

SUN LIFE FINANCIAL  
SELF ADMINISTERED BILLING SUMMARY

Group Name: CITY OF GLENDALE  
Policy Number: 240367-0001

Customer #: 240367  
Coverage Period: 1/1/2018 - 1/31/2018

<u>Coverage</u>	<u>W/P</u>	<u>lo of Insured</u>	<u>Volume</u>	<u>Rate</u>	<u>ite Descripti</u>	<u>Premium Due</u>
1 Employee Li	D2	1,664	114,965,077	0.065	Per \$1000 \$	7,472.73
2 Retiree Life	D2	332	21,807,077	0.065	Per \$1000 \$	1,417.46
3 Dependent I	D2	1,128	0	0.280	Per Depend \$	315.84
4 Optional Em	E1	0	0	0.060	Per \$1000 \$	-
5 Optional Em	E1	13	2,750,000	0.060	Per \$1000 \$	165.00
6 Optional Em	E1	45	8,050,000	0.060	Per \$1000 \$	483.00
7 Optional Em	E1	80	15,150,000	0.080	Per \$1000 \$	1,212.00
8 Optional Em	E1	115	24,150,000	0.090	Per \$1000 \$	2,173.50
9 Optional Em	E1	118	22,100,000	0.150	Per \$1000 \$	3,315.00
10 Optional Em	E1	148	24,600,000	0.240	Per \$1000 \$	5,904.00
11 Optional Em	E1	127	19,650,000	0.420	Per \$1000 \$	8,253.00
12 Optional Em	E1	75	9,150,000	0.690	Per \$1000 \$	6,313.50
13 Optional Em	E1	38	5,500,000	1.020	Per \$1000 \$	5,610.00
14 Optional Em	E1	10	1,200,000	1.520	Per \$1000 \$	1,824.00
15 Optional Em	E1	1	130,000	2.370	Per \$1000 \$	308.10
16 Optional Em	E1	1	22,500	2.370	Per \$1000 \$	53.33
17 Optional Spc	E2	0	0	0.060	Per \$1000 S1 \$	-
18 Optional Spc	E2	1	100,000	0.060	Per \$1000 S1 \$	6.00
19 Optional Spc	E2	4	400,000	0.060	Per \$1000 S1 \$	24.00
20 Optional Spc	E2	24	2,150,000	0.080	Per \$1000 S1 \$	172.00
21 Optional Spc	E2	39	3,525,000	0.090	Per \$1000 S1 \$	317.25
22 Optional Spc	E2	38	2,875,000	0.150	Per \$1000 S1 \$	431.25
23 Optional Spc	E2	36	2,700,000	0.240	Per \$1000 S1 \$	648.00
24 Optional Spc	E2	41	2,750,000	0.420	Per \$1000 S1 \$	1,155.00
25 Optional Spc	E2	28	1,825,000	0.690	Per \$1000 S1 \$	1,259.25
26 Optional Spc	E2	10	500,000	1.020	Per \$1000 S1 \$	510.00
27 Optional Spc	E2	3	250,000	1.520	Per \$1000 S1 \$	380.00
28 Optional Spc	E2	2	48,750	1.520	Per \$1000 S1 \$	74.10
29 Optional Spc	E2	0	0	1.520	Per \$1000 S1 \$	-
30 Optional Chi	E3	314	0	0.760	Per Child Un \$	238.64
31 AD/D	D1	1,664	114,965,333	0.015	Per \$1000 \$	1,724.48
32 Optional Em	E1	771	132,452,500	0.020	Per \$1000 \$	2,649.05
<b>Total Due \$</b>						<b>54,409.48</b>

