceptive	statement may be guilty of	insurance fraud.	
Signed at	City			State	on Date
For the A	pplicar	nt by Signature			
		Name (printed)		Title	
Agent/Pro	oducer	Signature	Resident Licensed A	agent/Producer where re	quired by law
		Name (printed)		Tax ID Number	



Select Benefit Administrators

Mailing Address: Select Benefit Administrators PO Box 440 | Ashland, WI 54806 Overnight deliveries to: 118 3rd Street East | Ashland, WI 54806 Phone 1-800-497-3699 | Fax (715) 682-5919

SOLD CASE ADMINISTRATIVE INFORMATION

Today's date		Requested	effective date		Proposal num	ber	
Plan summary/plan selected (I	nclude)			Group numb	per		
RAL GROUP INFORM	ATION						
Applicant (Legal name)						Tax ID nur	nber
Street address				City		State	Zip
Mailing address (if different)				City		State	Zip
Administrative contact name		Administra	tive contact phone (includ	le area code)	Administrative	contact ema	il address
Nature of business					SIC Code		
Associated companies					State(s)		
Number of full-time employees	Number of eligible	e employees	Eligibility waiting period First of the month	following:] 30 days	☐ 60 days ☐ 90
Eligible class(es)	Open enrollment	period annua	lly in the month of			e effective	
	1st payroll deduc	ction begins o	1		for coverage	beginning_	
	Applicant's contr	ibution					
OYEE DISTRIBUTION	MATERIALS I	NFORMA	TION Turnaround tim	e: 10 business	days for printed	materials; 3 b	ousiness days for PD
Enrollment materials request			printed packets needed		Certificate req		
Yes No or	•	English	Spanisl	h	Printed	☐ Electror	nic*
Mailing address (if different fro	m Applicant's)			City		State	Zip
Email address to send electron	nic (PDF file)		Applican	t's contribution	per pay period	Employee'	s cost per pay period
*If requesting electronic ce	rtificates, email S	YMSBA@sv	metra.com for an Elec	ctronic Certifi	cate Use Agree	ement.	
IT INFORMATION							
Agency name			Agent na	me (Printed)			
				City		State	Zip
Address							
Address Phone number			Email			Writing nu	mber
			Email Date			Writing nu	

COMMENTS

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

Select Benefit Administrators is an administrative division of Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004-5135.



Symetra Life Insurance Company

777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135 Mailing Address: Benefits Division | PO Box 34690 | Seattle, WA 98124-1690 Phone 1-800-426-7784 | TTY/TDD 1-800-833-6388

ELECTRONIC CERTIFICATE USE AGREEMENT

Electronic Certificate Use Agreement				
between				
Symetra Life Insurance Company ("Symetra")				
and				
(Policyholder Name)				
Policy No				

IMPORTANT NOTICE REGARDING YOUR REQUEST TO RECEIVE ELECTRONIC CERTIFICATES:

- The Policyholder has the right to request paper copies of current certificates at any time.
- Symetra will continue to send electronic certificates until the contract terminates or the Policyholder cancels the request to receive electronic certificates.
- The Policyholder has the right to cancel the request to receive electronic certificates at any time.
- Electronic certificates will be sent to the Policyholder as email attachments. They will be in the form of PDF documents, so the Policyholder will need the ability to access and retain this type of document.

Symetra agrees to the Policyholder's request to provide certificates in electronic form. The Policyholder agrees to the following:

- The Policyholder will in no way modify the electronic certificate provided by Symetra.
- Symetra will send the Policyholder a new electronic certificate when contract amendments require
 the certificate to change. It is the Policyholder's responsibility to make the correct electronic
 certificate available to insureds. Symetra is not responsible if the Policyholder makes an incorrect
 electronic certificate available to insureds.
- It is the Policyholder's responsibility to inform all insureds when their certificates are modified due to contract amendments.
- It is the Policyholder's responsibility to request paper certificates from Symetra and provide them to insured individuals who request them. The Policyholder must also maintain records of the insured individuals who request paper certificates. Symetra will provide paper certificate updates upon request.

Electronic Certificate Use Agreement

between

Symetra Life Insurance Company ("Symetra")

and

	an	u		
	(Policyhold	er Name)		
	Policy No		_	
•	All claims will be paid based on the paper contract event a certificate and the contract do not agree,			
•	The Policyholder agrees that the electronic certificity by the Policyholder only to the insured individuals			ated
•	The Policyholder agrees to defend and hold Sym Policyholder's use of the electronic certificate.	etra harmless f	from any liability resulting from th	he
	his agreement must be signed, dated and return ne Policyholder to receive electronic certificates		a at its Home Office in order fo	or
Αα	greed: Margat Mein	1		
Ag	Margaret Melster President			
	Symetra Life Insurance Company			
Ag	greed:	(Title)	(Doto)	
	(Officer)	(Title)	(Date)	
	(1) Sign and return to Symetra.(2) Retain copy with your policy.			

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Symetra Scheduled Benefit Accident Financial Proposal

4



Symetra Select Benefits Scheduled Accident Insurance Proposal

April 27, 2020

Presented to

Williamson County

Georgetown, TX

Presented on behalf of Holmes Murphy & Associates

Proposed Contract Effective Date 1/1/2021

Any policy sold and issued in the State of New York is insured and underwritten by First Symetra National Life Insurance Company of New York, a New York-licensed insurer.

Any policy sold and issued in any state other than the State of New York is insured and underwritten by Symetra Life Insurance Company, an Iowa-domiciled insurer that is licensed in all states except New York.

Plan Summary for Williamson County

Scheduled Benefit Accident

Proposal: B00041825 Date: 4/6/2020

Participation Requirement: Greater of 25 employees or 10% of eligible employees.

EMERGENCY CARE & DIAGNOSTICS	Base	Classic	Premier
Ambulance - Ground	\$100 pp/pa ²	\$250 pp/pa ²	\$400 pp/pa ²
Ambulance - Air	\$1,000 pp/pa	\$1,500 pp/pa	\$2,000 pp/pa
Emergency Room	\$150 pp/pa	\$200 pp/pa	\$300 pp/pa
Major Diagnostic Testing (MRI, CT Scan, CAT, MRI, EEG) 1 benefit per covered accident	\$75 pp/pa	\$150 pp/pa	\$300 pp/pa
X-Ray	\$40 pp/pa	\$50 pp/pa	\$60 pp/pa
Pain Management/Epidural (one per covered accident)	\$50 pp/pa	\$75 pp/pa	\$100 pp/pa
Initial Doctor's Visit	\$50 pp/pa	\$75 pp/pa	\$100 pp/pa
ACCIDENT HOSPITALIZATION & SURGICAL	BENEFITS		
Hospital Admission	\$1,000 pp/pa	\$1,250 pp/pa	\$1,500 pp/pa
ICU Admission	\$2,000 pp/pa	\$2,500 pp/pa	\$3,000 pp/pa
Hospital Confinement Up to 365 days per accident	\$150 per day	\$250 per day	\$300 per day
Up to 30 days per accident	\$300 per day	\$500 per day	\$600 per day
Rehabilitation/Skilled Nursing Facility Up to 90 days per accident	\$75 per day	\$125 per day	\$150 per day
Blood/Plasma/Platelets	\$300 pp/pa	\$400 pp/pa	\$500 pp/pa
Surgery - Open Abdominal, Thoracic	\$1,000 per surgery	\$2,000 per surgery	\$3,000 per surgery
Surgery - Cranial	\$1,000 per surgery	\$2,000 per surgery	\$3,000 per surgery
Surgery - Hernia	\$500 per surgery	\$1,000 per surgery	\$1,500 per surgery
Surgery - Exploratory or Without Repair	\$200 per surgery	\$300 per surgery	\$400 per surgery
Outpatient/Miscellaneous Surgery	\$200 pp/pa	\$300 pp/pa	\$400 pp/pa
Transportation Up to 3 trips per accident	\$300 per trip	\$400 per trip	\$500 per trip
Family Lodging Up to 30 nights	\$75 per night	\$100 per night	\$125 per night
Coma After 7 day duration	\$4,000 pp/pa	\$6,000 pp/pa	\$8,000 pp/pa
FOLLOW UP CARE		1.	
Follow Up Doctor's Visit	\$50 pp/pa	\$75 pp/pa	\$100 pp/pa
Physical Therapy Up to 10 visits per accident	\$30 per visit	\$50 per visit	\$75 per visit
Chiropractic Visit Up to 10 visits per accident	\$30 per visit	\$50 per visit	\$75 per visit
Medical Equipment	\$150 pp/pa	\$250 pp/pa	\$400 pp/pa
Prosthetic Device	\$1,500 pp/pa	\$2,000 pp/pa	\$2,500 pp/pa

