

## JOINT CLIENT AND SERVICES AGREEMENT

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This Joint Client and Services Agreement (the "Agreement") is entered into as of 01/01/2022 ("Effective Date") by and between City of Burleson ("Sponsor"), HUB INTERNATIONAL TEXAS INC ("Service Provider"), and Symetra Life Insurance Company ("Symetra"). Individually, each of Sponsor, Service Provider and Symetra will be referred to as a "party" and collectively as the "Parties".

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### BACKGROUND

- Symetra provides insurance and/or claim administration services to Sponsor relative to one or more of Sponsor's employee benefit plans ("Plans") that provides benefits to individuals that may be eligible to be covered by the Plan ("Eligible Persons").
  - Service Provider has been retained by Sponsor to provide certain services to Sponsor (the "Services") that relate to the administration of one or more of Sponsor's Plans. In furtherance of these Services, Sponsor has requested that Symetra share certain information with the Service Provider.
  - The Parties desire to outline their obligations with respect to the Services and to the use, disclosure, safeguarding and transmission of nonpublic personal information of Eligible Persons.
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### AGREED TERMS

In consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

- 1. Relationship of the Parties.** The Parties agree that the Services performed by the Service Provider, which may include, but are not limited to, obtaining information from Symetra concerning the Plans and Eligible Persons or the collection and remission of insurance premiums that are owed to Symetra by the Sponsor or Eligible Persons, are performed by Service Provider on behalf of or as the agent of the Sponsor, and not on behalf of or as the agent of Symetra. Sponsor will not hold Symetra responsible for any act or omission of Service Provider in its performance of the Services. Service Provider further agrees that Symetra will not be held liable for the payment of any compensation to Service Provider for the Services.
- 2. Nonpublic Personal Information.**
  - 2.01** In conjunction with Service Provider's performance of the Services, Service Provider may receive from Symetra, or from its affiliates, officers, directors, employees or agents, certain personal, private, health or financial information about Eligible Persons and their beneficiaries (collectively "Nonpublic Personal Information" or "NPI"). Service Provider will use any NPI only to carry out its obligations to the Sponsor, and will not use the NPI for any other purpose. Notwithstanding anything to the contrary, Service Provider shall not be prohibited from disclosing NPI to regulatory authorities or as otherwise required by law.
  - 2.02** Service Provider will comply in all material respects with all applicable confidentiality and security obligations in connection with the collection, use, disclosure, maintenance and transmission of NPI. Service Provider agrees to take all necessary precautions to ensure that all NPI is disclosed only to those persons who need to know such information. Service Provider will for so long as NPI is retained, maintain adequate administrative, technical and physical safeguards: (1) to insure the integrity, security and confidentiality of NPI, (2) to protect against any anticipated threats or hazards to the integrity, security or confidentiality of NPI, and (3) to protect against unauthorized access to or use of NPI.
  - 2.03** Service Provider expressly agrees that a breach of the foregoing confidentiality obligations is highly likely to cause significant irreparable harm to Symetra and that Symetra will be entitled, in that case to seek temporary, preliminary and/or injunctive relief, or any other equitable remedy, to protect its interest in the NPI at issue.

**2. Nonpublic Personal Information.** *(continued)*

**2.04** Upon termination of this Agreement, Service Provider will return to Symetra or destroy all NPI received from Symetra, provided that Service Provider will be permitted to maintain a copy of the NPI in accordance with Service Provider's ordinary document retention policies or applicable law. Any retained NPI will remain subject to the restrictions set forth in this Section 2.

**3. Service Provider's Portal Access.** If Service Provider is to be granted access to Symetra's online portal (the "Portal"), Sponsor and Service Provider shall execute and abide by the terms set forth in Appendix A Authorization to Access Symetra Online Portal.

**4. Indemnification and Limitation of Liability.** Each of Sponsor and Service Provider agrees to hold Symetra and its affiliates, officers, directors, employees or agents (each, a "Symetra Indemnitee") harmless, and to indemnify the Symetra Indemnitees, on a joint and several basis, from and against any and all claims, losses, liabilities, damages, suits, deficiencies, costs, expenses, penalties and associated attorneys' fees and court costs asserted against or imposed upon a Symetra Indemnitee by a third party, by reasons of or arising out of or in connection with (a) any act or omission of Service Provider in the performance of Services except for acts or omissions taken at the direction of Symetra or (b) Service Provider's breach of this Agreement. The Parties obligations under this Section 4 will survive the termination of the Agreement.

**5. Term and Termination.** This Agreement will terminate upon the earlier of (a) the date that Symetra ceases to provide insurance and/or claim administration services to Sponsor or (b) the date Service Provider is no longer retained by Sponsor to perform the Services. If Symetra determines that Service Provider has breached or violated a material term of this Agreement, Symetra may terminate this Agreement immediately.

**6. Additional Provisions.**

**6.01** Independent Contractors. The relationship among the Parties is that of independent contractors. Nothing in this Agreement will be construed to create a partnership or joint venture between the Parties.

**6.02** Notices. All notices hereunder must be in writing and will become effective when received. Any written notice will be deemed to be provided to a party (a) when delivered personally, (b) when provided via facsimile (with confirmation of transmission) or electronic mail with receipt confirmed or (c) five (5) business days after such notice is mailed by certified mail, in each case, to the last business address provided by such party.

**6.03** Assignment. No Party may assign or delegate this agreement without the prior written consent of all Parties.

**6.04** Waivers. Waiver of breach of any provision of this Agreement shall not be deemed a waiver of any other breach of the same or a different provision.

**6.05** Choice of Law. This Agreement will be governed by and construed in accordance with, the laws of the State of Washington, exclusive of its choice-of-law rules.

**6.06** Severability. If any court or governmental agency should determine that any of the provisions of this Agreement are illegal, invalid or unenforceable, or if a Party reasonable determines that a change in applicable law or regulation has that effect, the remaining provisions of this Agreement will remain in effect to the fullest extent possible.

**6.07** Third Party Beneficiaries. This Agreement will not confer upon any rights, remedies, obligations or liabilities to any person or entity that is not a Party.

**6.08** Counterparts. This Agreement may be executed in counterparts, each of which will be deemed an original of the same document.

**6.09** Entire Agreement. This Agreement, including any appendices, schedules or exhibits attached hereto, constitutes the full understanding of the Parties and a complete and exclusive statement of the terms of the Parties' agreement. This Agreement may be amended only by a written instrument signed by the Parties.

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**ACKNOWLEDGEMENT**

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

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**Service Provider Name:****HUB INTERNATIONAL TEXAS INC**

Signature

Printed name

Title

Date

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**Sponsor Name:****City of Burleson**

Signature

Printed name

Title

Date

Bryan Langley

City Manager

9/7/21

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**Symetra Life Insurance Company**

Signature

Printed name

Title

Date

Kevin P. Sheridan

Vice President, Life &amp; Disability Claims

8/19/2021

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**HOW TO SUBMIT**

Please sign and return to:  
Symetra Life Insurance Company  
Attn: Claims Department  
P.O. Box 1230  
Enfield, CT 06083  
Fax: 1-877-797-3650

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## APPENDIX A – Authorization to Access to Symetra Online Portal

1. Effective as of the date set forth below, and subject to the terms of the Agreement governing the provision of Nonpublic Personal Information, Sponsor authorizes Symetra to grant access to the Portal to Service Provider on behalf of Sponsor at the level selected by the Sponsor below.
2. Service Provider shall require its personnel to keep any passwords or logon credentials secure, to refrain from sharing passwords or logon credentials with anyone other than the individual to whom they are issued, to immediately report lost or stolen passwords or log-on credentials, to access the Portal only from a secure location, and to comply with all other applicable terms of use with respect to the Portal. Service Provider shall notify Symetra immediately in the event its relationship with the Sponsor is terminated or if any of its personnel with access to the Portal is terminated from Service Provider.
3. Sponsor's authorization may be cancelled by the Sponsor at any time and revocation of Service Provider's access to the Portal will take effect promptly following Symetra's receipt of written notice of such cancellation from Sponsor. Sponsor agrees that Symetra will not be responsible for Sponsor's failure to provide such written notice of cancellation to Symetra.
4. So long as Symetra has provided access to the Portal to Service Provider, Service Provider will not look to Symetra to provide information available on the Portal via any other delivery method. Service Provider will give Symetra prompt written notice of (i) any suspected error omission or (ii) the Service Provider's inability to generate or obtain such information via the Portal.
5. This form replaces all previously executed Authorization to Access Symetra Online Portal forms.

**Access Level:** (select either or both of the following)



Administrator Level Access

- View Billing Statements and calculate premiums.
- Make premium payments.
- Edit policyholder contact information.
- Access to Policy documents and request hard copy documents.
- List Bill Customers: Add or edit individual member, including salary updates, terminations, personal information, class changes, changes in employer/division, and coverage modifications.



Claims Level Access

- View claims information, including claimant name, claim number, claim status, date received and coverage type.
- Initiate a new claim.
- Access to Policy documents.
- Obtain standard claim reports, access the claims report archive and generate custom claims reports.

**Access to Evidence of Insurability Reports:**



Yes



No

## APPENDIX A – Acknowledgement

**Service Provider Name:**

**HUB INTERNATIONAL TEXAS INC**

Signature

Printed name

Title

Date

**Sponsor Name: City of Burleson**

Signature

Printed name

Bryan Langley

Title

City Manager

Date

9/7/21



**Symetra Life Insurance Company**  
777 108th Avenue NE, Suite 1200  
Bellevue, Washington 98004-5135

### Application for Group Insurance

Name of Applicant: City of Burleson

Address: 141 West Renfro Street

(Street)

Burleson TX 76028

(City) (State) (Zip)

applies to Symetra Life Insurance Company, for:

- ☒ Group Short Term Disability Insurance  
☐ Group Long Term Disability Insurance  
☐ Group Term Life Insurance

If Symetra Life Insurance Company (Symetra) approves this application, the policy(ies) indicated above will be issued. The applicant agrees that by signing this application it accepts the policy issued pursuant to the proposal dated August 3, 2021.

This application supersedes any previous application.

**Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

Signed at (City) Burleson, (State) Texas

Date signed: 9/7/21

City of Burleson

By [Signature]

Title City Manager

Agent/Producer Name (printed) Brent Weegar

Agent/Producer Signature \_\_\_\_\_

Resident Licensed Agent/Producer where required by law

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

## Exhibit "A"

This exhibit shall be attached to the agreement or contract titled [City of Burleson - RFP # 2021-017] between [Symetra Life Insurance Company], (the "Vendor") and the city of Burleson, Texas (the "City") (the "Agreement"), and is fully made a part of said Agreement. In the event of a conflict between any provision in this exhibit and any other provision in the Agreement or any other exhibit to the Agreement, the terms provided in this exhibit shall govern. The terms of this Exhibit shall survive any closing or termination of the Agreement.

1. No Waiver of Governmental Immunity. Nothing contained in this Agreement shall be construed as a waiver of City's governmental immunity, or of any damage caps or limitations imposed by law, or any other legal protections granted to City by law, except to the extent expressly provided or necessarily implied herein.

2. Applicable Law; Venue. This Agreement is subject to and governed by the laws of the State of Texas. Any disputes arising from or relating to this Agreement shall be resolved in a court of competent jurisdiction located in Johnson County, Texas, or the federal courts for the United States for the Northern District of Texas. The parties hereto irrevocably waive any right to object to the jurisdiction of such courts in any dispute arising from or relating to this Agreement.

3. Relationship of the Parties. The parties agree that in performing their responsibilities under this Agreement, they are in the position of independent contractors. This Agreement is not intended to create, does not create, and shall not be construed to create a relationship of employer-employee. Vendor, Vendor's employees, and anyone else working at Vendor's direction is an independent contractor and not an employee or servant of the City. Nothing in this Agreement is intended to or shall be construed in any manner as creating or establishing the relationship of employer-employee between Vendor, Vendor's employees, and anyone else working at Vendor's direction. Vendor, Vendor's employees, and anyone else working at Vendor's direction shall at all times remain an independent contractor with respect to the service to be performed under this Agreement.