SUN LIFE FINANCIAL  
SELF ADMINISTERED BILLING SUMMARY

Group Name: CITY OF GLENDALE  
Policy Number: 240367-0001

Customer #: 240367  
Coverage Period: 12/1/2018 - 12/31/2018

	<u>Coverage</u>	<u>W/P</u>	<u>No of Insureds</u>	<u>Volume</u>	<u>Rate</u>	<u>Rate Description</u>	<u>Premium Due</u>
1	Employee Life	D1	1,685	119,461,077	0.065	Per \$1000	\$ 7,764.97
2	Retiree Life	D1	317	21,162,000	0.065	Per \$1000	\$ 1,375.53
3	Dependent Life	D2	1,142	0	0.280	Per Dependent Unit	\$ 319.76
4	Optional Employee Life <20	E1	0	0	0.060	Per \$1000	\$ -
5	Optional Employee Life 20-24	E1	15	2,300,000	0.060	Per \$1000	\$ 138.00
6	Optional Employee Life 25-29	E1	44	8,250,000	0.060	Per \$1000	\$ 495.00
7	Optional Employee Life 30-34	E1	77	12,600,000	0.080	Per \$1000	\$ 1,008.00
8	Optional Employee Life 35-39	E1	114	24,850,000	0.090	Per \$1000	\$ 2,236.50
9	Optional Employee Life 40-44	E1	122	23,800,000	0.150	Per \$1000	\$ 3,570.00
10	Optional Employee Life 45-49	E1	143	23,100,000	0.240	Per \$1000	\$ 5,544.00
11	Optional Employee Life 50-54	E1	132	20,250,000	0.420	Per \$1000	\$ 8,505.00
12	Optional Employee Life 55-59	E1	78	10,600,000	0.690	Per \$1000	\$ 7,314.00
13	Optional Employee Life 60-64	E1	42	5,050,000	1.020	Per \$1000	\$ 5,151.00
14	Optional Employee Life 65-69	E1	10	1,100,000	1.520	Per \$1000	\$ 1,672.00
15	Optional Employee Life 70-74	E1	2	195,000	2.370	Per \$1000	\$ 462.15
16	Optional Employee Life 75-and over	E1	1	22,500	2.370	Per \$1000	\$ 53.33
17	Optional Spousal Life <20	E2	0	0	0.060	Per \$1000 Spouse	\$ -
18	Optional Spousal Life 20-24	E2	2	200,000	0.060	Per \$1000 Spouse	\$ 12.00
19	Optional Spousal Life 25-29	E2	8	750,000	0.060	Per \$1000 Spouse	\$ 45.00
20	Optional Spousal Life 30-34	E2	18	1,650,000	0.080	Per \$1000 Spouse	\$ 132.00
21	Optional Spousal Life 35-39	E2	37	3,225,000	0.090	Per \$1000 Spouse	\$ 290.25
22	Optional Spousal Life 40-44	E2	43	3,400,000	0.150	Per \$1000 Spouse	\$ 510.00
23	Optional Spousal Life 45-49	E2	34	2,550,000	0.240	Per \$1000 Spouse	\$ 612.00
24	Optional Spousal Life 50-54	E2	37	2,525,000	0.420	Per \$1000 Spouse	\$ 1,060.50
25	Optional Spousal Life 55-59	E2	37	2,525,000	0.690	Per \$1000 Spouse	\$ 1,742.25
26	Optional Spousal Life 60-64	E2	13	575,000	1.020	Per \$1000 Spouse	\$ 586.50
27	Optional Spousal Life 65-69	E2	3	250,000	1.520	Per \$1000 Spouse	\$ 380.00
28	Optional Spousal Life 70-74	E2	1	32,500	1.520	Per \$1000 Spouse	\$ 49.40
29	Optional Spousal 75-and over	E2	1	11,250	1.520	Per \$1000 Spouse	\$ 17.10
30	Optional Child Life	E4	314	0	0.760	Per Child Unit	\$ 238.64
31	AD/D	D1	1,685	119,461,333	0.015	Per \$1000	\$ 1,791.92
32	Optional Employee AD/D	E1	780	132,117,500	0.020	Per \$1000	\$ 2,642.35
<b>Total Due</b>							<b>\$ 55,719.15</b>

SUN LIFE FINANCIAL  
SELF ADMINISTERED BILLING SUMMARY

Group Name: CITY OF GLENDALE  
Policy Number: 240367-0001

Customer #: 240367  
Coverage Period: 11/1/2018 - 11/30/2018

<u>Coverage</u>	<u>W/P</u>	<u>lo of Insured</u>	<u>Volume</u>	<u>Rate</u>	<u>Rate Description</u>	<u>Premium Due</u>
1 Employee Li	D1	1,686	119,337,077	0.065	Per \$1000	\$ 7,756.91
2 Retiree Life	D1	319	21,291,077	0.065	Per \$1000	\$ 1,383.92
3 Dependent I	D2	1,140	0	0.280	Per Dependent Unit	\$ 319.20
4 Optional Em	E1	0	0	0.060	Per \$1000	\$ -
5 Optional Em	E1	14	2,050,000	0.060	Per \$1000	\$ 123.00
6 Optional Em	E1	43	8,200,000	0.060	Per \$1000	\$ 492.00
7 Optional Em	E1	79	13,300,000	0.080	Per \$1000	\$ 1,064.00
8 Optional Em	E1	115	24,600,000	0.090	Per \$1000	\$ 2,214.00
9 Optional Em	E1	126	24,200,000	0.150	Per \$1000	\$ 3,630.00
10 Optional Em	E1	140	23,050,000	0.240	Per \$1000	\$ 5,532.00
11 Optional Em	E1	134	20,500,000	0.420	Per \$1000	\$ 8,610.00
12 Optional Em	E1	74	10,050,000	0.690	Per \$1000	\$ 6,934.50
13 Optional Em	E1	42	4,950,000	1.020	Per \$1000	\$ 5,049.00
14 Optional Em	E1	11	1,200,000	1.520	Per \$1000	\$ 1,824.00
15 Optional Em	E1	2	195,000	2.370	Per \$1000	\$ 462.15
16 Optional Em	E1	1	22,500	2.370	Per \$1000	\$ 53.33
17 Optional Spc	E2	0	0	0.060	Per \$1000 Spouse	\$ -
18 Optional Spc	E2	2	150,000	0.060	Per \$1000 Spouse	\$ 9.00
19 Optional Spc	E2	7	700,000	0.060	Per \$1000 Spouse	\$ 42.00
20 Optional Spc	E2	20	1,800,000	0.080	Per \$1000 Spouse	\$ 144.00
21 Optional Spc	E2	37	3,225,000	0.090	Per \$1000 Spouse	\$ 290.25
22 Optional Spc	E2	43	3,425,000	0.150	Per \$1000 Spouse	\$ 513.75
23 Optional Spc	E2	34	2,525,000	0.240	Per \$1000 Spouse	\$ 606.00
24 Optional Spc	E2	35	2,475,000	0.420	Per \$1000 Spouse	\$ 1,039.50
25 Optional Spc	E2	36	2,425,000	0.690	Per \$1000 Spouse	\$ 1,673.25
26 Optional Spc	E2	13	575,000	1.020	Per \$1000 Spouse	\$ 586.50
27 Optional Spc	E2	3	250,000	1.520	Per \$1000 Spouse	\$ 380.00
28 Optional Spc	E2	2	48,750	1.520	Per \$1000 Spouse	\$ 74.10
29 Optional Spc	E2	0	0	1.520	Per \$1000 Spouse	\$ -
30 Optional Chi	E4	315	0	0.760	Per Child Unit	\$ 239.40
31 AD/D	D1	1,686	119,337,333	0.015	Per \$1000	\$ 1,790.06
32 Optional Em	E1	781	132,317,500	0.020	Per \$1000	\$ 2,646.35
<b>Total Due</b>						<b>\$ 55,482.17</b>

