

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

PLEASE INCLUDE AN EXTRA ORIGINAL FOR CONTRACTS AND AGREEMENTS IF YOU REQUIRE AN ORIGINAL COPY RETURNED FOR YOUR FILES.

The **deadline** for submitting an agenda request with the supporting information is **12:00 noon on the Wednesday immediately preceding Commissioners Court.** This will give ample time for preparation of the agenda.

If you are not representing an organization, board, elected or appointed official, your agenda request must be filed through your respective Commissioner.

***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners Court Agenda.**

Please fill out this form completely:

DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval

ELLIS COUNTY COMMISSIONERS COURT
OFFICIAL MINUTES – JUNE 14, 2022

THE ELLIS COUNTY COMMISSIONERS COURT MET ON TUESDAY, JUNE 14, 2022, AT 2:00 P.M., IN THE HISTORIC ELLIS COUNTY COURTHOUSE, COMMISSIONERS COURTROOM (2ND FLOOR) 101 W. MAIN STREET, WAXAHACHIE, TEXAS AT WHICH TIME THE FOLLOWING WAS DISCUSSED AND CONSIDERED, TO-WIT:

MEMBERS PRESENT:

COUNTY JUDGE: TODD LITTLE

COUNTY CLERK: KRystal VALDEZ

COMMISSIONERS:

RANDY STINSON, COMMISSIONER, PCT. 1
LANE GRAYSON, COMMISSIONER, PCT. 2 @ 2:13 P.M.
PAUL PERRY, COMMISSIONER, PCT. 3
KYLE BUTLER, COMMISSIONER, PCT. 4

OPENING COURT:

COUNTY JUDGE CALLS MEETING TO ORDER, DECLARES QUORUM AND DECLARES NOTICES LEGALLY POSTED PURSUANT TO OPEN MEETINGS ACT.

MOTION TO OPEN COURT BY COMMISSIONER PERRY, SECOND BY COMMISSIONER BUTLER, MOTION CARRIED

INVOCATION AND PLEDGE OF ALLEGIANCE. – *TODD LITTLE, COUNTY JUDGE*

CONSENT AGENDA: MINUTE ORDER 285.22

ADMINISTRATIVE:

- A1 APPROVING REGULAR BILLS, PAYROLL AND OFFICER'S REPORTS. – *CHERYL CHAMBERS, TREASURER*
- A2 APPROVING COMMISSIONERS COURT REGULAR MEETING MINUTES FROM MAY 31, 2022. – *KRYSTAL VALDEZ, COUNTY CLERK*
- A3 APPROVING THE DEPARTMENT OF DEVELOPMENT'S MONTHLY FINANCIAL REPORT FOR MAY 2022 AS REQUIRED BY TEXAS LOCAL GOVERNMENT CODE §114.044. – *ALBERTO MARES, DOD DIRECTOR*
- A4 ACCEPTING THE TABULATED REPORT OF THE COUNTY'S RECEIPTS AND DISBURSEMENTS OF FUNDS FROM MAY 21, 2022 THROUGH JUNE 2, 2022, PURSUANT TO TEXAS LOCAL GOVERNMENT CODE §114.024. – *JANET MARTIN, COUNTY AUDITOR*
- A5 APPROVING AND ACCEPTING THE JUSTICE OF THE PEACE, PRECINCT #1 MONTHLY REPORT TO SATISFY LOCAL GOVERNMENT CODE §114.044. – *CHRIS MACON, JUSTICE OF THE PEACE, PCT. 1*

FINANCIAL:

- F2 **FY2022 LINE ITEM TRANSFER – RANDY STINSON, COMMISSIONER, PCT. 1**
DECREASE 009-0602-508070 OPERATING EXPENSES BY \$35,000.00;
INCREASE 009-0602-509100 FUEL BY \$35,000.00.
- F3 **FY2022 LINE ITEM TRANSFER – BRAD NORMAN, SHERIFF**
DECREASE 001-0015-505020 JAIL SALARIES BY \$48,280.00;
INCREASE 001-0010-508680 CONTRACT SERVICES BY \$48,280.00.
- F4 **FY2022 LINE ITEM TRANSFER – JANA ONYON, ELECTIONS ADMINISTRATOR**
DECREASE 001-0210-509420 ELECTION EXPENSES BY \$8,500.00;
INCREASE 001-0210-508680 CONTRACT SERVICES BY \$8,500.00.
- F5 **FY2022 BUDGET AMENDMENT – SAMANTHA PICKET, EMERGENCY MANAGEMENT COORDINATOR**
ACCEPTING PAYMENT FROM RB2 - \$264.88, RB3 - \$94.60, RB4 - \$75.68 (TOTAL= \$435.16)
INCREASE 001-0430-509770 EMERGENCY PREPAREDNESS TRAINING BY \$435.16
PURSUANT TO TEXAS LGC §111.0108, UNANTICIPATED REVENUE CERTIFIED BY COUNTY AUDITOR.
- F6 **FY2022 LINE ITEM TRANSFER – ALBERTO MARES, DIRECTOR, DEPARTMENT OF DEVELOPMENT**
DECREASE 001-0060-507030 TELEPHONE BY \$1,000.00;
DECREASE 001-0060-508010 SUPPLIES BY \$500.00;
DECREASE 001-0060-508100 AUTO TIRES BY \$500.00;
INCREASE 001-0060-508190 COMPUTER EQUIPMENT BY \$2,000.00.
- F7 **FY2022 LINE ITEM TRANSFER – PAUL PERRY, COMMISSIONER, PCT. 3**
DECREASE 011-0704-570000 CONTINGENCIES BY \$500,000.00;
INCREASE 011-0704-508020 EQUIPMENT BY \$500,000.00.
- F8 **FY2022 LINE ITEM TRANSFER – PAUL PERRY, COMMISSIONER, PCT. 3**
DECREASE 005-0703-508070 OPERATING EXPENSES BY \$177.51;
INCREASE 005-0703-509090 REPAIR/PARTS BY \$177.51.
- F9 **FY2022 LINE ITEM TRANSFER – TIM BIRDWELL, FIRE MARSHAL**
DECREASE 024-0924-508020 EQUIPMENT BY \$4,000.00;
INCREASE 024-0924-508080 AUTO GAS BY \$4,000.00.
- F10 **FY2022 LINE ITEM TRANSFER – TIM BIRDWELL, FIRE MARSHAL**
DECREASE 001-0450-506890 GSA SOFTWARE CONTRACT BY \$2,000.00;
DECREASE 001-0450-508020 EQUIPMENT BY \$1,000.00;
INCREASE 001-0450-508080 AUTO GAS BY \$3,000.00.
- F11 APPROVING THE COUNTY TAX ASSESSOR COLLECTOR TO ISSUE PROPERTY TAX REFUNDS IN THE AMOUNT OF \$15,609.04. - *RICHARD ROZIER, COUNTY TAX ASSESSOR COLLECTOR*
- F12 **FY2022 LINE ITEM TRANSFER – KYLE BUTLER, COMMISSIONER, PCT. 4**
DECREASE 012-0755-508070 OPERATING EXPENDITURES BY \$90,000.00;
INCREASE 012-0755-509090 REPAIRS & PARTS BY \$60,000.00;
INCREASE 012-0755-509140 SIGNS BY \$30,000.00.

MOTION TO APPROVE WITH CORRECTION TO F8 BY COMMISSIONER PERRY, SECOND BY COMMISSIONER STINSON,
MOTION CARRIED

DEPARTMENT OF DEVELOPMENT

MINUTE ORDER 286.22 (1.1) RESCINDING AN APPROVED PERFORMANCE BOND FOR THE PROPOSED CARRERA RANCH (PARCEL ID NO. 277733). THIS PROPERTY CONTAINS ± 16.00 ACRES OF LAND IN THE T. JACKSON SURVEY, ABSTRACT NO. 574, LOCATED AT THE EAST SIDE OF FM 878, ± 2,440 FEET SOUTH OF THE INTERSECTION OF FM 878 AND IKE ROAD, IN THE EXTRATERRITORIAL JURISDICTION (ETJ) OF THE CITY OF WAXAHACHIE, ROAD & BRIDGE PRECINCT NO. 1.

MOTION TO APPROVE BY COMMISSIONER STINSON, SECOND BY COMMISSIONER PERRY, MOTION CARRIED

MINUTE ORDER 287.22 (1.2) APPROVING WITH CONDITIONS A ONE-TIME VARIANCE FOR PARCEL ID NO. 189148 FROM VOLUME I, SECTION IV (A) (2) (RESIDENTIAL LOTS) OF THE SUBDIVISION & DEVELOPMENT STANDARDS TO ALLOW ONE (1) LOT WITHOUT MEETING THE MINIMUM ROAD FRONTAGE AND WITHOUT MEETING THE MINIMUM LOT SIZE FOR DEVELOPMENT & SEPTIC ORDER. THE PROPERTY CONTAINS ± 1.00 ACRES LOCATED ON THE SOUTH SIDE OF FM 983, ± 4,915 FEET WEST OF THE INTERSECTION OF FM 983 AND FM 2377 IN THE EXTRATERRITORIAL JURISDICTION (ETJ) OF RED OAK, ROAD & BRIDGE PRECINCT NO. 1.

MOTION TO APPROVE BY COMMISSIONER STINSON, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

MINUTE ORDER 288.22 (1.3) APPROVING A PLAT OF LUCKY RANCH. THE PROPERTY CONTAINS ± 3.992 ACRES IN THE R. DE LA PENNA SURVEY, ABSTRACT NO. 3, LOCATED ON THE WEST SIDE OF NECK ROAD, ± 2,600 FEET WEST OF THE INTERSECTION OF NEWTON ROAD & NECK ROAD, FERRIS, ROAD & BRIDGE PRECINCT NO. 1.

MOTION TO APPROVE BY COMMISSIONER STINSON, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

MINUTE ORDER 289.22 (1.4) APPROVING A PLAT OF CAMODO ADDITION. THE PROPERTY CONTAINS ± 57.673 ACRES IN THE THOMAS M. ROWE SURVEY, ABSTRACT NO. 890, LOCATED ON THE EAST SIDE OF VALEK ROAD, AT THE NORTHEAST INTERSECTION OF VALEK ROAD AND FM 85, IN THE EXTRATERRITORIAL JURISDICTION (ETJ) OF THE CITY OF ENNIS, ROAD & BRIDGE PRECINCT NO. 2.

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER STINSON, MOTION CARRIED

MINUTE ORDER 290.22 (1.5) APPROVING A PLAT OF CODY ACRES. THE PROPERTY CONTAINS ± 7.4870 ACRES IN THE A. DE LA GARZA SURVEY, ABSTRACT NO. 2, LOCATED ON THE SOUTH SIDE OF OLD TELICO ROAD, AT THE SOUTHWEST INTERSECTION OF CODY ROAD & OLD TELICO ROAD, LOCATED IN THE EXTRATERRITORIAL JURISDICTION (ETJ) OF THE CITY OF ENNIS, ROAD & BRIDGE PRECINCT NO. 2.

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER STINSON, MOTION CARRIED

MINUTE ORDER 291.22 (1.6) APPROVING A PLAT OF LOG CABIN ADDITION. THE PROPERTY CONTAINS ± 5.001 ACRES IN THE R. DE LA PENNA SURVEY, ABSTRACT NO. 2, LOCATED ON THE SOUTH SIDE OF LOG CABIN ROAD, ± 2,050 FEET WEST OF THE INTERSECTION OF PECAN GROVE & LOG CABIN ROAD, ENNIS, ROAD & BRIDGE PRECINCT NO. 2.

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER STINSON, MOTION CARRIED

MINUTE ORDER 292.22 (1.7) APPROVING A PLAT OF PIKE ESTATES. THE PROPERTY CONTAINS ± 1.901 ACRES IN THE T. SMITH SURVEY, ABSTRACT NO. 970, LOCATED ON THE SOUTH SIDE OF HOLDER ROAD, ± 3,050 FEET WEST OF THE INTERSECTION OF BUD RUN ROAD & HOLDER ROAD, FORRESTON, ROAD & BRIDGE PRECINCT NO. 3.

MOTION TO APPROVE BY COMMISSIONER PERRY, SECOND BY COMMISSIONER BUTLER, MOTION CARRIED

MINUTE ORDER 293.22 (1.8) APPROVING A PLAT OF BLESSED RANCH. THE PROPERTY CONTAINS ± 18.78 ACRES IN THE E. T. BRANCH SURVEY, ABSTRACT NO. 34, LOCATED ON THE WEST SIDE OF ANDERSON RANCH ROAD, ± 2,190 FEET NORTH OF THE INTERSECTION OF ANDERSON RANCH ROAD AND BILL LEWIS ROAD, WAXAHACHIE, ROAD & BRIDGE PRECINCT NO. 3.