4. Limitations. THE PARTIES ARE AWARE THERE ARE CONSTITUTIONAL AND STATUTORY LIMITATIONS ("LIMITATIONS") ON THE AUTHORITY OF CITY TO ENTER INTO CERTAIN TERMS AND CONDITIONS THAT MAY BE PART OF THIS AGREEMENT, INCLUDING TERMS AND CONDITIONS RELATING TO DISCLAIMERS AND LIMITATIONS OF WARRANTIES; DISCLAIMERS AND LIMITATIONS OF LIABILITY FOR DAMAGES; WAIVERS, DISCLAIMERS AND LIMITATIONS OF LEGAL RIGHTS, REMEDIES, REQUIREMENTS AND PROCESSES; LIMITATIONS OF PERIODS TO BRING LEGAL ACTION; LIABILITY FOR ACTS OR OMISSIONS OF THIRD PARTIES; PAYMENT OF ATTORNEYS' FEES; INDEMNITIES; AND CONFIDENTIALITY. THE TERMS AND CONDITIONS RELATED TO LIMITATIONS WILL NOT BE BINDING ON CITY EXCEPT TO THE EXTENT AUTHORIZED BY THE LAWS AND CONSTITUTION OF THE STATE OF TEXAS.

5. Records and Confidentiality. The City's compliance with the Texas Public Information Act shall not violate the Agreement.

6. Indemnity. The City shall not and does not indemnify Vendor or any other third party under the Agreement.

7. Termination Due to Lack of Appropriations. If City should not appropriate or otherwise receive funds sufficient to purchase, lease, operate, or maintain the equipment or services set forth in this Agreement, City may unilaterally terminate this Agreement effective on the final day of the fiscal year through which City has funding. City will make every effort to give Vendor at least thirty (30) days written notice prior to a termination for lack of appropriations. In the event of termination due to a lack of appropriations, City will pay Vendor for all undisputed fees and expenses related to the equipment and/or services City has received, or Vendor has incurred or delivered, prior to the effective date of termination.

City of Burleson, Texas (City):

By: \_\_\_\_\_

Printed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

[Symetra Life Insurance Company] (Vendor):

By: \_\_\_\_\_

Printed: \_\_\_\_\_

Title: Sr Vice President Life, Disability & Voluntary Products

Date: \_\_\_\_\_

SYMETRA LIFE INSURANCE COMPANY  
777 108th Avenue NE, Suite 1200  
Bellevue, Washington 98004-5135

PREMIUM RATE NOTICE

Policy Number: 01 017859 00

Policyholder: **City of Burleson**

Effective Date of Premium Rates: January 1, 2022

<u>Coverage</u>		<u>Monthly Rate</u>
Basic Life Insurance		\$0.082 per \$1,000
Basic Accidental Death and Dismemberment Insurance		\$0.030 per \$1,000
Basic Dependent Life Insurance	Class 1	\$2.000 per Family Unit
	Class 2	\$4.000 per Family Unit
Supplemental Life Insurance		step-rated*
Supplemental Accidental Death and Dismemberment Insurance		\$0.030 per \$1,000
Supplemental Dependent Life Insurance		
	Spouse	step-rated*
	Child	\$2.000 per family unit
Supplemental Dependent Accidental Death and Dismemberment Insurance		
	Spouse	\$0.030 per \$1,000
	Child	\$0.040 per \$1,000
Short Term Disability Income Insurance		\$0.210 per \$10 of weekly benefit
Long Term Disability Income Insurance		0.210% of total covered payroll

\* Supplemental Life Insurance and 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	\$0.070	50 through 54	\$0.330
25 through 29	0.070	55 through 59	0.540
30 through 34	0.080	60 through 64	0.720
35 through 39	0.100	65 through 69	1.220
40 through 44	0.140	70 through 74	2.160
45 through 49	0.220	75 and over	8.180

## PREMIUM RATE NOTICE

Policy Number: 01 017859 00

Policyholder: **City of Burleson**

Effective Date of Premium Rates: January 1, 2022

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

Rates will be guaranteed until January 1, 2024 unless there is a change in benefits, eligibility, or an Associated Company is added.

SYMETRA LIFE INSURANCE COMPANY



Registrar: Melanie Scheffler

Date: February 22, 2022

- 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.

## Symetra Group Benefits



### Response to Proposal Request

**Prepared for:**  
City of Burleson  
Burleson, TX

on behalf of IPS Advisors

August 3, 2021

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# Symetra Executive Summary

# 1



**From implementation to claims, we deliver a high-quality customer experience to you and your employees at every touch point.**

## **GREAT EMPLOYERS OFFER GREAT BENEFITS**

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When it comes to your group's benefits, you deserve a plan that positively impacts the lives of your employees and their families, and enables cost-effective delivery of the right services at the right time.

At Symetra, we strive to give you just that. Our group life and disability income insurance provide important benefits that can make a difference at a critical time in employees' lives. And to give you the most value for your benefits, we listen to your concerns and work to create a policy that's right for you, your group and your budget.

## **WITH YOU EVERY STEP OF THE WAY**

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From implementation to claims, we deliver a high-quality customer experience to you and your employees at every touch point. We'll be there to guide you and provide the resources you need to successfully manage your plan.

Our implementation managers work closely with you and your broker throughout the entire onboarding process—walking you through policy details, administrative training, reporting needs and more. They'll provide constant support, communication and transparency to ensure implementation is simple and seamless.

Once your plan is set up, our experienced account managers act as your ongoing contact for the life of your policy. They provide invaluable expertise and can meet with you to address your concerns and find ways to improve your group's experience.

Our collaborative approach to implementation and account management fosters responsiveness and innovative problem solving to deliver outstanding service to you and your employees.

## **FULLY INTEGRATED CLAIMS MANAGEMENT**

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Whether it's working with employees on disability leave, or helping a beneficiary after the loss of a loved one, our team of claim professionals is committed to helping employees and their families navigate the road to recovery. Your employees will receive empathetic, courteous and prompt service at every interaction.

And with Group Online (GO), our state-of-the-art online processing tool, you have an easy, convenient way to manage life, disability and absence management claims 24/7—significantly easing the burden of administering your group's absences.

It's all part of our fully integrated approach to claims management—offering you and your employees exceptional service from start to finish.



# Symetra Financial Proposal

## 2

## **Symetra Group Life and Disability Insurance Proposal**

August 3, 2021

*Presented to*

**City of Burleson**

Burleson, TX

*Presented on behalf of*

**IPS Advisors**

Proposed Contract Effective Date 1/1/2022

*Any policy sold and issued in the State of New York is insured and underwritten  
by First Symetra National Life Insurance Company of New York, a New York-licensed insurer.  
Any policy sold and issued in any state other than the State of New York is insured and underwritten  
by Symetra Life Insurance Company, an Iowa-domiciled insurer  
that is licensed in all states except New York.*

## Proposed Rates

Basic Employee Life					
	Lives	Volume	Rate per \$1,000	Monthly Premium	Annual Premium
Option 1 (Current) - 1X to \$250,000	344	\$23,871,000	\$0.03	\$716.13	\$8,593.56
Option 2 - 2X to \$250,000	344	\$46,574,500	\$0.08	\$3,725.96	\$44,711.52
Option 3 - 2X to \$300,000	344	\$47,185,500	\$0.082	\$3,869.21	\$46,430.53

- There are no Basic Employee Life commissions.
- Basic Employee Life Rates are guaranteed for 2 years

Basic Employee AD&D					
	Lives	Volume	Rate per \$1,000	Monthly Premium	Annual Premium
Option 1 (Current) - 1X to \$250,000	344	\$23,871,000	\$0.03	\$716.13	\$8,593.56
Option 2 - 2X to \$250,000	344	\$46,574,500	\$0.03	\$1,397.24	\$16,766.82
Option 3 - 2X to \$300,000	344	\$47,185,500	\$0.03	\$1,415.57	\$16,986.78

- There are no Basic Employee AD&D commissions.
- Basic Employee AD&D Rates are guaranteed for 2 years

Basic Dependent Life					
	Lives	Volume	Rate per unit	Monthly Premium	Annual Premium
Option 1	27	\$202,500	\$2.00	\$54.00	\$648.00
Option 2	167	\$2,505,000	\$4.00	\$668.00	\$8,016.00

- There are no Basic Dependent Life commissions.
- Basic Dependent Life Rates are guaranteed for 2 years.

## Proposed Rates

Supplemental Employee Life					
Age	Lives	Volume	Rate per \$1,000	Monthly Premium	Annual Premium
< 25	2	\$200,000	\$0.07	\$14.00	\$168.00
25 - 29	10	\$750,000	\$0.07	\$52.50	\$630.00
30 - 34	22	\$2,440,000	\$0.08	\$195.20	\$2,342.40
35 - 39	28	\$3,350,000	\$0.10	\$335.00	\$4,020.00
40 - 44	28	\$2,740,000	\$0.14	\$383.60	\$4,603.20
45 - 49	27	\$2,870,000	\$0.22	\$631.40	\$7,576.80
50 - 54	24	\$2,140,000	\$0.33	\$706.20	\$8,474.40
55 - 59	21	\$1,690,000	\$0.54	\$912.60	\$10,951.20
60 - 64	12	\$1,190,000	\$0.72	\$856.80	\$10,281.60
65 - 69	2	\$25,500	\$1.22	\$31.11	\$373.32
70 - 74	1	\$10,000	\$2.16	\$21.60	\$259.20
75 +	0	\$0	\$8.18	\$0.00	\$0.00
<b>Total</b>	<b>177</b>	<b>\$17,405,500</b>		<b>\$4,140.01</b>	<b>\$49,680.12</b>

- There are no Supplemental Employee Life commissions.
- Supplemental Employee Life Rates are guaranteed for 2 years

Supplemental AD&D					
	Lives	Volume	Rate per \$1,000	Monthly Premium	Annual Premium
Supplemental AD&D - EE	177	\$17,405,500	\$0.03	\$522.17	\$6,266.04
Supplemental AD&D - Spouse	81	\$3,785,000	\$0.03	\$113.55	\$1,362.60
Supplemental AD&D - Child	100	\$1,000,000	\$0.04	\$40.00	\$480.00

- There are no Supplemental AD&D commissions.
- Supplemental AD&D Rates are guaranteed for 2 years

## Proposed Rates

Supplemental Dependent Life					
Age	Lives	Volume	Rate per \$1,000/PEPM	Monthly Premium	Annual Premium
< 25	0	\$0	\$0.07	\$0.00	\$0.00
25 - 29	3	\$100,000	\$0.07	\$7.00	\$84.00
30 - 34	9	\$595,000	\$0.08	\$47.60	\$571.20
35 - 39	10	\$560,000	\$0.10	\$56.00	\$672.00
40 - 44	13	\$615,000	\$0.14	\$86.10	\$1,033.20
45 - 49	20	\$780,000	\$0.22	\$171.60	\$2,059.20
50 - 54	11	\$510,000	\$0.33	\$168.30	\$2,019.60
55 - 59	11	\$445,000	\$0.54	\$240.30	\$2,883.60
60 - 64	4	\$180,000	\$0.72	\$129.60	\$1,555.20
65 - 69	0	\$0	\$1.22	\$0.00	\$0.00
70 - 74	0	\$0	\$2.16	\$0.00	\$0.00
75 +	0	\$0	\$8.18	\$0.00	\$0.00
<b>Spouse Total</b>	<b>81</b>	<b>\$3,785,000</b>		<b>\$906.50</b>	<b>\$10,878.00</b>
<b>Child</b>	<b>100</b>	<b>\$1,000,000</b>	<b>\$2.00</b>	<b>\$200.00</b>	<b>\$2,400.00</b>

- There are no Supplemental Dependent Life commissions.
- Supplemental Dependent Life Rates are guaranteed for 2 years

Long Term Disability					
	Lives	Volume	Rate per \$100	Monthly Premium	Annual Premium
<b>Long Term Disability - IF (and if STD sells)</b>	<b>344</b>	<b>\$1,984,293</b>	<b>\$0.21</b>	<b>\$4,167.01</b>	<b>\$50,004.12</b>

- There are no Long Term Disability commissions.
- Long Term Disability Rates based on \$100 of monthly covered payroll
- Long Term Disability Rates are guaranteed for 2 years