COMMON INJURIES	Base	Classic	Premier
Burns - Second Degree 20 - 100 square centimeters 101 - 225 square centimeters More than 225 square centimeters	\$50 pp/pa	\$75 pp/pa	\$100 pp/pa
	\$100 pp/pa	\$150 pp/pa	\$200 pp/pa
	\$400 pp/pa	\$600 pp/pa	\$800 pp/pa
Burns - Third Degree 20 - 100 square centimeters 101 - 225 square centimeters More than 225 square centimeters Skin Grafts	\$500 pp/pa	\$650 pp/pa	\$800 pp/pa
	\$2,000 pp/pa	\$4,000 pp/pa	\$6,000 pp/pa
	\$10,000 pp/pa	\$15,000 pp/pa	\$20,000 pp/pa
	25% of burn benefit	25% of burn benefit	25% of burn benefit
Paralysis Quadriplegia Paraplegia Hemiplegia Uniplegia	\$10,000 pp/pa	\$15,000 pp/pa	\$20,000 pp/pa
	\$5,000 pp/pa	\$7,500 pp/pa	\$10,000 pp/pa
	\$5,000 pp/pa	\$7,500 pp/pa	\$10,000 pp/pa
	\$2,500 pp/pa	\$3,750 pp/pa	\$5,000 pp/pa
Lacerations Not requiring sutures Under 3 inches, requires sutures 3" to 6" inches, requires sutures Over 6", requires sutures	\$30 pp/pa	\$40 pp/pa	\$50 pp/pa
	\$60 pp/pa	\$70 pp/pa	\$80 pp/pa
	\$100 pp/pa	\$125 pp/pa	\$150 pp/pa
	\$200 pp/pa	\$300 pp/pa	\$400 pp/pa
Emergency Dental Work Crown Repair Extraction	\$100 pp/pa	\$150 pp/pa	\$200 pp/pa
	\$50 pp/pa	\$75 pp/pa	\$100 pp/pa
Eye Injuries Removal of Foreign Object Surgical Repair	\$25 pp/pa	\$40 pp/pa	\$60 pp/pa
	\$100 pp/pa	\$200 pp/pa	\$300 pp/pa
Specific Injuries Ruptured Disc Tendons/Ligaments 1 tear with surgical repair Tendons/Ligaments	\$200 pp/pa	\$400 pp/pa	\$600 pp/pa
	\$500 pp/pa	\$650 pp/pa	\$800 pp/pa
2 or more tears with surgical repair Tendons/Ligaments Arthroscopic surgery with no repair	\$750 pp/pa	\$900 pp/pa	\$1,200 pp/pa
	\$100 pp/pa	\$200 pp/pa	\$300 pp/pa
Torn Knee Cartilage Exploratory surgery with no repair Torn Knee Cartilage	\$100 pp/pa	\$200 pp/pa	\$300 pp/pa
Surgical repair	\$500 pp/pa	\$650 pp/pa	\$800 pp/pa
Concussion	\$100 pp/pa	\$200 pp/pa	\$300 pp/pa

COMMON INJURIES	Base	Classic	Premier
Dislocations (Closed Reduction) 3 dislocation benefits per person,			
per accident maximum Hip Knee (except patella) Shoulder Foot/Ankle Wrist Lower Jaw Elbow Bones of the Hand (except fingers) Collarbone 2 or more fingers 2 or more toes 1 finger or toe Open Reduction Partial Dislocation	\$3,000 per dislocation \$1,200 per dislocation \$1,200 per dislocation \$1,200 per dislocation \$1,200 per dislocation \$1,200 per dislocation \$1,200 per dislocation \$600 per dislocation \$600 per dislocation \$200 per dislocation \$200 per dislocation \$100 per dislocation \$100 per dislocation benefit 25% of dislocation benefit	\$4,000 per dislocation \$1,600 per dislocation \$1,600 per dislocation \$1,600 per dislocation \$1,600 per dislocation \$1,600 per dislocation \$1,600 per dislocation \$800 per dislocation \$800 per dislocation \$300 per dislocation \$300 per dislocation \$125 per dislocation 200% of dislocation benefit	\$5,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$1,000 per dislocation \$1,000 per dislocation \$400 per dislocation \$400 per dislocation \$150 per dislocation
Fractures (Closed Reduction) 3 fracture benefits per person, per accident maximum Skull Hip/Thigh Vertebral Body (excluding vertebral processes) Pelvis Arm (upper) Shoulder Blade Leg Upper Jaw Vertebral Processes Knee Cap Collarbone Forearm Foot/Ankle Hand/Wrist Lower Jaw Ribs (2 or more) Facial Bones or Nose 1 rib, finger, or toe Coccyx Open Reduction	\$3,000 per fracture \$3,000 per fracture \$3,000 per fracture \$3,000 per fracture \$2,000 per fracture \$2,000 per fracture \$2,000 per fracture \$1,200 per fracture \$1,200 per fracture \$1,200 per fracture \$1,200 per fracture \$1,200 per fracture \$1,200 per fracture \$1,000 per fracture \$1,000 per fracture \$500 per fracture \$500 per fracture \$500 per fracture \$200 per fracture \$200 per fracture \$200 per fracture	\$4,000 per fracture \$4,000 per fracture \$4,000 per fracture \$4,000 per fracture \$2,500 per fracture \$2,500 per fracture \$1,600 per fracture \$1,600 per fracture \$1,600 per fracture \$1,600 per fracture \$1,600 per fracture \$1,600 per fracture \$1,250 per fracture \$1,250 per fracture \$750 per fracture \$750 per fracture \$750 per fracture \$300 per fracture \$300 per fracture	\$5,000 per fracture \$5,000 per fracture \$5,000 per fracture \$5,000 per fracture \$3,000 per fracture \$3,000 per fracture \$3,000 per fracture \$2,000 per fracture \$2,000 per fracture \$2,000 per fracture \$2,000 per fracture \$2,000 per fracture \$2,000 per fracture \$1,500 per fracture \$1,500 per fracture \$1,000 per fracture \$1,000 per fracture \$1,000 per fracture \$400 per fracture \$400 per fracture \$400 per fracture
Bone Chip	25% of fracture benefit	25% of fracture benefit	25% of fracture benefit

CATASTROPHIC ACCIDENT BENEFITS	Base	Classic	Premier
Accidental Death ¹	\$50,000	\$50,000	\$50,000
Common Carrier Accidental Death ¹	\$100,000	\$100,000	\$100,000
AD&D Benefits 1 Double Dismemberment Loss of both hands, both feet or sight in both eyes Loss of Speech or Hearing in both ears Loss of 1 hand and 1 foot Loss of 1 eye Loss of 1 hand or 1 foot Loss of 2 or more fingers or toes Loss of 1 finger or toe	\$50,000 \$25,000 \$50,000 \$25,000 \$25,000 \$10,000 \$2,500	\$50,000 \$25,000 \$50,000 \$25,000 \$25,000 \$10,000 \$2,500	\$50,000 \$25,000 \$50,000 \$25,000 \$25,000 \$10,000 \$2,500
OPTIONAL BENEFITS			
Wellness Screening Benefit	\$50 pp/pcy ³	\$50 pp/pcy ³	\$50 pp/pcy ³
Occupational Coverage	Included	Included	Included
Child Organized Sports Activity Benefit Additional 25% of accident benefits \$5,000 per person/per accident maximum	Included	Included	Included
Monthly Premium	Base	Classic	Premier
Employee	\$11.25	\$14.92	\$18.98
Employee + Spouse	\$18.84	\$25.08	\$31.98
Employee + Children	\$22.21	\$29.79	\$38.17
Family	\$31.37	\$42.12	\$53.99

¹Benefit amounts: Employee 100%, Spouse 50%, Dependent Child 25%

Unless otherwise stated, this quote assumes that all eligible employees are residents of the United States and on your U.S. payroll.

By delivering this proposal for coverage, the producer represents and warrants to Symetra that each of the producer and any other person and entity acting with or on behalf of the producer in the sale or solicitation of such coverage maintains such insurance producer licenses and appointments as are required by each state in which the coverage has been or will be solicited, and in all states in which the policy(ies) will be issued (including any states in which a statutory disability policy may be issued). This proposal is authorized for delivery only if the foregoing representation and warranty is true and correct.

This proposal is subject to change to comply with regulatory requirements taking effect before or on the effective date of coverage.

Quote assumes premiums to be billed monthly on an advance basis.