MOTION TO APPROVE BY COMMISSIONER PERRY, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

MINUTE ORDER 294.22 (1.9) APPROVING TO RELEASE A MAINTENANCE BOND AND ACCEPT INFRASTRUCTURE FOR DOVE MEADOWS. THE PROPERTY IS LOCATED ON THE SOUTH SIDE OF OLD MAYPEARL ROAD ± 6,527 FEET WEST OF THE INTERSECTION OF GREATHOUSE AND OLD MAYPEARL ROAD, WAXAHACHIE, ROAD & BRIDGE PRECINCT NO. 3.

MOTION TO APPROVE BY COMMISSIONER PERRY, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

PURCHASING

MINUTE ORDER 295.22 (2.1) APPROVING TO PURCHASE A 2021 ALAMO VERSA MOWER KIT AND RELATED ITEMS IN THE AMOUNT OF \$32,235.10 FROM AUSTIN TURF TRACTOR USING BUYBOARD COOPERATIVE CONTRACT NUMBER 611-20 FOR ROAD & BRIDGE PRECINCT NO. 1.

MOTION TO APPROVE BY COMMISSIONER STINSON, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

MINUTE ORDER 296.22 (2.2) APPROVING THE PURCHASE OF SEVENTEEN (17) SWAT VESTS WITH PLATES FROM GT DISTRIBUTORS IN THE AMOUNT OF \$61,335.49, USING BUYBOARD CONTRACT NO.

603-20. FUNDING WILL BE \$50,778.75 GRANT MONEY AND \$10,556.74 FROM CURRENT EQUIPMENT BUDGET FOR THE SHERIFF'S OFFICE.

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER PERRY, MOTION CARRIED

MINUTE ORDER 297.22 (2.3) APPROVING TO RENEW THE FOLLOWING RFP 2019-012 FOOD SERVICES OF ELLIS COUNTY DETENTION CENTER WITH CORRECTIONAL FOOD SERVICES GP, INC. FOR A THREE (3) YEAR RENEWAL PERIOD WITH AN EIGHT PERCENT INCREASE.

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER STINSON, MOTION CARRIED

MINUTE ORDER 298.22 (2.4) APPROVING TO PURCHASE A BOMAG RS460 RECYCLER/RECLAIMER IN AN AMOUNT OF \$558,848.30 FROM R.B. EVERETT & COMPANY FOR ROAD & BRIDGE PRECINCT NO. 3 USING THE BUYBOARD COOPERATIVE CONTRACT NO. 597-019.

MOTION TO APPROVE BY COMMISSIONER PERRY, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

MINUTE ORDER 299.22 (2.5) APPROVING TO PURCHASE A CISCO 3-YEAR FLEX PLAN FOR VOICE SERVICES TO MERGE WITH CISCO WEBEX CLOUD SERVICES INCLUDING EQUIPMENT FROM FLAIR DATA SYSTEMS, INC. USING THE TEXAS DIR COOPERATIVE CONTRACT NO. DIR-TSO-2542 FOR A TOTAL OF \$114,210.00 TO BE PAID OVER 3 YEARS USING AMERICAN RESCUE PLAN ACT FUNDS, SUBJECT TO APPROVAL; IF NOT ARPA ELIGIBLE, WILL USE NON-DEPARTMENTAL FUNDS.

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER STINSON, MOTION CARRIED

MINUTE ORDER 300.22 (2.6) APPROVING TO PURCHASE TWO (2) 2022 FORD F-150 SUPERCAB TRUCKS FOR ROAD & BRIDGE PRECINCT NO. 3 IN A TOTAL AMOUNT OF \$63,610.00 USING BUYBOARD CONTRACT #601-19 WITH CALDWELL COUNTRY CHEVROLET.

MOTION TO APPROVE BY COMMISSIONER PERRY, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

MINUTE ORDER 301.22 (2.7) APPROVING THE SHERIFF'S OFFICE TO ENGAGE PIVOT TECHNOLOGY SERVICES CORP, D/B/A COMPUTACENTER FOR PROFESSIONAL SERVICES RELATING TO THE IMPLEMENTATION AND DEPLOYMENT OF CYBERSECURITY INFRASTRUCTURE AND SINGLE SIGN-ON SERVERS AND THEIR PROTOCOLS. COST IS AMOUNT NOT TO EXCEED \$48,280.00 AND WILL BE PAID FOR OUT OF THE SHERIFF'S OFFICE CONTRACT SERVICES FUND (REFERENCE CONSENT AGENDA F3).

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER STINSON, MOTION CARRIED

MINUTE ORDER 302.22 (2.8) GRANTING AN EXEMPTION UNDER TEXAS LGC §262.024 (1), FROM THE BIDDING REQUIREMENTS OF §262.023 FOR THE PURCHASE OF A 2017 MACK MP8 TRACTOR TRUCK FOR ROAD & BRIDGE PRECINCT 4.

MOTION TO APPROVE BY COMMISSIONER BUTLER, SECOND BY COMMISSIONER PERRY, MOTION CARRIED

MINUTE ORDER 303.22 (2.9) APPROVING TO PURCHASE A 2017 MACK TRUCK TRACTOR FROM PENSKE, INC. UTILIZING THE EXEMPTION GRANTED UNDER TEXAS LGC §262.024 (1), IN AN AMOUNT OF \$69,500.00 FOR ROAD & BRIDGE PRECINCT 4.

MOTION TO APPROVE BY COMMISSIONER BUTLER, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

MINUTE ORDER 304.22 (2.10) APPROVING TO LEASE A COPIER FOR THE VETERANS SERVICE OFFICE FROM XEROX USING THE OMNIA PARTNERS COOPERATIVE CONTRACT NO. R191104 IN ACCORDANCE WITH THE COOPERATIVE PURCHASING PROGRAM, CHAPTER 271 OF THE TEXAS GOVERNMENT CODE.

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER STINSON, MOTION CARRIED

MINUTE ORDER 305.22 (2.11) APPROVING TO LEASE A COPIER FOR THE MIDLOTHIAN, RED OAK, AND ENNIS TAX OFFICES FROM XEROX USING THE OMNIA PARTNERS COOPERATIVE CONTRACT NO. R191104 IN ACCORDANCE WITH THE COOPERATIVE PURCHASING PROGRAM, CHAPTER 271 OF THE TEXAS GOVERNMENT CODE.

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER STINSON, MOTION CARRIED

ADMINISTRATIVE

MINUTE ORDER 306.22 (3.1) ACCEPTING THE 1ST QUARTER 2022 INVESTMENT REPORT. – *CHERYL CHAMBERS, COUNTY TREASURER*

MOTION TO ACCEPT BY COMMISSIONER PERRY, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

MINUTE ORDER 307.22 (3.2) APPROVING AND AUTHORIZING THE ELLIS COUNTY AND DISTRICT ATTORNEY'S OFFICE TO APPLY FOR A GRANT WITH THE TEXAS VETERANS COMMISSION FOR THE IMPLEMENTATION OF A VETERAN'S TREATMENT COURT PROGRAM IN ELLIS COUNTY. – *ANN MONTGOMERY, COUNTY AND DISTRICT ATTORNEY*

MOTION TO APPROVE BY COMMISSIONER PERRY, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

MINUTE ORDER 308.22 (3.3) APPROVING INTERLOCAL WORK BETWEEN COUNTY OF ELLIS AND CITY OF PALMER. WORK INCLUDES RECLAIM AND RESURFACE WITH 2 COURSES OF CHIP SEAL, SPOT BASE AS NEEDED. CEMETERY ROAD 3,681 LINEAR FT. 10 FT. WIDE. – *RANDY STINSON, COMMISSIONER, PCT. 1*

MOTION TO APPROVE BY COMMISSIONER STINSON, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

NO ACTION (3.4) BRIEFING OF COMMISSIONERS' COURT ON THE CURRENT STATUS AND PROGRESS OF THE ELLIS COUNTY HAZARD MITIGATION PLAN. THE HMP GRANT WAS AWARDED ON JANUARY 5TH, 2021, IN THE AMOUNT OF \$302,400.00 TO ASSIST ELLIS COUNTY AND OTHER LOCAL JURISDICTIONS WITHIN ELLIS COUNTY TO IDENTIFY HAZARDS AND VULNERABILITIES IN NATURAL DISASTER MITIGATION. – *SAMANTHA PICKETT, EMERGENCY MANAGEMENT COORDINATOR*

MINUTE ORDER 309.22 (3.5) APPROVING AND AUTHORIZING THE ELLIS COUNTY OFFICE OF EMERGENCY MANAGEMENT (OEM) TO APPLY AND ACCEPT GRANT FUNDS FROM THE CITIES READINESS INITIATIVE (CRI) FOR FY2023 (EFFECTIVE JULY 1, 2022 THROUGH JUNE 30, 2023). ONCE APPROVED, GRANT FUNDS WILL BE ACCEPTED IN LINE ITEM 001-0430-50940. – *SAMANTHA PICKETT, EMERGENCY MANAGEMENT COORDINATOR*

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER STINSON, MOTION CARRIED

MINUTE ORDER 310.22 (3.6) APPROVING AN UPDATED ASSESSMENT AND COLLECTION CONTRACT FOR TAXING UNITS CONSOLIDATED BILLING AND COLLECTIONS. – *RICHARD ROZIER, TAX ASSESSOR/COLLECTOR*

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER STINSON, MOTION CARRIED

MINUTE ORDER 311.22 (3.7) APPROVING TO PURCHASE WASP INVENTORY CONTROL SOFTWARE. SOFTWARE WILL BE USED BY THE AUDITOR'S OFFICE TO TRACK ASSETS AND CALCULATE DEPRECIATION. SOFTWARE WILL BE AVAILABLE TO OTHER OFFICES TO TRACK VEHICLE MAINTENANCE AND WILL BE AVAILABLE TO PURCHASING FOR ASSET TRACKING. SOFTWARE COST IS \$3,054.67.

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER PERRY, MOTION CARRIED

MINUTE ORDER 312.22 (3.8) APPROVING THE FOLLOWING NECESSARY NEW APPLICANTS FOR THE BOARD OF DIRECTORS FOR ESD #7 (BRISTOL). – *TIM BIRDWELL, FIRE MARSHAL*

- TIMOTHY JASON BIRDWELL TO REPLACE JAMES PHARR EMERGENCY SERVICE DISTRICT BOARD MEMBER FOR TWO-YEAR TERM FROM JANUARY 2022 THROUGH DECEMBER 2023;

- ROBERT WALKER CRITTENDEN TO REPLACE CECIL HAMMONDS EMERGENCY SERVICE DISTRICT BOARD #7 MEMBER FOR TWO-YEAR TERM FROM JANUARY 2022 THROUGH DECEMBER 2023;
- JODY TAYLOR TO REPLACE TAMMY ALLEN EMERGENCY SERVICE DISTRICT BOARD #7 MEMBER FOR TWO-YEAR TERM FROM JANUARY 2021 THROUGH DECEMBER 2022.

MOTION TO APPROVE BY COMMISSIONER STINSON, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

MINUTE ORDER 313.22 (3.9) APPROVING THE RESIGNATION FOR THE FOLLOWING FROM THE BOARD OF DIRECTORS FOR ESD #4 (RED OAK). – *TIM BIRDWELL, FIRE MARSHAL*

- ACCEPTING RESIGNATION OF ANTHONY MODESTO, JR.

MOTION TO APPROVE BY COMMISSIONER BUTLER, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

NO ACTION (3.10) DISCUSSION, CONSIDERATION, AND APPROVAL OF A RENEWED BURN BAN, CONTINGENT OF ANY UPDATED FIRE INCIDENT DATA DURING DRY SEASON. – *TIM BIRDWELL, FIRE MARSHAL*

ADJOURN TO EXECUTIVE SESSION 3:58 P.M.

