



Policy Number 01-016209-00
 Client ID LE-000303
 Billing Period February 2014
 Please Remit by February 28, 2014

BENEFITS DEPARTMENT EMPLOYER'S SELF ADMINISTERED BILLING STATEMENT

MAIL TO: Okaloosa County Board of Commissioners
 Attn: Sue Barrow
 601 A. North Pearl Street, Suite 204
 Crestview, FL 32536

POLICYHOLDER:
 Okaloosa County Board of Commissioners

Please calculate premium and fees due and submit your payment via ACH, wire or check in the enclosed envelope.

	Number of Lives	Volume		Rate	Premium/Fees
Basic Life CL 1,2	694	17,078,500.00	X	0.1590 / 1,000	\$ 2,715.48
Basic AD&D CL 1,2	694	17,078,500.00	X	0.0250 / 1,000	\$ 426.96
Supp Life CL 1,2	299.00	32,181,500.00	X	*See remarks	\$ 12,144.89
Supp AD&D CL 1,2	232	24,736,500.00	X	0.0200 / 1,000	\$ 494.73
Supp Spouse Life CL 1,2	99.00	2,970,000.00	X	*See remarks	\$ 1,427.03
Supp Child Life CL 1,2	83	692,500.00	X	0.1000 / 1,000	\$ 69.25
LTD CL 1,2	694		X	4.6200 / member / month	\$ 3,206.28
Buy-Up Disability CL 1,1	196		X	3.3600 / member / month	\$ 658.56

* Coverage is step rated by age band. See Admin Kit or Call toll free number.

Remarks and Adjustment Explanation:

Total Premium/Fees	\$ 21,143.17
Adjustments	
Current Account Balance	
as of	
Gross Premium/Fees Due	\$ 21,143.17
Prepared By	
Date	
Last Payment Received	

Make Check Payable to: Symetra Life Insurance Company

Return Statement & Premium/Fees to:
Symetra Life Insurance Company
Benefit Accounting Services
C/O Wells Fargo
PO Box 1491
Minneapolis MN 55480-1491

Coverages or Rates listed incorrectly? Address Change? Call 1-800-426-7784



Policy Number 01-016209-00
 Client ID LE-000303
 Billing Period AMENDED February 2014

BENEFITS DEPARTMENT EMPLOYER'S SELF ADMINISTERED BILLING STATEMENT

MAIL TO: Okaloosa County Board of Commissioners
 Attn: Sue Barrow
 601 A. North Pearl Street, Suite 204
 Crestview, FL 32536

POLICYHOLDER:
 Okaloosa County Board of Commissioners

Please calculate premium and fees due and submit your payment via ACH, wire or check in the enclosed envelope.

	Number of Lives	Volume		Rate	Premium/Fees
Basic Life CL 1,2	101	2,525,000.00	X	0.1590 / 1,000	\$ 401.48
Basic AD&D CL 1,2	101	2,525,000.00	X	0.0250 / 1,000	\$ 63.13
Supp Life CL 1,2	32.00	4,575,000.00	X	*See remarks	\$ 891.50
Supp AD&D CL 1,2	10	1,625,000.00	X	0.0200 / 1,000	\$ 32.50
Supp Spouse Life CL 1,2	15.00	412,500.00	X	*See remarks	\$ 126.38
Supp Child Life CL 1,2	19	172,500.00	X	0.1000 / 1,000	\$ 17.25
LTD CL 1,2	101		X	4.6200 / member / month	\$ 466.62
Buy-Up Disability CL 1,1	23		X	3.3600 / member / month	\$ 77.28

* Coverage is step rated by age band. See Admin Kit or Call toll free number.

Remarks and Adjustment Explanation:

Total Premium/Fees	\$ 2,076.13
Adjustments	
Current Account Balance as of	
Gross Premium/Fees Due	\$ 2,076.13
Prepared By	
Date	
Last Payment Received	

Make Check Payable to: Symetra Life Insurance Company

Return Statement & Premium/Fees to:
Symetra Life Insurance Company
Benefit Accounting Services
C/O Wells Fargo
PO Box 1491
Minneapolis MN 55480-1491

Coverages or Rates listed incorrectly? Address Change? Call 1-800-426-7784



Policy Number 01-016209-00
 Client ID LE-000303
 Billing Period February 2014
 Please Remit by February 28, 2014

BENEFITS DEPARTMENT EMPLOYER'S SELF ADMINISTERED BILLING STATEMENT

MAIL TO: Okaloosa County Board of Commissioners
 Attn: Sue Barrow
 601 A. North Pearl Street, Suite 204
 Crestview, FL 32536

POLICYHOLDER:
 Okaloosa County Board of Commissioners

Please calculate premium and fees due and submit your payment via ACH, wire or check in the enclosed envelope.

	Number of Lives	Volume		Rate	Premium/Fees
Basic Life CL 1,2	39	915,500.00	X	0.1590 / 1,000	\$ 145.56
Basic AD&D CL 1,2	39	915,500.00	X	0.0250 / 1,000	\$ 22.89
Supp Life CL 1,2	17.00	2,375,000.00	X	*See remarks	\$ 867.25
Supp AD&D CL 1,2	5	875,000.00	X	0.0200 / 1,000	\$ 17.50
Supp Spouse Life CL 1,2	9.00	375,000.00	X	*See remarks	\$ 191.75
Supp Child Life CL 1,2	5	42,500.00	X	0.1000 / 1,000	\$ 4.25
LTD CL 1,2	39		X	4.6200 / member / month	\$ 180.18
Buy-Up Disability CL 1,1	8		X	3.3600 / member / month	\$ 26.88

* Coverage is step rated by age band. See Admin Kit or Call toll free number.

Remarks and Adjustment Explanation:

Total Premium/Fees	\$ 1,456.26
Adjustments	
Current Account Balance as of	
Gross Premium/Fees Due	\$ 1,456.26
Prepared By	
Date	
Last Payment Received	

Make Check Payable to: Symetra Life Insurance Company

Return Statement & Premium/Fees to:

Symetra Life Insurance Company
Benefit Accounting Services
C/O Wells Fargo
PO Box 1491
Minneapolis MN 55480-1491

Coverages or Rates listed incorrectly? Address Change? Call 1-800-426-7784