

MASTER APPLICATION

For Group Insurance

- Instructions:**
- (1) Complete and sign the application
 - (2) Attach the Plan Summary and send to Select Benefit Administrators (SBA)
 - (3) Retain a copy with your policy(ies)

Name of Applicant Williamson County email address _____

Address 100 Wilco Way, Suite # HR-101
 Street
Georgetown TX 78626
 City State Zip

applies to Symetra Life Insurance Company for the following group insurance:

Insurance	Requested Effective Date
<input type="checkbox"/> Fixed-Payment Indemnity	_____
<input checked="" type="checkbox"/> Accident	<u>01/01/26</u>
<input checked="" type="checkbox"/> Critical Illness	<u>01/01/26</u>

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

THIS COVERAGE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

By signing below, the applicant/policyholder agrees to allow written communications, such as the policy, certificate, riders, amendments, endorsements, and other policy information, to be delivered electronically. This consent may be withdrawn at any time, with no consequences, by informing us, in writing, of your decision to withdraw this consent. The policyholder may update their electronic contact information, or request paper copies of any written communication which was delivered by electronic means, by contacting Symetra at 1-800-497-3699.

Signed at _____
 City State Date

For the Applicant by _____
 Signature
Steven Snell
 Name (printed) Title

By checking this box, the applicant acknowledges that the applicant is electronically signing this form. The applicant acknowledges that the electronic signature is the same as the handwritten signature.

For the Applicant _____
 Electronic Signature

Agent/Producer _____
 Signature Resident Licensed Agent/Producer where required by law
Travis Dent
 Name (printed) Tax ID Number

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.