MOTION TO ADJOURN BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER STINSON, MOTION CARRIED

EXECUTIVE SESSION

THE COMMISSIONERS COURT OF ELLIS COUNTY RESERVES THE RIGHT TO ADJOURN INTO EXECUTIVE SESSION AT ANY TIME DURING THE COURSE OF THIS MEETING TO DISCUSS ANY OF THE MATTERS LISTED IN THIS AGENDA, IN THE ORDER DEEMED APPROPRIATE, AS AUTHORIZED BY TEXAS GOVERNMENT CODE 551, OR TO SEEK THE ADVICE OF ITS ATTORNEY AND/OR OTHER ATTORNEYS REPRESENTING ELLIS COUNTY ON ANY MATTER IN WHICH THE DUTY OF THE ATTORNEY TO THE COMMISSIONERS COURT UNDER THE TEXAS DISCIPLINARY RULES OF PROFESSIONAL CONDUCT OF THE STATE BAR OF TEXAS CLEARLY CONFLICTS WITH TEXAS GOVERNMENT CODE CHAPTER 551 OR AS OTHERWISE MAY BE PERMITTED UNDER 551.

- 4.1 PURSUANT TO TEXAS GOVERNMENT CODE §551.071 CONSULTATION WITH LEGAL COUNSEL REGARDING PENDING OR CONTEMPLATED LITIGATION MATTER CONCERNING MCKINSTRY CONTRACT AND WORK ON THE SHERIFF'S OFFICE.

RECONVENE TO REGULAR SESSION 4:43 P.M.

MOTION TO RECONVENE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER BUTLER, MOTION CARRIED

(TO AGENDA ITEM 3.11)

MINUTE ORDER 314.22 (3.11) APPROVING CHANGE ORDER 2.3 IN THE AMOUNT OF \$28,625.00 FOR REPAIRS TO THE ELLIS COUNTY JAIL (REFERENCE EXECUTIVE SESSION 4.1). COMMISSIONER GRAYSON WILL RECEIVE AND REVIEW INVOICE UPON COMPLETION, VERIFY COMPLETION OF WORK PRIOR TO PAYMENT OF INVOICE BY AUDIT. – *TODD LITTLE, COUNTY JUDGE*

MOTION TO APPROVE BY COMMISSIONER GRAYSON, SECOND BY COMMISSIONER PERRY, MOTION CARRIED

ADJOURNMENT **4:48 P.M.**

MOTION TO ADJOURN BY COMMISSIONER PERRY, SECOND BY COMMISSIONER GRAYSON, MOTION CARRIED

THE OFFICIAL MINUTES OF THE ELLIS COUNTY COMMISSIONERS' COURT ON JUNE 14, 2022, ARE HEREBY APPROVED.

PRESIDING OFFICER:

TODD LITTLE, COUNTY JUDGE

RANDY STINSON, COMMISSIONER, PCT 1

LANE GRAYSON, COMMISSIONER, PCT 2

PAUL PERRY, COMMISSIONER, PCT 3

KYLE BUTLER, COMMISSIONER, PCT 4

WITNESS MY HAND AND OFFICIAL SEAL OF OFFICE THIS 28TH DAY OF JUNE 2022.

KRYSTAL VALDEZ, COUNTY CLERK

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

PLEASE INCLUDE AN EXTRA ORIGINAL FOR CONTRACTS AND AGREEMENTS IF YOU REQUIRE AN ORIGINAL COPY RETURNED FOR YOUR FILES.

The **deadline** for submitting an agenda request with the supporting information is **12:00 noon on the Wednesday immediately preceding Commissioners Court.** This will give ample time for preparation of the agenda.

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***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners Court Agenda.**

Please fill out this form completely:

DATE: 06/17/2022 SUPPORTING DOCUMENT(S) ATTACHED? (**Y** / N)

NAME: Cheryl Chambers

PHONE: 972-825-5127 FAX: 972-825-5129

DEPARTMENT OR ASSOCIATION: Treasurer

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON **CONSENT AGENDA**: Approval of Monthly Treasurer Report for January – May 2022.

* _____
County Attorney Approval

MONTHLY TREASURER REPORT									
January 2022									
		BEGINNING			Prior Period	MATURE/	ENDING		
		CASH BANK			Journal	(INVEST)	CASH BANK	INVESTMENTS	TOTAL
FUND	FUND NAME	BALANCE	RECEIPTS	DISBURSEMENTS	Entires	INVESTMENTS	BALANCE	BALANCE	BALANCE
1	General	1,749,871.97	29,843,211.49	5,444,922.62	(611,870.99)	(25,595,000.00)	(58,710.15)	\$ 57,119,709.20	57,060,999.05
2	Road Improvement	64,467.28	182,608.83	0.00		(165,000.00)	82,076.11	\$ 1,500,564.80	1,582,640.91
3	Road & Bridge 1	18,532.57	563,960.92	77,341.88		(480,000.00)	25,151.61	\$ 1,791,796.61	1,816,948.22
4	Road & Bridge 2	114,908.58	563,960.91	74,440.09		(576,000.00)	28,429.40	\$ 1,638,776.99	1,667,206.39
5	Road & Bridge 3	88,549.18	565,048.09	108,640.26		(540,000.00)	4,957.01	\$ 1,374,243.49	1,379,200.50
6	Road & Bridge 4	(8,766.98)	611,986.64	161,708.14		(462,000.00)	(20,488.48)	\$ 2,066,262.74	2,045,774.26
7	Adult Probation	239,384.94	112,205.79	116,656.39	(113.51)		234,820.83	\$ 1,281,648.41	1,516,469.24
8	Juvenile Probation	1,810.57	62,761.43	220,637.70	611,984.50	70,000.00	525,918.80	\$ 123,553.63	649,472.43
9	FM #1	165,496.26	766,297.17	41,155.45		(680,000.00)	210,637.98	\$ 2,426,891.85	2,637,529.83
10	FM #2	59,861.94	764,304.10	164,714.62		(475,000.00)	184,451.42	\$ 883,655.12	1,068,106.54
11	FM #3	148,444.74	764,304.10	30,697.95		(650,000.00)	232,050.89	\$ 1,363,489.89	1,595,540.78
12	FM #4	46,798.46	764,304.10	11,297.21		(560,000.00)	239,805.35	\$ 1,714,600.00	1,954,405.35
13	Lateral Road	148.87	0.00	0.00			148.87	\$ 312,248.28	312,397.15
14	County & District Court Tech	39,882.51	216.00	0.00			40,098.51	\$ -	40,098.51
15	Justice Court Tech	2,419.79	950.05	0.00			3,369.84	\$ 183,156.31	186,526.15
16	DC Archives Records Mgmt	2,045.92	290.00	0.00			2,335.92	\$ 166,821.15	169,157.07
17	Jury	19,043.15	2,037.56	12,800.64			8,280.07	\$ 129,180.26	137,460.33
18	Permanent Improvements	(1,620,707.13)	1,383,400.15	1,427,691.13	1,226,460.38	1,235,000.00	796,462.27	\$ 1,648,215.80	2,444,678.07
19	Law Library	(17,223.20)	9,036.25	20,308.38			(28,495.33)	\$ -	(28,495.33)
20	Trust & Agency	1,177,455.46	0.00	0.00			1,177,455.46	\$ -	1,177,455.46
21	Records Management	77,245.69	42,540.00	8,906.01			110,879.68	\$ 1,782,430.41	1,893,310.09
22	CC Archives Records Mgmt	76,951.95	42,240.00	144,703.20		57,300.00	31,788.75	\$ 2,409,232.34	2,441,021.09
23	ROW Available	322.87	0.00	0.00			322.87	\$ 621,404.33	621,727.20
24	Fire Marshall Special Fund	179,651.02	2,000.00	392.18			181,258.84	\$ -	181,258.84
25	Right of Way 2008	(0.00)	0.00	0.00			(0.00)	\$ -	(0.00)
26	District Court Records Tech	4,075.00	575.00	0.00			4,650.00	\$ 221,184.81	225,834.81
27	Road District #1	0.00	0.00	0.00			0.00	\$ 956,956.46	956,956.46
28	Road District #5	0.00	0.00	0.00			0.00	\$ 71,824.51	71,824.51
29	Road District #16	0.00	0.00	0.00			0.00	\$ 197,792.17	197,792.17
30	DA Check Processing	215.40	225.49	898.50			(457.61)	\$ 135,715.59	135,257.98
31	DA Drug Forfeiture	1,224.83	29,167.64	0.00			30,392.47	\$ 169,720.60	200,113.07
32	General Records Mgmt/Pres	11,061.24	6,475.00	0.00			17,536.24	\$ 589,153.89	606,690.13

TREASURER'S REPORT ON THE ELLIS COUNTY FINANCES

IN THE MATTER OF COUNTY FINANCES
IN THE HANDS OF CHERYL CHAMBERS
TREASURER OF ELLIS COUNTY

COMMISSIONER'S COURT
ELLIS COUNTY, TEXAS

IN ACCORDANCE with Section 114.026, Local Government Code, we the undersigned, constituting the entire Commissioners Court of Ellis County, certify that on June 28, 2022, we compared and examined the monthly report of CHERYL CHAMBERS, Treasurer of Ellis County, Texas, for January 2022, and finding the same correct, entered an order in the Minutes approving said Report, which states total cash and other assets on hand as \$110,840,100.94.

Todd Little, County Judge

Randy Stinson, Commissioner Pct. 1

Lane Grayson, Commissioner Pct. 2

Paul Perry, Commissioner Pct. 3

Kyle Butler, Commissioner Pct. 4

SWORN TO AND SUBSCRIBED BEFORE ME, by Todd Little, County Judge and County Commissioners of said Ellis County, each respectively, on this the 28th day of June, 2022.

Attest: Krystal Valdez, County Clerk,
Clerk of the Commissioners Court in
and for Ellis County, Texas

MONTHLY TREASURER REPORT

February 2022

FUND	FUND NAME	BEGINNING CASH BANK BALANCE	RECEIPTS	DISBURSEMENTS	Prior Period Journal Entires	MATURE/ (INVEST) INVESTMENTS	ENDING CASH BANK BALANCE	INVESTMENTS BALANCE	TOTAL BALANCE
1	General	(58,710.15)	17,548,635.43	5,000,917.29	11,273.43	(13,498,000.00)	(997,718.58)	\$ 70,128,566.20	69,130,847.62
2	Road Improvement	82,076.11	100,209.11	0.00		(130,000.00)	52,285.22	\$ 1,630,703.92	1,682,989.14
3	Road & Bridge 1	25,151.61	276,126.77	89,019.75			212,258.63	\$ 1,791,928.59	2,004,187.22
4	Road & Bridge 2	28,429.40	276,126.77	88,966.62			215,589.55	\$ 1,638,874.71	1,854,464.26
5	Road & Bridge 3	4,957.01	276,126.72	108,231.84	415.52		173,267.41	\$ 1,374,337.17	1,547,604.58
6	Road & Bridge 4	(20,488.48)	276,426.31	107,077.78			148,860.05	\$ 2,066,398.39	2,215,258.44
7	Adult Probation	234,820.83	114,029.64	240,667.23			108,183.24	\$ 1,281,768.36	1,389,951.60
8	Juvenile Probation	525,918.80	771.53	154,556.81		(371,000.00)	1,133.52	\$ 494,591.83	495,725.35
9	FM #1	210,637.98	792,685.61	33,280.78		(400,000.00)	570,042.81	\$ 2,827,080.14	3,397,122.95
10	FM #2	184,451.42	421,707.23	426,548.58		(300,000.00)	(120,389.93)	\$ 1,183,745.27	1,063,355.34
11	FM #3	232,050.89	421,887.23	44,616.75		(425,000.00)	184,321.37	\$ 1,788,610.52	1,972,931.89
12	FM #4	239,805.35	440,186.23	291,963.10		(190,000.00)	198,028.48	\$ 1,904,711.64	2,102,740.12
13	Lateral Road	148.87	0.00	0.00			148.87	\$ 312,275.37	312,424.24
14	County & District Court Tech	40,098.51	336.00	0.00			40,434.51	\$ -	40,434.51
15	Justice Court Tech	3,369.84	1,060.61	0.00			4,430.45	\$ 183,158.65	187,589.10
16	DC Archives Records Mgmt	2,335.92	135.00	0.00			2,470.92	\$ 166,823.28	169,294.20
17	Jury	8,280.07	2,280.50	5,607.60			4,952.97	\$ 129,191.47	134,144.44
18	Permanent Improvements	796,462.27	759,159.97	325,611.59			1,230,010.65	\$ 1,648,358.78	2,878,369.43
19	Law Library	(28,495.33)	8,961.00	19,474.30			(39,008.63)	\$ -	(39,008.63)
20	Trust & Agency	1,177,455.46	0.00	0.00			1,177,455.46	\$ -	1,177,455.46
21	Records Management	110,879.68	36,727.00	8,808.00		(118,500.00)	20,298.68	\$ 1,901,092.71	1,921,391.39
22	CC Archives Records Mgmt	31,788.75	36,530.00	0.00			68,318.75	\$ 2,409,251.54	2,477,570.29
23	ROW Available	322.87	0.00	0.00			322.87	\$ 621,427.40	621,750.27
24	Fire Marshall Special Fund	181,258.84	2,150.00	707.24			182,701.60	\$ -	182,701.60
25	Right of Way 2008	(0.00)	0.00	0.00			(0.00)	\$ -	(0.00)
26	District Court Records Tech	4,650.00	270.00	0.00			4,920.00	\$ 221,187.64	226,107.64
27	Road District #1	0.00	0.00	0.00			0.00	\$ 957,039.48	957,039.48
28	Road District #5	0.00	0.00	0.00			0.00	\$ 71,830.74	71,830.74
29	Road District #16	0.00	0.00	0.00			0.00	\$ 197,809.33	197,809.33
30	DA Check Processing	(457.61)	90.24	1,118.79		1,150.00	(336.16)	\$ 134,577.29	134,241.13
31	DA Drug Forfeiture	30,392.47	19,299.69	0.00		(30,790.00)	18,902.16	\$ 200,527.32	219,429.48
32	General Records Mgmt/Pres	17,536.24	7,473.63	30.00		(18,600.00)	6,379.87	\$ 607,806.20	614,186.07
33	Courthouse Security	26,959.70	9,959.92	20.00			36,899.62	\$ 252,310.19	289,209.81

