Symetra Group Benefits

SYMETRA
RETIREMENT | BENEFITS | LIFE

Response to Proposal Request

Prepared for:

City of Broken Arrow
Broken Arrow, OK

on behalf of Alliant

June 9, 2026

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Symetra Life Insurance Company
First Symetra National Life Insurance Company of New York

Symetra Executive Summary

From implementation to claims, we deliver a high-quality customer experience at every touchpoint.

Thoughtful benefits for a variety of needs

When it comes to group benefits, you deserve cost-effective coverage and service that reduces your workload. Symetra's innovative product offerings can help provide financial protection and peace of mind so you can focus on what matters most—growing your business.

Expert guidance every step of the way

Our experienced onboarding team is committed to delivering a seamless and supportive implementation experience tailored to your needs. For larger groups, a dedicated implementation manager will be assigned to guide the setup process. Once your plan is in place, you'll have access to ongoing support from our knowledgeable team—providing guidance, answering questions, resolving concerns and partnering with you every step of the way.

Fully integrated claims management

Symetra's integrated claims process helps insureds get the most value out of their Symetra benefits. When a claim is initiated, our teams automatically cross-check coverage to identify eligibility for any additional benefits. This means just one step can initiate multiple claims, streamlining the filing process to help ensure employees receive all eligible benefits.

Technology-based solutions

We'll set up an account for you on our convenient administrative portal, so you can securely access and manage benefits from anywhere at any time. After benefits begin, insureds can easily file claims, check claim status updates and access forms within minutes online. We also offer cutting-edge technology solutions and platform partnerships to enhance the benefits experience at every stage.

Collaborative success

We understand you want benefits that matter, pricing that fits your budget and support that makes your job easier. Our team helps you achieve that with exceptional service from start to finish.

Symetra Financial Proposal

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SYMETRA
RETIREMENT | BENEFITS | LIFE

Symetra Group Life and Disability Insurance Proposal

June 9, 2026

Presented to

City of Broken Arrow

Broken Arrow, OK

Presented on behalf of

Alliant

Proposed Contract Effective Date 1/1/2027

Proposed Rates

Basic Employee Life					
	Lives	**Volume**	**Rate per $1,000**	**Monthly Premium**	**Annual Premium**
Basic Employee Life	703	$51,328,000	$0.080	$4,106.24	$49,274.88

- There are no Basic Employee Life commissions.
- Basic Employee Life Rates are guaranteed for 3 years

Basic Employee AD&D					
	Lives	**Volume**	**Rate per $1,000**	**Monthly Premium**	**Annual Premium**
Basic Employee AD&D	703	$51,328,000	$0.021	$1,077.89	$12,934.68

- There are no Basic Employee AD&D commissions.
- Basic Employee AD&D Rates are guaranteed for 3 years

Supplemental Employee Life					
Age Band	**Lives**	**Volume**	**Rate per $1,000**	**Monthly Premium**	**Annual Premium**
< 25	9	$1,800,000	$0.050	$90.00	$1,080.00
25 - 29	35	$6,555,000	$0.050	$327.75	$3,933.00
30 - 34	48	$8,690,000	$0.080	$695.20	$8,342.40
35 - 39	55	$9,705,000	$0.090	$873.45	$10,481.40
40 - 44	43	$8,470,000	$0.120	$1,016.40	$12,196.80
45 - 49	39	$6,995,000	$0.210	$1,468.95	$17,627.40
50 - 54	35	$4,950,000	$0.370	$1,831.50	$21,978.00
55 - 59	25	$3,030,000	$0.610	$1,848.30	$22,179.60
60 - 64	19	$2,345,000	$0.750	$1,758.75	$21,105.00
65 - 69	8	$511,500	$1.310	$670.07	$8,040.84
70 - 74	3	$73,500	$2.060	$151.41	$1,816.92
75 +	0	$0	$2.060	$0.00	$0.00
Total	**319**	**$53,125,000**		**$10,731.78**	**$128,781.36**

- There are no Supplemental Employee Life commissions.
- Supplemental Employee Life Rates are guaranteed for 3 years

Proposed Rates

Supplemental AD&D					
	Lives	**Volume**	**Rate per $1,000**	**Monthly Premium**	**Annual Premium**
Supplemental Employee	319	$53,125,000	$0.020	$1,062.50	$12,750.00
Supplemental Spouse	133	$8,079,250	$0.020	$161.59	$1,939.02
Supplemental Child	153	$1,860,000	$0.020	$37.20	$446.40

- There are no Supplemental AD&D commissions.
- Supplemental AD&D Rates are guaranteed for 3 years

Supplemental Spouse & Child Life					
Age Band	**Lives**	**Volume**	**Rate per $1,000**	**Monthly Premium**	**Annual Premium**
< 25	1	$125,000	$0.050	$6.25	$75.00
25 - 29	6	$500,000	$0.050	$25.00	$300.00
30 - 34	19	$1,030,000	$0.080	$82.40	$988.80
35 - 39	22	$1,590,000	$0.090	$143.10	$1,717.20
40 - 44	19	$1,245,000	$0.120	$149.40	$1,792.80
45 - 49	24	$1,540,000	$0.210	$323.40	$3,880.80
50 - 54	17	$890,000	$0.370	$329.30	$3,951.60
55 - 59	12	$621,000	$0.610	$378.81	$4,545.72
60 - 64	8	$360,000	$0.750	$270.00	$3,240.00
65 - 69	4	$106,500	$1.310	$139.52	$1,674.24
70 - 74	1	$8,500	$2.060	$17.51	$210.12
75 +	0	$0	$2.060	$0.00	$0.00
Spouse Total	**133**	**$8,016,000**		**$1,864.69**	**$22,376.28**
Child	**153**	**$1,860,000**	**$0.130**	**$241.80**	**$2,901.60**

- There are no Supplemental Spouse & Child Life commissions.
- Supplemental Spouse & Child Life Rates are guaranteed for 3 years

Long Term Disability					
	Lives	**Volume**	**Rate per $100**	**Monthly Premium**	**Annual Premium**
Long Term Disability	**541**	**$3,073,089**	**$0.330**	**$10,141.19**	**$121,694.28**