## Proposed Rates

Voluntary Short Term Disability - \$1,000 Max (Option 1)					
Age	Lives	Volume	Rate Per \$10	Monthly Premium	Annual Premium
< 25	4	\$2,049	\$0.414	\$84.88	\$1,018.56
25 - 29	9	\$5,480	\$0.465	\$255.00	\$3,060.00
30 - 34	14	\$9,378	\$0.447	\$419.63	\$5,035.56
35 - 39	15	\$11,699	\$0.378	\$441.80	\$5,301.60
40 - 44	10	\$7,884	\$0.370	\$291.37	\$3,496.44
45 - 49	10	\$8,230	\$0.414	\$340.98	\$4,091.76
50 - 54	10	\$6,862	\$0.481	\$329.73	\$3,956.76
55 - 59	8	\$6,211	\$0.586	\$364.08	\$4,368.96
60 - 64	6	\$4,536	\$0.648	\$293.88	\$3,526.56
65 - 69	1	\$579	\$0.852	\$49.33	\$591.96
70 - 74	1	\$368	\$1.120	\$41.18	\$494.16
75 +	0	\$0	\$1.120	\$0.00	\$0.00
<b>Total</b>	<b>88</b>	<b>\$63,275</b>		<b>\$2,911.86</b>	<b>\$34,942.32</b>
Voluntary Short Term Disability - \$1,500 Max (Option 2)					
Age	Lives	Volume	Rate Per \$10	Monthly Premium	Annual Premium
< 25	4	\$2,049	\$0.408	\$83.60	\$1,003.20
25 - 29	9	\$5,485	\$0.458	\$250.96	\$3,011.52
30 - 34	14	\$9,411	\$0.440	\$414.50	\$4,974.00
35 - 39	15	\$12,528	\$0.373	\$467.32	\$5,607.84
40 - 44	10	\$8,467	\$0.366	\$309.77	\$3,717.24
45 - 49	10	\$9,274	\$0.411	\$380.98	\$4,571.76
50 - 54	10	\$7,213	\$0.476	\$343.63	\$4,123.56
55 - 59	8	\$6,994	\$0.582	\$406.73	\$4,880.76
60 - 64	6	\$5,243	\$0.643	\$337.00	\$4,044.00
65 - 69	1	\$579	\$0.845	\$48.93	\$587.16
70 - 74	1	\$368	\$1.112	\$40.91	\$490.92
75 +	0	\$0	\$1.112	\$0.00	\$0.00
<b>Total</b>	<b>88</b>	<b>\$67,612</b>		<b>\$3,084.33</b>	<b>\$37,011.96</b>
Short Term Disability - Non-Contributory (Option 3)					
	Lives	Volume	Rate Per \$10	Monthly Premium	Annual Premium
<b>Short Term Disability</b>	<b>344</b>	<b>\$270,446</b>	<b>\$0.21</b>	<b>\$5,679.37</b>	<b>\$68,152.39</b>

- There are no Short Term Disability commissions.
- Short Term Disability Rates based on \$10 of weekly covered benefit
- Voluntary Short Term Disability Lives and Volume assume 25% participation will be attained.
- Short Term Disability Rates are guaranteed for 2 years (to match renewal)

## Basic Employee Life and AD&D Insurance (Option 1 - Current)

<b>Eligibility:</b>	All full-time active employees working minimum of 30 hours per week Eligibility excludes all temporary and seasonal employees
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Basic Employee Life Insurance	
<b>Classes:</b>	All Active Full Time Employees
<b>Benefit Schedule:</b>	1.00 X Annual Earnings
<b>Benefit Maximum:</b>	\$250,000
<b>Benefit Minimum:</b>	\$1,000
<b>Guaranteed Issue Amount:</b>	\$250,000
<b>Disability Provision:</b>	Premium Waiver If Disabled Prior To Age 60
<b>Premium Waiver Elimination Period:</b>	6 Months
<b>Disability Duration:</b>	To Age 65
<b>Accelerated Death Benefit %:</b>	80%
<b>Accelerated Death Benefit Maximum:</b>	\$250,000
<b>Terminal Illness Period:</b>	12 Months Or Less
<b>Definition of Earnings:</b>	Salary
<b>Rounding Method:</b>	Next Higher \$1,000
<b>Enhanced No Loss / No Gain:</b>	Included
<b>Portability (Life Benefits Only):</b>	Included
<b>Portability Maximum:</b>	\$250,000
<b>Minimum Hour Requirement:</b>	20
<b>Employer Contribution:</b>	100%
<b>Age Reduction:</b>	Reduced to - Original volume 65% @ age 65, 50% @ age 70, 35% @ age 75
<b>Conversion:</b>	Included

Basic Employee AD&D Insurance	
<b>Classes:</b>	All Active Full Time Employees
<b>Benefit Schedule:</b>	1.00 X Annual Earnings
<b>Benefit Maximum:</b>	\$250,000
<b>Benefit Minimum:</b>	\$1,000
<b>Guaranteed Issue Amount:</b>	Match Maximum Benefit Amount
<b>Coverage Type:</b>	24-hour coverage
<b>Common Carrier Benefit:</b>	Included
<b>Definition of Earnings:</b>	Salary
<b>Rounding Method:</b>	Next Higher \$1,000
<b>Enhanced No Loss / No Gain:</b>	Included
<b>Minimum Hour Requirement:</b>	20
<b>Employer Contribution:</b>	100%
<b>Age Reduction:</b>	Reduced to - Original volume 65% @ age 65, 50% @ age 70, 35% @ age 75
<b>Conversion:</b>	Not Included

## Basic Employee Life and AD&D Insurance (Option 2)

<b>Eligibility:</b>	All full-time active employees working minimum of 30 hours per week Eligibility excludes all temporary and seasonal employees
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Basic Employee Life Insurance	
<b>Classes:</b>	All Active Full Time Employees
<b>Benefit Schedule:</b>	2.00 X Annual Earnings
<b>Benefit Maximum:</b>	\$250,000
<b>Benefit Minimum:</b>	\$1,000
<b>Guaranteed Issue Amount:</b>	\$250,000
<b>Disability Provision:</b>	Premium Waiver If Disabled Prior To Age 60
<b>Premium Waiver Elimination Period:</b>	6 Months
<b>Disability Duration:</b>	To Age 65
<b>Accelerated Death Benefit %:</b>	80%
<b>Accelerated Death Benefit Maximum:</b>	\$250,000
<b>Terminal Illness Period:</b>	12 Months Or Less
<b>Definition of Earnings:</b>	Salary
<b>Rounding Method:</b>	Next Higher \$1,000
<b>Enhanced No Loss / No Gain:</b>	Included
<b>Portability (Life Benefits Only):</b>	Included
<b>Portability Maximum:</b>	\$250,000
<b>Minimum Hour Requirement:</b>	20
<b>Employer Contribution:</b>	100%
<b>Age Reduction:</b>	Reduced to - Original volume 65% @ age 65, 50% @ age 70, 35% @ age 75
<b>Conversion:</b>	Included

Basic Employee AD&D Insurance	
<b>Classes:</b>	All Active Full Time Employees
<b>Benefit Schedule:</b>	2.00 X Annual Earnings
<b>Benefit Maximum:</b>	\$250,000
<b>Benefit Minimum:</b>	\$1,000
<b>Guaranteed Issue Amount:</b>	Match Maximum Benefit Amount
<b>Coverage Type:</b>	24-hour coverage
<b>Common Carrier Benefit:</b>	Included
<b>Definition of Earnings:</b>	Salary
<b>Rounding Method:</b>	Next Higher \$1,000
<b>Enhanced No Loss / No Gain:</b>	Included
<b>Minimum Hour Requirement:</b>	20
<b>Employer Contribution:</b>	100%
<b>Age Reduction:</b>	Reduced to - Original volume 65% @ age 65, 50% @ age 70, 35% @ age 75
<b>Conversion:</b>	Not Included

## Basic Employee Life and AD&D Insurance (Option 3)

<b>Eligibility:</b>	All full-time active employees working minimum of 30 hours per week Eligibility excludes all temporary and seasonal employees
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Basic Employee Life Insurance	
<b>Classes:</b>	All Active Full Time Employees
<b>Benefit Schedule:</b>	2.00 X Annual Earnings
<b>Benefit Maximum:</b>	\$300,000
<b>Benefit Minimum:</b>	\$1,000
<b>Guaranteed Issue Amount:</b>	\$300,000
<b>Disability Provision:</b>	Premium Waiver If Disabled Prior To Age 60
<b>Premium Waiver Elimination Period:</b>	6 Months
<b>Disability Duration:</b>	To Age 65
<b>Accelerated Death Benefit %:</b>	80%
<b>Accelerated Death Benefit Maximum:</b>	\$250,000
<b>Terminal Illness Period:</b>	12 Months Or Less
<b>Definition of Earnings:</b>	Salary
<b>Rounding Method:</b>	Next Higher \$1,000
<b>Enhanced No Loss / No Gain:</b>	Included
<b>Portability (Life Benefits Only):</b>	Included
<b>Portability Maximum:</b>	\$250,000
<b>Minimum Hour Requirement:</b>	20
<b>Employer Contribution:</b>	100%
<b>Age Reduction:</b>	Reduced to - Original volume 65% @ age 65, 50% @ age 70, 35% @ age 75
<b>Conversion:</b>	Included

Basic Employee AD&D Insurance	
<b>Classes:</b>	All Active Full Time Employees
<b>Benefit Schedule:</b>	2.00 X Annual Earnings
<b>Benefit Maximum:</b>	\$300,000
<b>Benefit Minimum:</b>	\$1,000
<b>Guaranteed Issue Amount:</b>	Match Maximum Benefit Amount
<b>Coverage Type:</b>	24-hour coverage
<b>Common Carrier Benefit:</b>	Included
<b>Definition of Earnings:</b>	Salary
<b>Rounding Method:</b>	Next Higher \$1,000
<b>Enhanced No Loss / No Gain:</b>	Included
<b>Minimum Hour Requirement:</b>	20
<b>Employer Contribution:</b>	100%
<b>Age Reduction:</b>	Reduced to - Original volume 65% @ age 65, 50% @ age 70, 35% @ age 75
<b>Conversion:</b>	Not Included

## Supplemental Employee Life and AD&D Insurance

<b>Eligibility:</b>	All full-time active employees working minimum of 30 hours per week Eligibility excludes all temporary and seasonal employees
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### Supplemental Employee Life Insurance

<b>Classes:</b>	All Active Full Time Employees
<b>Benefit Schedule:</b>	Increments of \$10,000
<b>Benefit Maximum:</b>	The Lesser of 5 X Annual Earnings Or \$300,000
<b>Benefit Minimum:</b>	\$10,000
<b>Guaranteed Issue Amount:</b>	\$150,000
<b>Disability Provision:</b>	Premium Waiver If Disabled Prior To Age 60
<b>Premium Waiver Elimination Period:</b>	6 Months
<b>Disability Duration:</b>	To Age 65
<b>Accelerated Death Benefit %:</b>	80%
<b>Accelerated Death Benefit Maximum:</b>	\$250,000
<b>Terminal Illness Period:</b>	12 Months Or Less
<b>Definition of Earnings:</b>	Salary
<b>Rounding Method:</b>	Next Higher \$1,000
<b>Enhanced No Loss / No Gain:</b>	Included
<b>Portability:</b>	Included
<b>Portability Maximum:</b>	\$250,000
<b>Employee Contribution:</b>	100%
<b>Participation Requirement:</b>	35%
<b>Age Reduction:</b>	Reduced to - Original volume 65% @ age 65, 50% @ age 70, 35% @ age 75
<b>Suicide Exclusion:</b>	24 Months
<b>Enrollment Type:</b>	One-Time Modified Open Enrollment: Modified Open Enrollments assume coverage can be increased by 5 increment levels without submitting Evidence of Insurability, subject to the Guarantee Issue Limit, during a scheduled annual enrollment period.
<b>Conversion:</b>	Included

### Supplemental Employee AD&D Insurance

<b>Classes:</b>	All Active Full Time Employees
<b>Benefit Schedule:</b>	Increments of \$10,000
<b>Benefit Maximum:</b>	The Lesser of 5 X Annual Earnings Or \$300,000
<b>Benefit Minimum:</b>	\$10,000
<b>Guaranteed Issue Amount:</b>	Match Maximum Benefit Amount
<b>Coverage Type:</b>	24-Hour Coverage
<b>Common Carrier Benefit:</b>	Included
<b>Definition of Earnings:</b>	Salary
<b>Rounding Method:</b>	Next Higher \$1,000
<b>Enhanced No Loss / No Gain:</b>	Included
<b>Employee Contribution:</b>	100%
<b>Age Reduction:</b>	Reduced to - Original volume 65% @ age 65, 50% @ age 70, 35% @ age 75
<b>Conversion:</b>	Not Included
<b>Portability:</b>	Not Included