34	Court Rec. Preservation 51.7	125,161.50	1,770.00	0.00			126,931.50	\$ -	126,931.50
35	DWI Blood Draw Fund	0.00	0.00	0.00			0.00	\$ -	0.00
36	Election Admin. Fees	775.64	0.00	3,201.25		2,000.00	(425.61)	\$ 40,728.40	40,302.79
37	Series 1993 Interest & Sinkin	(0.00)	0.00	0.00			(0.00)	\$ -	(0.00)
38	Series 2007 Interest & Sinkin	(47,642.31)	997,799.27	0.00		(933,750.00)	16,406.96	\$ 933,820.03	950,226.99
39	Grant Pass Through	0.00	0.00	0.00			0.00	\$ -	0.00
40	Series 07 Bond Project	6,312.14	57.67	867.50		(1,045,000.00)	(1,039,497.69)	\$ 4,586,299.33	3,546,801.64
41	HIDTA	0.00	0.00	0.00			0.00	\$ -	0.00
42	Sheriff Federal Drug Forfeitu	1.21	0.00	0.00			1.21	\$ 376,729.84	376,731.05
43	County Clerk Vitals Pres	40,240.08	656.00	0.00			40,896.08		40,896.08
44	Hazard Mitigation Grant	0.00	0.00	0.00			0.00	\$ -	0.00
45	Community Corrections	42,388.32	0.00	18,455.88			23,932.44	\$ -	23,932.44
46	Sheriff Seizure	20.66	0.01	0.00			20.67	\$ 298,460.74	298,481.41
47	Sheriff Drug Forfeiture	2,549.37	0.49	0.00			2,549.86	\$ 274,553.49	277,103.35
48	District Attorney Seizure	3,780.23	5,319.41	39,577.29		36,000.00	5,522.35	\$ 369,979.50	375,501.85
49	JCC	0.00	0.00	0.00			0.00	\$ -	0.00
50	Civil Supervision	138,346.01	2,987.45	1,691.62			139,641.84	\$ -	139,641.84
53	Court Facility Fee	660.00	660.00	0.00			1,320.00	\$ -	1,320.00
54	Emissions Enforcements	0.00	0.00	0.00			0.00	\$ -	0.00
55	Constable #4 Seizure	0.00	0.00	0.00			0.00	\$ -	0.00
56	Constable #2 Forfeiture	1,427.79	0.27	0.00			1,428.06	\$ -	1,428.06
57	Constable #1 Forfeiture	181.28	0.00	0.00			181.28	\$ -	181.28
58	Constable #4 Forfeiture	0.00	0.00	0.00			0.00	\$ -	0.00
59	Law Enforcement Block Grar	0.00	0.00	0.00			0.00	\$ -	0.00
61	Truancy & Prevention	37,462.98	1,024.27	0.00			38,487.25		38,487.25
63	American Rescue Plan	1,268,182.83	2.63	0.00	(14,249.23)		1,253,936.23	\$ 16,312,398.80	17,566,335.03
65	Diversion Program	(9,099.78)	0.00	0.00			(9,099.78)		(9,099.78)
66	JJAEP	21,534.59	5,776.33	0.00			27,310.92		27,310.92
68	Vehicle Fund	(19,411.69)	0.00	0.00			(19,411.69)		(19,411.69)
71	Treasurer Held Property	1,374.45	0.00	0.00			1,374.45		1,374.45
72	Levee #2	5,863.59	2,676.06	0.00			8,539.65	\$ 405,440.61	413,980.26
73	Levee #3	10,933.44	42,821.84	0.00			53,755.28	\$ 320,829.76	374,585.04
74	Levee #4	7,895.12	1.52	0.00			7,896.64	\$ -	7,896.64
125	Constable 1 LEOSE	0.00	0.00	0.00			0.00		0.00
126	Constable 2 LEOSE	0.00	640.03	0.00			640.03		640.03
127	Constable 3 LEOSE	0.00	596.91	0.00			596.91		596.91
128	Constable 4 LEOSE	0.00	597.45	0.00			597.45		597.45
129	Sheriff LEOSE	0.00	10,142.74	0.00			10,142.74		10,142.74
130	DA LEOSE	0.00	768.65	0.00			768.65		768.65
	TOTALS	5,731,024.77	22,903,651.14	7,011,017.59	(2,560.28)	(17,421,490.00)	4,199,608.04	122,045,224.63	126,244,832.67

TREASURER'S REPORT ON THE ELLIS COUNTY FINANCES

IN THE MATTER OF COUNTY FINANCES
IN THE HANDS OF CHERYL CHAMBERS
TREASURER OF ELLIS COUNTY

COMMISSIONER'S COURT
ELLIS COUNTY, TEXAS

IN ACCORDANCE with Section 114.026, Local Government Code, we the undersigned, constituting the entire Commissioners Court of Ellis County, certify that on June 28, 2022, we compared and examined the monthly report of CHERYL CHAMBERS, Treasurer of Ellis County, Texas, for February 2022, and finding the same correct, entered an order in the Minutes approving said Report, which states total cash and other assets on hand as \$126,244,832.67.

Todd Little, County Judge

Randy Stinson, Commissioner Pct. 1

Lane Grayson, Commissioner Pct. 2

Paul Perry, Commissioner Pct. 3

Kyle Butler, Commissioner Pct. 4

SWORN TO AND SUBSCRIBED BEFORE ME, by Todd Little, County Judge and County Commissioners of said Ellis County, each respectively, on this the 28th day of June, 2022.

Attest: Krystal Valdez, County Clerk,
Clerk of the Commissioners Court in
and for Ellis County, Texas

MONTHLY TREASURER REPORT

March 2022

FUND	FUND NAME	BEGINNING CASH BANK BALANCE	RECEIPTS	DISBURSEMENTS	Prior Period Journal Entires	MATURE/ (INVEST) INVESTMENTS	ENDING CASH BANK BALANCE	INVESTMENTS BALANCE	TOTAL BALANCE
1	General	(997,718.58)	3,366,249.45	4,846,928.79		249,000.00	(2,229,397.92)	\$ 69,396,147.52	67,166,749.60
2	Road Improvement	52,285.22	7,648.01	0.00			59,933.23	\$ 1,631,080.10	1,691,013.33
3	Road & Bridge 1	212,258.63	76,576.15	81,985.83			206,848.95	\$ 1,792,283.38	1,999,132.33
4	Road & Bridge 2	215,589.55	76,576.12	77,671.45			214,494.22	\$ 1,639,165.65	1,853,659.87
5	Road & Bridge 3	173,267.41	110,259.64	98,488.79			185,038.26	\$ 1,374,599.61	1,559,637.87
6	Road & Bridge 4	148,860.05	76,672.46	93,472.09			132,060.42	\$ 2,066,782.54	2,198,842.96
7	Adult Probation	108,183.24	159,576.86	124,948.59			142,811.51	\$ 1,282,035.34	1,424,846.85
8	Juvenile Probation	1,133.52	137,515.01	219,907.18		171,000.00	89,741.35	\$ 323,676.25	413,417.60
9	FM #1	570,042.81	32,046.23	186,912.68			415,176.36	\$ 2,827,632.38	3,242,808.74
10	FM #2	(120,389.93)	32,046.23	64,923.66			(153,267.36)	\$ 1,183,994.36	1,030,727.00
11	FM #3	184,321.37	32,046.23	3,518.92			212,848.68	\$ 1,788,964.48	2,001,813.16
12	FM #4	198,028.48	34,816.23	53,048.81			179,795.90	\$ 1,905,057.23	2,084,853.13
13	Lateral Road	148.87	0.00	0.00			148.87	\$ 312,340.41	312,489.28
14	County & District Court Tech	40,434.51	344.00	0.00			40,778.51	\$ -	40,778.51
15	Justice Court Tech	4,430.45	1,696.75	0.00			6,127.20	\$ 183,180.16	189,307.36
16	DC Archives Records Mgmt	2,470.92	215.00	0.00			2,685.92	\$ 166,842.87	169,528.79
17	Jury	4,952.97	2,396.07	21,266.69		20,000.00	6,082.35	\$ 109,216.31	115,298.66
18	Permanent Improvements	1,230,010.65	57,939.27	159,248.51			1,128,701.41	\$ 1,648,702.12	2,777,403.53
19	Law Library	(39,008.63)	8,730.50	18,261.41			(48,539.54)	\$ -	(48,539.54)
20	Trust & Agency	1,177,455.46	0.00	0.00			1,177,455.46	\$ -	1,177,455.46
21	Records Management	20,298.68	53,010.00	8,906.86			64,401.82	\$ 1,901,488.69	1,965,890.51
22	CC Archives Records Mgmt	68,318.75	52,800.00	43,603.30			77,515.45	\$ 2,409,470.42	2,486,985.87
23	ROW Available	322.87	0.00	161,379.03			(161,056.16)	\$ 621,518.94	460,462.78
24	Fire Marshall Special Fund	182,701.60	5,950.00	1,359.21			187,292.39	\$ -	187,292.39
25	Right of Way 2008	(0.00)	0.00	0.00			(0.00)	\$ -	(0.00)
26	District Court Records Tech	4,920.00	400.00	0.00			5,320.00	\$ 221,213.61	226,533.61
27	Road District #1	0.00	0.00	0.00			0.00	\$ 957,238.82	957,238.82
28	Road District #5	0.00	0.00	0.00			0.00	\$ 71,845.70	71,845.70
29	Road District #16	0.00	0.00	0.00			0.00	\$ 197,850.53	197,850.53
30	DA Check Processing	(336.16)	0.00	0.00			(336.16)	\$ 134,605.32	134,269.16
31	DA Drug Forfeiture	18,902.16	3,220.40	0.00			22,122.56	\$ 200,569.09	222,691.65
32	General Records Mgmt/Pres	6,379.87	7,851.37	0.00			14,231.24	\$ 607,932.80	622,164.04
33	Courthouse Security	36,899.62	12,486.17	0.00			49,385.79	\$ 252,362.74	301,748.53