- 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 3 years

Proposed Rates

Short Term Disability					
Age Band	**Lives**	**Volume**	**Rate Per $10**	**Monthly Premium**	**Annual Premium**
< 25	12	$6,227	$0.249	$155.05	$1,860.60
25 - 29	25	$15,310	$0.249	$381.22	$4,574.64
30 - 34	32	$22,239	$0.259	$576.00	$6,912.00
35 - 39	19	$13,514	$0.229	$309.46	$3,713.52
40 - 44	19	$14,578	$0.239	$348.41	$4,180.92
45 - 49	11	$7,937	$0.273	$216.69	$2,600.28
50 - 54	16	$12,370	$0.359	$444.07	$5,328.84
55 - 59	11	$10,462	$0.449	$469.72	$5,636.64
60 - 64	7	$5,492	$0.557	$305.93	$3,671.16
65 - 69	4	$2,619	$0.642	$168.15	$2,017.80
70 - 74	1	$729	$0.642	$46.82	$561.84
75 +	0	$0	$0.642	$0.00	$0.00
Total	**157**	**$111,477**		**$3,421.52**	**$41,058.24**

- There are no Short Term Disability commissions.
- Short Term Disability Rates based on $10 of weekly covered benefit
- Short Term Disability Rates are guaranteed for 3 years

Multi-Line Discount

This quote includes a multi-line discount based on eligible lives on either Non-Contributory LTD or Non-Contributory Basic Life. The grid shown below outlines the discount available which varies by the number of sold Supplemental Health Products. This discount can only be applied to Non-Contributory Basic Life if Non-Contributory LTD is not quoted or does not sell.

Eligible Lives	1 Supplemental Health Product	2 Supplemental Health Products	3 Supplemental Health Products
< 500 Lives	3%	4%	5%
500 – 1,499 Lives	2%	3%	4%
1,500 – 2,999 Lives	1%	2%	3%

No coverage combination discounts will be applied to Non-Contributory Basic Life rates if the Non-Contributory LTD Coverage Combination Discount is applied.

Discount availability, terms, and conditions may vary by state and are subject to change. For the latest details, please contact your Symetra representative.

Basic Employee Life and AD&D Insurance

Eligibility:	All full-time and part-time active employees meeting the minimum work hour requirement who are citizens or legal residents of the United States, excluding temporary, leased or seasonal employees

Basic Employee Life Insurance	
Classes:	Class 1: All Active Full Time Employees excluding Fire and City Managers
	Class 2: All Active City Managers
Waiting Period (months):	TBD
Benefit Schedule:	Class 1: 1.00 X Annual Earnings
	Class 2: Flat $350,000
Benefit Maximum:	Class 1: $150,000
	Class 2: $350,000
Benefit Minimum:	$0
Guaranteed Issue Amount:	Class 1: $150,000
	Class 2: $350,000
Disability Provision:	Premium Waiver If Disabled Prior To Age 60
Premium Waiver Elimination Period:	9 Months
Disability Duration:	To SSNRA
Accelerated Death Benefit %:	80%
Combined Accelerated Death Benefit Maximum:	$500,000
Terminal Illness Period:	12 Months Or Less
Definition of Earnings:	Salary
Rounding Method:	Next Higher $1,000
Continuity of Coverage:	Included
Portability:	Included
Combined Portability Maximum:	$500,000
Minimum Hour Requirement:	30
Employee Contribution:	0%
Employer Contribution:	100%
Current Participation Level:	100%
Age Reduction:	reduced by - Original volume 35% @ age 65, 50% @ age 70
Conversion:	Included

Basic Employee Life and AD&D Insurance

Basic Employee AD&D Insurance	
Classes:	Class 1: All Active Full Time Employees excluding Fire and City Managers
	Class 2: All Active City Managers
Benefit Schedule:	Class 1: 1.00 X Annual Earnings
	Class 2: Flat $350,000
Benefit Maximum:	Class 1: $150,000
	Class 2: $350,000
Benefit Minimum:	$0
Guaranteed Issue Amount:	Class 1: Match Maximum Benefit Amount
	Class 2: Match Maximum Benefit Amount
Coverage Type:	24-hour coverage
Common Carrier Benefit:	Not Included
Definition of Earnings:	Salary
Rounding Method:	Next Higher $1,000
Continuity of Coverage:	Included
Minimum Hour Requirement:	30
Employee Contribution:	0%
Employer Contribution:	100%
Current Participation Level:	100%
Age Reduction:	reduced by - Original volume 35% @ age 65, 50% @ age 70
Conversion:	Not Included
Portability:	Not Included

Supplemental Employee Life and AD&D Insurance

Eligibility:	All full-time and part-time active employees meeting the minimum work hour requirement who are citizens or legal residents of the United States, excluding temporary, leased or seasonal employees

Supplemental Employee Life Insurance	
Classes:	All Active Full Time Employees excluding Fire
Waiting Period (months):	TBD
Benefit Schedule:	Increments of $10,000
Benefit Maximum:	The Lesser of 5 X Annual Earnings Or $500,000
Benefit Minimum:	$0
Guaranteed Issue Amount:	$250,000
Disability Provision:	Premium Waiver If Disabled Prior To Age 60
Premium Waiver Elimination Period:	9 Months
Disability Duration:	To SSNRA
Accelerated Death Benefit %:	80%
Combined Accelerated Death Benefit Maximum:	$500,000
Terminal Illness Period:	12 Months Or Less
Definition of Earnings:	Salary
Rounding Method:	Next Higher $1,000
Continuity of Coverage:	Included
Portability:	Included
Combined Portability Maximum:	$500,000
Employee Contribution:	100%
Employer Contribution:	0%
Current Participation Level:	45%
Age Reduction:	reduced by - Original volume 35% @ age 65, 50% @ age 70
Suicide Exclusion:	24 Months
Conversion:	Included

Supplemental Employee AD&D Insurance	
Classes:	All Active Full Time Employees excl Fire
Benefit Schedule:	Increments of $10,000
Benefit Maximum:	The Lesser of 5 X Annual Earnings Or $500,000
Benefit Minimum:	$0
Guaranteed Issue Amount:	Match Maximum Benefit Amount
Coverage Type:	24-Hour Coverage
Common Carrier Benefit:	Not Included
Definition of Earnings:	Salary
Rounding Method:	Next Higher $1,000
Continuity of Coverage:	Included
Employee Contribution:	100%
Employer Contribution:	0%
Age Reduction:	reduced by - Original volume 35% @ age 65, 50% @ age 70
Conversion:	Not Included
Portability:	Not Included

Supplemental Spouse & Child Life Insurance

Eligibility:	All full-time and part-time active employees meeting the minimum work hour requirement who are citizens or legal residents of the United States, excluding temporary, leased or seasonal employees