SUN LIFE FINANCIAL  
SELF ADMINISTERED BILLING SUMMARY

Group Name: CITY OF GLENDALE  
Policy Number: 240367-0001

Customer #: 240367  
Coverage Period: 10/1/2018 - 10/31/20

<u>Coverage</u>	<u>W/P</u>	<u>lo of Insured</u>	<u>Volume</u>	<u>Rate</u>	<u>Rate Description</u>	<u>Premium Due</u>
1 Employee Li	D1	1,680	119,093,077	0.065	Per \$1000	\$ 7,741.05
2 Retiree Life	D1	325	21,596,000	0.065	Per \$1000	\$ 1,403.74
3 Dependent I	D2	1,133	0	0.280	Per Dependent Unit	\$ 317.24
4 Optional Em	E1	0	0	0.060	Per \$1000	\$ -
5 Optional Em	E1	14	2,050,000	0.060	Per \$1000	\$ 123.00
6 Optional Em	E1	41	7,850,000	0.060	Per \$1000	\$ 471.00
7 Optional Em	E1	79	13,300,000	0.080	Per \$1000	\$ 1,064.00
8 Optional Em	E1	116	24,900,000	0.090	Per \$1000	\$ 2,241.00
9 Optional Em	E1	124	23,300,000	0.150	Per \$1000	\$ 3,495.00
10 Optional Em	E1	140	23,300,000	0.240	Per \$1000	\$ 5,592.00
11 Optional Em	E1	133	20,200,000	0.420	Per \$1000	\$ 8,484.00
12 Optional Em	E1	74	10,000,000	0.690	Per \$1000	\$ 6,900.00
13 Optional Em	E1	42	5,000,000	1.020	Per \$1000	\$ 5,100.00
14 Optional Em	E1	11	1,200,000	1.520	Per \$1000	\$ 1,824.00
15 Optional Em	E1	2	195,000	2.370	Per \$1000	\$ 462.15
16 Optional Em	E1	1	22,500	2.370	Per \$1000	\$ 53.33
17 Optional Spc	E2	0	0	0.060	Per \$1000 Spouse	\$ -
18 Optional Spc	E2	2	150,000	0.060	Per \$1000 Spouse	\$ 9.00
19 Optional Spc	E2	6	600,000	0.060	Per \$1000 Spouse	\$ 36.00
20 Optional Spc	E2	19	1,700,000	0.080	Per \$1000 Spouse	\$ 136.00
21 Optional Spc	E2	39	3,425,000	0.090	Per \$1000 Spouse	\$ 308.25
22 Optional Spc	E2	43	3,425,000	0.150	Per \$1000 Spouse	\$ 513.75
23 Optional Spc	E2	33	2,425,000	0.240	Per \$1000 Spouse	\$ 582.00
24 Optional Spc	E2	34	2,350,000	0.420	Per \$1000 Spouse	\$ 987.00
25 Optional Spc	E2	34	2,300,000	0.690	Per \$1000 Spouse	\$ 1,587.00
26 Optional Spc	E2	13	575,000	1.020	Per \$1000 Spouse	\$ 586.50
27 Optional Spc	E2	3	250,000	1.520	Per \$1000 Spouse	\$ 380.00
28 Optional Spc	E2	2	48,750	1.520	Per \$1000 Spouse	\$ 74.10
29 Optional Spc	E2	0	0	1.520	Per \$1000 Spouse	\$ -
30 Optional Chi	E4	313	0	0.760	Per Child Unit	\$ 237.88
31 AD/D	D1	1,680	119,093,333	0.015	Per \$1000	\$ 1,786.40
32 Optional Em	E1	777	131,317,500	0.020	Per \$1000	\$ 2,626.35
<b>Total Due</b>						<b>\$ 55,121.74</b>