34	Court Rec. Preservation 51.7	126,931.50	1,730.00	0.00			128,661.50	\$ -	128,661.50
35	DWI Blood Draw Fund	0.00	0.00	0.00			0.00	\$ -	0.00
36	Election Admin. Fees	(425.61)	4,324.00	0.00			3,898.39	\$ 40,733.18	44,631.57
37	Series 1993 Interest & Sinkin	(0.00)	0.00	0.00			(0.00)	\$ -	(0.00)
38	Series 2007 Interest & Sinkin	16,406.96	77,880.52	1,600.00			92,687.48	\$ 934,014.53	1,026,702.01
39	Grant Pass Through	0.00	0.00	0.00			0.00	\$ -	0.00
40	Series 07 Bond Project	(1,039,497.69)	8.53	0.00		1,040,000.00	510.84	\$ 3,547,159.21	3,547,670.05
41	HIDTA	0.00	0.00	0.00			0.00	\$ -	0.00
42	Sheriff Federal Drug Forfeitu	1.21	0.01	621.25		630.00	9.97	\$ 376,178.23	376,188.20
43	County Clerk Vitals Pres	40,896.08	854.00	2,347.50			39,402.58		39,402.58
44	Hazard Mitigation Grant	0.00	0.00	0.00			0.00	\$ -	0.00
45	Community Corrections	23,932.44	67,082.00	18,507.97			72,506.47	\$ -	72,506.47
46	Sheriff Seizure	20.67	0.00	0.00			20.67	\$ 298,487.86	298,508.53
47	Sheriff Drug Forfeiture	2,549.86	0.63	0.00			2,550.49	\$ 274,610.68	277,161.17
48	District Attorney Seizure	5,522.35	268.33	300.00			5,490.68	\$ 370,056.56	375,547.24
49	JCC	0.00	0.00	0.00			0.00	\$ -	0.00
50	Civil Supervision	139,641.84	34.28	2,151.58			137,524.54	\$ -	137,524.54
53	Court Facility Fee	1,320.00	1,140.00	0.00			2,460.00	\$ -	2,460.00
54	Emissions Enforcements	0.00	0.00	0.00			0.00	\$ -	0.00
55	Constable #4 Seizure	0.00	0.00	0.00			0.00	\$ -	0.00
56	Constable #2 Forfeiture	1,428.06	0.36	0.00			1,428.42	\$ -	1,428.42
57	Constable #1 Forfeiture	181.28	0.00	0.00			181.28	\$ -	181.28
58	Constable #4 Forfeiture	0.00	0.00	0.00			0.00	\$ -	0.00
59	Law Enforcement Block Grar	0.00	0.00	0.00			0.00	\$ -	0.00
61	Truancy & Prevention	38,487.25	1,549.00	0.00			40,036.25	\$ -	40,036.25
63	American Rescue Plan	1,253,936.23	214.74	229,628.46		250,000.00	1,274,522.51	\$ 16,066,003.78	17,340,526.29
65	Diversion Program	(9,099.78)	0.00	0.00			(9,099.78)	\$ -	(9,099.78)
66	JJAEP	27,310.92	5,668.15	0.00			32,979.07	\$ -	32,979.07
68	Vehicle Fund	(19,411.69)	0.00	0.00			(19,411.69)	\$ -	(19,411.69)
71	Treasurer Held Property	1,374.72	0.33	0.00			1,375.05	\$ -	1,375.05
72	Levee #2	8,539.65	260.63	0.00			8,800.28	\$ 405,477.42	414,277.70
73	Levee #3	53,755.28	10.91	33,225.00		0.00	20,541.19	\$ 320,858.90	341,400.09
74	Levee #4	7,896.64	1.95	0.00			7,898.59	\$ -	7,898.59
125	Constable 1 LEOSE	0.00	0.00	0.00			0.00	\$ -	0.00
126	Constable 2 LEOSE	640.03	0.00	0.00			640.03	\$ -	640.03
127	Constable 3 LEOSE	596.91	0.00	0.00			596.91	\$ -	596.91
128	Constable 4 LEOSE	597.45	0.00	0.00			597.45	\$ -	597.45
129	Sheriff LEOSE	10,142.74	0.00	0.00			10,142.74	\$ -	10,142.74
130	DA LEOSE	768.65	0.00	0.00			768.65	\$ -	768.65
	TOTALS	4,199,608.31	4,510,096.52	6,554,213.56	0.00	1,730,630.00	3,886,121.27	119,841,377.72	123,727,498.99

TREASURER'S REPORT ON THE ELLIS COUNTY FINANCES

IN THE MATTER OF COUNTY FINANCES
IN THE HANDS OF CHERYL CHAMBERS
TREASURER OF ELLIS COUNTY

COMMISSIONER'S COURT
ELLIS COUNTY, TEXAS

IN ACCORDANCE with Section 114.026, Local Government Code, we the undersigned, constituting the entire Commissioners Court of Ellis County, certify that on June 28, 2022, we compared and examined the monthly report of CHERYL CHAMBERS, Treasurer of Ellis County, Texas, for March 2022, and finding the same correct, entered an order in the Minutes approving said Report, which states total cash and other assets on hand as \$123,727,498.99.

Todd Little, County Judge

Randy Stinson, Commissioner Pct. 1

Lane Grayson, Commissioner Pct. 2

Paul Perry, Commissioner Pct. 3

Kyle Butler, Commissioner Pct. 4

SWORN TO AND SUBSCRIBED BEFORE ME, by Todd Little, County Judge and County Commissioners of said Ellis County, each respectively, on this the 28th day of June, 2022.

Attest: Krystal Valdez, County Clerk,
Clerk of the Commissioners Court in
and for Ellis County, Texas

MONTHLY TREASURER REPORT

April 2022

FUND	FUND NAME	BEGINNING CASH BANK BALANCE	RECEIPTS	DISBURSEMENTS	Prior Period Journal Entires	MATURE/ (INVEST) INVESTMENTS	ENDING CASH BANK BALANCE	INVESTMENTS BALANCE	TOTAL BALANCE
1	General	(2,229,397.92)	3,573,618.30	5,938,075.22		1,604,000.00	(2,989,854.84)	\$ 67,566,348.04	64,576,493.20
2	Road Improvement	59,933.23	3,316.36	0.00			63,249.59	\$ 1,631,675.71	1,694,925.30
3	Road & Bridge 1	206,848.95	74,266.96	81,191.56			199,924.35	\$ 1,792,902.05	1,992,826.40
4	Road & Bridge 2	214,494.22	54,347.11	97,708.78			171,132.55	\$ 1,639,693.76	1,810,826.31
5	Road & Bridge 3	185,038.26	54,347.09	106,760.68			132,624.67	\$ 1,375,067.28	1,507,691.95
6	Road & Bridge 4	132,060.42	54,784.49	97,776.97			89,067.94	\$ 2,067,469.34	2,156,537.28
7	Adult Probation	142,811.51	253,959.98	139,890.07			256,881.42	\$ 1,282,480.91	1,539,362.33
8	Juvenile Probation	89,741.35	566,689.41	187,250.08		125,000.00	594,180.68	\$ 198,766.15	792,946.83
9	FM #1	415,176.36	11,635.71	99,284.60			327,527.47	\$ 2,828,567.99	3,156,095.46
10	FM #2	(153,267.36)	11,635.71	144,811.48			(286,443.13)	\$ 1,184,406.29	897,963.16
11	FM #3	212,848.68	15,769.71	36,154.03			192,464.36	\$ 1,789,569.71	1,982,034.07
12	FM #4	179,795.90	84,411.71	192,827.36			71,380.25	\$ 1,905,670.19	1,977,050.44
13	Lateral Road	148.87	0.00	0.00			148.87	\$ 312,448.96	312,597.83
14	County & District Court Tech	40,778.51	324.00	0.00			41,102.51	\$ -	41,102.51
15	Justice Court Tech	6,127.20	1,226.69	0.00			7,353.89	\$ 183,224.66	190,578.55
16	DC Archives Records Mgmt	2,685.92	135.00	0.00			2,820.92	\$ 166,883.40	169,704.32
17	Jury	6,082.35	2,831.06	23,975.11		25,000.00	9,938.30	\$ 84,248.81	94,187.11
18	Permanent Improvements	1,128,701.41	25,124.04	208,601.61			945,223.84	\$ 1,649,275.13	2,594,498.97
19	Law Library	(48,539.54)	12,184.08	14,864.84			(51,220.30)	\$ -	(51,220.30)
20	Trust & Agency	1,177,455.46	0.00	0.00			1,177,455.46	\$ -	1,177,455.46
21	Records Management	64,401.82	49,801.00	8,808.00			105,394.82	\$ 1,902,149.55	2,007,544.37
22	CC Archives Records Mgmt	77,515.45	49,450.00	0.00			126,965.45	\$ 2,410,109.17	2,537,074.62
23	ROW Available	(161,056.16)	0.00	0.00			(161,056.16)	\$ 621,691.32	460,635.16
24	Fire Marshall Special Fund	187,292.39	8,800.00	1,831.93			194,260.46	\$ -	194,260.46
25	Right of Way 2008	(0.00)	0.00	0.00			(0.00)	\$ -	(0.00)
26	District Court Records Tech	5,320.00	270.00	0.00			5,590.00	\$ 221,267.35	226,857.35
27	Road District #1	0.00	0.00	0.00			0.00	\$ 957,571.51	957,571.51
28	Road District #5	0.00	0.00	0.00			0.00	\$ 71,870.67	71,870.67
29	Road District #16	0.00	0.00	0.00			0.00	\$ 197,919.29	197,919.29
30	DA Check Processing	(336.16)	90.46	0.00			(245.70)	\$ 134,652.10	134,406.40
31	DA Drug Forfeiture	22,122.56	3,000.00	1,110.00			24,012.56	\$ 200,638.80	224,651.36
32	General Records Mgmt/Pres	14,231.24	9,224.00	0.00			23,455.24	\$ 608,144.09	631,599.33
33	Courthouse Security	49,385.79	12,608.51	0.00			61,994.30	\$ 252,450.45	314,444.75

34	Court Rec. Preservation 51.7	128,661.50	2,505.00	0.00			131,166.50	\$ -	131,166.50
35	DWI Blood Draw Fund	0.00	0.00	0.00			0.00	\$ -	0.00
36	Election Admin. Fees	3,898.39	3,962.40	0.00			7,860.79	\$ 40,743.08	48,603.87
37	Series 1993 Interest & Sinkin	(0.00)	0.00	0.00			(0.00)	\$ -	(0.00)
38	Series 2007 Interest & Sinkin	92,687.48	42,951.78	0.00			135,639.26	\$ 934,339.15	1,069,978.41
39	Grant Pass Through	0.00	0.00	0.00			0.00	\$ -	0.00
40	Series 07 Bond Project	510.84	0.03	1,324.00		820.00	6.87	\$ 3,547,634.15	3,547,641.02
41	HIDTA	0.00	0.00	0.00			0.00	\$ -	0.00
42	Sheriff Federal Drug Forfeitu	9.97	86,393.09	1,538.50		430.00	85,294.56	\$ 375,878.84	461,173.40
43	County Clerk Vitals Pres	39,402.58	867.00	0.00			40,269.58		40,269.58
44	Hazard Mitigation Grant	0.00	0.00	0.00			0.00	\$ -	0.00
45	Community Corrections	72,506.47	0.00	25,127.59			47,378.88	\$ -	47,378.88
46	Sheriff Seizure	20.67	0.01	0.00			20.68	\$ 298,567.01	298,587.69
47	Sheriff Drug Forfeiture	2,551.09	0.85	0.00			2,551.94	\$ 274,706.12	277,258.06
48	District Attorney Seizure	5,490.68	17,789.02	0.00			23,279.70	\$ 370,185.17	393,464.87
49	JCC	0.00	0.00	0.00			0.00	\$ -	0.00
50	Civil Supervision	137,524.54	10,433.95	2,269.21			145,689.28	\$ -	145,689.28
53	Court Facility Fee	2,460.00	980.00	0.00			3,440.00	\$ -	3,440.00
54	Emissions Enforcements	0.00	0.00	0.00			0.00	\$ -	0.00
55	Constable #4 Seizure	0.00	0.00	0.00			0.00	\$ -	0.00
56	Constable #2 Forfeiture	1,428.42	0.47	0.00			1,428.89	\$ -	1,428.89
57	Constable #1 Forfeiture	181.28	0.00	0.00			181.28	\$ -	181.28
58	Constable #4 Forfeiture	0.00	0.00	0.00			0.00	\$ -	0.00
59	Law Enforcement Block Grar	0.00	0.00	0.00			0.00	\$ -	0.00
61	Truancy & Prevention	40,036.25	1,251.41	0.00			41,287.66	\$ -	41,287.66
63	American Rescue Plan	1,274,522.51	424.87	0.00			1,274,947.38	\$ 16,071,788.99	17,346,736.37
65	Diversion Program	(9,099.78)	0.00	0.00			(9,099.78)	\$ -	(9,099.78)
66	JJAEP	32,979.07	4,128.00	0.00			37,107.07	\$ -	37,107.07
68	Vehicle Fund	(19,411.69)	0.00	0.00			(19,411.69)	\$ -	(19,411.69)
71	Treasurer Held Property	1,375.05	0.46	0.00			1,375.51	\$ -	1,375.51
72	Levee #2	8,800.28	655.19	0.00			9,455.47	\$ 405,584.91	415,040.38
73	Levee #3	20,541.19	6.84	0.00			20,548.03	\$ 320,943.94	341,491.97
74	Levee #4	7,898.59	2.63	0.00			7,901.22	\$ -	7,901.22
125	Constable 1 LEOSE	0.00	0.00	7,254.00			(7,254.00)	\$ -	(7,254.00)
126	Constable 2 LEOSE	640.03	0.00	3,874.00			(3,233.97)	\$ -	(3,233.97)
127	Constable 3 LEOSE	596.91	0.00	1,739.00			(1,142.09)	\$ -	(1,142.09)
128	Constable 4 LEOSE	597.45	0.00	2,381.00			(1,783.55)	\$ -	(1,783.55)
129	Sheriff LEOSE	10,142.74	0.00	3,774.00			6,368.74	\$ -	6,368.74
130	DA LEOSE	768.65	0.00	899.83			(131.18)	\$ -	(131.18)
	TOTALS	3,886,121.87	5,106,204.38	7,431,103.45	0.00	1,755,250.00	3,316,472.80	117,877,534.04	121,194,006.84

TREASURER'S REPORT ON THE ELLIS COUNTY FINANCES

IN THE MATTER OF COUNTY FINANCES
IN THE HANDS OF CHERYL CHAMBERS
TREASURER OF ELLIS COUNTY

COMMISSIONER'S COURT
ELLIS COUNTY, TEXAS

IN ACCORDANCE with Section 114.026, Local Government Code, we the undersigned, constituting the entire Commissioners Court of Ellis County, certify that on June 28, 2022, we compared and examined the monthly report of CHERYL CHAMBERS, Treasurer of Ellis County, Texas, for April 2022, and finding the same correct, entered an order in the Minutes approving said Report, which states total cash and other assets on hand as \$121,194,006.84.

