



**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 | Fax 1-866-348-0056

## EXPENSE REIMBURSEMENT AGREEMENT

Policyholder	Williamson County
Policy Number	██████████
Policy Effective Date	01/01/26
Lines of Coverage	Supp Health

### Maximum Reimbursement Amount

Supp Health - Ongoing Tech Credit - 5% of Annual Premium to a maximum of \$30,000.00


Symetra Life Insurance Company ("Symetra") hereby agrees with the Policyholder that Symetra will satisfy all or a portion of one or more invoices issued to the Policyholder by one or more third party vendors (each, a "Vendor") for services rendered to the Policyholder, subject to the following restrictions and limitations:

- (i) As a condition precedent to Symetra's obligations under this agreement, each of the Lines of Coverage identified above must be issued by Symetra and be in-force. This agreement and all of Symetra's obligations hereunder will terminate effective as of the date that any one or more of the Lines of Coverage identified above is no longer in-force. If Policyholder terminates any Line of Coverage prior to the end of the initial rate guarantee period, Symetra reserves the right to recoup a pro-rated share of the expenses reimbursed, based on the portion of the initial rate guarantee period during which the Line of Coverage was in force.
- (ii) Services rendered to the Policyholder must be reasonably related to the coverage provided by Symetra and be primarily designed to satisfy a permissible purpose under applicable law, as determined by Symetra in its sole and absolute discretion. If the services also relate to coverages other than those provided by Symetra, the share of the cost borne by Symetra must be commensurate with the extent to which the services are associated with the coverages provided by Symetra.
- (iii) Services, costs, and Vendors must be approved by Symetra in writing prior to any costs being incurred.
- (iv) Policyholder or Vendor must present Symetra with an invoice on the Vendor's letterhead. Each invoice must be written in sufficient detail to identify the services provided, and meet such other criteria as determined by Symetra in its sole discretion. In the event the Policyholder requests that Symetra reimburse the Policyholder for amounts paid by Policyholder in satisfaction of a Vendor invoice, Policyholder must present Symetra with an invoice on the Policyholder's letterhead or Symetra's invoice template, attaching the corresponding Vendor invoice paid by the Policyholder. Unless otherwise approved by Symetra in advance, Vendor and/or Policyholder invoices for one-time reimbursements must be received by Symetra prior to the first anniversary date of the policy. Invoices for ongoing reimbursements must be received by Symetra prior to December 31st of the calendar year in which the eligible expense was incurred.
- (v) The aggregate amount paid by Symetra in satisfaction of Vendor invoices will not exceed the Maximum Reimbursement Amount set forth above. Symetra may, in its sole discretion, reimburse amounts on a monthly, quarterly, semi-annual, or annual basis.
- (vi) Symetra will not make any payment that would result in a violation of applicable law, rule, or regulation, as determined by Symetra in its sole discretion.

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This agreement must be signed, dated and returned to Symetra Life Insurance Company in order to become effective.

**Symetra Life Insurance Company**

Signature 		Date
Printed name Keith Daigle		7/21/25
Title VP, Head of Workforce Benefits Underwriting		

**Policyholder**

Signature		Date
Printed name Steven Snell		
Title		