SUN LIFE FINANCIAL  
SELF ADMINISTERED BILLING SUMMARY

Group Name: CITY OF GLENDALE  
Policy Number: 240367-0001

Customer #: 240367  
Coverage Period: 9/1/2018 - 9/30/2018

<u>Coverage</u>	<u>W/P</u>	<u>lo of Insured</u>	<u>Volume</u>	<u>Rate</u>	<u>ite Descripti</u>	<u>Premium Due</u>
1 Employee Li	D1	1,658	117,798,923	0.065	Per \$1000	\$ 7,656.93
2 Retiree Life	D1	325	21,596,000	0.065	Per \$1000	\$ 1,403.74
3 Dependent I	D3	1,128	0	0.280	Per Depend	\$ 315.84
4 Optional Em	E1	0	0	0.060	Per \$1000	\$ -
5 Optional Em	E1	14	2,150,000	0.060	Per \$1000	\$ 129.00
6 Optional Em	E1	41	7,850,000	0.060	Per \$1000	\$ 471.00
7 Optional Em	E1	79	13,500,000	0.080	Per \$1000	\$ 1,080.00
8 Optional Em	E1	114	24,300,000	0.090	Per \$1000	\$ 2,187.00
9 Optional Em	E1	128	23,950,000	0.150	Per \$1000	\$ 3,592.50
10 Optional Em	E1	141	23,400,000	0.240	Per \$1000	\$ 5,616.00
11 Optional Em	E1	126	19,350,000	0.420	Per \$1000	\$ 8,127.00
12 Optional Em	E1	73	9,950,000	0.690	Per \$1000	\$ 6,865.50
13 Optional Em	E1	43	5,050,000	1.020	Per \$1000	\$ 5,151.00
14 Optional Em	E1	10	1,150,000	1.520	Per \$1000	\$ 1,748.00
15 Optional Em	E1	2	195,000	2.370	Per \$1000	\$ 462.15
16 Optional Em	E1	1	22,500	2.370	Per \$1000	\$ 53.33
17 Optional Spc	E2	0	0	0.060	Per \$1000 Sj	\$ -
18 Optional Spc	E2	2	150,000	0.060	Per \$1000 Sj	\$ 9.00
19 Optional Spc	E2	6	600,000	0.060	Per \$1000 Sj	\$ 36.00
20 Optional Spc	E2	19	1,700,000	0.080	Per \$1000 Sj	\$ 136.00
21 Optional Spc	E2	39	3,425,000	0.090	Per \$1000 Sj	\$ 308.25
22 Optional Spc	E2	44	3,525,000	0.150	Per \$1000 Sj	\$ 528.75
23 Optional Spc	E2	32	2,300,000	0.240	Per \$1000 Sj	\$ 552.00
24 Optional Spc	E2	32	2,325,000	0.420	Per \$1000 Sj	\$ 976.50
25 Optional Spc	E2	33	2,200,000	0.690	Per \$1000 Sj	\$ 1,518.00
26 Optional Spc	E2	13	575,000	1.020	Per \$1000 Sj	\$ 586.50
27 Optional Spc	E2	3	250,000	1.520	Per \$1000 Sj	\$ 380.00
28 Optional Spc	E2	2	48,750	1.520	Per \$1000 Sj	\$ 74.10
29 Optional Spc	E2	0	0	1.520	Per \$1000 Sj	\$ -
30 Optional Chi	E4	317	0	0.760	Per Child Un	\$ 240.92
31 AD/D	D1	1,658	117,798,667	0.015	Per \$1000	\$ 1,766.98
32 Optional Em	E1	772	130,867,500	0.020	Per \$1000	\$ 2,617.35
Total Due						<b>\$ 54,589.34</b>

SUN LIFE FINANCIAL  
SELF ADMINISTERED BILLING SUMMARY

Group Name: CITY OF GLENDALE  
Policy Number: 240367-0001

Customer #: 240367  
Coverage Period: 8/1/2018 - 8/31/2018

	<u>Coverage</u>	<u>W/P</u>	<u>lo of Insured</u>	<u>Volume</u>	<u>Rate</u>	<u>ite Descripti</u>	<u>Premium Due</u>
1	Employee Li	D1	1,659	117,992,000	0.065	Per \$1000	\$ 7,669.48
2	Retiree Life	D1	330	21,946,000	0.065	Per \$1000	\$ 1,426.49
3	Dependent I	D3	1,127	0	0.280	Per Depend	\$ 315.56
4	Optional Em	E1	0	0	0.060	Per \$1000	\$ -
5	Optional Em	E1	13	1,950,000	0.060	Per \$1000	\$ 117.00
6	Optional Em	E1	39	7,350,000	0.060	Per \$1000	\$ 441.00
7	Optional Em	E1	82	14,050,000	0.080	Per \$1000	\$ 1,124.00
8	Optional Em	E1	114	24,500,000	0.090	Per \$1000	\$ 2,205.00
9	Optional Em	E1	124	23,050,000	0.150	Per \$1000	\$ 3,457.50
10	Optional Em	E1	144	24,150,000	0.240	Per \$1000	\$ 5,796.00
11	Optional Em	E1	127	19,700,000	0.420	Per \$1000	\$ 8,274.00
12	Optional Em	E1	70	9,350,000	0.690	Per \$1000	\$ 6,451.50
13	Optional Em	E1	44	5,550,000	1.020	Per \$1000	\$ 5,661.00
14	Optional Em	E1	10	1,150,000	1.520	Per \$1000	\$ 1,748.00
15	Optional Em	E1	2	195,000	2.370	Per \$1000	\$ 462.15
16	Optional Em	E1	1	22,500	2.370	Per \$1000	\$ 53.33
17	Optional Spc	E2	0	0	0.060	Per \$1000 S	\$ -
18	Optional Spc	E2	2	150,000	0.060	Per \$1000 S	\$ 9.00
19	Optional Spc	E2	4	400,000	0.060	Per \$1000 S	\$ 24.00
20	Optional Spc	E2	19	1,700,000	0.080	Per \$1000 S	\$ 136.00
21	Optional Spc	E2	41	3,625,000	0.090	Per \$1000 S	\$ 326.25
22	Optional Spc	E2	42	3,325,000	0.150	Per \$1000 S	\$ 498.75
23	Optional Spc	E2	33	2,350,000	0.240	Per \$1000 S	\$ 564.00
24	Optional Spc	E2	33	2,400,000	0.420	Per \$1000 S	\$ 1,008.00
25	Optional Spc	E2	31	2,075,000	0.690	Per \$1000 S	\$ 1,431.75
26	Optional Spc	E2	13	575,000	1.020	Per \$1000 S	\$ 586.50
27	Optional Spc	E2	3	250,000	1.520	Per \$1000 S	\$ 380.00
28	Optional Spc	E2	2	48,750	1.520	Per \$1000 S	\$ 74.10
29	Optional Spc	E2	0	0	1.520	Per \$1000 S	\$ -
30	Optional Chi	E4	314	0	0.760	Per Child Un	\$ 238.64
31	AD/D	D1	1,659	117,992,000	0.015	Per \$1000	\$ 1,769.88
32	Optional Em	E1	770	131,017,500	0.020	Per \$1000	\$ 2,620.35
<b>Total Due</b>							<b>\$ 54,869.23</b>