These rates are guaranteed for 24 months following the effective date.

The Policyholder will determine the minimum required hours to be eligible for coverage. The minimum weekly hours to be established must be at least 15 hours.

²pp/pa = per person, per accident

³pp/pcy=per person, per calendar year

Plan(s) Selected:	
Authorized Signature:	

These benefits are designed to be offered to those covered under a High-Deductible Health Plan ('HDHP') without the effect of disqualifying a participant from electing an HSA. Please consult with your Benefits Advisor to assist with determination that electing this limited benefit coverage is in fact permitted coverage under the rules applicable to an HSA.

Scheduled Benefit Accident

Proposal: B00041825 Date: 4/6/2020

EMERGENCY CARE & DIAGNOSTICS

Ambulance Transportation Benefit

This benefit pays for ground or air ambulance transportation as shown in the Schedule of Benefits. It will be paid for transportation by a licensed ground or air ambulance transportation service from the place of injury to the nearest accredited hospital where adequate treatment facilities are available. Air ambulance transportation must be within 96 hours of the accident. Ground transportation must be within 90 days of the accident. One ground ambulance trip and one air ambulance trip are payable per accident.

Emergency Room Benefit

The benefit amount shown in the Schedule of Benefits will be paid for treatment in an emergency room for an injury. Emergency room services must be incurred within 30 days from the Accident. This benefit is payable once per person, per accident.

Major Diagnostic Testing Benefit

The benefit amount shown in the Schedule of Benefits will be paid if for any of the following major diagnostic tests as the result of the injury. Tests must be administered by a provider within 365 days of the accident. This benefit is payable once per person, per accident. If multiple tests are performed, only one benefit will be paid. The following tests are covered: magnetic resonance imaging (MRI), computed tomography (CT, Cat Scan), electrocardiogram (EKG) and electroencephalogram.

X-Ray Benefit

The benefit amount shown in the Schedule of Benefits will be paid if an x-ray is performed as a result of the injury. The x-ray must be performed by a provider within 365 days of the accident. This benefit is payable once per person, per accident.

Pain Management/Epidural Benefit

The benefit amount shown in the Schedule of Benefits will be paid if medical pain management services, including the application of epidural injections, are administered for treatment of injury. Services must be administered by a provider within 365 days of the accident. Services may be provided at the doctor's office, outpatient hospital clinic or urgent care facility. This benefit is paid one time per person, per accident.

Initial Doctor Visit Benefit

The benefit amount shown in the Schedule of Benefits will be paid for the first day of treatment from a doctor for an injury. The initial visit must occur within 365 days of the accident. Services must be provided at the doctor's office, an outpatient hospital clinic or urgent care facility. This benefit is payable once per person, per accident.

ACCIDENT HOSPITILAZATION & SURGICAL BENEFITS

Hospital Admission Benefit

This benefit will pay the amount shown in the Schedule of Benefits for the first calendar day of confinement and admission to a hospital as the result of an injury for a minimum of 24 consecutive hours or if a charge is made for room and board. Hospital admission must occur within 365 days from the date of the accident. The benefit is payable once per person, per accident. This benefit is payable regardless of other hospital benefits available.

Intensive Care Unit (ICU) Admission Benefit

This benefit will pay the amount shown in the Schedule of Benefits for the first calendar day of confinement and admission to an ICU as the result of an injury for a minimum of 24 consecutive hours or a charge is made for room and board. ICU admission must occur within 365 days from the date of the accident. The benefit is payable once per person, per accident. This benefit is payable regardless of other ICU benefits available.

Hospital Confinement Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to a hospital for treatment of injury. Hospital confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 365 days.

Intensive Care Unit (ICU) Confinement Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to an ICU for treatment of injury. ICU confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 30 days.

Rehabilitation/Skilled Nursing Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to a rehabilitation facility or skilled nursing facility for treatment of an injury. Confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 90 days.

Blood/Plasma/Platelets Benefit

This benefit will pay the amount shown in the Schedule of Benefits for transfusion of blood, plasma or platelets for a surgical procedure. This benefit is paid one time per person, per accident.

Surgery Benefit

This benefit will pay the amount shown in the Schedule of Benefits based on the type of surgical procedure performed. Surgery must be performed within 365 days of date of the accident. If more than one surgical procedure is performed on the same day, the benefit paid will be based on the surgery that provides the largest benefit amount.

Outpatient/Miscellaneous Surgery Benefit

This benefit will pay the amount shown in the Schedule of Benefits for an outpatient surgical procedure or an inpatient surgical procedure not otherwise covered. Surgery must be required due to injury and performed within 365 days of the accident. This benefit is payable once per person, per accident.

Transportation Benefit

This benefit will pay the amount shown in the Schedule of Benefits for each day an insured must travel to or from a health care facility more than 50 miles away from the primary residence for treatment of injury. Travel must occur within 365 days after the accident and is payable for up to 3 trips per accident.

Family Lodging Benefit

This benefit will pay the amount shown in the Schedule of Benefits each day an expense is incurred for lodging by an adult family member or companion accompanying the insured who is confined as the result of an injury more than 50 miles away from the primary residence. This benefit is payable up to 30 nights per accident.

Coma Benefit

This benefit will pay the amount shown in the Schedule of Benefits if an insured lapses into a coma as the result of an injury. The coma must occur within 365 days of injury and last for a minimum of 7 days.

FOLLOW UP CARE

Follow Up Doctor's Visit Benefit

This benefit will pay the amount shown in the Schedule of Benefits for a follow up visit with a doctor for the treatment of an injury. Treatment must be provided at a doctor's office, an outpatient hospital facility or urgent care facility and occur after initial treatment in a doctor's office or emergency room. Benefits are payable for one follow up visit for the same injury and must be completed within one year from the date of the accident.

Physical Therapy Benefit

This benefit will pay the amount shown in the Schedule of Benefits for any day the insured receives physical therapy in a health care facility as the result of an injury. Physical therapy must begin within 365 days after the accident. This benefit is payable for up to 10 visits per accident.

Chiropractic Visit Benefit

This benefit will pay the amount shown in the Schedule of Benefits for each day the insured receives chiropractic care as the result of an injury. Chiropractic care must begin within 365 days after the date of the accident. This benefit is payable for up to 10 visits per accident.

Medical Equipment Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the insured rents or buys durable medical equipment as the result of an injury. The medical equipment must be prescribed by a doctor within 365 days after the injury occurs. This benefit is payable one time per person, per accident.

Prosthetic Device Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the insured purchases a prosthetic device as the result of an injury. The prosthetic device must be prescribed by a doctor within 365 days after the injury occurs. This benefit is payable one time per person, per accident.

COMMON INJURIES

Burn Benefit

This benefit will pay the amount shown in the Schedule of Benefits for second or third degree burns sustained due to an accident. Benefits are based on the severity of the burn. Only one benefit is payable per person, per accident. If multiple burns are sustained as the result of the same accident, the highest eligible benefit will be paid.

Paralysis Benefit

This benefit will pay the amount shown in the Schedule of Benefits for paralysis due to an accident. The benefit amount is based on the type of paralysis. Paralysis must be diagnosed by a doctor within 365 days of the accident. This benefit is payable only once per person, per accident.

Laceration Benefit

This benefit will pay the amount shown in the Schedule of Benefits for lacerations sustained as the result of an accident. The benefit amount is based on the type of laceration. Lacerations must be repaired within 96 hours after an accident. Only one laceration benefit will be paid per person, per accident. If multiple lacerations are sustained, the benefit amount applicable to the total length of all lacerations will be paid.

Emergency Dental Work Benefit

This benefit will pay the amount shown in the Schedule of Benefits if emergency dental treatment is required as the result of an accident. This includes the repair of a broken sound, natural tooth or crown and the extraction of a broken sound, natural tooth. The benefit amount is based on the type of procedure. Dental work must occur within 365 days after the accident. This benefit will be paid once per person, per accident regardless of the number of teeth involved.

Eye Injury Benefit

This benefit will pay the amount shown in the Schedule of Benefits if an eye injury is sustained as the result of an accident. The injury must require surgery or removal of a foreign object by a doctor within 365 days after the accident. One eye injury benefit is payable per person per accident.

Specific Injury Benefit

This benefit will pay the amount shown in the Schedule of Benefits if one of the specific injuries listed is sustained as the result of an accident. Benefit amounts are based on the type of injury sustained. The injury must require surgery or medical treatment within 365 days after the accident. Only one benefit is payable per person per accident.