Classes:	All Active Full Time Employees excluding Fire

Spouse Benefit Schedule:	Increments of $5,000
Spouse Benefit Maximum:	Lesser of 50% of the employees life benefit or $150,000
Spouse Guarantee Issue:	$25,000
Terminal Illness Period:	12 Months Or Less
Rounding Method:	Next Higher $1,000
Continuity of Coverage:	Included
Spouse Portability:	Included
Spouse Portability Maximum:	$150,000
Conversion:	Included

Child Benefit Schedule:	Flat Benefit Amount
Child Benefit Maximum:	$10,000
Child Guarantee Issue:	Match The Benefit Max Quoted
Benefit Start Age:	Live Birth
Benefit End Age:	26
Child Portability:	Included
Child Portability Maximum:	$10,000
Conversion:	Included

Supplemental Spouse and Child AD&D Insurance

Spouse Benefit Amount:	Increments of $5,000
Spouse Benefit Maximum Amount:	Lesser of 100% of the employees life benefit or $150,000
Spouse Benefit Minimum Amount:	$0
Spouse Age Reduction:	reduced by - Original volume 35% @ age 65, 50% @ age 70
Child Benefit Amount:	Equal to Supplemental Child Life Benefit Schedule
Child Benefit Maximum Amount:	$10,000
Child Benefit Minimum Amount:	$0
Coverage Type:	24-Hour Coverage
Common Carrier Benefit:	Not Included
Definition of Earnings:	Salary
Rounding Method:	Next Higher $1,000
Continuity of Coverage:	Included
Employee Contribution:	100%
Employer Contribution:	0%
Conversion:	Not Included
Portability:	Not Included

Group Life Provisions Included in this Proposal

Continuity of Coverage

If included on the schedule page for takeover coverage, Symetra's "enhanced" Continuity of Coverage provision covers individuals who are not actively at work on the policy effective date but who are otherwise eligible under our policy, in accordance with the following guidelines:

- Their coverage was in force under the prior plan on the day before the Symetra policy effective date; and
- Required premium was paid under the prior plan on the day before the Symetra policy effective date; and
- A waiver of premium disability claim was not previously approved by the prior carrier. Individuals who have previously been approved for waiver of premium will retain life insurance protection under the prior carrier's policy.

The group life insurance provided under the Continuity of Coverage provision is equal to the lesser of the coverage amount under the prior plan or the coverage amount under the Symetra plan for the applicable class and coverage type, as shown on the schedule page, reduced by any coverage amount that is in force, paid or payable under the prior policy or that would have been so payable under the prior policy had timely election been made. Such amount of insurance under this provision is subject to any reductions included within the Symetra policy and will not increase.

Suicide Exclusion

If a suicide exclusion is included on the schedule page, we will not pay any amount of life insurance for the deceased person which was elected or became effective within the time period, as noted on the schedule page, immediately prior to the date of death. This applies to initial coverage and increases in coverage for employees and dependents, but does not apply to benefit increases that resulted solely due to an increase in earnings. For takeover cases, this exclusionary time period includes the time group life insurance coverage was in force under the prior policy.

Age Reductions

The age reduction schedule, if applicable, will be listed on the schedule page. Note that compliance with the Age Discrimination in Employment Act of 1967 (ADEA), as amended, is the responsibility of the employer. Please consult your legal counsel to determine if this reduction schedule complies with ADEA guidelines and other applicable laws.

Evidence of Insurability

We require satisfactory Evidence of Insurability for initial coverage, if the insured individual:

- Enrolls as a late entrant (which is usually defined as enrolling more than 31 days after the date they are first eligible to enroll), including electing initial coverage after a Change in Family Status;
- Enrolls for an amount of Life Insurance greater than the Guaranteed Issue Amount, if applicable and as noted on the schedule page, regardless of when they enroll for coverage; or
- Was eligible for any coverage under the prior policy, but did not enroll and later chooses to enroll for that coverage under Symetra's policy.

Evidence of Insurability is also required for an increase in coverage, except that increases in coverage for a times-earnings plan due solely to an increase in earnings does not require evidence of insurability if the amount of life coverage is less than the Guaranteed Issue Amount. Once evidence of insurability has been approved for amounts at or above the Guaranteed Issue Amount, we will require Evidence of Insurability again due solely to increases in the insured's earnings only:

- If the amount of life insurance is greater than the Guaranteed Issue Amount; and
- Would increase solely because the individual's earnings increased more than $25,000 during the last 12 consecutive month period or since their Evidence of Insurability was last approved, whichever occurred most recently.

Group Life Provisions Included in this Proposal

Accelerated Death Benefit

We will pay an Accelerated Benefit amount in the event that an insured individual (or Dependent, as applicable) is diagnosed as Terminally Ill and requests in writing that a portion of the Terminally Ill person's amount of Life Insurance be paid as an Accelerated Benefit. The Accelerated Benefit is only payable if the Terminally Ill person is covered under the policy for an amount of Life Insurance of at least $10,000 and is under age 60. The minimum amount of Accelerated Benefit that may be requested is usually $3,000, while the maximum amount and maximum percentage is included on the schedule page. The amount of Life Insurance payable upon the Terminally Ill person's death will be reduced by any Accelerated Benefit Amount paid under this benefit.

Dependent Coverage

If Dependent Life coverage is included on the schedule page, this is a reminder that an insured individual may not elect coverage for their dependent if such dependent is already covered as an insured individual under the policy. No person can be insured as a dependent of more than one individual under the policy.

Dependent Non-Confinement Requirement

Initial coverage, new coverage, or increases in coverage for dependents is subject to our non-confinement requirement; coverage will be deferred until they are no longer confined and they have the ability to engage in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days. This does not apply to disabled children who qualify under the definition of Dependent Children.

Continuity of Coverage will apply on the policy effective date for initial coverage for Dependents, without a deferred effective date, if they were covered as a dependent under the prior policy on the day before the Symetra policy effective date and required premium was paid under the prior plan on the day before the Symetra policy effective date.

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.

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

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	
Child Education (payable up to 4 years)	2.5%	$2,500
Daycare (payable up to 4 years)	2.5%	$2,500
Rehabilitation Benefit	2.5%	$2,500
Spouse Education	2.5%	$2,500
Adaptive Home and Vehicle Benefit	2.5%	$2,500
Felonious Assault Benefit	10.0%	$25,000
Coma Benefit	1.0%	a month
Critical Burn Benefit	5.0%	$5,000
Therapeutic Counseling Benefit	5.0%	$5,000

Accidental Death & Dismemberment Exclusions

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

1) Intentionally self-inflicted Injury;
2) Suicide or attempted suicide, whether sane or insane;
3) War or act of war, whether declared or not;
4) Injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority;
5) Injury sustained while on any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
6) 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;
7) 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;
8) Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
9) Injury sustained while committing or attempting to commit a felony;
10) Injury sustained while Intoxicated; or
11) 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.

