

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 This consent may be withdrawn at any time, with no consequences, by informing us, in writing, of your decision to withdraw this consent.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 _____ Aug 12, 2025
City State DateFor the Applicant by SNell
Signature
Steven Snell Williamson County Judge
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 SignatureAgent/Producer _____
Signature Resident Licensed Agent/Producer where required by law
Travis Dent
Name (printed) Tax ID Number