SUN LIFE FINANCIAL  
SELF ADMINISTERED BILLING SUMMARY

Group Name: CITY OF GLENDALE  
Policy Number: 240367-0001

Customer #: 240367  
Coverage Period: 7/1/2018 - 7/31/2018

	<u>Coverage</u>	<u>W/P</u>	<u>lo of Insured</u>	<u>Volume</u>	<u>Rate</u>	<u>Rate Descripti</u>	<u>Premium Due</u>
1	Employee Li	D1	1,654	117,700,000	0.065	Per \$1000 \$	7,650.50
2	Retiree Life	D1	335	22,239,077	0.065	Per \$1000 \$	1,445.54
3	Dependent I	D2	1,126	0	0.280	Per Depend€ \$	315.28
4	Optional Em	E1	0	0	0.060	Per \$1000 \$	-
5	Optional Em	E1	12	1,750,000	0.060	Per \$1000 \$	105.00
6	Optional Em	E1	40	7,550,000	0.060	Per \$1000 \$	453.00
7	Optional Em	E1	82	14,350,000	0.080	Per \$1000 \$	1,148.00
8	Optional Em	E1	114	24,050,000	0.090	Per \$1000 \$	2,164.50
9	Optional Em	E1	121	22,900,000	0.150	Per \$1000 \$	3,435.00
10	Optional Em	E1	148	25,050,000	0.240	Per \$1000 \$	6,012.00
11	Optional Em	E1	126	19,650,000	0.420	Per \$1000 \$	8,253.00
12	Optional Em	E1	68	8,950,000	0.690	Per \$1000 \$	6,175.50
13	Optional Em	E1	44	5,550,000	1.020	Per \$1000 \$	5,661.00
14	Optional Em	E1	10	1,150,000	1.520	Per \$1000 \$	1,748.00
15	Optional Em	E1	2	195,000	2.370	Per \$1000 \$	462.15
16	Optional Em	E1	2	22,500	2.370	Per \$1000 \$	53.33
17	Optional Spc	E2	0	0	0.060	Per \$1000 S <sub>f</sub> \$	-
18	Optional Spc	E2	1	50,000	0.060	Per \$1000 S <sub>f</sub> \$	3.00
19	Optional Spc	E2	4	400,000	0.060	Per \$1000 S <sub>f</sub> \$	24.00
20	Optional Spc	E2	19	1,700,000	0.080	Per \$1000 S <sub>f</sub> \$	136.00
21	Optional Spc	E2	42	3,725,000	0.090	Per \$1000 S <sub>f</sub> \$	335.25
22	Optional Spc	E2	41	3,250,000	0.150	Per \$1000 S <sub>f</sub> \$	487.50
23	Optional Spc	E2	33	2,375,000	0.240	Per \$1000 S <sub>f</sub> \$	570.00
24	Optional Spc	E2	35	2,550,000	0.420	Per \$1000 S <sub>f</sub> \$	1,071.00
25	Optional Spc	E2	30	1,950,000	0.690	Per \$1000 S <sub>f</sub> \$	1,345.50
26	Optional Spc	E2	12	550,000	1.020	Per \$1000 S <sub>f</sub> \$	561.00
27	Optional Spc	E2	3	250,000	1.520	Per \$1000 S <sub>f</sub> \$	380.00
28	Optional Spc	E2	2	48,750	1.520	Per \$1000 S <sub>f</sub> \$	74.10
29	Optional Spc	E2	0	0	1.520	Per \$1000 S <sub>f</sub> \$	-
30	Optional Chi	E4	316	0	0.760	Per Child Un \$	240.16
31	AD/D	D1	1,654	117,700,000	0.015	Per \$1000 \$	1,765.50
32	Optional Em	E1	768	131,167,500	0.020	Per \$1000 \$	2,623.35
<b>Total Due \$</b>							<b>54,698.16</b>