Short Term Disability Insurance

Eligibility:	All full-time active employees working minimum of 30 hours per week
	Employee means a person who is a citizen or permanent resident of the United States, excluding all temporary and seasonal employees

Classes:	All Active Full Time Employees

Waiting Period (months):	TBD
Benefit Type:	Variable
Benefit Percent:	60%
Maximum Weekly Benefit:	$1,500
Minimum Weekly Benefit:	$25
Accident Elimination Period (Days):	14
Sickness Elimination Period (Days):	14
Maximum Payment Duration (Weeks):	11
Definition of Disability:	Regular Occ Residual
Coverage Basis:	Non Occ Coverage
First Day Hospital:	Not Included
Contributory:	Contributory
Employer Contribution Percent:	0%
Employee Contribution Percent:	100%
Premium Contributions:	Post Tax
Current Participation Level:	20%
Pre-Existing Condition Exclusion:	3/12
Pay Employer FICA:	No
Pre-Disability Earnings:	Base Salary
Return to Work Incentive:	Included
Reasonable Employment Option:	Included
Integration Method:	Direct

Short Term Disability Provisions Included in this Proposal

Actively at Work:

If an individual is not in active employment, their coverage will be effective on the date they return to active employment. This applies to initial coverage, as well as any increases or additions to coverage occurring after initial coverage is effective. Active employment means an individual is working for you at your work site for earnings you pay on a regular basis and performing the material and substantial duties of their regular occupation. Active employment includes normal non-work days such as vacation, weekends and holidays.

Continuity of Coverage: Actively at Work on the Policy Effective Date:

For takeover coverage, Symetra standardly includes Continuity of Coverage for the active employment provision which covers employees who are not in active employment but who are otherwise eligible under our policy on the policy effective date, in accordance with the following guidelines:

- Their coverage was in force and required premium was paid under the prior plan on the day before the Symetra policy effective date; and
- The disability begins while they are insured under our policy, subject to all the terms and provisions of our policy.

The group disability insurance provided under the Continuity of Coverage rules for the Symetra policy is limited to the weekly amount that the prior plan would have paid if the prior plan had stayed in effect, reduced by the amount the prior plan is responsible for paying.

Elimination Period:

The STD benefit is payable after the satisfaction of the elimination period listed on the schedule page. 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 disability.

Disabled/Disability:

The definition of disability is listed on the schedule page; options include Total, Partial, or Residual Disability, as follows:

Total Disability means our determination that the insured's sickness or injury:

- Prevents them from performing with reasonable continuity the material and substantial duties of their regular occupation; and
- as a result, they are not working at all, or they are working and the income they are able to earn is less than or equal to 20% of their pre-disability earnings.

Partial Disability means our determination that the insured's sickness or injury:

- During the elimination period, prevents them from performing with reasonable continuity the material and substantial duties of their regular occupation; and as a result, they are not working at all, or they are working but the income they are able to earn is less than or equal to 20% of their pre-disability earnings.
- After the elimination period, prevents them from performing with reasonable continuity the material and substantial duties of their regular occupation; and as a result, the income they are able to earn is less than or equal to 80% of pre-disability earnings.

Residual Disability means our determination that the insured's sickness or injury:

- Prevents them from performing with reasonable continuity the material and substantial duties of their regular occupation; and
- as a result, the income they are able to earn is less than or equal to 80% of their pre-disability earnings.

Please note that a Reasonable Employment Option offered to the insured by the employer may be included within the definition of disability to expand rehabilitation possibilities, and Own Job may be used in place of Regular Occupation for an additional cost. Please refer to the schedule page for details of the applicable definition of disability.

Short Term Disability Provisions Included in this Proposal

Return to Work Incentive:
Partial and Residual definitions of disability include an unlimited return to work incentive in the STD benefit calculation to encourage disabled individuals to return to work. This means that if the insured is working while disabled, no offset will be taken for other income amounts (which includes income from employment), until the sum of the gross weekly benefit and other income amounts exceeds 100% of pre-disability earnings.

Exclusions and Limitations:
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;
- Active participation in a riot;
- Attempt to commit or commission of a felony under federal or state law, or being engaged in an illegal occupation;
- 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 operation of a motor vehicle while intoxicated according to the laws of the jurisdiction where the accident occurred;
- A pre-existing condition, but only if a pre-existing condition exclusion is included on the schedule page; or
- An accident resulting from or caused by being under the influence of drugs or any controlled substance, unless taken as prescribed by the insured's doctor.

And, if the Coverage Basis on the schedule page is "Non Occ Coverage," the following two exclusions also apply:

- An injury arising out of, or in the course of, any work for wage or profit; or
- A sickness for which the insured is entitled to benefits under any Workers' Compensation Act, Occupational disease law, Compulsory Benefit Act or law or similar law, unless the insured is a partner or sole proprietor not covered by any of these acts or laws;

No benefits are payable for any period of disability during which the insured is incarcerated in a penal or correctional facility for a period of 30 or more consecutive days or for which the insured is not under the regular care of a doctor.

Pre-Existing Condition Exclusion
If a Pre-Existing Condition Exclusion is included on the schedule page, a Pre-Existing Condition is defined as a sickness or injury for which the insured received treatment within the "look-back" period prior to the insured's effective date of coverage. Disabilities due to a pre-existing condition will be excluded for the "exclusionary" period.

For example, if a "3/12" Pre-Existing Condition Exclusion is included on the schedule page, the "3" would mean a 3 month "look-back" period and the "12" would mean a 12 month "exclusionary" period. Please note that "Prudent person" wording may be included within the definition of pre-existing condition and if so, would be noted on the schedule page. Pre-existing condition exclusions and limitations, like all benefits and provisions, are subject to state-required variations and restrictions.

Short Term Disability Provisions Included in this Proposal

Continuity of Coverage for Pre-existing Conditions:

For takeover coverage, Continuity of Coverage will be included for pre-existing conditions to give credit to eligible individuals on our policy effective date for any period of time the individuals were continuously covered under the prior plan if:

- Their coverage was in force under the prior plan on the day before the Symetra policy effective date; and
- Required premium was paid under the prior plan on the day before the Symetra policy effective date; and
- The individual is in active employment and insured under our plan continuously from the Symetra policy effective date.

