Group Department
Employer's Self Administered Billing Statement

Policy Holder:
Secondary School Cooperative Risk Management Pool
Glenbrook High School District 225
3801 W. Lake Ave. Suite 200
Glenview, IL. 60026

Billing Period: **August 1, 2012**

Policy Number: 16-012229-000

000020
Attn: Danielle Powers
Mail To: Secondary School Cooperative Risk Management Pool
2800 S. River Road, Suite 130
Des Plaines, IL 60018

Return Statement And Premium To:
SYMETRA LIFE INSURANCE COMPANY
GROUP ACCOUNTING SERVICES
C/O WELLS FARGO
PO BOX 1491
MINNEAPOLIS, MN 55480-1491

Address Change? Coverages or rates incorrect?
Call Toll Free: 1-800-426-7784

Please remit by: **August 1, 2012**
Make Checks Payable to: Symetra Life Insurance

Please calculate premiums due and submit this completed statement with your check in the enclosed envelope.

All Employees

Specific	Composite		Rate		
	499	X	$24.92	=	$12,435.08
			Adjustments	=	$0.00
			Subtotal	=	$12,435.08

Remarks

Total Premium Due = $12,435.08

Prepared by: _____ Date _____

Symetra Life Insruance Company - Group Life Department - 777 108th Ave NE, Suite 1200 - Bellevue, WA 98004-5135
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