SUN LIFE FINANCIAL  
SELF ADMINISTERED BILLING SUMMARY

Group Name: CITY OF GLENDALE  
Policy Number: 240367-0001

Customer #: 240367  
Coverage Period: 6/1/2018 - 6/30/2018

<u>Coverage</u>	<u>W/P</u>	<u>No of Insureds</u>	<u>Volume</u>	<u>Rate</u>	<u>Rate Description</u>	<u>Premium Due</u>
1 Employee Life	D1	1,660	114,653,077	0.065	Per \$1000	\$ 7,452.45
2 Retiree Life	D1	331	21,925,077	0.065	Per \$1000	\$ 1,425.13
3 Dependent Life	D2	1,130	0	0.280	Per Dependent Unit	\$ 316.40
4 Optional Employee Life <20	E1	0	0	0.060	Per \$1000	\$ -
5 Optional Employee Life 20-24	E1	12	1,750,000	0.060	Per \$1000	\$ 105.00
6 Optional Employee Life 25-29	E1	45	8,100,000	0.060	Per \$1000	\$ 486.00
7 Optional Employee Life 30-34	E1	78	14,150,000	0.080	Per \$1000	\$ 1,132.00
8 Optional Employee Life 35-39	E1	118	25,000,000	0.090	Per \$1000	\$ 2,250.00
9 Optional Employee Life 40-44	E1	120	22,550,000	0.150	Per \$1000	\$ 3,382.50
10 Optional Employee Life 45-49	E1	148	25,500,000	0.240	Per \$1000	\$ 6,120.00
11 Optional Employee Life 50-54	E1	126	19,400,000	0.420	Per \$1000	\$ 8,148.00
12 Optional Employee Life 55-59	E1	70	8,850,000	0.690	Per \$1000	\$ 6,106.50
13 Optional Employee Life 60-64	E1	44	5,950,000	1.020	Per \$1000	\$ 6,069.00
14 Optional Employee Life 65-69	E1	11	1,250,000	1.520	Per \$1000	\$ 1,900.00
15 Optional Employee Life 70-74	E1	1	130,000	2.370	Per \$1000	\$ 308.10
16 Optional Employee Life 75-and over	E1	1	22,500	2.370	Per \$1000	\$ 53.33
17 Optional Spousal Life <20	E2	0	0	0.060	Per \$1000 Spouse	\$ -
18 Optional Spousal Life 20-24	E2	2	150,000	0.060	Per \$1000 Spouse	\$ 9.00
19 Optional Spousal Life 25-29	E2	3	300,000	0.060	Per \$1000 Spouse	\$ 18.00
20 Optional Spousal Life 30-34	E2	22	1,950,000	0.080	Per \$1000 Spouse	\$ 156.00
21 Optional Spousal Life 35-39	E2	43	3,875,000	0.090	Per \$1000 Spouse	\$ 348.75
22 Optional Spousal Life 40-44	E2	37	2,900,000	0.150	Per \$1000 Spouse	\$ 435.00
23 Optional Spousal Life 45-49	E2	36	2,625,000	0.240	Per \$1000 Spouse	\$ 630.00
24 Optional Spousal Life 50-54	E2	34	2,350,000	0.420	Per \$1000 Spouse	\$ 987.00
25 Optional Spousal Life 55-59	E2	33	2,200,000	0.690	Per \$1000 Spouse	\$ 1,518.00
26 Optional Spousal Life 60-64	E2	11	500,000	1.020	Per \$1000 Spouse	\$ 510.00
27 Optional Spousal Life 65-69	E2	3	250,000	1.520	Per \$1000 Spouse	\$ 380.00
28 Optional Spousal Life 70-74	E2	2	48,750	1.520	Per \$1000 Spouse	\$ 74.10
29 Optional Spousal 75-and over	E2	0	0	1.520	Per \$1000 Spouse	\$ -
30 Optional Child Life	E4	320	0	0.760	Per Child Unit	\$ 243.20
31 AD/D	D1	1,660	114,653,333	0.015	Per \$1000	\$ 1,719.80
32 Optional Employee AD/D	E1	774	132,652,500	0.020	Per \$1000	\$ 2,653.05
<b>Total Due</b>						<b>\$ 54,936.31</b>

SUN LIFE FINANCIAL  
SELF ADMINISTERED BILLING SUMMARY

Group Name: CITY OF GLENDALE  
Policy Number: 240367-0001

Customer #: 240367  
Coverage Period: 5/1/2018 - 5/31/2018

<u>Coverage</u>	<u>W/P</u>	<u>lo of Insured</u>	<u>Volume</u>	<u>Rate</u>	<u>Rate Description</u>	<u>Premium Due</u>
1 Employee Li	D1	1,653	114,309,077	0.065	Per \$1000	\$ 7,430.09
2 Retiree Life	D1	334	22,053,077	0.065	Per \$1000	\$ 1,433.45
3 Dependent I	D2	1,127	0	0.280	Per Dependent Unit	\$ 315.56
4 Optional Em	E1	0	0	0.060	Per \$1000	\$ -
5 Optional Em	E1	15	2,050,000	0.060	Per \$1000	\$ 123.00
6 Optional Em	E1	45	8,100,000	0.060	Per \$1000	\$ 486.00
7 Optional Em	E1	76	13,900,000	0.080	Per \$1000	\$ 1,112.00
8 Optional Em	E1	119	24,850,000	0.090	Per \$1000	\$ 2,236.50
9 Optional Em	E1	119	22,400,000	0.150	Per \$1000	\$ 3,360.00
10 Optional Em	E1	146	25,100,000	0.240	Per \$1000	\$ 6,024.00
11 Optional Em	E1	128	19,650,000	0.420	Per \$1000	\$ 8,253.00
12 Optional Em	E1	75	9,200,000	0.690	Per \$1000	\$ 6,348.00
13 Optional Em	E1	40	5,700,000	1.020	Per \$1000	\$ 5,814.00
14 Optional Em	E1	12	1,400,000	1.520	Per \$1000	\$ 2,128.00
15 Optional Em	E1	1	130,000	2.370	Per \$1000	\$ 308.10
16 Optional Em	E1	1	22,500	2.370	Per \$1000	\$ 53.33
17 Optional Spc	E2	0	0	0.060	Per \$1000 Spouse	\$ -
18 Optional Spc	E2	2	150,000	0.060	Per \$1000 Spouse	\$ 9.00
19 Optional Spc	E2	3	300,000	0.060	Per \$1000 Spouse	\$ 18.00
20 Optional Spc	E2	23	2,050,000	0.080	Per \$1000 Spouse	\$ 164.00
21 Optional Spc	E2	43	3,825,000	0.090	Per \$1000 Spouse	\$ 344.25
22 Optional Spc	E2	37	2,900,000	0.150	Per \$1000 Spouse	\$ 435.00
23 Optional Spc	E2	38	2,775,000	0.240	Per \$1000 Spouse	\$ 666.00
24 Optional Spc	E2	35	2,350,000	0.420	Per \$1000 Spouse	\$ 987.00
25 Optional Spc	E2	32	2,125,000	0.690	Per \$1000 Spouse	\$ 1,466.25
26 Optional Spc	E2	9	425,000	1.020	Per \$1000 Spouse	\$ 433.50
27 Optional Spc	E2	3	250,000	1.520	Per \$1000 Spouse	\$ 380.00
28 Optional Spc	E2	2	48,750	1.520	Per \$1000 Spouse	\$ 74.10
29 Optional Spc	E2	0	0	1.520	Per \$1000 Spouse	\$ -
30 Optional Chi	E4	320	0	0.760	Per Child Unit	\$ 243.20
31 AD/D	D1	1,653	114,309,333	0.015	Per \$1000	\$ 1,714.64
32 Optional Em	E1	777	132,502,500	0.020	Per \$1000	\$ 2,650.05
<b>Total Due</b>						<b>\$ 55,010.02</b>

