Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135
Mailing Address: Benefits Division | PO Box 34690 | Seattle, WA 98124-1690
Phone 1-800-426-7784 | Fax 1-866-348-0056 | TTY/TDD 1-800-833-6388

Application for Group Insurance

Name of Applicant: City of Broken Arrow

Address: 220 S First Street
(Street)

Broken Arrow	OK	74012
(City)	(State)	(Zip)

applies to Symetra Life Insurance Company, for:

- [x] 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 its acceptance of a policy will be an approval of the policy terms.

This application supersedes any previous application.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Signed at (City)_____ , (State) _____

Date signed: _____

By _____

Title _____

Agent Name (printed) Clint Scott

Agent Signature _____
Resident Licensed Agent where required by law

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