

SYMETRA[®]

FINANCIAL

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

EXCESS LOSS SCHEDULE OF BENEFITS

A. Policyholder:

Policy Number:

Effective Date of Coverage:

Policyholder Anniversary Date: 1st of each year beginning in

Premium Due Date: Premium is due on the Effective Date of Coverage and the first of each month beginning with

Enrollment (at the beginning of the Policy Period):

Retirees covered under Excess Loss: Yes No

Individual and Aggregate coverages

Individual coverage only

Aggregate coverage only

B. This Schedule of Benefits applies to the Policy Period: from to

Revised date: Effective date:

C. Individual Excess Loss Insurance: Yes No

1. Individual Deductible per \$

2. Alternate Individual Deductibles applicable?

Yes (See Excess Loss Alternate Reimbursement Endorsement) No

3. Covered Expenses:

Medical excluding all Prescription Drugs

Medical including Prescription Drugs defined as **ONE** of the following:

Rx Card and Mail Order Rx Card Only Rx Mail Order Only **OR**

Rx as part of Medical Plan subject to a Deductible and Coinsurance

Other

EXCESS LOSS SCHEDULE OF BENEFITS

Applies to Policy Period: from to
Revised date: Effective date:

4. Symetra's Reimbursement Percentage:

5. Individual Lifetime Reimbursement Maximum:
Policy Period Reimbursement Maximum:

6. Premium Rates:
Covered Units

7. Reimbursement Option:
Covered Expenses incurred on or after the Policy Effective Date and paid during the Policy Period with:

Run-in Period	months	Run-in Limit	\$
Run-out Period	months	Run-out Limit	\$

8. Individual Excess Loss Terminal Provision applicable? Yes No
Terminal Run-out Period: months

9. Individual Excess Loss Advantage Provision applicable? Yes No
Individual Advantage Deductible \$

10. Individual Advantage Deductible applies toward the Aggregate Attachment Point? Yes No

EXCESS LOSS SCHEDULE OF BENEFITS

Applies to Policy Period: from _____ to _____
Revised date: _____ Effective date: _____

D. Aggregate Excess Loss Insurance: Yes No

1. Covered Expenses:

Medical excluding all Prescription Drugs

Medical including Prescription Drugs defined as **ONE** of the following:

Rx Card and Mail Order Rx Card Only Rx Mail Order Only **OR**

Rx as part of Medical Plan subject to a Deductible and Coinsurance

Vision

Dental

Short-Term Disability

Other

2. Aggregate Attachment Point will be set by Symetra.

3. Symetra's Reimbursement Percentage:

4. Aggregate Reimbursement Maximum per Policy Period: \$

5. Monthly Aggregate Accommodation Provision applicable? Yes No

Monthly Aggregate Accommodation premium \$

Paid:

6. Reimbursement Option:

Covered Expenses incurred on or after the Policy Effective Date and paid during the Policy Period with:

Run-in Period months Run-in Limit \$

Run-out Period months Run-out Limit \$

7. Minimum Aggregate Attachment Point:

 % of the first Monthly Aggregate Attachment Point x .

8. Monthly Aggregate Attachment Factors:

Covered Units

EXCESS LOSS SCHEDULE OF BENEFITS

Applies to Policy Period: from to
Revised date: Effective date:

9. Aggregate Excess Loss Terminal Provision applicable? Yes No
Terminal Run-out Period months
Terminal Factors:
Covered Units

10. Aggregate Excess Loss premium: \$
Paid:

11. Net Claim Limit: \$ per

E. Medical Conversion Privilege: Yes No
\$ monthly rate per employee.

F. Endorsements Included

Individual Excess Loss Advance Funding Endorsement
Excess Loss Alternate Reimbursement Endorsement

G. Additional Information:

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H. Associated Companies:

Name	Effective Date	Termination Date
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