

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: IHSS /
 Department: HUMAN SERVICES
 Dept. Contact: JOHN LITWINOWICH
 Phone #: (530) 6163
 Department Head
 Signature: (X)

CONTRACTOR:
 Name: SYMETRA LIFE INS. COMPANY
 Address: NO ADDRESS LISTED
 Phone: _____

CONTRACTING DEPARTMENT: _____
 Compliance with Human Resources requirements? Yes: ___ No: ___
 Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: _____ Date: 1/10/05 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT
 01/10/2005
 ATTORNEY JULIA M KERR
 DEPT./INDEX NO. 53 / 1010
 BY: [Signature]

Please forward to Dave Cheney for review
 Applies to employees only
 Contractor will provide evidence of compliance
 with Knox-Keene notification requirements
 appeal rights of participants
 Will attach copy of actual policy
 specifications

2005 JAN 10 AM 11:00
 EL DORADO COUNTY COUNSEL

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
 Approved: ✓ Disapproved: _____ Date: 1/10/05 By: D. Cheney
 Approved: _____ Disapproved: _____ Date: _____ By: _____

JAN 10 2005

OTHER APPROVAL (Specify department(s) participating or directly affected by this contract). Department(s): _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____