Todd Little, County Judge

Randy Stinson, Commissioner Pct. 1

Lane Grayson, Commissioner Pct. 2

Paul Perry, Commissioner Pct. 3

Kyle Butler, Commissioner Pct. 4

SWORN TO AND SUBSCRIBED BEFORE ME, by Todd Little, County Judge and County Commissioners of said Ellis County, each respectively, on this the 28th day of June, 2022.

Attest: Krystal Valdez, County Clerk,
Clerk of the Commissioners Court in
and for Ellis County, Texas

MONTHLY TREASURER REPORT

May 2022

		BEGINNING			Prior Period	MATURE/	ENDING		
		CASH BANK			Journal	(INVEST)	CASH BANK	INVESTMENTS	TOTAL
FUND	FUND NAME	BALANCE	RECEIPTS	DISBURSEMENTS	Entires	INVESTMENTS	BALANCE	BALANCE	BALANCE
1	General	(2,989,854.84)	1,644,871.56	7,096,153.72		6,202,000.00	(2,239,137.00)	\$ 61,403,971.42	59,164,834.42
2	Road Improvement	63,249.59	1,802.92	0.00			65,052.51	\$ 1,632,801.65	1,697,854.16
3	Road & Bridge 1	199,924.35	91,378.90	81,434.85			209,868.40	\$ 1,794,093.93	2,003,962.33
4	Road & Bridge 2	171,132.55	67,115.72	73,665.91			164,582.36	\$ 1,640,750.86	1,805,333.22
5	Road & Bridge 3	132,624.67	66,950.71	157,789.02			41,786.36	\$ 1,375,966.94	1,417,753.30
6	Road & Bridge 4	89,067.94	67,758.50	95,356.13			61,470.31	\$ 2,068,819.61	2,130,289.92
7	Adult Probation	256,881.42	105,346.35	125,048.65			237,179.12	\$ 1,283,373.37	1,520,552.49
8	Juvenile Probation	594,180.68	62,748.02	338,110.17		(171,300.00)	147,518.53	\$ 370,335.12	517,853.65
9	FM #1	327,527.47	7,601.46	146,738.04			188,390.89	\$ 2,830,451.84	3,018,842.73
10	FM #2	(286,443.13)	7,601.46	72,890.54		310,000.00	(41,732.21)	\$ 875,014.90	833,282.69
11	FM #3	192,464.36	7,601.46	122,169.79			77,896.03	\$ 1,790,765.44	1,868,661.47
12	FM #4	71,380.25	21,700.46	135,236.68			(42,155.97)	\$ 1,906,907.09	1,864,751.12
13	Lateral Road	148.87	0.00	0.00			148.87	\$ 312,666.39	312,815.26
14	County & District Court Tech	41,102.51	392.00	0.00			41,494.51	\$ -	41,494.51
15	Justice Court Tech	7,353.89	1,236.69	0.00			8,590.58	\$ 183,330.92	191,921.50
16	DC Archives Records Mgmt	2,820.92	165.00	0.00			2,985.92	\$ 166,980.19	169,966.11
17	Jury	9,938.30	26,679.06	13,872.51		50,000.00	72,744.85	\$ 34,289.11	107,033.96
18	Permanent Improvements	945,223.84	13,658.43	94,864.43			864,017.84	\$ 1,650,422.84	2,514,440.68
19	Law Library	(51,220.30)	81,765.00	24,239.08			6,305.62	\$ -	6,305.62
20	Trust & Agency	1,177,455.46	0.00	0.00			1,177,455.46	\$ -	1,177,455.46
21	Records Management	105,394.82	46,899.00	77,384.92			74,908.90	\$ 1,903,473.23	1,978,382.13
22	CC Archives Records Mgmt	126,965.45	46,660.00	47,573.15			126,052.30	\$ 2,411,431.25	2,537,483.55
23	ROW Available	(161,056.16)	0.00	0.00		162,000.00	943.84	\$ 459,986.21	460,930.05
24	Fire Marshall Special Fund	194,260.46	5,850.00	2,539.45			197,571.01	\$ -	197,571.01
25	Right of Way 2008	(0.00)	0.00	0.00			(0.00)	\$ -	(0.00)
26	District Court Records Tech	5,590.00	320.00	0.00			5,910.00	\$ 221,395.68	227,305.68
27	Road District #1	0.00	0.00	0.00			0.00	\$ 958,237.87	958,237.87
28	Road District #5	0.00	0.00	0.00			0.00	\$ 71,920.68	71,920.68
29	Road District #16	0.00	0.00	0.00			0.00	\$ 198,057.02	198,057.02
30	DA Check Processing	(245.70)	0.00	2,110.00		250.00	(2,105.70)	\$ 134,495.64	132,389.94
31	DA Drug Forfeiture	24,012.56	0.00	0.00			24,012.56	\$ 200,778.42	224,790.98
32	General Records Mgmt/Pres	23,455.24	8,334.00	0.00			31,789.24	\$ 608,567.29	640,356.53
33	Courthouse Security	61,994.30	11,842.50	0.00			73,836.80	\$ 252,626.13	326,462.93
34	Court Rec. Preservation 51.7	131,166.50	2,140.00	0.00			133,306.50	\$ -	133,306.50

35	DWI Blood Draw Fund	0.00	0.00	0.00		0.00	\$ -	0.00	
36	Election Admin. Fees	7,860.79	0.00	574.56		7,286.23	\$ 40,766.71	48,052.94	
37	Series 1993 Interest & Sinkin	(0.00)	0.00	0.00		(0.00)	\$ -	(0.00)	
38	Series 2007 Interest & Sinkin	135,639.26	20,976.75	0.00	(133,540.00)	23,076.01	\$ 1,068,603.33	1,091,679.34	
39	Grant Pass Through	0.00	0.00	0.00		0.00	\$ -	0.00	
40	Series 07 Bond Project	6.87	7.98	0.00	420,540.00	420,554.85	\$ 3,129,531.66	3,550,086.51	
41	HIDTA	0.00	0.00	0.00		0.00	\$ -	0.00	
42	Sheriff Federal Drug Forfeitu	85,294.56	13,988.01	3,550.50		95,732.07	\$ 376,140.41	471,872.48	
43	County Clerk Vitals Pres	40,269.58	832.00	0.00		41,101.58		41,101.58	
44	Hazard Mitigation Grant	0.00	0.00	0.00		0.00	\$ -	0.00	
45	Community Corrections	47,378.88	0.00	18,650.20		28,728.68	\$ -	28,728.68	
46	Sheriff Seizure	20.68	0.01	0.00		20.69	\$ 298,730.80	298,751.49	
47	Sheriff Drug Forfeiture	2,551.94	1.45	0.00		2,553.39	\$ 274,897.28	277,450.67	
48	District Attorney Seizure	23,279.70	3.09	0.00	(23,275.00)	7.79	\$ 393,730.67	393,738.46	
49	JCC	0.00	0.00	0.00		0.00	\$ -	0.00	
50	Civil Supervision	145,689.28	6,151.31	2,316.43	0.00	149,524.16	\$ -	149,524.16	
53	Court Facility Fee	3,440.00	780.00	0.00		4,220.00	\$ -	4,220.00	
54	Emissions Enforcements	0.00	0.00	0.00		0.00	\$ -	0.00	
55	Constable #4 Seizure	0.00	0.00	0.00		0.00	\$ -	0.00	
56	Constable #2 Forfeiture	1,428.89	0.81	0.00		1,429.70	\$ -	1,429.70	
57	Constable #1 Forfeiture	181.28	0.00	0.00		181.28	\$ -	181.28	
58	Constable #4 Forfeiture	0.00	0.00	0.00		0.00	\$ -	0.00	
59	Law Enforcement Block Gran	0.00	0.00	0.00		0.00	\$ -	0.00	
61	Truancy & Prevention	41,287.66	1,263.13	0.00		42,550.79	\$ -	42,550.79	
63	American Rescue Plan	1,274,947.38	169.14	0.00	(1,274,940.00)	176.52	\$ 17,358,552.67	17,358,729.19	
65	Diversion Program	(9,099.78)	0.00	0.00		(9,099.78)	\$ -	(9,099.78)	
66	JJAEP	37,107.07	97,589.07	3,037.19		131,658.95	\$ -	131,658.95	
68	Vehicle Fund	(19,411.69)	0.00	0.00		(19,411.69)	\$ -	(19,411.69)	
71	Treasurer Held Property	1,375.51	0.79	0.00		1,376.30	\$ -	1,376.30	
72	Levee #2	9,455.47	5.37	0.00		9,460.84	\$ 405,807.39	415,268.23	
73	Levee #3	20,548.03	6.45	30,437.50	10,000.00	116.98	\$ 311,116.92	311,233.90	
74	Levee #4	7,901.22	4.49	0.00		7,905.71	\$ -	7,905.71	
75	Juvenile Probation Fees	0.00	78,518.71	0.00		78,518.71	\$ -	78,518.71	
125	Constable 1 LEOSE	(7,254.00)	0.00	0.00		(7,254.00)	\$ -	(7,254.00)	
126	Constable 2 LEOSE	(3,233.97)	0.00	0.00		(3,233.97)	\$ -	(3,233.97)	
127	Constable 3 LEOSE	(1,142.09)	0.00	0.00		(1,142.09)	\$ -	(1,142.09)	
128	Constable 4 LEOSE	(1,783.55)	0.00	330.00		(2,113.55)	\$ -	(2,113.55)	
129	Sheriff LEOSE	6,368.74	0.00	2,015.00		4,353.74	\$ -	4,353.74	
130	DA LEOSE	(131.18)	0.00	0.00		(131.18)	\$ -	(131.18)	
	TOTALS	3,316,472.80	2,618,717.76	8,768,088.42	0.00	5,551,735.00	2,718,837.14	112,399,788.88	115,118,626.02

TREASURER'S REPORT ON THE ELLIS COUNTY FINANCES

IN THE MATTER OF COUNTY FINANCES
IN THE HANDS OF CHERYL CHAMBERS
TREASURER OF ELLIS COUNTY

COMMISSIONER'S COURT
ELLIS COUNTY, TEXAS

IN ACCORDANCE with Section 114.026, Local Government Code, we the undersigned, constituting the entire Commissioners Court of Ellis County, certify that on June 28, 2022, we compared and examined the monthly report of CHERYL CHAMBERS, Treasurer of Ellis County, Texas, for May 2022, and finding the same correct, entered an order in the Minutes approving said Report, which states total cash and other assets on hand as \$115,118,626.02.

Todd Little, County Judge

Randy Stinson, Commissioner Pct. 1

Lane Grayson, Commissioner Pct. 2

Paul Perry, Commissioner Pct. 3

Kyle Butler, Commissioner Pct. 4

SWORN TO AND SUBSCRIBED BEFORE ME, by Todd Little, County Judge and County Commissioners of said Ellis County, each respectively, on this the 28th day of June, 2022.