Dislocations Benefit

This benefit will pay the amount shown in the Schedule of Benefits if a dislocation is sustained as the result of an accident. Benefit amounts are based on the type of dislocation sustained and must be treated by a doctor within 365 days after the accident. This benefit will be paid for up to 3 dislocations per person per accident.

Fractures Benefit

This benefit will pay the amount shown in the Schedule of Benefits if a fracture is sustained as the result of an accident. Benefit amounts are based on the type of fracture sustained and must be treated by a doctor within 365 days after the accident. This benefit will be paid for up to 3 fractures per person per accident.

CATASTROPHIC ACCIDENT BENEFITS

Accidental Death Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in loss of life. The loss must be a direct result of the accident, independent of all other causes and occur within 365 days of the accident.

Common Carrier Accidental Death Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in loss of life while on or occupying a common carrier. The loss must be a direct result of an accident, independent of all other causes and occur within 365 days of the accident. This benefit is payable in lieu of the Accidental Death benefit.

Accidental Dismemberment Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in a loss as described in the Schedule of Benefits. The loss must be a direct result of the accident, independent of all other causes and occur within 365 days of the accident.

OPTIONAL RIDERS

Wellness Screening Benefit

This benefit will pay the amount shown in the Schedule of Benefits for any of the wellness screening tests listed. The benefit will be paid once per person during a calendar year regardless of the number of screening tests administered during that year.

Screening Tests

Abdominal aortic aneurysm ultrasonography

Baseline testing for Concussion

Blood test for lipids, including total cholesterol, LDL, HDL and triglycerides

Bone density screening

Bone marrow testing

Breast MRI

Breast ultrasound

CA 15-3 blood test for breast cancer

CA 125 blood test for ovarian cancer

Carotid Doppler

CEA blood test for colon cancer

Chest X-ray

Child sports physicals

Colonoscopy or virtual colonoscopy

CT angiography

Electrocardiogram

Fasting blood glucose test

Flexible sigmoidoscopies

Mammograms

Pap smears

Prostate-specific antigen (PSA) test

Serum cholesterol test to determine level of HDL and LDL

Stress test on a bicycle or treadmill

Testicular ultrasound

Thermography

Thin Prep Pap Test

Child Organized Sport Activity Benefit Rider

An additional 25%, up to \$5,000 for benefits is payable if the accident occurred while a dependent child is participating in an organized sport.

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

Proposal for Williamson County

Disclaimer

Proposal: B00041825 Date: 4/6/2020

Scheduled Benefit Accident insurance policies are for accident only insurance and do not provide coverage for sickness. Select Benefits insurance policies are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. They are designed to provide benefits at a preselected, fixed-dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Select Benefits policies are insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, and are not available in all U.S. states or any U.S. territory.

Coverage is provided under policy form number SBC-03510.



Savings on dental, vision and hearing care

Careington

As part of their benefits, your employees have access to savings passes offered through Careington that can help them save on dental, vision and hearing services for them and their covered dependents. They're easy to use and valid for 30 days, and there is no added cost to you.

For more information about these savings passes, contact Careington at (833) 330-7223.

Three discount passes are available:

Dental



- 20% to 50% savings on most dental procedures through one of the nation's largest national dental networks
- Eligible services include:
 - Cleanings
 - Routine checkups
 - Fillings
 - Crowns
 - Dentures
 - Root canals
 - Extractions

Vision



- Savings Pass is a discount vision program that offers savings on eye care and eyewear.
- Members receive exclusive extras and special offers in addition to access to discounts through trusted, privatepractice VSP doctors on eye and contact lens exams, glasses and sunglasses.

Hearing



- 30% to 60% discounts on hearing aids
- Over 5,000 network providers
- Latest in hearing aid and accessory technology
- 45-day, no-obligation trial period on purchased products
- Additional services such as routine hearing tests, batteries and extended warranties at no extra charge

This plan is not insurance. Not available in VT or WA.

How it works

- 1. Employees can sign up for an account at lovemypass.com/Symetra.
- 2. They can purchase any of the discount passes above. Each pass is \$20* and valid for 30 days. They're available to employees or any family members who sign up for your Select Benefits insurance. Each pass can only be used by one person, but they can purchase multiple passes for multiple people.
- Once they buy a pass, they'll receive an email with an electronic membership kit. They can find a Careington network provider in their area and show their membership card to receive immediate savings on the care they need.

*AR and MD residents may cancel within the first 30 days after effective date and receive a refund of the processing fee, less a nominal \$5 fee in MD.

SBM-6360 9/19



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.

Savings pass is a discount program offered through Careington. It is not insurance and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. **Members must pay for all services to receive a discount from participating providers.** The list of participating providers is at lovemypass.com/Symetra. A written list of participating providers is available upon request. AR and MD residents may cancel within the first 30 days after effective date and receive a refund of the processing fee, less a nominal \$5 fee in MD. Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 1-800-441-0380.

This plan is not available in VT or WA.

Careington International Corporation is not affiliated with Symetra Life Insurance Company or its affiliates.



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

Mailing Address: Select Benefit Administrators

PO Box 440 | Ashland, WI 54806 Overnight deliveries to: 118 3rd Street East | Ashland, WI 54806

Phone 1-800-497-3699 | Fax (715) 682-5919

MASTER APPLICATION For Group Insurance

Instructi	ions:	(2)	Complete and sign the a Attach the Plan Summar Retain a copy with your	y and send to Se	elect Benefit Adı	ministrators (S	SBA)	
Name of	Applic	ant_						
Address								
	Street							
	City					State	Zip	
applies to	Syme	tra L	ife Insurance Company f	or the following	group insurance	:		
	lr	nsura	ance	Requested Effe	ective Date			
] Fix	ed-Payment Indemnity					
] Ac	cident					
] Οι	tpatient Prescription Drug					
			tical Illness					
If Symetra Life Insurance Company (Symetra) approves this application, the policy(ies) for the insurance indicated above will be issued pursuant to the selected Plan Summary. The applicant agrees that its payment of premium, after delivery of the policy(ies), shall constitute its acceptance and approval of all policy terms. 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	On Date	
For the A	·	nt by	Signature					
			Name (printed)			Title		
			- u/					
Agent/Pro	oducer							
		Sign	ature	Re	sident Licensed Ager	nt/Producer where	e required by law	
		Nam	e (printed)			Tax ID Numbe	er	



Select Benefit Administrators

Mailing Address: Select Benefit Administrators PO Box 440 | Ashland, WI 54806 Overnight deliveries to: 118 3rd Street East | Ashland, WI 54806 Phone 1-800-497-3699 | Fax (715) 682-5919

SOLD CASE ADMINISTRATIVE INFORMATION

Today's date		Requested	l effective date		Proposal num	ber			
Plan summary/plan selected (Ir	nclude)			Group num	ber				
RAL GROUP INFORMA	ATION								
Applicant (Legal name)						Tax ID nur	mber		
Street address				City		State	Zip		
Mailing address (if different)				City		State	Zip		
Administrative contact name		Administra	tive contact phone (inc	lude area code)	Administrative	contact ema	uil address		
Nature of business					SIC Code				
Associated companies	Associated companies						State(s)		
Number of full-time employees	Number of eligible	e employees	Eligibility waiting period First of the mon	th following:		-	☐ 60 days ☐ 90		
Eligible class(es)	Open enrollment	period annua	riod annually in the month of for coverage						
	1st payroll deduc	ction begins o	n		for coverage	beginning_			
	Applicant's contr	ibution							
OYEE DISTRIBUTION	MATERIALS I	NFORMA	TION Turnaround t	ime: 10 busines	s days for printed	materials; 3 b	ousiness days for PD		
Enrollment materials request	·			Number of printed packets needed			Certificate request		
Yes No or		English	Spar	nish	Printed	☐ Electror	nic*		
Mailing address (if different from	n Applicant's)			City		State	Zip		
Email address to send electron	ic (PDF file)		Applic	ant's contribution	per pay period	Employee'	s cost per pay period		
*If requesting electronic cer	tificates, email S	YMSBA@sy	metra.com for an E	lectronic Certif	icate Use Agre	ement.			
IT INFORMATION	<u> </u>								
Agency name			Agent	name (Printed)					
Address				City		State	Zip		
			Email			Writing nu	mher		
Phone number			Lilian			vviiting man	IIIDCI		
Phone number Agent signature			Date			Tax ID nur			

COMMENTS

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

Select Benefit Administrators is an administrative division of Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004-5135.



