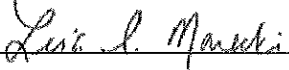
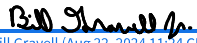




Summary Agreement for Renewal of Williamson County Contract

Contract Number:	4333	Department:	Human Resources
Vendor Name:	Symetra Life Insurance		
Purpose/Intended Use of Product or Service (summary):			
RENEWAL #2 Life, AD&D, STD, LTD, Vol Benefits			
Type of Contract:	RFP	Start Date:	01 01 2025
Purchasing Contact:	CHERYL JOHNSON	End Date:	12 31 2025
Department Contact:	SHELLEY LOUHGHEHY		
<ul style="list-style-type: none">Williamson County wishes to extend this bid/proposal for the same price, terms, and conditions as the existing contract at the current rates.PLEASE INCLUDE THE FOLLOWING:<ul style="list-style-type: none">COMPLETED 1295 FORM; ANDRENEWED INSURANCE CERTIFICATE IF IT WAS REQUIRED IN BID/PROPOSAL.Extend Contract for the 2nd of two (2) one (1) year renewal option periods:			
Renewal Option Period 2	January 01, 2025 - December 31, 2025		
Renewal Option Period 1	January 01, 2024 - December 31, 2024		
Initial Contract Period	January 01, 2021 - December 31, 2023		
BY SIGNING BELOW, THE PARTIES AGREE TO THE TERMS OF EXTENSION SET FORTH AS STATED ABOVE			
Vendor <u>Symetra Life Insurance Company</u>		Williamson County, 710 Main St., Georgetown, TX 78626	
Name <u>Lisa Marecki</u>		Bill Gravell, Jr	
Title <u>SVP of Workforce Benefits</u>		Williamson County Judge	
Signature <u></u>		Signature <u></u>	
Date <u>8/13/2024</u>		Date <u>Aug 22, 2024</u>	

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 1, 2024

<u>Coverage</u>	<u>Monthly Rate</u>
Basic Life Insurance	\$0.033 per \$1,000
Basic Accidental Death and Dismemberment Insurance	\$0.022 per \$1,000
Basic Dependent Life Insurance	\$0.655 per Family Unit
Supplemental Life Insurance	step-rated*
Supplemental Accidental Death and Dismemberment Insurance	\$0.020 per \$1,000
Supplemental Dependent Life Insurance	
	Spouse step-rated**
	Child \$0.540 per \$1,000
Voluntary Short Term Disability Income Insurance	step-rated***
Voluntary Long Term Disability Income Insurance	step-rated****

* Supplemental Life Insurance monthly step-rates are as follows:

<u>Age</u>	<u>Per \$1,000 of Insurance</u>	<u>Age</u>	<u>Per \$1,000 of Insurance</u>
Under 25	\$0.086	50 through 54	\$0.324
25 through 29	0.086	55 through 59	0.542
30 through 34	0.086	60 through 64	0.599
35 through 39	0.108	65 through 69	0.997
40 through 44	0.151	70 through 74	1.748
45 through 49	0.218	75 and over	6.546

** Supplemental Spouse Life Insurance monthly step-rates are as follows: (Premiums for Supplemental Spouse Life Insurance are calculated based on the employee's age.)

<u>Age</u>	<u>Per \$1,000 of Insurance</u>	<u>Age</u>	<u>Per \$1,000 of Insurance</u>
Under 25	\$0.056	45 through 49	\$0.188
25 through 29	0.056	50 through 54	0.294
30 through 34	0.056	55 through 59	0.512
35 through 39	0.078	60 through 64	0.569
40 through 44	0.121	65 through 69	0.967

PREMIUM RATE NOTICE

Policy Number: 01 016850 00

Policyholder: **Williamson County**

Effective Date of Premium Rates: January 1, 2024

*** Voluntary Short Term Disability Income Insurance monthly step-rates are as follows:

<u>Age</u>	<u>Per \$10 of Weekly Covered Benefit</u>	<u>Age</u>	<u>Per \$10 of Weekly Covered Benefit</u>
Under 25	\$0.560	50 through 54	\$0.480
25 through 29	0.560	55 through 59	0.530
30 through 34	0.640	60 through 64	0.640
35 through 39	0.600	65 through 69	0.710
40 through 44	0.470	70 and over	0.930
45 through 49	0.440		

**** Voluntary Long Term Disability Income Insurance monthly step-rates are as follows:

<u>Age</u>	<u>Per \$100 of Monthly Covered Payroll</u>	<u>Age</u>	<u>Per \$100 of Monthly Covered Payroll</u>
Under 25	\$0.111	50 through 54	\$0.593
25 through 29	0.111	55 through 59	0.648
30 through 34	0.139	60 through 64	0.694
35 through 39	0.194	65 through 69	0.796
40 through 44	0.278	70 and over	1.037
45 through 49	0.435		

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

Rates will be guaranteed until January 1, 2026 unless there is a change in benefits, eligibility, or an Associated Company is added.

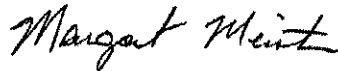
PREMIUM RATE NOTICE

Policy Number: 01 016850 00

Policyholder: **Williamson County**

Effective Date of Premium Rates: January 1, 2024

SYMETRA LIFE INSURANCE COMPANY



By: Margaret Meister, President

Registrar: Jake Bisuut

Date: August 23, 2023

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



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