## Basic Spouse and Dependent Life Insurance

<b>Eligibility:</b>	All full-time active employees working minimum of 30 hours per week
	Eligibility excludes all temporary and seasonal employees

### Provision

<b>Spouse Benefit Schedule:</b>	Flat Amount
<b>Spouse Benefit Maximum:</b>	Option 1: \$5,000
	Option 2: \$10,000
<b>Spouse Guarantee Issue:</b>	Match
	Match
<b>Child Benefit Schedule:</b>	Option 1: \$2,500
	Option 2: \$5,000
<b>Child Guarantee Issue:</b>	Match The Benefit Max Quoted
<b>Child Benefit Start Age:</b>	15 Days
<b>Child Benefit End Age:</b>	26
<b>Enhanced No Loss / No Gain:</b>	Included
<b>Portability:</b>	Included
<b>Conversion:</b>	Included

## Supplemental Dependent Life and AD&D Insurance

<b>Eligibility:</b>	All full-time active employees working minimum of 30 hours per week
	Eligibility excludes all temporary and seasonal employees

<b>Spouse Benefit Schedule:</b>	Increments of \$5,000
<b>Spouse Benefit Maximum:</b>	Lesser of 50% of the employees life benefit or \$150,000
<b>Spouse Guarantee Issue:</b>	\$50,000
<b>Terminal Illness Period:</b>	12 Months Or Less
<b>Rounding Method:</b>	Next Higher \$1,000
<b>Enhanced No Loss / No Gain:</b>	Included
<b>Spouse Portability:</b>	Included
<b>Spouse Portability Maximum:</b>	\$50,000
<b>Conversion:</b>	Included

<b>Child Benefit Schedule:</b>	Flat Benefit Amount
<b>Child Benefit Maximum:</b>	\$10,000
<b>Child Guarantee Issue:</b>	Match The Benefit Max Quoted
<b>Child Benefit (Live Birth to Start Age)</b>	\$250
<b>Benefit Start Age:</b>	15 Days
<b>Benefit End Age:</b>	26
<b>Child Portability:</b>	Included
<b>Child Portability Maximum:</b>	\$10,000
<b>Conversion:</b>	Included

## Group Life Provisions Included in this Proposal

### Enhanced No Loss/No Gain

Provided the employee was insured under the prior carrier contract and premiums were being paid on the day preceding our effective date, we will waive the actively at work requirement on a no loss/no gain basis. Coverage will not be deferred if an eligible employee is insured under the prior policy and, although not actively at work on the policy effective date, would otherwise meet the eligibility requirements of the policy period. The amount of insurance will be the lesser of the amount of life insurance and AD&D principal sum in effect under the prior policy or shown in the schedule and reduced by any coverage amount in force, paid or payable under the prior policy.

### Right of Conversion

If Life Insurance coverage or any portion of it under The Policy ends for any reason, the insured may have the right to convert the coverage that terminated to an individual conversion policy without providing Evidence of Insurability. Conversion is not available for:

1. the Accidental Death and Dismemberment Benefits; or
2. any Amount of Life Insurance for which the insured was not eligible under The Policy.

### Waiver of Premium

The Waiver of Premium provision allows continuation of life insurance coverage without paying premium if the insured is: disabled and qualifies for Waiver of Premium. To qualify, an insured must become disabled prior to age 60 and, if approved, premiums will be waived to age 65 as long as the insured remains disabled. If the insured qualifies, the amount of continued coverage:

1. will be the amount in force on the date the insured ceases to be an active employee;
2. will be subject to any reductions provided by The Policy; and
3. will not increase.

## Group Life Standard Administrative Provisions

### 1. Changes in Coverage (if applicable)

- Age Band changes are effective 1st of the month following date of birth
- Election changes are effective 1st of the month following date of change
- Changes in Class are effective 1st of the month following date of change
- Salary changes for earnings based coverages are effective 1st of the month following date of change
- Termination of coverage is effective on the last day of the month in which termination occurred
- Reinstatement for rehires is 12 months

### 2. Administering Age Reductions (if applicable)

- Coverage does not terminate at a specific age
- Reductions will be rounded up to the next higher \$500 and/or the next higher increment
- Reductions are effective on the 1st of the month following date of birth

### 3. Continuation Provisions (if applicable)

- Leave of Absence: Until the last day of the month following the month leave commenced
- Layoff: Until the last day of the month following the month in which the layoff occurred
- Family and Medical Leave: for up to 12 weeks

### 4. Supplemental Life (if applicable)

- Domestic Partner is not included
- 2 year Suicide Exclusion is included
- Supplemental Spouse is based on Employee's age for premium calculation and age reductions
- Conversion, Continuation Provisions and Continuity of Coverage applies to Spouse and Child

## Accidental Death & Dismemberment Loss Schedule

If the insured sustains an injury which results in any of the following losses within 365 days of the date of accident, we will pay the injured person's amount of Principal Sum or a portion of such Principal Sum, as shown opposite the loss after we receive Proof of Loss in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

No more than the Principal Sum will be paid to any one person, for all losses due to the same accident.

The amount of Principal Sum is shown in the Schedule of Insurance.

Accidental Loss Of:	Amount of Principal Sum Payable:
Life	100%
Both hands or both feet or sight of both eyes	100%
One hand and one foot	100%
Speech and hearing in both ears	100%
Either hand or foot and sight of one eye	100%
Movement of both upper and lower limbs (Quadriplegia)	100%
Movement of both lower limbs (Paraplegia)	75%
Movement of three limbs (Triplegia)	75%
Movement of the upper and lower limbs of one side of the body (Hemiplegia)	50%
Either hand or foot	50%
Sight of one eye	50%
Speech or hearing in both ears	50%
Movement of one limb (Uniplegia)	25%
Thumb and index finger of either hand	25%

Additional Benefits:	Percent	Maximum
Seatbelt	10.0%	\$10,000
Airbag	5.0%	\$5,000
Repatriation	5.0%	\$5,000
Exposure and Disappearance Benefit		Included

## Accidental Death & Dismemberment Exclusions

**The Policy does not cover any Loss caused or contributed by:**

- Intentionally self-inflicted Injury;
- Suicide or attempted suicide, whether sane or insane;
- War or act of war, whether declared or not;
- Injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve National Guard Service;
- Injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
- Injury sustained while On any aircraft:
  - a) as a pilot, crewmember or student pilot;
  - b) as a flight instructor or examiner;
  - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization whose eligible persons are covered under The Policy;
  - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests; or
- Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician;
- Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
- Injury sustained while committing or attempting to commit a felony;
- Injury sustained while Intoxicated; or
- Injury sustained while driving while Intoxicated.

**Intoxicated** means:

- 1) the blood alcohol content;
- 2) the results of other means of testing blood alcohol level; or
- 3) the results of other means of testing other substances;

that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.

**Reserve National Guard Service** means: You or Your Spouse are:

- 1) attending or en route to or from any active duty training of less than 60 days;
- 2) attending or en route to or from a service school of any duration;
- 3) taking part in any authorized inactive duty training; or
- 4) taking part as a unit member in a parade or exhibition authorized by official orders.

## AD&D Standard Administrative Provisions

### 1. Changes in Coverage (if applicable)

- Election changes are effective 1st of the month following date of change
- Changes in Class are effective 1st of the month following date of change
- Salary changes for earnings based coverages are effective 1st of the month following date of change
- Termination of coverage is effective on the last day of the month in which termination occurred
- Reinstatement for rehires is 12 months

### 2. Administering Age Reductions (if applicable)

- Coverage does not terminate at a specific age
- Reductions will be rounded up to the next higher \$500 and/or the next higher increment
- Reductions are effective on the 1st of the month following date of birth

### 3. Continuation Provisions (if applicable)

- Leave of Absence: Until the last day of the month following the month leave commenced
- Layoff: Until the last day of the month following the month in which the layoff occurred
- Family and Medical Leave: for up to 12 weeks

### 4. Supplemental AD&D (if applicable)

- Domestic Partner is not included
- Supplemental Spouse is based on Employee's age for age reductions
- The amount of Supplemental AD&D coverage is equal to the amount of Supplemental Life coverage elected and approved.
- Conversion, Continuation Provisions and Continuity of Coverage applies to Spouse and Child

## Long Term Disability Insurance

<b>Eligibility:</b>	All full-time active employees working minimum of 30 hours per week Eligibility excludes all temporary and seasonal employees
<b>Classes:</b>	All Active Full Time Employees
<b>Waiting Period:</b>	FoM after 30 Days
<b>Benefit Percent:</b>	60%
<b>Maximum Monthly Benefit:</b>	\$10,000.00
<b>Minimum Monthly Benefit:</b>	\$100
<b>Elimination Period (Days):</b>	90 Days
<b>Maximum Payment Duration:</b>	SSNRA
<b>Definition of Disability:</b>	24 month Own Occ
<b>Partial / Residual:</b>	Residual
<b>Own Occ / Any Occ Earnings Test:</b>	99/80%
<b>Return to Work Incentive:</b>	24 Months
<b>Integration Method:</b>	Direct
<b>Social Security Offset:</b>	Family
<b>Pre-Existing Condition Limitation:</b>	3/12
<b>Lump Sum Survivor Benefit:</b>	100% Gross 3 Months
<b>Mental Illness Limitation</b>	24 Months
<b>Substance Abuse Limitation:</b>	24 Months
<b>Special Conditions Limitation:</b>	24 Months
<b>Lifetime / Per Occurrence:</b>	Per Lifetime
<b>Indexation:</b>	Yes
<b>Worksite Modification:</b>	\$2,000
<b>Contribution Method:</b>	Non Contributory
<b>Employer Contribution Percent:</b>	100%
<b>Employee Assistance Program:</b>	Included
<b>Recurrent Disability:</b>	6 Months
<b>Waiver of Premium:</b>	Included
<b>Conversion Privilege:</b>	Not Included

## Long Term Disability Provisions Included in this Proposal

### Actively at Work:

If you are not in active employment as a result of your injury or a sickness, then your coverage will be effective on the date you return to active employment. This applies to your initial coverage, as well as any increases or additions to coverage occurring after your initial coverage is effective.

### Continuity of Coverage:

If you were insured by the prior group insurance plan just before you become eligible for coverage under this plan; you are in active employment; and you are insured under this plan, then you may be eligible for payments from us under this plan if your disability is due to a pre-existing condition.

In order to receive payments from us, you must meet the pre-existing condition exclusion of this plan;

OR

the prior group insurance plan had the plan stayed in effect.

We will consider the total amount of time you were continuously insured under both the prior group insurance plan and this plan to determine if you satisfy the pre-existing condition exclusion. If you cannot satisfy the pre-existing condition exclusion of either plan then we will not pay you a disability benefit.

We will determine our payments to you using the provisions of this plan, but your monthly payment will not be more than the maximum monthly payment of the prior group insurance plan. Your monthly payments will end on the earlier of the following dates:

the end of the maximum payment duration under this plan;

OR

the date benefits would have ended under the prior group insurance plan if the plan had stayed in effect.

### Elimination Period:

The disability benefit payment begins the later of the elimination period listed in the proposal, the date STD payments ends, the date salary continuation ends or the date accumulated sick leave ends. The elimination period is a period of continuous days of disability. The elimination period begins on the first day of your disability.

### Disabled/Disability means our determination that your sickness or injury:

During the elimination period, prevents you from performing with reasonable continuity the material and substantial duties of your regular occupation and a reasonable employment option offered to you by the employer and, as a result, you are not working at all[, or you are working and the income you are able to earn is less than or equal to 99% of your pre-disability earnings].

During the own occupation period of disability benefits, prevents you from performing with reasonable continuity the material and substantial duties of your regular occupation and a reasonable employment option offered to you by the employer [and, as a result, the income you are able to earn is less than or equal to 99% of your pre-disability earnings].

During the any occupation period of disability benefits, prevents you from performing with reasonable continuity the material and substantial duties of any gainful occupation [and, as a result, the income you are able to earn is less than or equal to 80% of your pre-disability earnings.]

Material and substantial duties are the duties that:

are normally required for the performance of the occupation;

AND

cannot be reasonably omitted or changed.

### Integration Method:

Direct - Under direct integration, offsets are subtracted from the Scheduled Monthly Benefit.