Attest: Krystal Valdez, County Clerk,
Clerk of the Commissioners Court in
and for Ellis County, Texas

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

PLEASE INCLUDE AN EXTRA ORIGINAL FOR CONTRACTS AND AGREEMENTS IF YOU REQUIRE AN ORIGINAL COPY RETURNED FOR YOUR FILES.

The **deadline** for submitting an agenda request with the supporting information is **12:00 noon on the Wednesday immediately preceding Commissioners Court.** This will give ample time for preparation of the agenda.

If you are not representing an organization, board, elected or appointed official, your agenda request must be filed through your respective Commissioner.

***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners Court Agenda.**

Please fill out this form completely:

DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval

Trial Balance for Ellis County

From 06/03/2022 - 06/20/2022

<i>Fund</i>	<i>Name</i>	<i>Opening Balance</i>	<i>Debit</i>	<i>Credit</i>	<i>Closing Balance</i>
1	GENERAL FUND	58,871,864.42	8,056,217.92	(11,546,934.34)	55,381,148.00
2	ROAD IMPROVEMENT FUND	1,697,937.95	952.09	-	1,698,890.04
3	ROAD/BRIDGE PCT. 1	1,997,490.33	39,325.47	(106,924.69)	1,929,891.11
4	ROAD/BRIDGE PCT. 2	1,788,356.93	64,148.49	(103,815.85)	1,748,689.57
5	ROAD/BRIDGE PCT. 3	1,405,431.50	43,781.36	(219,038.18)	1,230,174.68
6	ROAD/BRIDGE PCT. 4	2,128,055.09	84,698.37	(121,853.40)	2,090,900.06
7	ADULT PROBATION	1,507,628.92	167,938.58	(163,992.41)	1,511,575.09
8	JUVENILE PROBATION	465,165.74	38,104.07	(198,698.47)	304,571.34
9	F/M PCT. 1	2,929,704.34	7,329.40	(42,653.21)	2,894,380.53
10	F/M PCT. 2	682,118.67	4,075.10	(45,875.51)	640,318.26
11	F/M PCT. 3	1,816,571.29	4,595.76	(73,110.15)	1,748,056.90
12	F/M PCT. 4	1,786,880.06	15,738.86	(165,612.92)	1,637,006.00
13	LATERAL ROAD PCT. 1	312,815.26	-	-	312,815.26
14	COUNTY & DISTRICT CT TECH	41,526.51	104.00	-	41,630.51
15	JUSTICE COURT TECHNOLOGY FUND	191,997.12	440.69	-	192,437.81
16	DC ARCHIVES RECORDS MANAGEMENT	169,981.11	30.00	-	170,011.11
17	JURY	107,193.54	1,413.27	(5,793.00)	102,813.81
18	PERMANENT IMPROVEMENT	2,515,075.43	7,212.67	(48,980.16)	2,473,307.94
19	LAW LIBRARY	6,880.78	8,014.35	(16,659.44)	(1,764.31)
20	TRUST AND AGENCY FUND	1,177,455.46	-	-	1,177,455.46
21	RECORDS MANAGEMENT	1,972,728.15	21,252.61	15,344.41	1,978,636.35
22	CC ARCHIVES RECORDS MANAGEMENT	2,543,013.55	20,030.00	49,266.60	2,513,776.95
23	ROW AVAILABLE	460,930.05	-	-	460,930.05
24	FIRE MARSHAL SPECIAL FUND	197,721.01	3,567.37	2,424.83	198,863.55
26	DISTRICT COURT RECORDS TECH	227,335.68	40.00	-	227,375.68
27	ROAD DISTRICT #1	958,237.87	-	-	958,237.87
28	ROAD DISTRICT #5	71,920.68	-	-	71,920.68
29	ROAD DISTRICT #16	198,057.02	-	-	198,057.02
30	CHECK PROCESSING FEE AC	132,389.94	-	-	132,389.94
31	DRUG FORFEITURE FUND	224,790.98	-	-	224,790.98
32	GEN RECORD MANAGE/PRESE	641,284.53	3,308.00	-	644,592.53
33	COURTHOUSE SECURITY FUN	327,805.83	5,324.00	-	333,129.83
34	COURT REC. PRESERVATION 51.708	133,651.50	1,300.00	-	134,951.50
36	ELECTIONS ADMIN FEES	29,285.51	830.00	523.01	29,592.50
38	SERIES 07 INTEREST & SINKING	1,092,522.53	9,404.67	250.19	1,101,677.01
40	SERIES 07 BOND PROJECT	3,129,554.47	4,000.00	8,000.00	3,125,554.47
42	SHERIFF FEDERAL DRUG FORFEITURE	471,517.48	-	3,284.25	468,233.23
43	COUNTY CLERK VITALS PRESERVATION	41,168.58	414.00	-	41,582.58
45	ELLIS CO COMM CORRECTIONS	28,728.68	75,153.17	26,723.44	77,158.41
46	SHERIFF SEIZURE FUND	298,751.49	132,268.00	264,535.66	166,483.83
47	SHERIFF DRUG FORFEITURE	277,450.67	-	132,267.66	145,183.01
48	DISTRICT ATTY DRUG SEIZ	393,738.46	5,640.00	-	399,378.46
50	CIVIL SUPERVISION FEES	149,524.16	621.48	2,313.08	147,832.56
53	COURT FACILITY FEES	4,360.00	480.00	-	4,840.00
56	CONSTABLE PCT #2 FORFEITURE	1,429.70	-	-	1,429.70
57	CONSTABLE PCT #1 FORFEITURE	181.28	-	-	181.28
61	TRUANCY & PREVENTION	42,630.00	412.94	-	43,042.94
63	AMERICAN RESCUE PLAN	17,358,729.19	35,900,142.00	17,950,000.00	35,308,871.19
65	CSCD HIGH RISK CASELOAD	(9,099.78)	-	-	(9,099.78)
66	JUVENILE JUSTICE ALTERNATIVE EDUC.	136,045.19	-	-	136,045.19
68	VEHICLE REPLACEMENT FUND	(19,411.69)	-	392.66	135,652.53
71	TREASURERS HELD PROPERTY	1,376.30	-	-	1,376.30
72	ELLIS COUNTY LEVEE #2	415,268.23	-	-	415,268.23
73	ELLIS COUNTY LEVEE #3	311,233.90	-	-	311,233.90
74	ELLIS COUNTY LEVEE #4	78,518.71	-	-	78,518.71
75	JUVENILE PROBATION FEES	(7,254.00)	-	-	(7,254.00)
125	CONSTABLE PCT 1 LOOSE FUNDS	(3,233.57)	-	-	78,518.71
126	CONSTABLE PCT 2 LOOSE FUNDS	(1,142.09)	-	-	(1,142.09)
127	CONSTABLE PCT 3 LOOSE FUNDS	(2,113.55)	-	-	(2,113.55)
128	CONSTABLE PCT 4 LOOSE FUNDS	(1,142.09)	-	-	(1,142.09)
129	SHERIFF LOOSE FUNDS	4,353.74	-	-	4,353.74
130	DISTRICT ATTY LOOSE FUNDS	(215.58)	-	-	(215.58)
		113,923,500.30	44,728,308.69	5,595,384.06	127,355,953.16

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DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval

ELLIS COUNTY, TEXAS
MONTHLY UNAUDITED FINANCIAL REPORT



For the Month Ended
May 31, 2022

Ellis County Auditor's Report
May 2022
Fiscal Year 2022

Benchmark for 8 Months = 66.67%

	<u>2022 Budget</u>	<u>YTD Rev/Exp</u> <u>as of 5/31/2022</u>	<u>% of Budget</u> <u>Received/</u> <u>Used</u>	<u>Prior Year</u> <u>YTD</u>	<u>Increase/</u> <u>(Decrease)</u> <u>from Prior</u> <u>Year</u>	
<i>General Fund Revenues</i>						
NON-DEPARTMENTAL	98,259,538	55,977,018	56.97%	51,640,135	8.40%	
AUDITOR	47,150	-	0.00%	-	N/A	
INFORMATION TECHNOLOGY	32,221	-	0.00%	-	N/A	
AG EXTENSION	2,000	-	0.00%	-	N/A	
DEPARTMENT OF DEVELOPMENT	648,500	408,019	62.92%	478,093	-14.66%	
VETERANS SERVICE OFFICER	-	6	N/A	-	N/A	
COVID 19 REVENUES	-	-	0.00%	2,768,744	0.00%	
AUXILLARY COURTHOUSE- CIVIC CENTER	18,500	-	0.00%	-	0.00%	
VEHICLE REPLACEMENT FUND	-	-	0.00%	-	0.00%	
40TH JUDICIAL DISTRICT COURT	-	75	N/A	-	N/A	
ELECTIONS	278,100	141,666	50.94%	226,447	-37.44%	
PURCHASING	13,500	4,393	32.54%	10,004	-56.09%	
DISTRICT CLERK	770,465	615,458	79.88%	558,323	10.23%	
COUNTY CLERK	2,351,725	1,628,177	69.23%	1,397,554	16.50%	
SHERIFF REVENUES	1,795,209	226,629	12.62%	160,840	40.90%	
COUNTY ATTORNEY	193,224	49,808	25.78%	57,047	-12.69%	
TAX COLLECTOR	1,136,010	1,501,967	132.21%	1,850,274	-18.82%	
CIVIL ENGINEER	430,737	4,535	1.05%	237,351	-98.09%	
COUNTY COURT AT LAW #1	175,000	129,423	73.96%	109,873	17.79%	
COUNTY TREASURER	120	499	415.55%	174	186.59%	
EMERGENCY MANAGEMENT	43,301	492	1.14%	-	N/A	
FIRE MARSHAL	15,641	-	0.00%	-	N/A	
JUSTICE OF THE PEACE PCT. 1	183,150	97,504	53.24%	150,218	-35.09%	
JUSTICE OF THE PEACE PCT. 2	284,420	128,778	45.28%	220,819	-41.68%	
JUSTICE OF THE PEACE PCT. 3	151,500	65,866	43.48%	120,056	-45.14%	
JUSTICE OF THE PEACE PCT. 4	135,750	89,749	66.11%	103,995	-13.70%	
CONSTABLE PCT. 1	28,250	26,830	94.97%	14,856	80.60%	
CONSTABLE PCT. 2	52,700	50,104	95.07%	37,171	34.80%	
CONSTABLE PCT. 3	31,700	27,249	85.96%	21,079	29.27%	
CONSTABLE PCT. 4	32,200	30,821	95.72%	21,412	43.94%	
BUDGETED FUND BALANCE	-	-	0.00%	-	N/A	
	107,110,612	-	61,205,065	57.14%	60,184,464	1.70%
<i>General Fund Expenditures</i>						
SHERIFF	15,384,552	8,306,529	53.99%	6,879,071	20.75%	
JAIL	11,877,886	6,454,353	54.34%	6,189,793	4.27%	
MAINTENANCE	902,360	515,984	57.18%	517,886	-0.37%	
COUNTY AUDITOR	1,203,641	723,235	60.09%	654,627	10.48%	
INFORMATION TECHNOLOGY	868,685	757,306	87.18%	393,409	92.50%	
TEXAS A&M AGRILIFE EXTENSIONS	269,051	120,625	44.83%	147,551	-18.25%	
DEPARTMENT OF DEVELOPMENT	1,098,010	607,080	55.29%	556,170	9.15%	
VETERANS SERVICE OFFICER	131,310	79,548	60.58%	74,880	6.23%	
COMMISSIONERS	549,220	334,442	60.89%	315,450	6.02%	
INDIGENT HEALTH CARE	3,230,556	1,895,839	58.68%	2,038,736	-7.01%	
MENTAL HEALTH JUV EXP	26,000	14,700	56.54%	14,193	3.57%	
COVID 19 EXPENDITURES	-	30	N/A	1,190,658	-100.00%	
VACCINE HUB	-	-	N/A	101,376	-100.00%	
AUXILLARY COURTHOUSE- CIVIC CENTER	37,000	20,716	55.99%	803	2478.57%	
MAY SEVERE WEATHER	-	-	N/A	106	-100.00%	
NON-DEPARTMENTAL	7,966,962	4,927,894	61.85%	5,125,384	-3.85%	
LEASE PAYMENTS	-	324,641	0.00%	827,724	-60.78%	
CAPITAL LEASES	562,787	562,787	100.00%	-	N/A	
STATE MANDATED INDIGENT LEGAL	2,200,000	1,119,226	50.87%	945,600	18.36%	
40TH JUDICIAL DISTRICT COURT	254,914	158,061	62.01%	136,719	15.61%	
378TH JUDICIAL DISTRICT COURT	270,853	158,735	58.61%	151,951	4.46%	
443RD JUDICIAL DISTRICT COURT	254,728	162,901	63.95%	138,641	17.50%	
INDIGENT DEFENSE	106,528	65,279	61.28%	63,239	3.23%	
ELECTIONS	1,362,274	758,702	55.69%	796,759	-4.78%	