We will consider the total amount of time the individual was continuously covered under both plans in order to determine if the pre-existing condition provision of the prior plan or our plan is satisfied.

If Continuity of Coverage applies and one of the pre-existing condition provisions has been satisfied, we will cover a person for a disability in accordance with the following guidelines:

- Disability, which is caused or contributed by a pre-existing condition, begins while they are insured under our policy; and
- Coverage is subject to all the terms and provisions of our policy, but the amount of insurance will not be more than the STD maximum benefit under the prior plan and it will end on the earlier of the date benefits would have ended under the prior plan, had that plan stayed in effect, or the end of the maximum benefit duration of our plan.

Integration Method:

One of the following integration methods will be applicable, as indicated on the schedule page:

- **Direct integration**: Offsets for other income amounts are subtracted from the gross weekly benefit.
- **Not Integrated**: The gross weekly benefit will not be reduced by other income amounts.

Offsets for Other Income Amounts, including offset for Social Security:

The insured's gross weekly benefit will be reduced by any other income amounts the insured receives or is eligible to receive, including any disability or retirement benefits from Social Security. If a "Family" Social Security Offsets are noted on the schedule page, other income amounts also include amounts that the insured's spouse and dependent children receive or are eligible to receive as a result of the insured's disability.

Other income amounts also standardly include, but are not limited to, benefits the insured receives or is eligible to receive from any disability income benefits under any compulsory benefit act or law; any group insurance plan with the employer or with an association; any benefits received from the employer's sick leave or formal salary continuation plan; unemployment benefits; workers compensation benefits; and any income the insured earns or receives from any form of employment, including any income the insured could have earned while disabled by working to maximum capacity, even if the insured does not do so. Refer to the Policy or contact Symetra for more details on the offsets taken for other income amounts.

State Variations:

Please note that all benefits and provisions may be subject to state-required variations and restrictions. The wording included within the STD Terms pages is generic and is included for informational purposes. Filed and approved state wording will be included in any issued policy according to the sold plan design and policy issue state.

Long Term Disability Insurance

Eligibility:	All full-time active employees working at least 30 hours per week
	Employee means a person who is a citizen or permanent resident of the United States, excluding all temporary and seasonal employees

Classes:	All Active Full Time Employees excluding Fire and Police
Waiting Period:	TBD
Benefit Percent:	60%
Maximum Monthly Benefit:	$12,500.00
Minimum Monthly Benefit:	The Greater of $100 or 0% of Gross Monthly Benefit
Elimination Period (Days):	90 Days
Maximum Payment Duration:	SSNRA
Definition of Disability:	24 month Own Occ
Partial / Residual:	Residual
Own Occ / Any Occ Earnings Test:	80/80%
Return to Work Incentive:	12 Months
Integration Method:	Direct
Social Security Offset:	Family
Pre-Existing Condition Exclusion:	3/12
Lump Sum Survivor Benefit:	100% Net 3 Months
Mental Illness Limitation	12 Months
Substance Abuse Limitation:	12 Months
Special Conditions Limitation:	12 Months
Lifetime / Per Occurrence:	Per Occurrence
Indexation:	Yes
Dependent Care Benefit (total for all Family Members):	$500 / 12 months
Personal Care Benefit:	Not Included
Extended Care Benefit:	Not Included
Education Benefit:	Not Included
Rehabilitation Program Benefit:	10%, 12 months
Pension Supplement Percent:	Not Included
Pension Supplement Max:	Not Included
COLA:	Not Included
Additional Catastrophic:	Not Included
Workplace Modification:	Not Included
Contribution Method:	Non Contributory
Employee Contribution Percent:	0%
Employer Contribution Percent:	100%
Current Participation Level:	100%
Recurrent Disability:	6 Months
Waiver of Premium:	Included
Conversion Privilege:	Not Included
Pre-Disability Earnings:	Base Salary

Long Term Disability Insurance

Partial Disability Formula (Post Incentive Period):	Proportionate Loss
Vocational Rehabilitation Participation:	Mandatory
Reasonable Employment Option:	Not Included

Long Term Disability Provisions Included in this Proposal

Actively at Work:

If an individual is not in active employment, their coverage will be effective on the date they return to active employment. This applies to initial coverage, as well as any increases or additions to coverage occurring after initial coverage is effective. Active employment means an individual is working for you at your work site for earnings you pay on a regular basis and performing the material and substantial duties of their regular occupation. Active employment includes normal non-work days such as vacation, weekends and holidays.

Continuity of Coverage: Actively at Work on the Policy Effective Date:

For takeover coverage, Symetra standardly includes Continuity of Coverage for the active employment provision which covers employees who are not in active employment but who are otherwise eligible under our policy on the policy effective date, in accordance with the following guidelines:

- Their coverage was in force and required premium was paid under the prior plan on the day before the Symetra policy effective date; and
- The disability begins while they are insured under our policy, subject to all the terms and provisions of our policy.

The group disability insurance provided under the Continuity of Coverage rules for the Symetra policy is limited to the monthly amount that the prior plan would have paid if the prior plan had stayed in effect, reduced by the amount the prior plan is responsible for paying.

Elimination Period:

The LTD benefit is payable after the satisfaction of the elimination period listed on the schedule page. The elimination period is a period of continuous days of disability (trial work days are available to encourage the individual to try to return to work). The elimination period begins on the first day of disability.

Disabled/Disability:

The definition of disability is listed on the schedule page. Options include:

- **Extended Own Occ:** The definition of disability looks at the insured's inability to perform with reasonable continuity the material and substantial duties of their regular occupation (which is often referred to as "Own Occ") during the entire maximum benefit duration; or
- **Limited Own Occ:** The definition of disability looks at the insured's ability to perform with reasonable continuity the material and substantial duties of their regular occupation (which is often referred to as "Own Occ") during the elimination period and for the number of months indicated on the schedule page, and then for the remainder of the maximum benefit duration, looks at the insured's ability to perform any gainful occupation (which is often referred to as "Any Occ") for which the insured's past training, education, or experience would allow them to perform or for which they can be trained.

Partial or Residual Disability: The schedule page will also indicate if the definition of disability includes Partial or Residual Disability:

- **Partial Disability:** During the elimination period, the insured must be "totally disabled" and not working at all, or working but unable to earn more than 20% of pre-disability earnings. Thereafter, the insured can earn up to the earnings test percentage(s) and still be considered disabled.
- **Residual Disability:** The insured can earn up to the earnings test percentage(s) and still be considered disabled, during both the elimination period and maximum benefit duration.