### Social Security Offset:

Social Security Type - Other income benefit sources include those (due to the employee's disability or retirement) which are payable to the employee's spouse, children and dependents.

## Long Term Disability Provisions Included in this Proposal

### **Return to Work:**

12 Months return to work incentive provides insureds with a safety net during the early months of return to employment. Monthly benefits combined with earnings can provide up to 100% of pre-disability earnings. If the insured recovers and returns to work, and the same sickness or injury causes the disability to occur again within the time period specified in our proposal of the date the prior disability ended, Symetra will resume monthly payments if the insured is covered under the policy for the period of temporary recovery.

### **Waiver of Premium:**

Premium payments for coverage are suspended for and insured while he/she is receiving disability income payments under this policy.

### **Cost of Living Freeze:**

Except for increases in income earned (or received from any form of employment) once other income amounts have been subtracted from the gross monthly disability payment, the insured's payment will not be further reduced due to a cost of living increase in any other income amounts.

### **Indexed Monthly Earnings:**

Indexed pre-disability earnings means your basic monthly earnings in effect just prior to the date your disability began, adjusted on the first anniversary of benefit payments and each following anniversary. Each adjustment will be based on the lesser of x% or the current annual percentage increase in the Consumer Price Index.

### **Work Place Modification:**

Provides a benefit for costs associated with the accommodation of a disabled insured's workplace.

### **Vocational Rehabilitation:**

Provides assistance through services such as testing and training as well as job modification and placement.

### **Social Security Assistance:**

Helps an insured obtain Social Security disability benefits.

### **Maximum Benefit Period**

Age When Disability Begins - Maximum Payment Duration

Less than Age 60 - To Social Security Normal Retirement Age (SSNRA)

Age 60 - 60 months

Age 61 - 48 months

Age 62 - 42 months

Age 63 - 36 months

Age 64 - 30 months

Age 65 - 24 months

Age 66 - 21 months

Age 67 - 18 months

Age 68 - 15 months

Age 69 and over - 12 months

Social Security Normal Retirement Age (SSNRA) means the age at which you are eligible for Social Security full retirement benefits.

## Long Term Disability Provisions Included in this Proposal

### Pre-Existing Condition Limitation:

Pre-existing condition is a sickness or injury:

- for which you received treatment within the three months prior to your effective date of coverage.

Treatment includes:

- consulting with a doctor
- receiving care or services from a doctor or from other medical professionals a doctor recommends you see
- taking prescribed medicines
- being prescribed medicines
- you should have been taking prescribed medicines but chose not to
- receiving diagnostic measures.

### Exclusions:

Symetra will not cover a disability if it is due to:

- War, declared or not, or any act of war;
- Intentionally self inflicted injuries or illness, while sane or insane;
- Your active participation in a riot;
- You attempt to commit or your commission of a felony under federal or state law, or your being engaged in an illegal occupation.
- Your service in the armed forces, military reserves or National Guard of any country or International authority, or in a civilian unit serving with such forces
- Cosmetic or reconstructive surgery, except for complications arising from any such surgery or for surgery necessary to correct a deformity caused by accidental injury or sickness;
- An accident resulting from or caused by your operation of a motor vehicle while intoxicated according to the laws of the jurisdiction where the accident occurred; or
- An accident resulting from or caused by your being under the influence of drugs or any controlled substance, unless taken as prescribed by your doctor.
- No benefits are payable for any period of disability during which you are incarcerated in a penal or correctional facility for a period of 30 or more consecutive days or for which you are not under the regular care of a doctor.
- If your professional or occupational license or your certification is suspended, revoked or surrendered, loss of your license or certification, by itself, does not mean you are disabled.

## Long Term Disability Standard Administrative Provisions

### **1. Changes in Coverage (if applicable)**

- Age Band changes are effective 1st of the month following date of birth
- Election changes are effective 1st of the month following date of change
- Changes in Class are effective 1st of the month following date of change
- Salary changes for earnings based coverages are effective 1st of the month following date of change
- Termination of coverage is effective on the last day of the month in which termination occurred
- Reinstatement for rehires is 12 months

### **2. Temporary Recovery (if applicable)**

- During Elimination Period: 1/2 of LTD Elimination Period
- After Elimination Period: 6 months

### **3. Employees are not required to exhaust Accumulated Sick Leave or Salary Continuation as these will be considered offsets (if applicable)**

### **4. W-2 and FICA Match Services will be provided**

### **5. Continuation Provisions**

- Family and Medical Leave: for up to 12 weeks

## Voluntary Short Term Disability Insurance (Option 1)

<b>Eligibility:</b>	All full-time active employees working minimum of 30 hours per week
	Eligibility excludes all temporary and seasonal employees

<b>Classes:</b>	All Active Full Time Employees
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<b>Benefit Type:</b>	Variable
<b>Benefit Percent:</b>	60%
<b>Maximum Weekly Benefit:</b>	\$1,000
<b>Minimum Weekly Benefit:</b>	\$25
<b>Accident Elimination Period (Days):</b>	7
<b>Sickness Elimination Period (Days):</b>	7
<b>Benefit Duration (Weeks):</b>	12
<b>Definition of Disability:</b>	Regular Occ Residual
<b>Coverage Basis:</b>	Non Occ Coverage
<b>Contributory:</b>	Contributory
<b>Employee Contribution Percent:</b>	100%
<b>Premium Contributions:</b>	Post Tax
<b>Minimum Participation Percent:</b>	25%
<b>Pre-Existing Condition Limitation:</b>	3/12
<b>Pay Employer FICA:</b>	No

## Voluntary Short Term Disability Insurance (Option 2)

<b>Eligibility:</b>	All full-time active employees working minimum of 30 hours per week
	Eligibility excludes all temporary and seasonal employees

<b>Classes:</b>	All Active Full Time Employees
-----------------	--------------------------------

<b>Benefit Type:</b>	Variable
<b>Benefit Percent:</b>	60%
<b>Maximum Weekly Benefit:</b>	\$1,500
<b>Minimum Weekly Benefit:</b>	\$25
<b>Accident Elimination Period (Days):</b>	7
<b>Sickness Elimination Period (Days):</b>	7
<b>Benefit Duration (Weeks):</b>	12
<b>Definition of Disability:</b>	Regular Occ Residual
<b>Coverage Basis:</b>	Non Occ Coverage
<b>Contributory:</b>	Contributory
<b>Employee Contribution Percent:</b>	100%
<b>Premium Contributions:</b>	Post Tax
<b>Minimum Participation Percent:</b>	25%
<b>Pre-Existing Condition Limitation:</b>	3/12
<b>Pay Employer FICA:</b>	No

### Short Term Disability Insurance (Option 3)

<b>Eligibility:</b>	All full-time active employees working minimum of 30 hours per week
	Eligibility excludes all temporary and seasonal employees

<b>Classes:</b>	All Active Full Time Employees
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<b>Benefit Type:</b>	Variable
<b>Benefit Percent:</b>	60%
<b>Maximum Weekly Benefit:</b>	\$1,500
<b>Minimum Weekly Benefit:</b>	\$25
<b>Accident Elimination Period (Days):</b>	7
<b>Sickness Elimination Period (Days):</b>	7
<b>Benefit Duration (Weeks):</b>	12
<b>Definition of Disability:</b>	Regular Occ Residual
<b>Coverage Basis:</b>	Non Occ Coverage
<b>Contributory:</b>	Non-Contributory
<b>Employee Contribution Percent:</b>	0%
<b>Premium Contributions:</b>	Pre Tax
<b>Minimum Participation Percent:</b>	100%
<b>Pre-Existing Condition Limitation:</b>	None
<b>Pay Employer FICA:</b>	No

## Short Term Disability Provisions Included in this Proposal

### Actively at Work:

If you are not in active employment as a result of your injury or a sickness, then your coverage will be effective on the date you return to active employment. This applies to your initial coverage, as well as any increases or additions to coverage occurring after your initial coverage is effective.

### Continuity of Coverage:

We will cover you under this plan if you were insured by the prior group insurance plan, and the cost of your coverage under the prior group insurance plan was paid.

Our payments to you will be limited to the monthly amount the prior group insurance plan would have paid you had the plan stayed in effect. Our payments will be reduced by any amount the prior group insurance plan is responsible for paying.

Prior group insurance plan means the group short term disability plan in effect with the employer just before the effective date of this plan.

### Elimination Period:

The disability benefit payment begins the later of the elimination period listed in the proposal, the date salary continuation ends or the date accumulated sick leave ends. The elimination period is a period of continuous days of disability (trial work days may be available). The elimination period begins on the first day of your disability.

### Disabled/Disability means our determination that your sickness or injury:

Prevents you from performing with reasonable continuity the material and substantial duties of your regular occupation and a reasonable employment option offered to you by the employer; and  
as a result, the income you are able to earn is less than or equal to 80% of your pre-disability earnings.

Material and substantial duties are the duties that:

are normally required for the performance of the occupation;

AND

cannot be reasonably omitted or changed.

### Recurrent Disability

14 day recurrent disability/temporary recovery: If the insured recovers and returns to work, and the same sickness or injury causes the disability to occur again within 14 days of the date prior disability ended, Symetra will resume monthly payments if the insured is covered under the policy for the period of temporary recovery.

### Pre-Existing Condition Limitation:

Pre-existing condition is a sickness or injury:

- for which you received treatment within the three months prior to your effective date of coverage.

Treatment includes:

- consulting with a doctor
- receiving care or services from a doctor or from other medical professionals a doctor recommends you see
- taking prescribed medicines
- being prescribed medicines
- you should have been taking prescribed medicines but chose not to
- receiving diagnostic measures.

## Short Term Disability Provisions Included in this Proposal

### Exclusions:

We will not cover a disability if it is due to:

- War, declared or not, or any act of war;
- Intentionally self-inflicted injuries or illness, while sane or insane;
- Your active participation in a riot;
- Your attempt to commit or your commission of a felony under federal or state law, or your being engaged in an illegal occupation;
- An injury arising out of, or in the course of, any work for wage or profit;
- A sickness for which you are entitled to benefits under any Workers' Compensation Act, Occupational disease law, Compulsory Benefit Act or law or similar law, unless you are a partner or sole proprietor not covered by any of these acts or laws;
- Your service in the armed forces, military reserves or National Guard of any country or International authority, or in a civilian unit serving with such forces;
- Cosmetic or reconstructive surgery, except for complications arising from any such surgery or for surgery necessary to correct a deformity caused by accidental injury or sickness;
- An accident resulting from or caused by your operation of a motor vehicle while intoxicated according to the laws of the jurisdiction where the accident occurred; or
- An accident resulting from or caused by your being under the influence of drugs or any controlled substance, unless taken as prescribed by your doctor.

## Qualifications and Deviations

- Symetra reserves the right to review and evaluate changes, deviations and qualifications that we have put forth in our proposal. The coverage being offered is predicated on all of the above information being accurate and correct to the best of the [employer's/prospective client's] knowledge and belief. If any of these conditions are not satisfied, we reserve the right to adjust pricing accordingly, withdraw this proposal from consideration or rescind coverage.