Symetra Life Insurance Company

777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135 Mailing Address: Benefits Division | PO Box 34690 | Seattle, WA 98124-1690 Phone 1-800-426-7784 | TTY/TDD 1-800-833-6388

ELECTRONIC CERTIFICATE USE AGREEMENT

Electronic Certificate Use Agreement				
between				
Symetra Life Insurance Company ("Symetra")				
and				
(Policyholder Name)				
Policy No				

IMPORTANT NOTICE REGARDING YOUR REQUEST TO RECEIVE ELECTRONIC CERTIFICATES:

- The Policyholder has the right to request paper copies of current certificates at any time.
- Symetra will continue to send electronic certificates until the contract terminates or the Policyholder cancels the request to receive electronic certificates.
- The Policyholder has the right to cancel the request to receive electronic certificates at any time.
- Electronic certificates will be sent to the Policyholder as email attachments. They will be in the form of PDF documents, so the Policyholder will need the ability to access and retain this type of document.

Symetra agrees to the Policyholder's request to provide certificates in electronic form. The Policyholder agrees to the following:

- The Policyholder will in no way modify the electronic certificate provided by Symetra.
- Symetra will send the Policyholder a new electronic certificate when contract amendments require
 the certificate to change. It is the Policyholder's responsibility to make the correct electronic
 certificate available to insureds. Symetra is not responsible if the Policyholder makes an incorrect
 electronic certificate available to insureds.
- It is the Policyholder's responsibility to inform all insureds when their certificates are modified due to contract amendments.
- It is the Policyholder's responsibility to request paper certificates from Symetra and provide them to insured individuals who request them. The Policyholder must also maintain records of the insured individuals who request paper certificates. Symetra will provide paper certificate updates upon request.

Electronic Certificate Use Agreement

between

Symetra Life Insurance Company ("Symetra")

and

	anu							
	(Policyholder Name)							
	Policy No							
•	All claims will be paid based on the paper contract and amendments Symetra provides. In event a certificate and the contract do not agree, the contract will prevail.	the						
•	The Policyholder agrees that the electronic certificate provided to it by Symetra will be disseminated by the Policyholder only to the insured individuals entitled thereto.							
•	The Policyholder agrees to defend and hold Symetra harmless from any liability resulting from the Policyholder's use of the electronic certificate.							
	is agreement must be signed, dated and returned to Symetra at its Home Office in ord Policyholder to receive electronic certificates.	ler for						
Δα	reed: Margart Ment							
лy	Margaret Meister President							
	Symetra Life Insurance Company							
Ag	reed: (Till)							
	(Officer) (Title) (Date)							
	(1) Sign and return to Symetra. (2) Retain copy with your policy.							

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A convenient way to administer your group insurance plans



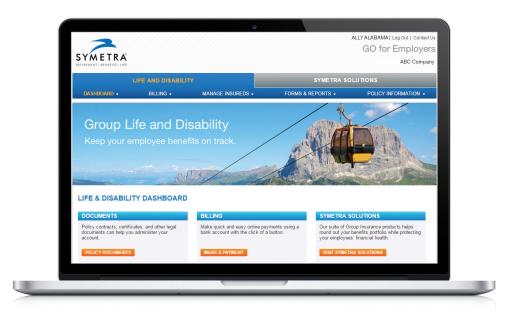
Group Life and Disability Insurance

Symetra Life Insurance Company First Symetra National Life Insurance Company of New York

Group Online (GO) is a convenient, user-friendly online administration tool that allows you to securely access and manage your benefits information.

By signing in to your GO account you can initiate claims, view claim details, make electronic payments, create customized reports and much more.

Your account is available 24 hours a day, 7 days a week.



Here's what you can do on GO:

- Use a single log-in to access information by company, division or affiliate
- · Access policy documents, forms and administrative guides
 - Review effective and renewal dates
 - Confirm policy coverages
 - Order bulk printing of certificates
 - Locate customer service information
 - Review "Evidence of Insurability" report to monitor status¹
- · View list-billed and self-administered billing statements
 - Submit premium calculation statement for self-administered groups
 - Make electronic payments via ACH
- List-billed accounts can:
 - View enrollment reports
 - Enroll new hires, update coverage amounts and eligibility status
 - Change salary, benefit and employment status
- Check claim status
 - Initiate life, disability and leave of absence claims
 - View claim reports
 - Send documents securely to our claims team

continued >

LDM-6041

MyGO for employees

Now employees can submit and view disability and leave of absence claim details online. This mobile-friendly site is available 24 hours a day, 7 days a week.

Learn more at www.symetra.com/MyGO



Employees can log in to www.symetra.com/MyGO to:

- Initiate disability and leave of absence claims
- Send documents securely to our claims team
- Self-register to view claim status and payment details
- Find customer service contact information
- Download forms and other helpful claims process information

See how convenient it can be to administer your group life and disability income insurance policies online.

Talk to your group life and disability representative about getting access today.



www.symetra.com/ny

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

Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004.

First Symetra National Life Insurance Company of New York, New York, NY. Mailing address: P.O. Box 34690, Seattle, WA 98124.

Symetra Life Insurance Company is a direct subsidiary of Symetra Financial Corporation. First Symetra National Life Insurance Company of New York is a direct subsidiary of Symetra Life Insurance Company and is an indirect subsidiary of Symetra Financial Corporation (collectively, 'Symetra'). Neither Symetra Financial Corporation nor Symetra Life Insurance Company solicits business in the state of New York and they are not authorized to do so. Each company is responsible for its own financial obligations.

¹ Available for all policies subject to evidence of insurability.

Symetra Value-Add Programs Brochure





Value-Add Programs for Group Life and Disability Income Insurance

Help when the unexpected happens

Symetra Life Insurance Company
First Symetra National Life Insurance Company of New York



LDM-6257 6/18

Support for life's changes

We can't predict where life is going to take us. An injury or illness could send an otherwise active person out on disability leave for an indefinite period of time. Or the loss of a loved one may leave a family struggling to cope with the emotional and financial stress of rebuilding their lives.

That's when employees truly appreciate the network of professional support offered with **Group Life and Disability Income Insurance** from Symetra Life Insurance Company and First Symetra National Life Insurance Company of New York. Our value-add programs complement the insurance benefits provided under each policy and strengthen our goal of getting people to a better place.

Employee Assistance Program (EAP) with Will Preparation

Finds the resources employees need to help with a variety of issues such as finding child or elder care, managing a serious illness or dealing with work/life issues.

Health Care Navigation

Encourages employees on a covered disability leave to become educated, engaged consumers in their health care.

> Travel Assistance

Provides support when employees are traveling 100 miles or more away from home.

Identity Theft Protection Program

Helps protect employees from ID theft while providing support in the event their identity is stolen.

Beneficiary Companion

Offers a helping hand for families after a loss.

Employee Assistance Program (EAP)



It's tough for employees to do their best at work when faced with challenges such as finding child or elder care, dealing with substance abuse or managing family relationships. That's where an EAP can help.

Program Highlights

Five confidential face-to-face sessions¹

Enrolled employees and their household family members are eligible for up to five confidential sessions with a counselor, financial planner or lawyer each calendar year.

- Consultations may be face-to-face or by phone
- Sessions are per household and may be divided between the three types of professionals
- Counselors provide an assessment of concerns and refer participants to appropriate resources and providers
- Financial and legal professionals assist with matters such as tax-filing questions, debt issues, guardianship and power of attorney
- An additional five sessions are available in the event of a covered disability claim

Will preparation

EAP also includes will preparation services via the "Featured Programs" section of www.guidanceresources.com. Employees can create a simple, legally binding will for just \$14.99; printing and mailing services are available for an additional fee. Prices may be subject to change—contact ComPsych® for additional information.

Who's Eligible?

DisabilityGuidanceSM (provided by ComPsych) is available to anyone covered by a Symetra Group Disability Income Insurance policy at no additional employer cost.

For more information on the full-service GuidanceResources® EAP option, which provides valuable tools for HR representatives and managers, contact your Symetra representative.

Accessing Services





Employees can call toll-free

1-888-327-9573. The website,

www.guidanceresources.com,

provides access to self-assessment
tools; tailored searches for child
and elder care, attorneys and

CPAs; and other helpful services.

Use SYMETRA in the Organization

Web ID field to log in.

¹ In California, counseling sessions are limited to three sessions in a six-month period.



Health Care Navigation

Employees generally find themselves on their own when it comes to dealing with their medical plan. They're eager to find resources that can reassure them they are making the best decisions—a partner who can help navigate their medical plan benefits.