Earnings Test:

The schedule page includes the Own Occ and, if applicable, Any Occ earnings tests. The earnings test is the maximum percentage of earnings that an individual can earn while disabled and still be considered to be disabled.

Please note that a Reasonable Employment Option offered to the insured by the employer may be included within the Own Occ portion of the definition of disability to expand rehabilitation possibilities, and other optional definitions of disability may be available. Please refer to the schedule page for details of the applicable definition.

Long Term Disability Provisions Included in this Proposal

Return to Work Incentive:
All definitions of disability include a return to work incentive period (for the number of months noted on the schedule page, if applicable) in the LTD benefit calculation to encourage disabled individuals to return to work. This means that if an insured is working while disabled during the incentive period, no offset will be taken for other income amounts (which includes income from employment), until the sum of the gross monthly benefit and other income amounts exceeds 100% of pre-disability earnings.

Exclusions and Limitations:
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;
- Active participation in a riot;
- Attempt to commit or commission of a felony under federal or state law, or being engaged in an illegal occupation;
- 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 operation of a motor vehicle while intoxicated according to the laws of the jurisdiction where the accident occurred;
- A pre-existing condition, as noted on the schedule page; or
- An accident resulting from or caused by being under the influence of drugs or any controlled substance, unless taken as prescribed by the insured's doctor.

No benefits are payable for any period of disability during which the insured is incarcerated in a penal or correctional facility for a period of 30 or more consecutive days or for which the insured is not under the regular care of a doctor.

Pre-Existing Condition Exclusion:
A Pre-Existing Condition is defined as a sickness or injury for which the insured received treatment within the "look-back" period prior to the insured's effective date of coverage. Disabilities due to a pre-existing condition will be excluded for the "exclusionary" period.
For example, if a "3/12" Pre-Existing Condition Exclusion is included on the schedule page, the "3" would mean a 3 month "look-back" period and the "12" would mean a 12 month "exclusionary" period. If the schedule page includes a Pre-Existing Condition Exclusion with three numbers, such as a "3/6/12," the "6" would mean a 6 month "treatment-free" period, which means we'd cover the disability if caused or contributed to by a pre-existing condition if the insured has gone at least 6 months after the effective date of coverage under our policy without receiving treatment for the condition.
Please note that "prudent person" wording may be included within the definition of Pre-Existing Condition if allowed in the state of policy issue and if so, would be noted on the schedule page.

Long Term Disability Provisions Included in this Proposal

Mental Illness, Substance Abuse and Special Conditions Limitations:

Any limitations on the duration of benefits for disabilities caused or contributed to by certain conditions, such as Mental Illness, Substance Abuse, or Special Conditions, will be noted on the schedule page. If a limitation is applicable, the number of months for the maximum duration of benefits for that condition will be specified. If no limitation is applicable, it will be noted as "Unlimited" on the schedule page. The limitation will apply on a Per Lifetime or Per Occurrence basis, as indicated on the schedule page. For Per Lifetime limitations, the limitation period will be applied on a combined basis for all limited conditions.

Continuity of Coverage for Pre-existing Conditions:

For takeover coverage, Continuity of Coverage will be included for pre-existing conditions to give credit to eligible individuals on our policy effective date for any period of time the individuals were continuously covered under the prior plan if:

- Their coverage was in force under the prior plan on the day before the Symetra policy effective date; and
- Required premium was paid under the prior plan on the day before the Symetra policy effective date; and
- The individual is in active employment and insured under our plan continuously from the Symetra policy effective date.

We will consider the total amount of time the individual was continuously covered under both plans in order to determine if the pre-existing condition provision of the prior plan or our plan is satisfied.

If Continuity of Coverage applies and one of the pre-existing condition provisions has been satisfied, we will cover an insured individual in accordance with the following guidelines:

- Disability, which is caused or contributed by a pre-existing condition, begins while they are insured under our policy; and
- Coverage is subject to all the terms and provisions of our policy, but the amount of insurance will not be more than the LTD maximum benefit under the prior plan and it will end on the earlier of the date benefits would have ended under the prior plan, had that plan stayed in effect, or the end of the maximum benefit duration of our plan.

Integration Method:

One of the following integration methods will be applicable, as indicated on the schedule page:

- **Direct**: Offsets for other income amounts are subtracted from the gross monthly benefit.
- **All Sources**: The benefit is the lesser of the monthly benefit calculated using the Benefit Percent shown on the schedule page, with no offsets, or the monthly benefit calculated using the All Sources percentage shown on the schedule page minus all other income amounts, including any income from employment.
- **Not Integrated**: The gross monthly benefit will not be reduced by other income amounts.

Offsets for Other Income Amounts, including offset for Social Security:

The insured's gross monthly benefit will be reduced by any other income amounts the insured receives or is eligible to receive, including any disability or retirement benefits from Social Security. If "Family" Social Security Offsets are noted on the schedule page under the Social Security Offset, this means that other income amounts include amounts that the insured's spouse and dependent children receive or are eligible to receive as a result of the insured's disability. If "Primary" Social Security Offsets are noted on the schedule page under the Social Security Offset, other income amounts will include only amounts that the insured receives or is eligible to receive.

Other income amounts also standardly include, but are not limited to, benefits the insured receives or is eligible to receive from any disability income benefits under any compulsory benefit act or law; any group insurance plan with the employer or with an association; any benefits received from the employer's sick leave or formal salary continuation plan; unemployment benefits; workers compensation benefits; and any income the insured earns or receives from any form of employment, including any income the insured could have earned while disabled by working to maximum capacity, even if the insured does not do so. Refer to the Policy or contact Symetra for more details on the offsets taken for other income amounts.

Long Term Disability Provisions Included in this Proposal

Partial Disability Formula (Post Incentive Period):
For claimants who are partially or residually disabled, the benefit calculation that is applied after the Return to Work Incentive period will be identified on the schedule page. Options include the following:

- **Proportionate Loss**, which means that the calculation used is "(A divided by B) x C" where A equals the insured's indexed pre-disability earnings minus any income from employment (as described in the other income amounts section), B equals the insured's indexed pre-disability earnings, and C equals the net monthly benefit the insured would have been eligible for if totally disabled and not working at all; or
- **50% Work Earnings Offset**, which means that only 50% of any income from employment (as described in the other income amounts section) is included as an offset.