SUN LIFE FINANCIAL  
SELF ADMINISTERED BILLING SUMMARY

Group Name: CITY OF GLENDALE  
Policy Number: 240367-0001

Customer #: 240367  
Coverage Period: 4/1/2018 - 4/30/2018

<u>Coverage</u>	<u>W/P</u>	<u>lo of Insured</u>	<u>Volume</u>	<u>Rate</u>	<u>ite Descripti</u>	<u>Premium Due</u>
1 Employee Li	D1	1,662	114,465,077	0.065	Per \$1000 \$	7,440.23
2 Retiree Life	D1	337	22,214,000	0.065	Per \$1000 \$	1,443.91
3 Dependent I	D3	1,131	0	0.280	Per Depend \$	316.68
4 Optional Em	E1	0	0	0.060	Per \$1000 \$	-
5 Optional Em	E1	15	2,500,000	0.060	Per \$1000 \$	150.00
6 Optional Em	E1	44	7,750,000	0.060	Per \$1000 \$	465.00
7 Optional Em	E1	75	13,700,000	0.080	Per \$1000 \$	1,096.00
8 Optional Em	E1	118	24,850,000	0.090	Per \$1000 \$	2,236.50
9 Optional Em	E1	119	22,400,000	0.150	Per \$1000 \$	3,360.00
10 Optional Em	E1	150	25,750,000	0.240	Per \$1000 \$	6,180.00
11 Optional Em	E1	128	19,650,000	0.420	Per \$1000 \$	8,253.00
12 Optional Em	E1	76	9,250,000	0.690	Per \$1000 \$	6,382.50
13 Optional Em	E1	39	5,600,000	1.020	Per \$1000 \$	5,712.00
14 Optional Em	E1	11	1,250,000	1.520	Per \$1000 \$	1,900.00
15 Optional Em	E1	1	130,000	2.370	Per \$1000 \$	308.10
16 Optional Em	E1	1	22,500	2.370	Per \$1000 \$	53.33
17 Optional Spc	E2	0	0	0.060	Per \$1000 S1 \$	-
18 Optional Spc	E2	2	150,000	0.060	Per \$1000 S1 \$	9.00
19 Optional Spc	E2	3	300,000	0.060	Per \$1000 S1 \$	18.00
20 Optional Spc	E2	24	2,150,000	0.080	Per \$1000 S1 \$	172.00
21 Optional Spc	E2	41	3,700,000	0.090	Per \$1000 S1 \$	333.00
22 Optional Spc	E2	37	2,900,000	0.150	Per \$1000 S1 \$	435.00
23 Optional Spc	E2	38	2,775,000	0.240	Per \$1000 S1 \$	666.00
24 Optional Spc	E2	35	2,350,000	0.420	Per \$1000 S1 \$	987.00
25 Optional Spc	E2	33	2,200,000	0.690	Per \$1000 S1 \$	1,518.00
26 Optional Spc	E2	8	350,000	1.020	Per \$1000 S1 \$	357.00
27 Optional Spc	E2	3	250,000	1.520	Per \$1000 S1 \$	380.00
28 Optional Spc	E2	2	48,750	1.520	Per \$1000 S1 \$	74.10
29 Optional Spc	E2	0	0	1.520	Per \$1000 S1 \$	-
30 Optional Chi	E4	316	0	0.760	Per Child Un \$	240.16
31 AD/D	D1	1,662	114,465,333	0.015	Per \$1000 \$	1,716.98
32 Optional Em	E1	777	132,852,500	0.020	Per \$1000 \$	2,657.05
<b>Total Due \$</b>						<b>54,860.54</b>