## Qualifications:

- This quote assumes a situs state of TX and an SIC of 9111
- Any policy sold and issued in the State of New York is insured and underwritten by First Symetra National Life Insurance Company of New York, a New York-licensed insurer.  
Any policy sold and issued in any state other than the State of New York is insured and underwritten by Symetra Life Insurance Company, an Iowa-domiciled insurer that is licensed in all states except New York.
- All rates assume a non-participating financial arrangement. Symetra reserves the right to revise the quote if the data provided is not accurate or if the lives or volume change by +/- 10% after initial enrollment.
- Unless otherwise stated, this quote assumes all eligible employees are residents in the United States Citizens and on the U.S. payroll.
- This quote assumes that the employees benefit plan will be governed by ERISA.
- Grace period is 31 days unless regulated by state law.
- By signing the accompanying Application for Group Insurance and providing a binder payment of one month of premium, the applicant accepts the issuance of a group policy according to the terms of this proposal.
- Policies and certificates of insurance will be delivered electronically as PDF attachments. A fee may apply for printing and delivery of paper certificates if requested. You may not modify the electronic certificates in any way, and are responsible for providing current versions of certificates, including amendments, to certificate holders.
- Quote assumes premium billing will be on a self-administered basis.
- Quote excludes temporary, part time and seasonal employees.
- Coverage is subject to exclusions and limitations.
- If applicable law in the state of policy issuance changes, then any provision of this policy which conflicts with the such law will be construed to comply with such law.
- We reserve the right to reprice if any taxes are changed.
- It is Symetra's intent to match the requested benefits. However, Symetra's standard policy provisions will apply as our policy is filed and approved in the state where the policy will be issued. If there are employees located in other states, Symetra will need to comply with any extraterritorial requirements of those other states. Some states may require Symetra to file its policy language and may require us to make modifications for the residents of that state.
- A copy of the prior policy must be submitted at the time the case is sold
- A copy of a current billing statement to verify covered lives and volumes is required at time of sale.
- This proposal is not intended as a contract. Policy provisions, exclusions and limitations will be subject to Symetra Life Insurance Company or First Symetra National Life Insurance Company of New York standard provisions. If there is any conflict between this proposal and a subsequently issued group policy, the policy will prevail. The limitations and exclusions of any policy issued will comply with state insurance laws and regulations as applicable. The agent/broker does not have authority to bind or modify the terms of this offer without prior written approval from Symetra Life Insurance Company or First Symetra national Life Insurance Company of New York.
- Quote is based on the census presented and actual cost will be based on the data submitted at sold case time. Should there be any changes in the original data quoted - number of lives, class occupations, salaries, or other pertinent facts - the case will be subject to new underwriting to determine acceptability of the group, the policy provisions and the rate may be changed.
- This offer expires if not accepted within 31 days of the proposed policy effective date.
- The proposal is subject to the approval of the company's board of directors, or a committee thereof, of the related party transaction, if any, that would result from issuance of the policy.

- A final sold case census is required at time of sale. Census must include lives, classes, and volume by coverage line, and work or home address.
- A copy of a current billing statement to verify the number of covered lives and volumes is required at time of sale.
- By signing the accompanying Application for Group Insurance, the applicant accepts the issuance of a group policy according to the terms of this proposal.
- Rates do not include third party administrator (TPA) or general agent (GA) fees or commissions. The rates will be increased to reflect any additional fees or commissions payable by Symetra other than those noted in this proposal.
- Additional Experience, Billing and/or loss units exceeding Symetra's standard may be subject to charges.
- This quote is conditional on satisfying Symetra's concentration of risk requirements. Please provide a list of locations with 500 or more lives, outlining the address and number of lives at the location. Terms of quote are subject to change based on Symetra's evaluation of concentration of risk information received.

### Life Qualifications:

- Proposed rates are contingent on writing all lines including Basic Life, Basic AD&D, and Supplemental Life and AD&D coverages as a package.
- Symetra requires a list of all employees eligible for life insurance not actively at work. Symetra must review and approve this list before binding coverage.
- Our proposal assumes that we are not grandfathering any employees outside of the plan design. Any employees that have coverage that does not meet our plan design will have their coverage decrease to the closest amount that meets our quoted plans.
- One-Time Modified Open Enrollment: Modified Open Enrollments assume coverage can be increased by 5 increment levels without submitting Evidence of Insurability, subject to the Guarantee Issue Limit, during a scheduled annual enrollment period.
- There is no open enrollment unless agreed to in writing in advance by Symetra Underwriting.

### Short Term Disability Qualifications:

- Rates assume participation in Social Security and Workers' Compensation Insurance plan and integration with any salary continuation program.
- Evidence of insurability/proof of good health is required for applicants who apply for contributory/voluntary coverage more than 31 days after first becoming eligible.
- Employees must be actively at work to become eligible. This policy does not replace or affect requirements for coverage by Workers' Compensation Insurance or State Disability Insurance.
- Coverage will continue while employees are on FMLA.
- Salary continuation and accumulated sick leave are included.
- Traditional EOI Enrollment: Traditional EOI enrollments assume scheduled annual enrollment periods and standard Evidence of Insurability requirements will apply meaning EOI is required for all late entrants, increases in coverage and for amounts in excess of the guarantee issue.

### Long Term Disability Qualifications:

- Rates assume participation and integration with Social Security, Workers' Compensation Insurance, Statutory Disability Plans and any salary continuation programs, if applicable.
- Evidence of insurability/proof of good health is required for applicants who apply for contributory/voluntary coverage more than 31 days after first becoming eligible.
- Employees must be actively at work to become eligible. This policy does not replace or affect requirements for coverage by Workers' Compensation Insurance or State Disability Insurance.
- Coverage will continue while employees are on FMLA.
- LTD benefits will be reduced by other income amounts, including integration with Family Social Security benefits
- Traditional EOI Enrollment: Traditional EOI enrollments assume scheduled annual enrollment periods and standard Evidence of Insurability requirements will apply meaning EOI is required for all late entrants, increases in coverage and for amounts in excess of the guarantee issue.

**To learn more, visit [www.symetra.com](http://www.symetra.com).  
In New York, visit [www.symetra.com/ny](http://www.symetra.com/ny).**



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

Symetra Life Insurance Company and First Symetra National Life Insurance Company of New York (collectively, 'Symetra') are subsidiaries of Symetra Financial Corporation. Each company is responsible for its own financial obligations. Symetra Life Insurance Company and Symetra Financial Corporation do not solicit business in the state of New York and are not authorized to do so.

Group benefits are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004.

In New York, group benefits are insured by First Symetra National Life Insurance Company of New York, New York, NY. Mailing address: P.O. Box 34690, Seattle, WA 98124.

Product availability may vary by state and products are not available in any U.S. territory.

**Group Disability Insurance****Short Term Disability****SUMMARY OF BENEFITS****All Eligible Employees**

**Sponsored By:** City of Burleson  
**Effective Date:** January 1, 2022  
**Policy Number:** 01-017859-00

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

**Eligibility**

All Active Full Time Employees working a minimum of 30 hours per week.

**Benefit Highlights**

<b>Benefit Amount</b>	60% of Earnings up to \$1,500 per week
<b>Minimum Benefit Amount</b>	\$25
<b>Maximum Payment Duration</b>	12 weeks
<b>Elimination Period</b>	Accident - 7 days Sickness - 7 days (number of days you must be disabled to collect disability benefits)
<b>Definition of Disability</b>	Regular Occupation with Residual
<b>Accumulation of Elimination Days</b>	You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability.

**Standard Provisions**

- Maternity is covered the same as any other condition.
- Non-Occupational Benefit
- 45 days recurrent disability/temporary recovery

This summary provides only a brief description of the Disability Income Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 series Group Disability Income Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-017859-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company



Symetra Life Insurance Company  
777 108th Avenue NE, Suite 1200  
Bellevue, Washington 98004-5135

### Application for Group Insurance

Name of Applicant: City of Burleson

Address: 141 W Renfro Street  
(Street)

Burleson TX 76028  
(City) (State) (Zip)

applies to Symetra Life Insurance Company, for:

- ☐ Group Short Term Disability Insurance  
☒ Group Long Term Disability Insurance  
☒ Group Term Life Insurance

If Symetra Life Insurance Company (Symetra) approves this application, the policy(ies) indicated above will be issued. The applicant agrees that by signing this application it accepts the policy issued pursuant to the proposal dated August 20, 2018.

This application supersedes any previous application.

**Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

Signed at (City) Burleson, (State) Texas

Date signed: 27 September 18

City of Burleson

By [Signature]

Title City Manager

Agent/Producer Name (printed) Brent Weegar

Agent/Producer Signature [Signature]  
Resident Licensed Agent/Producer where required by law

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

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

LGC-10033 04/12



**Symetra Life Insurance Company**  
777 108th Avenue NE, Suite 1200, Bellevue, WA 98004

**Claims Department Mailing Address:**  
PO Box 1230 | Enfield, CT 06083  
Phone 1-877-377-6773 | Fax 1-877-737-3650 | TTY/TDD 1-800-833-6388

**Symetra Life Insurance Company  
Tax Services Agreement**

**Policyholder:** City of Burlason

**Policy(ies):**

Effective Date

Policy Number

☐ Group Short Term Disability Income Insurance:

☒ Group Long Term Disability Income Insurance:

1/1/2019

01-017859-00

**Tax Services Effective Date:** January 1, 2019

**Policyholder Tax Identification Number (TIN):**

This Tax Services Agreement (the "Agreement") is between Symetra Life Insurance Company (herein "Symetra," "We," "Us," or "Our") which has issued and insures the group insurance policy(ies) named above (the "Policy") and the Policyholder (herein "You" or "Your").

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

**A. STANDARD TAX SERVICES**

1. You authorize Us to, and We will, withhold and deposit applicable and properly elected United States federal income taxes and state income taxes as well as applicable employee FICA taxes from disability benefits/sick pay. We will make timely filings with the appropriate United States federal and state agencies.
2. We will deposit the taxes using Our tax identification number and will timely notify You of these payments. We will provide this notification to You on Sick Pay Reports.
3. We assume no responsibility for Your share of FICA taxes, except to the extent that You elect Our STD FICA Match Service or LTD FICA Match Service pursuant to this Agreement.
4. We assume no responsibility for any other payroll or employment related tax, fee, premium or the like including Federal Unemployment Insurance (FUTA) and State Unemployment Insurance (SUTA), State Disability Insurance, State or Local Occupational Taxes, other jurisdictional taxes such as municipal, city or county taxes, or any Workers' Compensation Tax which may be applicable to the disability benefits We are paying.
5. We will prepare and deliver to You the annual summary reports of benefits paid.
6. The territory of service is limited to the United States of America.

**B. SUPPLEMENTAL TAX SERVICES**

You authorize Us to, and We will provide, the Supplemental STD Tax Services and Supplemental LTD Tax Services, as applicable, selected in Appendix A (if any). If you decline all Supplemental STD Tax Services and Supplemental LTD Tax Services, We will provide only the Standard Tax Services set forth above.

Symetra® is a registered service mark of Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Symetra Life Insurance Company, which does not solicit business in the state of New York and is not authorized to do so, is the parent company of First Symetra National Life Insurance Company of New York, 260 Madison Avenue 8th Floor, New York, NY 10016.

Symetra Life Insurance Company and First Symetra National Life Insurance Company of New York are subsidiaries of Symetra Financial Corporation. Both subsidiaries are separately responsible for their own financial obligations.

LG-12163 08/14

**C. HOW TAX SERVICES APPLY TO YOUR LOCATIONS, DIVISIONS, OR EMPLOYEE CLASSES**

Our tax services under this Agreement will apply to all locations, divisions and/or classes of the Policy(ies).

☒ Yes

☐ No

If no, complete Appendix B, listing all locations, divisions and/or classes that will have tax services that differ from the selections in the Supplemental STD Tax Services form and Supplemental LTD Tax Services form, as applicable.

**D. GENERAL PROVISIONS**

**1. Term**

This Agreement will be effective until the conclusion of all tax reporting periods associated with the Policy(ies), unless this Agreement is terminated earlier by mutual agreement of the parties.

**2. Changing Selected Tax Services**

You agree that any service change regarding Forms W-2 must be requested in writing on or before November 15th of the current tax year. Any change in W-2 Services after November 15th may result in employees receiving Forms W-2 after January 31st or possible duplicate forms issued from both Us and You.

You agree that any service change regarding STD FICA Match Service or LTD FICA Match Service will be effective on January 1st following the date on which a new Supplemental STD Tax Services form or Supplemental LTD Tax Services form has been signed and submitted to Us.

**3. Accurate and Timely Information**

You agree to provide Us with accurate and timely information to provide selected tax services, including information to determine the taxable portion of the benefits. Submission of incorrect taxable portion of benefits by You which later requires Us to retroactively correct claimant net benefits may result in fees payable to Us to cover reasonable processing.

**4. Reporting**

We make available to you an online Portal (the "Portal") that will enable You to generate or obtain certain reports, which may include the Sick Pay Reports. Unless otherwise noted by You in writing to Us, You agree to utilize the Portal to generate or obtain reports that are available via the Portal, including Sick Pay Reports (as applicable), and will not look to Us to provide such reports via any other delivery method. You agree to give Us prompt written notice of (i) any suspected error or omission or (ii) Your inability to generate or obtain reports via the Portal.

From time to time, You may request that We provide ad-hoc reports and analysis. Prices for such reports will be mutually agreed to by the parties.

**5. Hold Harmless**

You agree to indemnify and hold Us harmless from any and all liability, including but not limited to fines or penalties that may result from erroneous, incomplete, or untimely information provided by You to Us in connection with the selected tax services and Our performance of the services under this Agreement.

