

SYMETRA®

FINANCIAL

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

MEMBER ELECTION Select Benefits

Mail to:
Horan Associates, Inc.
P.O. Box 18247
Fairfield, OH 45018-0247
P 1-513-794-2970
F 1-513-794-2971
healthshare@horanassoc.com

Member Company Legal Name			Administrative Contact and Title			
Street Address			E-mail Address			
City	State	Zip	Telephone Number and Fax Number			
Mailing Address			Requested Start Date			
City	State	Zip	Nature of Business			
Case Number	Eligible # of Employees		Eligible Classes of Employees: Full-time Part-time Other			
Division Number _____						
Employer Contribution	Plan Choice:					
_____ % or amount _____						
Waiting Period for Plan Eligibility:						
1st of the month following:	Date of Hire	30 days employment	60 days employment	90 days employment		
Other _____						

Note: Please complete this form in its entirety. Incomplete Member Election Forms will not be accepted and will be returned to the Agent/Broker.

Conditions:

1. This Member Election Form is subject to acceptance by Symetra Life Insurance Company.
2. This plan is not intended to replace major medical coverage.
3. All necessary administrative information concerning all covered persons shall be subject to the provisions of the policy and shall be furnished to Symetra by the participating employer.
4. All benefits shall be in accordance with those agreed to by Symetra.

Employer's Election and Certification:

The undersigned employer hereby elects to participate in the LifeSpan, Inc. dba HealthShare Select's group policy and is affirmatively stating that they are a member and eligible to participate in the group policy for their employees as now or hereafter in effect or modified.

I agree that all statements and answers recorded on this application are true and complete to the best of my knowledge and belief, and shall form a part of any policy issued.

Signed by _____ Title _____ Date _____

Servicing Agent's Certification:

I hereby certify that:

- a) All information set forth above is correct to the best of my knowledge;
- b) I have complied fully with the underwriting guidelines;
- c) I have explained this Member Election Form and the proposed insurance plan in detail to the applicant; and
- d) To the best of my knowledge the above employer is financially sound.

I further certify that all agents involved in presentation of this account

- a) Are licensed by Symetra Life Insurance Company; or
- b) Have submitted the necessary paperwork to become a licensed agent through Symetra Life Insurance Company.

Name (Print) _____

Signature _____

Date _____

Address _____

Agent License Number _____

City _____ State _____ Zip _____

Tax ID No. _____

Telephone No. _____ Fax _____

Commission Share _____ % Symetra Writing Number _____