SUN LIFE FINANCIAL  
SELF ADMINISTERED BILLING SUMMARY

Group Name: CITY OF GLENDALE  
Policy Number: 240367-0001

Customer #: 240367  
Coverage Period: 3/1/2018 - 3/31/2018

<u>Coverage</u>	<u>W/P</u>	<u>lo of Insured</u>	<u>Volume</u>	<u>Rate</u>	<u>ite Descripti</u>	<u>Premium Due</u>
1 Employee Life	D2	1,669	114,908,000	0.065	Per \$1000 \$	7,469.02
2 Retiree Life	D2	335	22,033,077	0.065	Per \$1000 \$	1,432.15
3 Dependent Life	D2	1,136	0	0.280	Per Depend€ \$	318.08
4 Optional Emplo	E1	0	0	0.060	Per \$1000 \$	-
5 Optional Emplo	E1	13	2,300,000	0.060	Per \$1000 \$	138.00
6 Optional Emplo	E1	44	7,850,000	0.060	Per \$1000 \$	471.00
7 Optional Emplo	E1	78	15,000,000	0.080	Per \$1000 \$	1,200.00
8 Optional Emplo	E1	117	24,300,000	0.090	Per \$1000 \$	2,187.00
9 Optional Emplo	E1	117	21,800,000	0.150	Per \$1000 \$	3,270.00
10 Optional Emplo	E1	151	25,750,000	0.240	Per \$1000 \$	6,180.00
11 Optional Emplo	E1	129	19,900,000	0.420	Per \$1000 \$	8,358.00
12 Optional Emplo	E1	77	9,300,000	0.690	Per \$1000 \$	6,417.00
13 Optional Emplo	E1	38	5,400,000	1.020	Per \$1000 \$	5,508.00
14 Optional Emplo	E1	10	1,200,000	1.520	Per \$1000 \$	1,824.00
15 Optional Emplo	E1	1	130,000	2.370	Per \$1000 \$	308.10
16 Optional Emplo	E1	1	22,500	2.370	Per \$1000 \$	53.33
17 Optional Spouse	E2	0	0	0.060	Per \$1000 Sp \$	-
18 Optional Spouse	E2	1	100,000	0.060	Per \$1000 Sp \$	6.00
19 Optional Spouse	E2	3	300,000	0.060	Per \$1000 Sp \$	18.00
20 Optional Spouse	E2	25	2,250,000	0.080	Per \$1000 Sp \$	180.00
21 Optional Spouse	E2	43	3,900,000	0.090	Per \$1000 Sp \$	351.00
22 Optional Spouse	E2	37	2,850,000	0.150	Per \$1000 Sp \$	427.50
23 Optional Spouse	E2	37	2,725,000	0.240	Per \$1000 Sp \$	654.00
24 Optional Spouse	E2	37	2,475,000	0.420	Per \$1000 Sp \$	1,039.50
25 Optional Spouse	E2	33	2,200,000	0.690	Per \$1000 Sp \$	1,518.00
26 Optional Spouse	E2	8	350,000	1.020	Per \$1000 Sp \$	357.00
27 Optional Spouse	E2	3	250,000	1.520	Per \$1000 Sp \$	380.00
28 Optional Spouse	E2	2	48,750	1.520	Per \$1000 Sp \$	74.10
29 Optional Spouse	E2	0	0	1.520	Per \$1000 Sp \$	-
30 Optional Child L	E3	319	0	0.760	Per Child Un \$	242.44
31 AD/D	D1	1,669	114,908,000	0.015	Per \$1000 \$	1,723.62
32 Optional Emplo	E1	776	132,952,500	0.020	Per \$1000 \$	2,659.05
<b>Total Due \$</b>						<b>54,763.89</b>

SUN LIFE FINANCIAL  
SELF ADMINISTERED BILLING SUMMARY

Group Name: CITY OF GLENDALE  
Policy Number: 240367-0001

Customer #: 240367  
Coverage Period: 2/1/2018 - 2/28/2018

<u>Coverage</u>	<u>W/P</u>	<u>lo of Insured</u>	<u>Volume</u>	<u>Rate</u>	<u>ite Descripti</u>	<u>Premium Due</u>
1 Employee Li	D2	1,670	115,112,000	0.065	Per \$1000 \$	7,482.28
2 Retiree Life	D2	334	21,930,000	0.065	Per \$1000 \$	1,425.45
3 Dependent I	D2	1,134	0	0.280	Per Depend \$	317.52
4 Optional Em	E1	0	0	0.060	Per \$1000 \$	-
5 Optional Em	E1	13	2,300,000	0.060	Per \$1000 \$	138.00
6 Optional Em	E1	44	7,850,000	0.060	Per \$1000 \$	471.00
7 Optional Em	E1	78	15,000,000	0.080	Per \$1000 \$	1,200.00
8 Optional Em	E1	120	24,900,000	0.090	Per \$1000 \$	2,241.00
9 Optional Em	E1	116	21,500,000	0.150	Per \$1000 \$	3,225.00
10 Optional Em	E1	150	25,600,000	0.240	Per \$1000 \$	6,144.00
11 Optional Em	E1	131	20,050,000	0.420	Per \$1000 \$	8,421.00
12 Optional Em	E1	74	9,050,000	0.690	Per \$1000 \$	6,244.50
13 Optional Em	E1	38	5,500,000	1.020	Per \$1000 \$	5,610.00
14 Optional Em	E1	9	1,000,000	1.520	Per \$1000 \$	1,520.00
15 Optional Em	E1	1	130,000	2.370	Per \$1000 \$	308.10
16 Optional Em	E1	1	22,500	2.370	Per \$1000 \$	53.33
17 Optional Spc	E2	0	0	0.060	Per \$1000 S1 \$	-
18 Optional Spc	E2	1	100,000	0.060	Per \$1000 S1 \$	6.00
19 Optional Spc	E2	3	300,000	0.060	Per \$1000 S1 \$	18.00
20 Optional Spc	E2	25	2,250,000	0.080	Per \$1000 S1 \$	180.00
21 Optional Spc	E2	41	3,725,000	0.090	Per \$1000 S1 \$	335.25
22 Optional Spc	E2	38	2,875,000	0.150	Per \$1000 S1 \$	431.25
23 Optional Spc	E2	37	2,800,000	0.240	Per \$1000 S1 \$	672.00
24 Optional Spc	E2	41	2,825,000	0.420	Per \$1000 S1 \$	1,186.50
25 Optional Spc	E2	29	1,850,000	0.690	Per \$1000 S1 \$	1,276.50
26 Optional Spc	E2	8	350,000	1.020	Per \$1000 S1 \$	357.00
27 Optional Spc	E2	3	250,000	1.520	Per \$1000 S1 \$	380.00
28 Optional Spc	E2	2	48,750	1.520	Per \$1000 S1 \$	74.10
29 Optional Spc	E2	0	0	1.520	Per \$1000 S1 \$	-
30 Optional Chi	E3	320	0	0.760	Per Child Un \$	243.20
31 AD/D	D1	1,670	115,112,000	0.015	Per \$1000 \$	1,726.68
32 Optional Em	E1	775	132,902,500	0.020	Per \$1000 \$	2,658.05
<b>Total Due \$</b>						<b>54,345.71</b>