
GROUP ADMINISTRATIVE AGREEMENT – ONE TIME OPEN ENROLLMENT

This Group Administrative Agreement (the “Agreement”) is between Symetra Life Insurance Company (herein “Symetra,” “We,” “Us,” or “Our”) and City of Burleson (herein “the Policyholder,” “You” or “Your”). Symetra and Policyholder are referred to individually as a “Party” and collectively as the “Parties.”

BACKGROUND

- Symetra has issued to the Policyholder a group short-term disability income insurance policy, number 01 017859 00, effective January 1, 2022, (the “Policy(ies)”).
- The Parties desire to clarify certain administrative practices with respect to the Policy(ies).

AGREED TERMS

IN CONSIDERATION OF the mutual promises contained herein and in the Policy(ies), Symetra and the Policyholder agree as follows.

General Provisions

1. This Agreement is effective as of January 1, 2025 (“Effective Date”) and terminates upon the termination of the Policy(ies) unless (i) earlier terminated by mutual agreement of the Parties, or (ii) terminated as set forth in the “Specific Provisions” below, as applicable.
2. Nothing contained in this Agreement shall vary, alter or extend any provisions of the Policies other than as stated herein.
3. Capitalized terms used herein but not defined shall have the meaning set forth in the respective Policy(ies).
4. If any provision of this Agreement is found to be invalid, illegal or unenforceable in any jurisdiction, for any reason, then, to the full extent permitted by law:
 - a. all other provisions hereof will remain in full force and effect in such jurisdiction and will be liberally construed in order to carry out the intent of the Parties hereto as nearly as may be possible;
 - b. such invalidity, illegality or unenforceability will not affect the validity, legality or enforceability of any other provision hereof; and
 - c. any court or arbitrator having jurisdiction therefor will have the power to reform such provision to the extent necessary for such provision to be enforceable under applicable law.
5. This Agreement may be executed in any number of counterparts, each of which when executed and delivered will be deemed an original, but all of which taken together will constitute but one and the same instrument, and it will not be necessary in making proof of this Agreement to produce or account for more than one original counterpart hereof.
6. This Agreement shall not, and is not intended to, confer upon any person, other than the Parties hereto and their successors and permitted assigns, any rights, remedies, obligations or liabilities, except as expressly provided herein.

Specific Provisions

Open Enrollment Provisions:

There is an open enrollment period from November 11, 2024 through November 22, 2024. This open enrollment applies to Voluntary Short Term Disability Income Insurance coverage(s) only.

During this period, the Evidence of Insurability Requirement in the Policy is waived for benefit increases for late entrants listed below. Allowable benefit increases are:

Short term disability income:

For newly and currently enrolled employees: 60% of the employee's weekly pre-disability earnings, not to exceed a maximum weekly payment amount of \$1,500

This open enrollment does not apply if the employee previously applied for coverage under the Prior Policy but were not approved or if the employee or their Spouse were previously required to submit Evidence of Insurability but failed to do so. This open enrollment also does not apply to employees who have not satisfied the Eligibility Waiting Period.

Coverage enrolled for during this open enrollment period is effective January 1, 2025. However, any benefit amounts subject to Evidence of Insurability are not effective until approved in writing by Symetra.

Note, requests for subsequent open enrollment periods must be approved by Symetra.

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

IN WITNESS WHEREOF, authorized representatives of the Parties have executed this Agreement as of the Effective Date.

City of Burleson

By: _____

Printed Name: _____

Title: _____

Date: _____

Symetra Life Insurance Company

By: Keith Daigle

Printed Name: Keith Daigle

Title: Vice President,
Workforce Benefits Underwriting

Date: November 25, 2024

- (1) Sign and return to Symetra.
- (2) Retain copy with your policy.