

Symetra Life Insurance Company

Group Department
Employer's Self-Administered Billing Statement
Billing Period Jul-12 Binder Check

Policy Number:

Return statement and premium to:

Corporate Benefit Consultants, Inc.
2800 S. River Road, Suite 130
Des Plaines, IL 60015
Attn: RHONDA SANDERS

Please remit by: PRIOR TO JUNE 1, 2012

Make Check Payable to: SYMETRA LIFE INSURANCE COMPANY

BINDER CHECK FOR
Association:

Secondary School Cooperative Risk Management Pool
Glenbrook High School District 225

Individual Excess Loss	# Units		Rate		Premium
	506	x	\$ 24.92	=	\$ 12,609.52

Current Month Premium = \$ 12,609.52