Administrative Support

- Easy-to-understand explanation of benefits—help identifying what's covered and what's not
- Step-by-step guidance on medical claims and billing issues
- Cost estimation for covered and/or non-covered treatment options
- Fee and payment plan negotiation
- Referral to financial resources for the underinsured and uninsured
- Explanation of the appeals process

Clinical Support

- One-on-one reviews of employee health concerns
- Straightforward, easy-to-understand answers regarding specific diagnosis and treatment options
- Support and preparation for upcoming doctors' visits, lab work, tests and surgeries
- Coordination with appropriate health care plan provider(s)
- Referral to community resources and applicable support groups

Administrative and clinical specialists may also refer employees to DisabilityGuidanceSM EAP services and other work/life resources.

Who's Eligible?

HealthChampionSM (provided by ComPsych) is available for employees on a covered short- or long-term disability leave.

For more information on buy-up programs, including options that offer HealthChampion to all employees regardless of disability claim status, contact your Symetra representative.

Accessing Services



Claimants can call **1-866-263-4365** to access the health care navigation program 24 hours a day, seven days a week.



Assistance While Traveling

The Travel Assistance Program is available 24 hours a day to help protect employees, their spouses and dependent children from the unpredictable, whenever they travel 100 miles or more from home for less than 90 consecutive days.

Key Services

- Help finding physicians, dentists and medical facilities
- Medical monitoring to determine if care is appropriate
- Transportation to a hospital/treatment facility or return home for treatment¹
- Arrangement for a dependent's or traveling companion's return home, when necessary
- Replacement of medication and eyeglasses²
- Emergency message relay to and from friends, relatives and business associates
- Emergency cash
- · Assistance locating lost or stolen items
- Legal assistance/bail
- Interpretation/translation services

Additionally, participants can call anytime and from anywhere to get pre-trip information or ask questions.

Who's Eligible?

Travel Assistance (provided by Europ Assistance) is available to individuals covered by Symetra Group Life and/or Disability Income Insurance policies.

For more information and plan design requirements, contact your Symetra representative.

Accessing Services



Employees just pick up the phone—24 hours a day, seven days a week—and call

1-877-823-5807 from North America or **(240) 330-1422** from anywhere else in the world.

¹The medical team or one of our doctors will make the determination that transport is needed.

² Provided service and ancillary expenses are the member's responsibility.

Identity Theft Protection Program



Identity theft is a rising concern. The Identity Protection Program provides employees with information to protect themselves and step-by-step coaching to help identify and resolve identity theft.¹

Key Services

- Lost wallet assistance²
- Credit information review³
- 3-bureau fraud alert placement assistance
- ID theft affidavit assistance
- Translation services while traveling
- Emergency cash advance while traveling (a repayment guarantee is needed)

A comprehensive Identity Theft Resolution Kit will provide employees with information and includes documentation and details about how to tackle the problem if their identity has been compromised.

Who's Eligible?

Identity Theft Protection (provided by Generali Global Assistance) is available to individuals covered by Symetra Group Life and/or Disability Income Insurance policies.

For more information and plan design requirements, contact your Symetra representative.

Accessing Services



Employees can call anytime, from anywhere—24 hours a day, seven days a week. The number for North America is **1-877-823-5807** and those traveling anywhere else in the world can call **(240) 330-1422**.

¹ Identity thefts discovered prior to enrollment in Symetra Group Insurance are not eligible for services.

² Generali Global Assistance will assist you with canceling lost credit cards and provide information to help you replace lost items such as your driver's license and Social Security card.

³ Member must provide a copy of their credit report, which can be obtained free of charge at www.annualcreditreport.com (once every 12 months).

A Helping Hand for Beneficiaries



The Beneficiary Companion Program is there to help with paperwork and other timeconsuming details, providing relief from the confusion and frustration of managing a loved one's final affairs.

Key Services

- Guidance on how to obtain death certificate copies for final notifications
- Dedicated Beneficiary Assistance Coordinators to manage notifications and close loved one's accounts, including:

Social Security Administration

Credit reporting agencies

Credit card companies/financial institutions

Third-party vendors

Government agencies

 Assistance protecting the loved one's identity and full resolution services if the deceased's identity is stolen

Who's Eligible?

Beneficiary Companion (provided by Generali Global Assistance) is available to individuals covered by Symetra Group Life and/or Disability Income Insurance policies.

For more information and plan design requirements, contact your Symetra representative.

Accessing Services



Beneficiaries can call the Symetra-dedicated toll-free number at **1-877-823-5807** for 24/7 support.

About Symetra

Symetra is a financially strong, well-capitalized company on the rise, as symbolized by our brand icon—the swift. Swifts are quick, hardworking and nimble—everything we aspire to be when serving our customers. We've been in business for more than half a century, operating on a foundation of financial stability, integrity and transparency. Our commitment is to create employee benefits products that people need and understand.

To learn more about us, visit www.symetra.com or www.symetra.com/ny, or contact your representative.

Symetra Life Insurance Company is a direct subsidiary of Symetra Financial Corporation. First Symetra National Life Insurance Company of New York is a direct subsidiary of Symetra Life Insurance Company and is an indirect subsidiary of Symetra Financial Corporation (collectively, "Symetra"). Neither Symetra Financial Corporation nor Symetra Life Insurance Company solicits business in the state of New York and they are not authorized to do so. Each company is responsible for its own financial obligations.

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

In New York, group insurance policies are insured by First Symetra National Life Insurance Company of New York, New York, NY. Mailing address: P.O. Box 34690, Seattle, WA 98124. Value-add programs are not available with New York group term life insurance coverage.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions.

EAP, Will Preparation and Health Care Navigation are offered by ComPsych®. ComPsych®, GuidanceResources® and EstateGuidance® are registered trademarks of ComPsych Corporation. Value-add programs are offered through Symetra Financial Corporation subsidiaries. Value-add programs may not be available in all states. Travel Assistance is provided by Europ Assistance and Identity Theft Protection and Beneficiary Companion programs are provided by Generali Global Assistance through Symetra Financial Corporation subsidiaries. Benefits may not be available in all states. ComPsych Corporation, Europ Assistance and Generali Global Assistance are not affiliated with any of the subsidiaries under Symetra Financial Corporation.



www.symetra.com/ny

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www.symetra.com

Symetra Life Insurance Company 777 108th Avenue NE, Suite 1200 Bellevue, WA 98004

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LIFE/ADD RFP WORKBOOK

INSTRUCTIONS:

Question

with no EOI?

notifications.

the GI with no EOI?

voluntary life coverage?

Complete the Questionnaire by summarizing answers in a short format, not to exceed the allotted space within the cell(s) provided. You may add extra rows, but do not add extra columns.

for life insurance to allow employees to enroll up to the GI

voluntary life to elect coverage during open enrollment up to

8 Would you allow individuals who have not enrolled for

9 Can previously denied individuals reapply for basic and

10 Describe your process for notifying HR with updates on the

EOI process, claim payment process and claim processing

1	Will the client have a dedicated account manager?	Yes, the client will continue to have Rachel
		Stetzer as their dedicated account manager.
2	Please indicate if you have read the current SPD and can	N/A as Symetra is the current carrier.
	administer the contract with the benefits currently offered. If	
	not, note on the Deviations and variations tab.	
3	Will you be willing to waive the Actively-at-Work provision for	N/A - Symetra is the current carrier.
	employees not at work due to disability on the effective date?	
4	Will you allow for a 1x Salary adjustment annually?	No, we will not allow for a 1x Salary
		adjustment annually.
5	What value adds are included with the Life/AD&D plans?	Symetra will continue to include Travel Assist,
		ID Theft Resolution, and Beneficiary
		Companion value-added programs with
		Life/AD&D plans.
6	Is owned and/or leased aircraft an exclusion within your	Yes, owned and/or leased aircraft is an
	AD&D policy?	exclusion within our AD&D policy.
7	Will you agree to provide a true open enrollment opportunity	No, we will not agree to provide a true open

FOI.

EOI.

Symetra Life Insurance Company

Response

enrollment opportunity for life insurance to

allow employees to enroll up to the GI with no

No, we will not allow individuals who have not

enrolled for voluntary life to elect coverage

during open enrollment up to the GI with no

Yes, previously denied individuals can reapply

1

No change - Symetra is the current carrier.

for basic and voluntary life coverage.

