

SELF-ADMINISTERED BILLING STATEMENT

Prior to the first of each month, you will receive a Self Administrated Billing Statement. It provides space for reporting and calculating the monthly premium due for your group's coverages. Preprinted on the statement will be the Policyholder Name, Policy Number, month for which premium is due, and the current rates for each of the coverages you have purchased.

The statement will only include rates for the current month. It will not indicate prior balances due. **If prior premium was not received, the current statement will not reflect that information.**

INFORMATION NEEDED

Since this is a self-administered type of billing statement, we need your help in providing the information necessary to properly compute the premium:

- The number of employees covered for each type of coverage (“# employees”);
- The total benefit amount for each type of coverage (“Total Inforce”, “Weekly Benefit” or “Covered Monthly Payroll”); and
- Any adjustments you are making to the previous month's payment, such as adding new employees or deleting terminated employees.

<p>MAIL TO:</p> <p>JOHN DOE MANUFACTURING CO 1234 FICTITIOUS DRIVE INDUSTRIAL PARK EAST JACKSONVILLE, FL 32224</p> <p>ATTN: MR B. JONES, ACCOUNTING</p>	<p>GROUP DEPARTMENT EMPLOYER'S SELF-ADMINISTERED STMT FOR THE PERIOD OF: JAN 2006</p> <p>POL NO: 01-012345-00 STMT ID: 1</p> <p><u>PLEASE REMIT BY:</u> JAN 10, 2006</p> <p><u>RETURN STATEMENT & PREMIUM TO:</u> SYMETRA LIFE INSURANCE COMPANY GROUP ADMINISTRATION P.O. BOX 1491 MINNEAPOLIS, MN 55480</p> <p style="text-align: center;">ADDRESS CHANGE? COVERAGES OR RATES LISTED INCORRECTLY? CALL TOLL FREE: 1-800-426-7784</p>												
<p>PLEASE COMPLETE THIS STATEMENT; CALCULATE PREMIUMS DUE, AND SUBMIT YOUR CHECK IN THE ENCLOSED ENVELOPE.</p>													
<p>BASIC LIFE: <u>000</u></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;"># EMPLOYEES</th> <th style="width: 15%; text-align: center;">P</th> <th style="width: 15%; text-align: center;">TOTAL INFORCE</th> <th style="width: 15%; text-align: center;">RATE/1,000</th> <th style="width: 15%; text-align: center;">PREMIUM</th> </tr> </thead> <tbody> <tr> <td></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">X 0.14</td> <td style="text-align: center;">= <u> </u></td> </tr> </tbody> </table>		# EMPLOYEES	P	TOTAL INFORCE	RATE/1,000	PREMIUM					X 0.14	= <u> </u>
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<p>REMARKS AND ADJUSTMENT EXPLANATION:</p> <p>**COVERAGE IS STEP RATED BY AGE BAND; SEE ADMIN KIT OR CALL ABOVE TOLL FREE NUMBER</p> <p>PREPARED BY: DATE:</p>	<p>TOTAL CURRENT MONTH: <u> </u></p> <p>ADJUSTMENTS: <input type="radio"/> <u> </u></p> <p>TOTAL PREMIUM DUE: <u> </u></p> <p>MAKE CHECK PAYABLE TO: SYMETRA</p>												

STEP RATES

For coverages with step rates (i.e., rates that are based on the insured's age), determine each insured's age at each policy anniversary. Use the age for the entire policy year to determine the appropriate rate. New insureds should use their age as of the date insurance becomes effective.

ADJUSTMENTS

Adjustments must be submitted in a timely manner and an explanation must be given for any adjustments made.

COMPUTING TOTAL PREMIUM DUE

Once the information has been filled in, you should compute your premium. Multiply across for each coverage line and then add all premium amounts to arrive at "Total Current Month" premium. Add or subtract any adjustments for the "Total Premium Due."

SENDING IN PAYMENT

After computing your premium due, if you submit your premium directly to Symetra, place your check and the statement in the return window envelope included with your statement. Make sure the return address is showing and **mail it to Symetra Life Insurance Company by the 10th of the month** in which the premium is due.

GRACE PERIOD

The contract provides for a 31 day grace period, after which all coverage terminates. You will be required to pay for coverage provided during this period.

QUESTIONS

If you have any questions regarding your Billing Statement, call our toll free number at 1-800-426-7784.