Workplace Modification Benefit:
If included, this benefit reimburses the employer for up to 100% of reasonable costs the employer incurs, not to exceed the maximum amount noted on the schedule page, through modifications to the workplace to accommodate the return to work for a disabled insured who is receiving an LTD benefit from us.

Vocational Rehabilitation:
Provides vocational rehabilitation assistance to disabled insureds who are receiving an LTD benefit from us. These services may include vocational testing and training, job modifications, job placement, or other services we find reasonably needed to assist the individual in returning to active employment. We will determine the extent to which these services may be provided and will pay for these services with the service provider(s), unless we agree to other arrangements. The schedule page will clarify if the program is Mandatory or Voluntary:

- **Mandatory Vocational Rehabilitation Participation**: If the insured's doctor approves the rehabilitation program we have designed but the insured does not complete their responsibilities under the program, then we may discontinue our payments, unless there is good cause for the non-participation.
- **Voluntary Vocational Rehabilitation Participation**: The insured can choose to participate in the program or not, with no effect on payment of disability benefits.

Social Security Assistance:
Provides advice and assistance to a disabled insured regarding their disability claim and assist them with their application for Social Security disability benefits or an appeal.

State Variations:
Please note that all benefits and provisions may be subject to state-required variations and restrictions. The wording included within the LTD Terms pages is generic and is included for informational purposes. Filed and approved state wording will be included in any issued policy according to the sold plan design and policy issue state.

Qualifications and Deviations

• Symetra's proposal is subject to the qualifications and deviations identified below. Our proposal assumes that all of the preceding information is accurate and correct, to the best of the prospective client's knowledge and belief. If any information is inaccurate or incorrect, we reserve the right to adjust pricing accordingly, withdraw this proposal from consideration or rescind coverage.

Qualifications:

• This quote assumes a situs state of OK and an SIC code of 9199.

• By delivering this proposal for coverage, the producer represents and warrants to Symetra that each of the producer and any other person and entity acting with or on behalf of the producer in the sale or solicitation of such coverage maintains such insurance producer licenses and appointments as are required by each state in which the coverage has been or will be solicited, and in all states in which the policy(ies) will be issued (including any states in which a statutory disability policy may be issued). This proposal is authorized for delivery only if the foregoing representation and warranty is true and correct.

• As compensation for the promotion, sale or renewal of the products and services offered in this proposal, Symetra may pay the selling broker or agency commissions, administrative service fees or bonuses that may be based on factors such as total premium volume written with Symetra, persistency levels, and the overall profitability of the business placed with Symetra. The cost of this compensation may be directly or indirectly reflected in the premium or service fees Symetra collects, and will be included in ERISA Form 5500, Schedule A information provided by Symetra, if applicable. For further details, please contact the agent or broker that represents you.

• **Life Insurance standard Value-Added Services include the following Symetra Support services:**
- Beneficiary Assistance provides compassionate support to help with paperwork, notifications and other time-consuming details in the event of the loss of a loved one.
- Identity Theft Assistance provides guidance and services in the event that identity theft occurs.
- Travel Assistance provides pre-trip planning information and assistance, medical assistance and transport services, and emergency travel services and other assistance due to medical issues and emergencies that may occur when the covered person is on a trip 100 miles or more from home lasting 90 days or less.
- Estate Planning Services - a simple, secure and affordable online tool that allows insureds to decide what documents they need, from a last will & testament, living will and healthcare power of attorney forms, financial power of attorney form, and/or final arrangements, for, at most, a minor additional fee.
- Empathy (Effective 3/1/2026) - provides enhanced bereavement care and dedicated grief support including legacy planning, probate and estate settlement, tax guidance, funeral planning and grief support.
- Value-Added Services are not available in all states and may be presented as optional, subject to a fee that is separate from the insured rates.

• **STD and LTD Insurance standard Value-Added Services include the following services:**
- Employee Assistance Program (EAP) finds the resources employees and their family members need to help with a variety of issues, such as finding child or elder care, managing a serious illness or dealing with work/life issues, and provides access to confidential counseling, financial information and resources, and legal support.
- Well-Being Coaching empowers clients to discover and reflect on aspects of their well-being that are most important to them. Services offer holistic one-on-one support for a variety of issues.
- Computerized Cognitive Behavioral Therapy (CCBT) provides a digital program available by mobile app, tablet or desktop offering guided programs to help reduce personal roadblocks, whenever and wherever needed.
- Value-Added Services are not available in all states and may be presented as optional, subject to a fee that is separate from the insured rates.

• Value-Added Services may not standardly be included in all states.

• The Value-Added Services are provided by third party vendors in a non-discriminatory manner and the cost is reasonable in comparison to the overall premium paid by the policyholder. The policyholder will be provided with contact information to assist employees with questions regarding these services.

• 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.

Qualifications and Deviations

• Unless otherwise stated, this quote assumes all eligible employees are citizens or legal residents in the United States, and on the U.S. payroll.
• The following conditions will apply if Symetra agrees to provide coverage to employees residing outside of the United States after receiving and reviewing the total exposure and risk.
a. Symetra will conduct all business and administrative communications in U.S. English.
b. All benefits must be calculated, reported and specified in U.S. dollars, and Symetra will make all benefits payable in U.S. dollars.
c. Symetra will make all benefits payable to the covered person and/or his or her designated beneficiary. Symetra will not make payments of supplemental health benefits to a provider located outside of the U.S. Unless otherwise indicated to the covered person and/or his or her designated beneficiary in writing, Symetra will not withhold the amount of any taxes from the benefit amount, will not perform any regulatory tax reporting and will not remit any amounts to taxing authorities.
d. Symetra may require, in its sole discretion, any evidence submitted in respect of a claim submitted by a covered person working outside the United States for an extended period of time to be translated by the U.S. Embassy and contain the U.S. Embassy seal. Symetra shall bear no expenses incurred in respect of such translation. Failure to comply could result in declination of the claim.
e. For short term disability and long term disability quotes, Symetra may require, in its sole discretion, any person receiving disability income benefits while outside the United States for an extended period of time to return to the United States at a frequency that Symetra deems necessary to substantiate the claim. Symetra shall bear no expenses incurred in respect of such travel. Failure to comply could result in declination of the claim.