**6. Pricing for Selected Tax Services**

You agree that the STD FICA Match Service and LTD FICA Match Service will require underwriter review. If selection of this service results in a change in premium, We will promptly notify You.

**7. Entire Agreement**

This Agreement and any attached Appendices embody the entire agreement between Us and You concerning Our provision of tax services in conjunction with the Policy(ies). There are no promises, terms, conditions, or obligations other than those contained herein, and this Agreement will supersede all previous communications, prior business relationships, representations or agreements, either verbal or written, between the parties. This Agreement may be modified only by agreement of the parties in writing.

Signed for the Policyholder:

Dale Cheatham  
Signature of Authorized Representative

Dale Cheatham, City Manager  
Name and Title of Authorized Signer

27 Sept 18  
Date

Signed for Symetra Life Insurance Company:

Kevin Sheridan  
Signature of Authorized Representative

Kevin Sheridan, VP  
Name and Title of Authorized Signer

12/19/18  
Date



**Symetra Life Insurance Company**  
777 108th Avenue NE, Suite 1200, Bellevue, WA 98004

**Claims Department Mailing Address:**  
PO Box 1230 | Enfield, CT 06083  
Phone 1-877-377-6773 | Fax 1-877-737-3650 | TTY/TDD 1-800-833-6388

**Appendix A to Tax Services Agreement**  
**Supplemental LTD Services**

**W-2 SERVICES (select one)**

- ☒ You authorize Us to, and We will, prepare Forms W-2 for payees and file such forms with the appropriate United States federal and state agencies.
- We will postmark by January 31st of each year, or such other date required by law, Forms W-2 containing sick pay information to payees and make information return filings in accordance with Federal and State requirements regarding income tax, Social Security, and Medicare tax.
  - We will issue Forms W-2 using Our tax identification number.
  - If the Policy is terminated, We will continue to provide Forms W-2 and make information return filings for disability benefits/sick pay payments on all claims incurred prior to termination of the Agreement.

- ☐ You decline Our service to prepare Forms W-2 for payees or file Federal and State information returns reporting disability benefits/sick pay. We will provide You by January 15th of each year the information required by Federal law to enable You to prepare Forms W-2 for its active and terminated employees.

*If You decline W-2 services, LTD FICA Match Service may not be selected below.*

**LTD FICA MATCH SERVICE (select one)**

- ☒ You authorize Us to, and We will, pay Your share of FICA taxes. You agree that adding LTD FICA Match Service will require underwriter review. If selection of this service results in a change in monthly premium or fees, We will promptly notify You.

If You request a monthly invoice itemizing the FICA taxes paid on Your behalf, You agree to remit payment to Us upon receipt of the invoice. When invoicing is requested, You must remit payment to Us within three business days of receipt of Our monthly invoice.

*W-2 Services must be selected above if You authorize LTD FICA Match Services.*

- ☐ You decline Our FICA Match Service and will report and deposit Your share of any FICA tax withheld from benefits paid, if applicable.

Signed for the Policyholder:

*Dale Cheatham*  
Signature of Authorized Representative

Dale Cheatham, City Manager  
Name and Title of Authorized Signer

27 Sep 18  
Date

Signed for Symetra Life Insurance Company:

*Kevin Sheridan*  
Signature of Authorized Representative

Kevin Sheridan, VP  
Name and Title of Authorized Signer

12/19/18  
Date

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Symetra Life Insurance Company and First Symetra National Life Insurance Company of New York are subsidiaries of Symetra Financial Corporation. Both subsidiaries are separately responsible for their own financial obligations.



**Symetra Life Insurance Company**  
777 108th Avenue NE, Suite 1200, Bellevue, WA 98004

**Claims Department Mailing Address:**  
PO Box 1230 | Enfield, CT 06083  
Phone 1-877-377-6773 | Fax 1-877-737-3650 | TTY/TDD 1-800-833-6388

**Appendix B to Tax Services Agreement**

**Listing of all Locations, Divisions and/or Classes that will have Different Tax Services**

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Symetra Life Insurance Company and First Symetra National Life Insurance Company of New York are subsidiaries of Symetra Financial Corporation. Both subsidiaries are separately responsible for their own financial obligations.

LG-12163 08/14



**Symetra Life Insurance Company**  
777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135  
Phone 1-800-426-7784 | TTY/TDD 1-800-833-6388

## SPD WRAP REQUEST

### Request for Addition to Certificates of Insurance

If you are a policyholder of a group policy insured by Symetra Life Insurance Company ("Symetra"), you may request that Symetra attach additional language to the Certificate of Insurance so that you may use it as a Summary Plan Description (SPD). This language is referred to as an "SPD Wrap." *This request must be completed, signed and returned to Symetra before the requested language will be included. It is your responsibility to provide timely notice to Symetra of any changes to the information provided herein.*

Policyholder name City of Burleson	Symetra Policy number 01-017859-00
---------------------------------------	---------------------------------------

#### Plan Sponsor Information

Plan Sponsor name City of Burleson Business address (street, city, state, zip) 141 W Renfro Street Burleson, TX 76028	Plan Sponsor EIN <sup>1</sup> 75-6000475
--	---

#### Plan Administrator Information

Plan Administrator name <sup>2</sup> City of Burleson Business address (street, city, state, zip) 141 W Renfro Street Burleson, TX 76028	Telephone number 817.426.9644
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#### Plan Information

Plan name (if applicable, please include any "nickname" for the Plan <sup>3</sup> ) City of Burleson		
Plan effective date January 1, 2019	Plan year 1/1 - 12/31	Plan number 01-017859-00
Name of Agent for Service of Legal Process for the Plan <sup>4</sup> Wanda Bullard	Address for service of process (street, city, state, zip) 225 W. Renfro St, Burleson, Texas 76028	

**Name, title, and address of the principal place of business for all Trustees of the Plan<sup>5</sup> (☐ pages attached)**

Name	Title	Address (street, city, state, zip)
Dale Cheatham	City Manager	141 W Renfro St, Burleson, Texas 76028

**Important disclosure regarding your request:** The Employee Retirement Income Security Act of 1974 (ERISA) requires that the Plan Sponsor provide a SPD to Plan Participants. By providing the language you have requested, Symetra does not assume any obligations or liabilities in addition to those it has as the insurer of the group policy. Moreover, Symetra does not assume any obligation for compliance with ERISA. The Plan Administrator remains responsible for the content and sufficiency of the SPD.

By signing below, I attest that I have read, understood and agree to the terms of this request.

Wanda Bullard  
Signature of an authorized representative of the Plan Administrator

Dale Cheatham  
Signature of an authorized representative of the Policyholder

Wanda Bullard, HR Director  
Name and title

Dale Cheatham, City Manager  
Name and title

9/24/18  
Date

27 Sept 18  
Date

- <sup>1</sup> §2520.102-3(c) requires an SPD to contain "The employer identification number (EIN) assigned by the Internal Revenue Service to the plan sponsor and the plan number assigned by the plan sponsor. (For further detailed explanation, see the instructions to the plan description Form EBS-1 and "Identification Numbers Under ERISA" (Publ. 1004), published jointly by DOL, IRS, and PBGC);"
- <sup>2</sup> §2520.102-3(f) requires an SPD to contain "The name, business address and business telephone number of the plan administrator..."
- <sup>3</sup> §2520.102-3(a) requires an SPD to contain "The name of the plan, and, if different, the name by which the plan is commonly known by its participants and beneficiaries;"
- <sup>4</sup> §2520.102-3(g) requires an SPD to contain "The name of the person designated as agent for service of legal process, and the address at which process may be served on such person, and in addition, a statement that service of legal process may be made upon a plan trustee or the plan administrator;"
- <sup>5</sup> §2520.102-3(h) requires an SPD to contain "The name, title and address of the principal place of business of each trustee of the plan;"



**Electronic Certificate Use Agreement**  
between  
Symetra Life Insurance Company ("Symetra")  
and

Policyholder name: City of Burleson

Policy number: 01-017859-00

Policy Effective Date: January 1, 2019

**IMPORTANT NOTICE REGARDING YOUR REQUEST TO RECEIVE ELECTRONIC CERTIFICATES:**

- The Policyholder has the right to request paper copies of current certificates at any time.
- Symetra will continue to send electronic certificates until the contract terminates or the Policyholder cancels the request to receive electronic certificates.
- The Policyholder has the right to cancel the request to receive electronic certificates at any time.
- Electronic certificates will be sent to the Policyholder as email attachments. They will be in the form of PDF documents, so the Policyholder will need the ability to access and retain this type of document.

Symetra agrees to the Policyholder's request to provide certificates in electronic form. The Policyholder agrees to the following:

- The Policyholder will in no way modify the electronic certificate provided by Symetra.
- Symetra will send the Policyholder a new electronic certificate when contract amendments require the certificate to change. It is the Policyholder's responsibility to make the correct electronic certificate available to insureds. Symetra is not responsible if the Policyholder makes an incorrect electronic certificate available to insureds.
- It is the Policyholder's responsibility to inform all insureds when their certificates are modified due to contract amendments.
- It is the Policyholder's responsibility to request paper certificates from Symetra and provide them to insured individuals who request them. The Policyholder must also maintain records of the insured individuals who request paper certificates. Symetra will provide paper certificate updates upon request.

Symetra Life Insurance Company, 777 108<sup>th</sup> Avenue NE, Suite 1200, Bellevue WA 98004-5135

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

- All claims will be paid based on the most recent contract and amendments Symetra provides. In the event a certificate and the contract do not agree, the contract will prevail.
- The Policyholder agrees that the electronic certificate provided to it by Symetra will be disseminated by the Policyholder **only** to the insured individuals entitled thereto.
- The Policyholder agrees to defend and hold Symetra harmless from any liability resulting from the Policyholder's use of the electronic certificate.

**This agreement must be signed, dated and returned to Symetra in order for the Policyholder to receive electronic certificates.**

Agreed: Jacqueline M. Veneziani  
 Jacquie Veneziani Secretary, Symetra Life Insurance Company

Agreed: Dale Cheatham 27 Sept 18  
 (Authorized signature for the Policyholder) Date signed

Printed name and title of signer: Dale Cheatham, City Manager

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

Symetra Life Insurance Company, 777 108<sup>th</sup> Avenue NE, Suite 1200, Bellevue WA 98004-5135

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



**Symetra Life Insurance Company**  
777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135  
Phone 1-800-426-7784 | TTY/TDD 1-800-833-6388

## SERVICES AGREEMENT

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This Services Agreement (the "Agreement") is entered into as of January 1, 2019 ("Effective Date") by and between \_\_\_\_\_ ("Policyholder") and Symetra Life Insurance Company ("Symetra"). Collectively, Policyholder and Symetra shall be referred to as the "Parties".

### BACKGROUND

- Symetra has issued one or more of a group term life insurance policy, group accidental death and dismemberment insurance policy, group short term disability income insurance policy or group long term disability income insurance policy (the "Policies") to Policyholder.
- Symetra has arranged for one or more third party service providers to give access to certain noninsurance benefits and services to persons covered under the Policies (the "Noninsurance Services").
- Policyholder desires to obtain access to the Noninsurance Services for the benefit of its employees covered under the Policies, and Symetra desires to arrange for third party service providers to give access to the Noninsurance Services to such persons.

### AGREED TERMS

In consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

- 1. Services.** Symetra will arrange for one or more third party service providers to give access to the Noninsurance Services set forth in Exhibit A (attached hereto) to persons covered under the Policies.
- 2. Charges.** A charge for the Noninsurance Services is included within the premium that Policyholder pays to Symetra under the Policies. The amount of this charge is reflective of the cost that Symetra anticipates that it will incur in arranging for the provision of such Noninsurance Services for an employer of a similar size to the Policyholder. The proportion that such charge bears to the aggregate cost to Symetra in arranging for the provision of such Noninsurance Services to its policyholders is commensurate with proportion that the premium anticipated to be collected from the Policyholder bears to the aggregate premium anticipated to be collected from all of Symetra's policyholders.
- 3. Limitation of Liability.** The parties agree that Symetra is responsible only for arranging for third party service providers to give access to the Noninsurance Services to person covered under the Policies, and is not responsible for, and shall not be liable for, the provision of Noninsurance Services directly, nor for the failure of any third party service provider to provide the Noninsurance Services. Further, Symetra is not liable to Policyholder for the negligent provision of Noninsurance Services by third party service providers.
- 4. Term and Termination.** The term of this Agreement commences on January 1, 2019 and continues thereafter until the termination date of the Policies. Neither Party shall be liable to the other Party for any damage of any kind (whether direct or indirect) incurred by the other Party by reason of the expiration or termination of this Agreement.
- 5. Additional Provisions.**
  - 5.01 Independent Contractors.** The relationship among the Parties is that of independent contractors. Nothing in this Agreement shall be construed to create a partnership or joint venture between the Parties.