LIFE/ADD RFP WORKBOOK

#	Question	Response
11	Are you willing to grandfather all currently enrolled individuals	N/A - Symetra is the current carrier.
	are the current coverage amounts?	
12	Can you provide the renewal information at least 120 days out	Yes, we can provide the renewal information
	from the policy year anniversary?	at least 120 days out from the policy year
		anniversary.
13	Will your company provide the forms to the employees upon	Portability and Conversion services are
	termination for Portability and Conversion? If not, how do	available for an additional fee. More
	you assign responsibility for this requirement?	information is needed to provide a fee.
14	Please confirm that your voluntary life rates do not straddle	Not confirmed. Current rates do straddle Table
	the IRC Table I rates so that income does not need to be	I rates. The inforce rates can be adjusted to
	imputed.	not staddle Table I if the policyholder agrees
		to the rate changes.
15	Can you create Benefit Summaries for Basic and Voluntary	N/A - Symetra is the current carrier.
	coverages to help communicate the benefit to employees?	

LONG TERM DISABILITY QUESTIONN

LTD Carriers are required to respond to all requests for informatic life as needed. This questionnaire will be scored; therefore, it is no on your current proven capabilities. Should there be instances w

	Implementation Process		
1	Who will be assisting in the implementation process?		
2	Will the account manager be available for open enrollment		
	meetings?		
	Financial Review		
3	Please describe any services (vocational, medical, telephone		
	calls, SSDI assistance, special reports) that have not been		
	included in your basic rate structure and could be provided at		
	an additional cost. Please specify the cost associated with each		
	sarvica		
4	Please provide your partial disability earnings test methodology.		
	Claim Submission and Payment Process		
5	Can you receive claim notification telephonically?		
6	Can you utilize any other method for claim intake (i.e., on-line?)		
7	If so, please describe.		

8	What are the claim notification and filing requirements?
9	Do you have electronic notification and claims inquiry follow up capabilities for the claimant and/or the employer?
10	How do you obtain on-going objective medical information to substantiate continued disability?
11	Describe your method of distributing payments to claimants, including timing.
12	What additional involvement will be required of the employer and how frequently?
	Rehabilitation Programs



13	Briefly describe your vocational rehabilitation program.
14	What is your work site modification benefit? Please describe the assistance that is provided.
15	If there are additional charges accompanying rehabilitation
	services, do you assume any of the cost of such modification?
16	Do you provide aptitude testing, job search assistance, or
	resume preparation?
	Customer Service and Reports
17	Is W-2 preparation included in your service model?
18	Is FICA match included?
19	If not, what is the additional cost for a FICA match benefit?
20	How frequently are claim reports produced?
21	Are your standard reports available online?
22	Do you have any online capabilities to allow the employer to
	monitor claim and return-to-work status?
23	If yes, is there any additional cost?
0.4	Benefits
24	What are your benefit offsets?
25	What formula is used to determine the offset with "Return to
26	Work" earnings? How does Recurrent Disability work on your plan?
20	Thow does recurrent bisability work on your plans
27	Is Waiver of Premium included? If so, how does integration work with the same life carrier or with a different life carrier?
28	Please describe your Occupation Earnings Test for "Own" Occupation and "Any" Occupation period.



IAIRE

on contained in this questionnaire. Please use this for both Employer funded and Voluntary ecessary that you provide concise answers. Your responses to the questions should be based where certain questions are not applicable to your organization or its operations, please so indicate.

N/A - Symetra is the current carrier. Symetra is not offering an open enrollment at this time. The current account manager, Rachel Stetzer, will be available for such meetings if they occur. N/A - Symetra is the current carrier. Own Occ period: ...the income you are able to earn is less than or equal to 80% of your predisability earnings. Any Occ period: ...the income you are able to earn is less than or equal to 60% of your predisability earnings Yes Yes

Claims can be initiated via our GO (for employers) and MyGO (for employees) online portals.

Step 1: Collect the following information:

- Contact information and Social Security number.
- Member's job title, date of hire, and group policy number (if known).
- Condition whether out of work due to illness, injury or pregnancy.
- Attending physician's name, telephone and fax numbers.

Step 2: Initiate the claim:

- Call our Customer Service Call Center to speak with a Customer Service Representative who will:
- Establish the claim within our system
- Advise of the necessary documents to process the claim
- Mail the claim forms within the same business day

OR

- Log in to the Group Online (GO) portal www.symetra.com/myGO and follow these steps:
- Click on "Start My Claim"
- Select claim type from the drop-down list
- Enter all required information
- Add any notes or comments
- Click on "Submit Form"

Step 3: Submit the completed forms (if not submitted online)

• By mail to:

Symetra Life Insurance Company

Claims Department

PO Box 1230

Enfield, CT 06083-1230

OR

• Log in to the Group Online (GO) portal www.symetra.com/GO and follow the instructions to use Yes

The case manager will call the physician for any missing information and to clarify and confirm the given information. If needed, he/she may also consult with our on-site clinical staff and/or our RTW vendor.

Benefit payments for LTD claims are made monthly and are payable on the anniversary of the individual claim's effective date. For example, if the claim was approved effective February 6th, payments due would be made on or about the 6th of subsequent months for which the claimant was eligible. Although many of these payments are made by check, the claimant can request electronic funds transfer (EFT). Upon receipt of the EFT request form, Symetra sets up the payment process and tests it with the designated bank. Payments via EFT normally begin within a couple of weeks following receipt of the EFT request form.

The frequency of employer involvement will depend upon the volume and complexity of claims. The employer is notified at change of status for all disabled employees.



Prepared: 6/8/2020 Worksheet: LTD Questionnaire

Symetra's clinical and vocational team, comprised of 11 registered nurses and vocational rehabilitation counselors, is co-located with our claims service teams and call center in our Enfield, CT office and are available on an as-needed basis to Case Managers.

Our in-house consultants provide support through consultation, education and return-to-work planning with the goal of identifying an employee's physical and emotional potential.

Work site modification benefit is not allowed in the state of Texas

No

Yes, if it is determined that no return-to-work at the usual occupation is anticipated, one of our RTW vendors will provide various services that provide one-on-one coaching and job opening identification in the greater workforce.

Yes

Yes

N/A

One of Symetra's key differentiators is the magnitude and scope of claim reports available through our secure online administration portal, GO (Group Online). Conveniently available 24 hours a day, 7 days a week, GO dynamic reporting features up-to-date claim information (updated hourly), and an array of filters and sort options that enable you to generate reports to suit your needs. Once created, reports can then be exported to Excel, Word, pdf, and other file

Yes

Yes

No

Please refer to pages 31-34 of your current policy

Please refer to page 28 of your current policy

If you return to work and are no longer disabled, and the same sickness or injury causes your disability to occur again within six months of the date the prior disability ended, we will resume our monthly payments to you if you were continuously insured under the plan for the period of your temporary recovery. You will not need to complete a new elimination period for this

Yes

Own Occ period: ...the income you are able to earn is less than or equal to 80% of your predisability earnings.

Any Occ period: ...the income you are able to earn is less than or equal to 60% of your predisability earnings



Holmes Murphy Associates, Inc. -- CONFIDENTIAL







SHORT TERM DISABILITY QUESTIONNAIRE

The following questionnaire must be completed.

Short Term Disability (STD) carriers are required to respond to all therefore, it is necessary that you provide concise answers. You there be instances where certain questions are not applicable to y Client's employee benefit plans, your responses to the questionn return the ind

Answers should be summarized in short format and not exceed work within the allotted space. Additional information in carrie information.

	Organizational Strength
1	How many clients do you currently have in force for STD
	on a national level?
2	How many clients do you currently have in force for STD
-	in the state of Texas?
3	How many clients do you currently have in force for STD
	that are public entities?
lmn	ementation Process
4	What initial information is required from the employer for
4	
5	implementation?
5	Will the account manager be available for open
	enrollment meetings?
6	What is the standard turnaround time for new group
	processing? New enrollees?
	ncial Review
7	Does your company offer self-bill, electronic billing, or
	both?
8	Describe your initial and renewal rating methodology for
	a group of this size. Be sure to address the impact of a
	deficit at the time of renewal.
Clair	m Submission and Payment Process
9	Discuss your ability to receive claim notification
	telephonically.
10	Can you utilize any other method for claim intake? List
	the method(s). (i.e. paper, electronic, telephonic)

11	What are the claim notification and filing requirements?
12	Do you have electronic notification and claims inquiry
	follow up capabilities for the claimant and/or the
13	employer? How do you obtain on-going objective medical
	information to substantiate continued disability?
14	Describe your method of distributing payments to
	claimants, including timing.



15	What additional involvement will be required of the employer and how frequently?
Acco	ount & Case Management
	Will the Client have a dedicated Account Manager?
17	If so, where are they located and what are their standard hours?
Disa	bility Claim Management
18	Outline the process in place to assure timely, effective claim determinations.
19	What are the qualifications of the claims examiners?
20	How do you communicate clinical status to the Client for employees on disability? How often? In what format?
21	Briefly explain your maternity claims process.