• This quote assumes that the employer's benefit plan is governed by ERISA.
• The grace period for premium payment is 31 days unless otherwise required by state law.
• 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. The policyholder may not modify the electronic certificates in any way, and is responsible for making certificates available or providing current versions of certificates, including amendments, to insureds.
• Quote assumes premium billing will be on a self-administered basis for groups with 500 or more insureds.
• It is Symetra's intent to provide the requested plan design and benefit levels. However, Symetra's standard policy provisions and language will apply, due to state requirements that policy forms be filed and approved in the state where the policy will be issued.
• This proposal is not intended as a contract. Policy provisions, exclusions and limitations will be subject to Symetra 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 and/or as amended. The agent/broker does not have authority to bind or modify the terms of this offer without prior written approval from Symetra.
• Our quote is based on the census provided to us when this proposal was requested. If the proposal is accepted, we will require an updated census that reflects the makeup of the group we will be insuring on the policy effective date. Actual cost will be based on the updated census. Should there be any changes in the original data the quote was based on - number of lives, class occupations, salaries, or other pertinent facts - the case will be subject to new underwriting to determine acceptability of the group, and the policy provisions and rate may be changed.
• Symetra reserves the right to revise the quote if the lives and/or total insured risk changes by +/-10% after initial enrollment or if the policyholder adds or removes a division, subsidiary, or affiliated company.
• A copy of the prior policy, a current billing statement to verify covered lives and volumes and a final sold case census are required at time of sale. Census must include lives, classes, and volume by coverage line, and work or home address.
• This proposal is valid for 90 days or until the proposed policy effective date, whichever comes first.
• The rates shown in this proposal will be increased to reflect any additional fees or commissions payable by Symetra other than those noted in this proposal.
• Requests for experience, billing and/or loss units that are outside Symetra's standards for account structure may be subject to additional charges.
• Where "days" are referenced in this proposal, it means calendar days.

Qualifications and Deviations

Life and AD&D Qualifications:

• The rate structure quoted in this proposal may result in the premiums for voluntary coverages (i.e., employee/member-paid coverages) partially covering the cost of basic coverage (i.e., policyholder-paid coverages). This proposal and the rate structure contained herein is expressly conditioned on the policyholder's determination that the rate structure (i) is part of a single employee benefit plan sponsored by the policyholder, (ii) is consistent with information provided to employees or members, and (iii) is consistent with sponsor's obligations under applicable law and regulation (including ERISA, as applicable). A rate structure in which premiums paid for employee-paid coverages do not cover any of the cost of employer-paid coverages is available upon request.

• Proposed rates are contingent on writing all lines including Basic Life, Basic AD&D, and Supplemental Life and AD&D coverages as a package.

• If applicable, tobacco usage means any use of tobacco product (including but not limited to cigarettes, cigars, pipes, chewing tobacco, snuff, vaping, or a nicotine delivery device such as a patch or gum) in the last 12 months prior to their application.

• 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.

• If the group is comprised of at least 25%, subject to a minimum of 25, MN residents, those MN residents will receive a Life Certificate that has been filed in MN with MN state requirements, including the MN Life Continuation of Coverage provision.

• Symetra requires a list of all employees eligible for life insurance but not actively at work. Symetra must review and approve this list before binding coverage.

• This proposal assumes that the group of covered persons on the policy effective date does not include any employees whose coverage levels do not conform to the plan design(s) included in this proposal. For any employees whose coverage levels exceed those shown in this proposal, coverage will be decreased to an amount that most closely matches a coverage amount included in this proposal.

The following Enrollment Rules apply:

• **Annual Modified Open Enrollment** - An allotted timeframe, which occurs yearly, for employees with current coverage to elect to increase their coverage. Eligible employees may increase coverage amounts, by 1 level(s), up to the Guarantee Issue amount without submission and approval of evidence of insurability. Open enrollment is available on schedules based upon fixed amount levels or upon salary multiples. Individuals previously declined for coverage or who failed to submit the required evidence of insurability may reapply during an open enrollment but must provide evidence of insurability for any amount of new or increased coverage.

• There is no open enrollment outside of the rules defined above unless agreed to in writing in advance by Symetra Underwriting.

Life and AD&D Deviations:

• The Supplemental life/ADD maximum is The Lesser of 5 X Annual Earnings Or $500,000

• Basic Life Class 1 plan description is All Active Full Time Employees excluding Fire and City Managers

• The supplemental Life Class description is All Active Full Time Employees excluding Fire

Qualifications and Deviations

Short Term Disability Qualifications:

- Rates assume participation in Social Security and Workers' Compensation Insurance plan and integration with any salary continuation program.
- The quoted STD rate(s) are based on the expected timeline and structure of the STAT/PFML program(s). STD rates may be adjusted if there are changes to STAT/PFML start date(s), benefit design, or how it impacts STD coverage.
- The quoted STD rate(s) assume mandatory participation in the STAT/PFML program(s) and that you are not classified as an exempt group, or you are considered exempt but have chosen to opt into the STAT/PFML program. STD rates may be adjusted if this assumption does not align with how the prospective Policyholder expects their policy to be administered.
- 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.
- Integration with salary continuation and accumulated sick leave are included.

The following Enrollment Rules apply:

- **Traditional Evidence of Insurability (EOI) Enrollment:** EOI enrollments assume scheduled annual enrollment periods and standard EOI requirements will apply meaning EOI is required for all late entrants and increases in coverage.
- There is no open enrollment outside of the rules defined above unless agreed to in writing in advance by Symetra Underwriting.

Short Term Disability Deviations:

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Qualifications and Deviations

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

The following Enrollment Rules apply:

- **Traditional Evidence of Insurability (EOI) Enrollment:** EOI enrollments assume scheduled annual enrollment periods and standard EOI requirements will apply meaning EOI is required for all late entrants and increases in coverage.
- There is no open enrollment outside of the rules defined above unless agreed to in writing in advance by Symetra Underwriting.

Long Term Disability Deviations:

- The LTD class description is All Active Full Time Employees excluding Fire and Police
- The family care benefit is 500/12 months
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About Symetra

Symetra is a financially strong, well-capitalized company on the rise, as symbolized by our brand icon—the swift. Swifts are quick, hardworking and nimble—everything we aspire to be when serving our customers.

We've been in business for more than half a century with a commitment to creating employee benefit products that people need and understand. We appreciate your business and look forward to the opportunity to continue serving you with professional, informative and responsive service.

Our success as a business is guided by the principles of Value, Transparency and Sustainability, or VTS.

- **Value:** We provide products and solutions people need at a competitive price—backed by dedication to excellent customer service.
- **Transparency:** We communicate clearly and openly so people can understand what they are buying.
- **Sustainability:** Our products stand the test of time. We're financially disciplined, so we'll be there when customers need us.

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