



200555M

Policy Number 01-016672-00
 Client ID: LE-002528
 Invoice Number 1486955
 Billing Period September 2020
 Please Remit by September 1, 2020

BENEFITS DIVISION POLICYHOLDER SELF ADMINISTERED BILLING STATEMENT

MAIL TO: The City of Gainesville
 Attn: Steve Varvel
 222 East University Avenue
 Gainesville, FL 32601

POLICYHOLDER:
 The City of Gainesville

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 CL1,2,3			X	0.3140 / 1,000	
Total Premium/Fees					
Adjustments					
Gross Premium/Fees Due					
Prepared by					
Date					

Policyholder Remarks and Adjustment Explanation:

Make Check Payable to: Symetra Life Insurance Company

Return Statement & Premium/Fees to:
Symetra Life Insurance Company
Benefits Division - 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**

I, Steven Varvel, certify the listed services/commodities were received in good order and are in accordance with the Terms and Conditions of the Purchase Order, Contract, and/or Proposal and are hereby authorized for payment in the amount of \$38,341.11.

Risk Management Director



Pay online at www.symetra.com/GO or mail payment to:

Symetra Life Insurance Company
P.O. Box 1491
Minneapolis, MN 55480-1491

PREMIUM CALCULATION

Thank you for your continued business with Symetra. The following is your premium calculation results based on the data you entered on Group Online (GO). If you have chosen to remit payment via check, please include a printed copy of this letter with your payment submission. Payments can also be made online at www.symetra.com/GO.

Policyholder: The City of Gainesville
Policy Number: 01-016672-00
Printed by: Marie C Mercer
Print date: 9/1/2020
Client Id: LE-002528
Billing Period: September 2020

COVERAGES/SERVICES

Coverage Type	Class	Number of Lives	Volume	Rate	Premium / Fees	Adjustments
Basic Life	1 - 3	3620	122,105,458.82	0.314 / 1000	\$38,341.11	

Total Amount Due

Total Premium / Fees	\$38,341.11
Adjustments	\$0.00
Gross Premium / Fees	\$38,341.11

WorkSheet

Symetra Group Life Insurance Worksheet			Sep-20	
		Covered Units	Volume	Premium
Retirees	Pension	1,441	\$10,220,000.00	\$ 3,209.08
	rehired retirees	(39)	(\$265,000.00)	\$ (83.21)
	Gas	-		\$ -
Actives		2,211	\$110,400,458.82	\$ 34,665.74
Charter Officers		7	\$ 1,750,000.00	\$ 549.50
TOTAL		3,620	\$122,105,458.82	\$ 38,341.11
Volume *rate/thousand (.3140)			\$ 38,341.11	