**5.02 No Consequential or Special Damages.** In no event shall any Party under this Agreement be liable to any other Party under any provision of this Agreement for lost profits or for exemplary, speculative, special consequential or punitive damages.

**5.03 Assignment.** Policyholder may not assign or delegate this Agreement, in whole or in part, without Symetra's prior written consent. Symetra may assign its rights or delegate its duties hereunder in whole or in part, in Symetra's discretion, without Policyholder's prior written consent.

**5.04 Waivers.** If either Policyholder or Symetra fails to require the other to perform any term of this agreement, that failure does not prevent the other Party from later enforcing that term. If either Policyholder or Symetra waives the other's breach of a term, that waiver is not treated as waiving a later breach of the term.

**5.05 Choice of Law; Consent to Jurisdiction.** This Agreement will be governed by and construed in accordance with, the laws of the State of Washington, exclusive of its choice-of-law rules. The Parties agree that venue for any suit, action, or proceeding with respect to this Agreement will lie exclusively in any court of competent jurisdiction located in King County, Washington.


**5.06 Severability.** 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: (i) 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; (ii) such invalidity, illegality or unenforceability will not affect the validity, legality or enforceability of any other provision hereof, and (iii) 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.

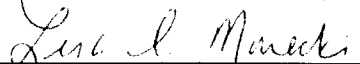
**5.07 Third Party Beneficiaries.** This Agreement shall not, and is not intended to, confer upon any Person, other than the Parties hereto and their successors and permitted assigns, any rights, remedies, obligations or liabilities, except as expressly provided herein.

**5.08 Counterparts and Transmitted Copies.** 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.

**5.09 Entire Agreement.** This Agreement, including Exhibit A, constitutes the full understanding of the Parties and a complete and exclusive statement of the terms of their agreement with respect to the subject matter hereof, and no term, condition, understanding or agreement purporting to modify or vary the terms thereof shall be binding unless it is hereafter made in writing and signed by both Policyholder and Symetra.

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

By:   
Printed Name: Dale Cheatham  
Title: City Manager  
Date: 1/17/2019

**Symetra Life Insurance Company**  
By:   
Printed Name: Lisa Marecki  
Title: VP, Life and Disability Underwriting  
Date: \_\_\_\_\_

**EXHIBIT A**  
**NONINSURANCE SERVICES**

Noninsurance Service

- ☒ Travel Assistance  
Identity Theft Protection  
Beneficiary Companion
- ☒ DisabilityGuidance  
HealthChampion



Symetra Life Insurance Company  
777 108th Avenue NE, Suite 1200  
Bellevue, WA 98004-5135

Telephone: 1-800-SYMETRA or 1-800-796-3872

ADMINISTRATIVE AGREEMENT  
between  
Symetra Life Insurance Company ("Symetra")  
and  
City of Burleson  
("Policyholder")  
Policy No.: 01 017859 00  
Effective Date: January 1, 2019

**OPEN ENROLLMENT**

There is an open enrollment period from November 5, 2018 through November 16, 2018. This open enrollment applies to Supplemental Life Insurance coverage(s) only.

During this period, the evidence of insurability requirement is waived for benefit increases for late entrants listed below. Allowable benefit increases are:

**Life Insurance coverage(s):**

Benefit increases may not exceed the policy's guaranteed issue amount.

For newly enrolled:

Employees: up to 5 increments of \$10,000.

For currently enrolled:

Employees: up to 5 increments of \$10,000.

This open enrollment does not apply to employees previously declined for amounts of coverage, or for those who were 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 service waiting period.

Coverage enrolled for during this open enrollment period is effective January 1, 2019. 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.

All other terms of the master policy shall apply.

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

Agreed: Margaret Meister November 7, 2018  
Margaret Meister (Date)  
President  
Symetra Life Insurance Company

Agreed: Patricia E. Bays Acting City Manager 2/8/19  
(Officer) (Title) (Date)  
City of Burleson

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



## Group Disability Insurance

## Long Term Disability

### SUMMARY OF BENEFITS

### Class 1

**Sponsored By:** City of Burleson  
**Effective Date:** January 1, 2019  
**Policy Number:** 01-017859-00

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

#### Benefit Highlights:

**Benefit Amount** 60% of Salary up to \$10,000 per month

**Elimination Period** 90 days (number of days you must be disabled to collect disability benefits)

**Maximum Payment Duration** Social Security Normal Retirement Age (SSNRA):

<u>Age at Disability</u>	<u>Maximum Payment Duration</u>
Less than age 60	To SSNRA
60	60 months or to SSNRA, greater of
61	48 months or to SSNRA, greater of
62	42 months or to SSNRA, greater of
63	36 months or to SSNRA, greater of
64	30 months or to SSNRA, greater of
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

**Accumulation of Elimination Days** You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability.

**Pre-Existing Condition**

This plan will cover a disability if it is caused by, contributed to by, or results from a pre-existing condition and the disability begins after being insured for 12 consecutive months from his/her effective date of coverage. If the time period requirements are not met, the disability is excluded from coverage under the plan.

Pre-Existing Condition means a sickness or injury for which the insured received treatment within 3 months prior to his/her effective date of coverage. Treatment includes consultation, care, or services from a doctor, or other medical professional recommended by a doctor. It also includes being prescribed medicines, taking prescribed medicines (or the fact that the insured should have been taking prescribed medicines, but chooses not to), and receiving diagnostic measures.

**Survivor Income Benefit**

A survivor benefit may be paid to your beneficiary if you should die while receiving qualifying disability payments.

**Benefit Limitations**

Mental Illness: 24 Months Per Lifetime

Substance Abuse: 24 Months Per Lifetime

**Eligibility**

All Active Full Time Employees working a minimum of 30 hours per week.

**Standard Provisions:**

- Maternity is covered the same as any other condition.
- 6 months recurrent disability/temporary recovery
  - If the insured recovers and returns to work, and the same sickness or injury causes the disability to occur again within 6 months of the date the prior disability ended, Symetra will resume monthly payments if the insured is covered under the policy for the period of temporary recovery.
- Waiver of premium
  - Premium payments for coverage are suspended for an insured while he/she is receiving disability income payments under this policy.
- Cost of living freeze
  - Except for increases in income earned (or received from any form of employment) once other income amounts have been subtracted from the gross monthly disability payment, the insured's payment will not be further reduced due to a cost of living increase in any other income amounts.
- Vocational rehabilitation
  - Provides assistance through services such as testing and training as well as job modification and placement.
- Social Security assistance
  - Helps an insured obtain Social Security disability benefits.
- Continuity of coverage

## Contact Information for Claims

Phone: 1-877-377-6773

Fax: 1-877-737-3650

Symetra Life Insurance Company  
Life and Absence Management Center  
P.O. Box 1230  
Enfield, CT 06083-1230

This summary provides only a brief description of the Disability Income Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 series Group Disability Income Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-017859-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

**Insured by Symetra Life Insurance Company**



## Group Life Insurance

## Basic Life and Accidental Death & Dismemberment

### SUMMARY OF BENEFITS

**Class 1**

**Sponsored By:** City of Burleson  
**Effective Date:** January 1, 2019  
**Policy Number:** 01-017859-00

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

Employee	Life Benefit
Amount	1.00 x Earnings
Minimum Amount	\$1,000
Maximum Amount	\$250,000 (Round to the next higher \$1,000)
Guarantee Issue	\$250,000 (Round to the next higher \$1,000)

Employee	AD&D Benefit
Amount	1.00 x Earnings
Minimum Amount	\$1,000
Maximum Amount	\$250,000 (Round to the next higher \$1,000)

Spouse	Dependent Life Benefit
Spouse Amount	\$5,000
Minimum Amount	\$5,000
Maximum Amount	\$5,000
Guarantee Issue	\$5,000

Child	Dependent Life Benefit
Child Amount	14 day(s) to 26 year(s): \$2,500

Benefit Reduction	Employee
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Original Benefit Amount	65% at age 65
Reduced To	50% at age 70
	35% at age 75

Eligibility
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All Eligible Employees electing Dependent Option 1 working a minimum of 30 hours per week and their eligible dependents.

## Additional Benefit Details

Accelerated Death Benefit	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the employee. Please refer to your employee certificate for additional information.
Conversion	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply. Please refer to your employee certificate for additional information.
Portability	This coverage may be continued at group rates upon termination of employment. Certain restrictions apply. Please refer to your employee certificate for additional information.
Waiver of Premium	With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for an employee that becomes disabled. Certain restrictions apply. Please refer to your employee certificate for additional information.
AD&D Riders	Includes Seat Belt, Airbag, Repatriation, Child Education, Day Care and Spouse Education benefits. Please refer to your employee certificate for additional information.

## Value Added Services

<b>Beneficiary Companion</b>	Support services for beneficiaries who have experienced a loss.
<b>Travel Assist</b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.
<b>Identity Theft Protection</b>	Help is just a phone call away wherever employees travel, including lost wallet protection, translation service and emergency cash.

## Contact Information for Claims

Phone: 1-877-377-6773  
Fax: 1-877-737-3650

Symetra Life Insurance Company  
Life and Absence Management Center  
P.O. Box 1230  
Enfield, CT 06083-1230

This summary provides only a brief description of the Life Insurance coverage insured by Symetra Life Insurance Company under the LGC-13000 8/06 series Group Life Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-017859-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

**Insured by Symetra Life Insurance Company**



## Group Life Insurance

## Basic Life and Accidental Death & Dismemberment

### SUMMARY OF BENEFITS

### Class 2

**Sponsored By:** City of Burleson  
**Effective Date:** January 1, 2019  
**Policy Number:** 01-017859-00

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

Employee	Life Benefit
Amount	1.00 x Earnings
Minimum Amount	\$1,000
Maximum Amount	\$250,000 (Round to the next higher \$1,000)
Guarantee Issue	\$250,000 (Round to the next higher \$1,000)

Employee	AD&D Benefit
Amount	1.00 x Earnings
Minimum Amount	\$1,000
Maximum Amount	\$250,000 (Round to the next higher \$1,000)

Spouse	Dependent Life Benefit
Spouse Amount	\$10,000
Minimum Amount	\$10,000
Maximum Amount	\$10,000
Guarantee Issue	\$10,000

Child	Dependent Life Benefit
Child Amount	14 day(s) to 26 year(s): \$5,000

Benefit Reduction	Employee
Original Benefit Amount	65% at age 65
Reduced To	50% at age 70
	35% at age 75

**Eligibility**

All Eligible Employees electing Dependent Option 2 working a minimum of 30 hours per week and their eligible dependents.

## **Additional Benefit Details**

<b>Accelerated Death Benefit</b>	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the employee. Please refer to your employee certificate for additional information.
<b>Conversion</b>	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply. Please refer to your employee certificate for additional information.
<b>Portability</b>	This coverage may be continued at group rates upon termination of employment. Certain restrictions apply. Please refer to your employee certificate for additional information.
<b>Waiver of Premium</b>	With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for an employee that becomes disabled. Certain restrictions apply. Please refer to your employee certificate for additional information.
<b>AD&amp;D Riders</b>	Includes Seat Belt, Airbag, Repatriation, Child Education, Day Care and Spouse Education benefits. Please refer to your employee certificate for additional information.

## **Value Added Services**

<b>Beneficiary Companion</b>	Support services for beneficiaries who have experienced a loss.
<b>Travel Assist</b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.
<b>Identity Theft Protection</b>	Help is just a phone call away wherever employees travel, including lost wallet protection, translation service and emergency cash.

## **Contact Information for Claims**

Phone: 1-877-377-6773  
Fax: 1-877-737-3650

Symetra Life Insurance Company  
Life and Absence Management Center  
P.O. Box 1230  
Enfield, CT 06083-1230

This summary provides only a brief description of the Life Insurance coverage insured by Symetra Life Insurance Company under the LGC-13000 8/06 series Group Life Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-017859-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

**Insured by Symetra Life Insurance Company**