22	Outline your typical appeal process.
23	How does your contract language support early RTW?
24	Discuss the extent of automation and integration in your claims administration system(s) and disability management process system(s).
Repo	orting Capabilities
25	Please include a copy of your standard reports.
26	How frequently are claim reports produced?
27	Include a sample of each of your standard reports and identify the timing of the reports.
28	Are your standard reports available online?
29	Do you have any online capabilities to allow the employer to monitor claim and return-to-work status?



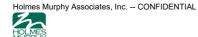
30 Is there an additional fee for such online services?



requests for information contained in this questionnaire. This questionnaire will be scored; r responses to the questions should be based on your current proven capabilities. Should our organization or its operations, please so indicate. If you are selected to administer the aire will be considered part of your contractual responsibilities. You are also requested to icated exhibits as part of your proposal.

d the allotted space within the cell(s) provided. DO NOT add extra rows/columns-er format may be submitted if a carrier would like to include more detailed

Symetra Life Insurance Company
470 clients
22 clients in TX
44 public entity clients
N/A - Symetra is the current carrier.
Symetra is not offering an open enrollment at this time. The current account manager,
Rachel Stetzer, will be available for such meetings if they occur.
N/A - Symetra is the current carrier.
The County will continue to be self-administered billing.
Symetra utilizes a combination of manual rates and the group's experience data for Life
and LTD. Symetra utilizes only the group's experience data for STD.
Claim notification can be received telephonically.
Claim notification can be received telephonically.
Claims can be initiated via paper, electronic, or telephonically.



Step 1: Collect the following information:

- Contact information and Social Security number.
- Member's job title, date of hire, and group policy number (if known).
- Condition whether out of work due to illness, injury or pregnancy.
- Attending physician's name, telephone and fax numbers.

Step 2: Initiate the claim:

- Call our Customer Service Call Center to speak with a Customer Service Representative who will:
- Establish the claim within our system
- Advise of the necessary documents to process the claim
- Mail the claim forms within the same business day OR
- Log in to the Group Online (GO) portal www.symetra.com/myGO and follow these steps:
- Click on "Start My Claim"
- Select claim type from the drop-down list
- Enter all required information
- Add any notes or comments
- Click on "Submit Form"

Step 3: Submit the completed forms (if not submitted online)

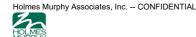
• By mail to:

Symetra Life Insurance Company

Yes

The case manager will call the physician for any missing information and to clarify and confirm the given information. If needed, he/she may also consult with our on-site clinical staff and/or our RTW vendor.

Benefit payments for STD are made weekly. For select claim situations, we may issue a lump sum payment representing the full anticipated duration of the claim. An example of this is the payment following the birth of a baby. Although most of these payments are made by check, the claimant can request electronic funds transfer (EFT). Upon receipt of the EFT request form, Symetra sets up the payment process and tests it with the designated bank. Payments via EFT normally begin within a couple of weeks following receipt of the EFT request form. Generally speaking, this is a viable option for STD claim payments of a longer duration.



Prepared: 6/8/2020 Worksheet: STD Questionnaire

The frequency of employer involvement will depend upon the volume and complexity of claims. The employer is notified at change of status for all disabled employees.

Yes, the client will continue to have Rachel Stetzer as their dedicated account manager.

Rachel works out of our Richardson, TX office.

Upon receipt of the necessary claim information, the Specialist will contact the claimant to begin the adjudication process. The Specialist will assist in obtaining any missing information, if requested by the claimant. The Specialist will then review the claim and corresponding medical information and make a determination as to a need for any additional clinical review, for final adjudication. All claim determinations are reviewed by the LTD Unit Manager to confirm approval or denial.

We currently have 35 Case Managers for STD/FMLA in our Enfield, CT claims office with varying levels of experience.

Communication format and timing will not change - Symetra is the current carrier.

Maternity claims are handle like all other short term disability claims, with the exception of having the option of being paid out in a lump sum payment versus weekly payments.



Prepared: 6/8/2020 Worksheet: STD Questionnaire Claim denials are sent via a detailed decision letter which includes information about the claim review process and appeal instructions. Once an appeal is received in writing from an employee, it is assigned to a claim reviewer or appeals specialist who was not involved with the initial determination.

The appeal review will determine if our decision was based on a careful and fair evaluation of all pertinent information at the time of the claim decision. Policy provision(s) will be reviewed, claim handling procedures will be compared against our published guidelines, and we will assess whether the letter of denial or termination explained our determination as required. Any additional information provided by your employee at the time of appeal will also be considered.

If a clinical review is needed, it will be conducted by a clinician not involved in the original determination.

An appeal determination to either uphold the original decision or to overturn the decision and issue benefit payments will be communicated to the employee in writing in no more than 45 days, as required by ERISA law. Our QA team is responsible for appeals and maintains detailed records of all appeals.

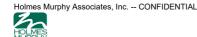
Refer to current Symetra contract.

We have state-of-the-art technology with a common platform for all leave and disability claims. In addition, we offer portal access for initiating a claim electronically, for accessing claim management reports, and for checking the status of a claim.

N/A - Symetra is the current carrier.

One of Symetra's key differentiators is the magnitude and scope of claim reports available through our secure online administration portal, GO (Group Online). Conveniently available 24 hours a day, 7 days a week, GO dynamic reporting features up-to-date claim information (updated hourly), and an array of filters and sort options that enable you to generate reports to suit your needs. Once created, reports can then be exported to Excel, Word, pdf, and other file formats.

N/A - Symetra is the current carrier.	
Yes	
Yes	



No



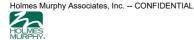
VOLUNTARY PRODUCTS QUESTIONNAIRE

The following questionnaire must be completed.

Voluntary Products carriers are required to respond to all requests for information contained in this questionnaire. All responses must be provided on a flash drive in Excel format. This questionnaire will be scored; therefore, it is necessary that you provide concise answers. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please so indicate. If you are selected to administer the Client's employee benefit plans, your responses to the questionnaire will be considered part of your contractual responsibilities. You are also requested to return the indicated

Answers should be summarized in short format and not exceed the allotted space within the cell(s) provided. DO NOT add extra rows/columns--work within the allotted space. Additional information in carrier format may be submitted along if a carrier would like to include more detailed information.

	Administration		
1	What is the standard turnaround time for processing new		
	enrollees?		
2	What is the standard turnaround time for new group		
	processing?		
3	Do you provide audits of dependents? Is this done by a 3rd		
	party?		
4	Please confirm you are able to work with Winston Benefits.		
	Please identify the other Benefits Admin Systems that you work		
	with.		
5	Will your company include Section 125 administration when		
	bundled with Voluntary Products?		
6	If yes, Will the Section 125 Plan online allow access to accounts		
	for the employees?		
	Account Management		
7	Give the name and title of the person(s) with whom overall		
	responsibility for planning, supervising, and performing the day-		
	to-day administrative services for the Client will be.		
8	Will the Client have a dedicated Account Manager?		
9	If so, where are they located and what are their standard hours?		
10	Will they have a back-up contact?		
	Communications and Enrollment		



11	What are your E-Services Capabilities?
12	Do you offer pre-printed materials?
13	Do you offer benefit booklets?
14	What are your enrollment options?
15	Do you guarantee re-enrollments for the length of the contract?
16	Will you attend health fairs and annual enrollment on an annual basis?
Billing	
17	Do you require a list bill or self bill? Can you bill at the Employee Selection level/Age vs. Spouse level?
18	Is electronic billing available?
Web Tools	
19	Do you offer access to <u>employers</u> on product information, etc.?
20	Do you offer access to <u>employees</u> on product information, etc.

Response	
1-2 business days.	
10 business days.	
Yes	
Confirmed. We would be happy to identify some benefit	
admin systems we currently work with upon identification of finalist status.	
No	
Please Select	
Liz Lustig, Symetra Select Benefits Manager	
Yes	
Our in-house plan administrator, Symetra Select Benefits is	
located in Ashland, WI. Office hours are 6:30am to 5:00pm (CST).	
Yes	

Symetra Life Insurance Company



Symetra offers clients access to their secure online website portal. Each client will be granted the opportunity to access to the portal to exchange employee eligibility information. Updates in the form of additions or deletes may be executed at the portal. All changes will be recorded and tracked for billing purposes the next business day. Clients will be issued website access and password to assist the resource reporting that needs to occur on a daily, weekly, bi-weekly or monthly basis. Yes No Paper, secure e-mail, fax, Employer Web Portal. Yes Yes Our standard is a list bill process, however self-billing is also available. Yes Yes Yes