Ellis County Auditor's Report
May 2022
Fiscal Year 2022

Benchmark for 8 Months = 66.67%

	<u>2022 Budget</u>	<u>YTD Rev/Exp</u> <u>as of 5/31/2022</u>	<u>% of Budget</u> <u>Received/</u> <u>Used</u>	<u>Prior Year</u> <u>YTD</u>	<u>Increase/</u> <u>(Decrease)</u> <u>from Prior</u> <u>Year</u>	
PURCHASING	408,291	275,249	67.41%	238,587	15.37%	
<i>General Fund Expenditures (Continued)</i>						
DISTRICT CLERK	1,182,224	742,161	62.78%	682,416	8.75%	
COUNTY CLERK	1,338,464	750,067	56.04%	678,329	10.58%	
HIGHWAY PATROL	132,250	81,919	61.94%	77,764	5.34%	
COUNTY ATTORNEY	5,209,456	2,987,044	57.34%	2,567,456	16.34%	
TAX COLLECTOR	1,715,000	996,488	58.10%	701,181	42.12%	
CIVIL ENGINEER	1,357,202	396,829	29.24%	610,271	-34.97%	
COUNTY COURT AT LAW #1	522,751	289,868	55.45%	272,182	6.50%	
COUNTY COURT AT LAW #2	491,908	266,192	54.11%	256,085	3.95%	
COUNTY COURT AT LAW #3	476,071	259,670	54.54%	140,334	85.04%	
COUNTY JUDGE	398,384	226,977	56.97%	203,286	11.65%	
COUNTY TREASURER	331,136	202,561	61.17%	181,148	11.82%	
JUVENILE SERVICES	-	-	0.00%	-	N/A	
JUVENILE DETENTION	-	5,851	0.00%	-	N/A	
JUVENILE JJAEP	-	5,475	0.00%	-	N/A	
HUMAN RESOURCES AND SERVICES	313,239	191,439	61.12%	174,069	9.98%	
EMERGENCY MANAGEMENT	331,848	218,186	65.75%	138,011	58.09%	
FIRE MARSHAL	682,128	395,236	57.94%	287,775	37.34%	
JUSTICE OF THE PEACE PCT.1	341,257	195,172	57.19%	184,776	5.63%	
JUSTICE OF THE PEACE PCT.2	464,609	276,331	59.48%	261,187	5.80%	
JUSTICE OF THE PEACE PCT.3	330,327	193,315	58.52%	181,334	6.61%	
JUSTICE OF THE PEACE PCT.4	333,104	198,376	59.55%	184,919	7.28%	
CONSTABLE PCT.1	224,559	119,768	53.33%	118,935	0.70%	
CONSTABLE PCT.2	314,363	130,029	41.36%	166,489	-21.90%	
CONSTABLE PCT.3	217,166	131,613	60.61%	119,626	10.02%	
CONSTABLE PCT.4	218,754	121,039	55.33%	113,840	6.32%	
INTERFUND TRANSFERS	2,855,090	1,907,423	66.81%	1,452,058	31.36%	
	68,746,899	-	39,632,892	57.65%	37,252,788	6.39%
<i>Revenues Over/(Under) Expenditures</i>	38,363,712	21,572,173		22,931,676		
<i>Road & Bridge Funds - Revenues</i>						
ROAD & BRIDGE PCT. 1	3,369,880	1,377,215	40.87%	1,253,807	9.84%	
ROAD & BRIDGE PCT. 2	2,976,367	1,331,379	44.73%	1,276,707	4.28%	
ROAD & BRIDGE PCT. 3	2,761,797	1,354,410	49.04%	1,292,784	4.77%	
ROAD & BRIDGE PCT. 4	3,449,455	1,369,827	39.71%	1,296,552	5.65%	
	12,557,499	5,432,831	43.26%	5,119,850	6.11%	
<i>Road & Bridge Funds - Expenditures</i>						
ROAD & BRIDGE PCT. 1	3,382,468	892,952	26.40%	614,171	45.39%	
ROAD & BRIDGE PCT. 2	2,976,367	662,148	22.25%	1,107,680	-40.22%	
ROAD & BRIDGE PCT. 3	2,761,797	871,432	31.55%	787,603	10.64%	
ROAD & BRIDGE PCT. 4	3,449,455	935,564	27.12%	669,741	39.69%	
	12,570,087	3,362,096	26.75%	3,179,195	5.75%	
<i>Revenues Over/(Under) Expenditures</i>	(12,589)	2,070,735		1,940,655		

<i>Farm to Market Funds - Revenues</i>					
FARM TO MARKET 1	3,404,887	1,884,689	55.35%	1,489,159	26.56%
FARM TO MARKET 2	2,118,153	1,497,430	70.70%	1,495,950	0.10%
FARM TO MARKET 3	2,449,329	1,501,936	61.32%	1,418,346	5.89%
FARM TO MARKET 4	3,196,572	1,610,140	50.37%	1,581,739	1.80%
	11,168,942	6,494,194	58.15%	5,985,194	8.50%
<i>Farm to Market Funds - Expenditures</i>					
FARM TO MARKET 1	3,404,887	656,933	19.29%	444,229	47.88%
FARM TO MARKET 2	2,118,153	1,138,355	53.74%	768,526	48.12%
FARM TO MARKET 3	2,449,329	445,675	18.20%	553,480	-19.48%
FARM TO MARKET 4	3,196,572	943,081	29.50%	846,165	11.45%

Ellis County Auditor's Report
May 2022
Fiscal Year 2022

Benchmark for 8 Months = 66.67%

	<u>2022 Budget</u>	<u>YTD Rev/Exp</u> <u>as of 5/31/2022</u>	<u>% of Budget</u> <u>Received/</u> <u>Used</u>	<u>Prior Year</u> <u>YTD</u>	<u>Increase/</u> <u>(Decrease)</u> <u>from Prior</u> <u>Year</u>
	11,168,942	3,184,043	28.51%	2,612,400	21.88%
<i>Revenues Over/(Under) Expenditures</i>	-	3,310,151		3,372,795	

<i>Interest & Sinking Funds - Revenues</i>					
SERIES 16 INTEREST & SINKING	3,616,476	3,537,420	97.81%	3,696,665	-4.31%
SERIES 1993 INTEREST & SINKING	-	-	0.00%	-	N/A
	3,616,476	3,537,420	97.81%	3,696,665	-4.31%
<i>Interest & Sinking Funds - Expenditures</i>					
SERIES 16 INTEREST & SINKING	3,616,476	2,872,294	79.42%	2,807,494	2.31%
	3,616,476	2,872,294	79.42%	2,807,494	2.31%
<i>Revenues Over/(Under) Expenditures</i>	-	665,127		889,171	

<i>Special Revenue Funds - Revenues</i>					
LATERAL ROADS	312,459	275	0.09%	102	169.48%
COUNTY & DISTRICT COURT TECH	42,314	2,597	6.14%	1,692	53.49%
JUSTICE COURT TECHNOLOGY	203,785	9,619	4.72%	17,462	-44.92%
DC ARCHIVES RECORDS MANAGEMENT	176,761	3,776	2.14%	7,667	-50.74%
JURY	70,140	58,866	83.93%	11,883	395.39%
LAW LIBRARY	259,702	150,197	57.83%	118,040	27.24%
RECORDS MANAGEMENT	2,145,213	369,720	17.23%	369,333	0.10%
CC ARCHIVES RECORDS MANAGEMENT	2,750,722	366,957	13.34%	366,458	0.14%
FIRE MARSHAL SPECIAL FUND	225,103	35,950	15.97%	31,600	13.77%
DISTRICT COURTS RECORDS TECH	240,870	7,560	3.14%	15,397	-50.90%
DA CHECK PROCESSING	138,631	675	0.49%	746	-9.55%
DA DRUG FORFEITURE	186,286	69,083	37.08%	6,652	938.45%
GENERAL RECORDS MGMT/PRESERVAT	642,640	55,781	8.68%	37,165	50.09%
COURTHOUSE SECURITY	381,110	81,243	21.32%	72,319	12.34%
COURT REC. PRESERVATION	130,350	13,497	10.35%	7,430	81.66%
ELECTION ADMIN FEES	34,003	14,808	43.55%	14,973	-1.10%
SHERIFF FEDERAL FORFEITURE	376,310	100,713	26.76%	25,518	294.68%
COUNTY CLERK VITALS PRESERVATION	47,344	5,909	12.48%	41,511	-85.77%
SHERIFF SEIZURE	298,515	120	0.04%	113	5.96%
SHERIFF FORFEITURE	270,589	7,048	2.60%	58,373	-87.93%
DA DRUG SEIZURE	386,663	117,483	30.38%	200,426	-41.38%
COURT FACILITY FEE FUND	-	4,220	0.00%	-	0.00%
CONSTABLE 2 FORFEITURE	1,428	3	0.22%	1,252	-99.75%
CONSTABLE 1 FORFEITURE	181	-	0.00%	-	N/A
CONSTABLE 4 FORFEITURE	-	-	0.00%	-	N/A
TREASURER'S HELD PROPERTY	-	1,376	N/A	-	N/A
PAYROLL	-	-	0.00%	-	N/A
JUVENILE PROBATION FEES	-	3,344	N/A	-	N/A
JJAEP	558,972	380,623	68.09%	-	N/A
TRUANCY & PREVENTION	81,954	9,337	11.39%	17,741	-47.37%
AMERICAN RESCUE PLAN ACT	35,569,237	16,009	0.05%	17,950,142	-99.91%
SPECIAL INVENTORY - TAX OFFICE	34,321	-	0.00%	-	N/A
CONSTABLE PCT LEASE FUND	-	-	N/A	-	N/A
CONSTABLE PCT 2 LEASE FUND	-	640	N/A	-	N/A
CONSTABLE PCT 3 LEASE FUND	-	597	N/A	-	N/A
CONSTABLE PCT 4 LEASE FUND	-	597	N/A	-	N/A
SHERIFF OFFICE LEASE FUND	-	10,143	N/A	-	N/A
DISTRICT ATTORNEY LEASE FUND	-	769	N/A	-	N/A
VEHICLE REPLACEMENT FUND	1,182,090	12,588	1.06%	-	N/A
	46,747,695	1,912,122	4.09%	19,373,995	-90.13%

<i>Special Revenue Funds - Expenditures</i>					
LATERAL ROADS	312,459	-	0.00%	-	N/A
COUNTY & DISTRICT CT TECH	42,314	-	0.00%	-	N/A
JUSTICE COURT TECHNOLOGY	203,785	-	0.00%	-	N/A
DC ARCHIVES RECORDS MANAGEMENT	176,761	-	0.00%	-	N/A
JURY	70,140	98,992	141.13%	11,018	798.49%
LAW LIBRARY	259,702	170,779	65.76%	122,618	39.28%

Ellis County Auditor's Report
May 2022
Fiscal Year 2022

Benchmark for 8 Months = 66.67%

	<u>2022 Budget</u>	<u>YTD Rev/Exp</u> <u>as of 5/31/2022</u>	<u>% of Budget</u> <u>Received/</u> <u>Used</u>	<u>Prior Year</u> <u>YTD</u>	<u>Increase/</u> <u>(Decrease)</u> <u>from Prior</u> <u>Year</u>
RECORDS MANAGEMENT	2,145,213	153,334	7.15%	73,440	108.79%
CC ARCHIVES RECORDS MANAGEMENT	2,750,722	258,902	9.41%	251,642	2.88%
FIRE MARSHAL SPECIAL FUND	225,103	7,899	3.51%	6,979	13.18%
DISTRICT COURTS RECORDS TECH	240,870	-	0.00%	-	N/A
DA CHECK PROCESSING	138,631	4,336	3.13%	38,393	-88.71%
DA DRUG FORFEITURE	186,286	3,099	1.66%	94	3193.62%
GENERAL RECORDS MGMT/PRESERVAT	642,640	-	0.00%	-	N/A
COURTHOUSE SECURITY	379,060	-	0.00%	-	N/A
COURT REC. PRESERVATION	130,350	-	0.00%	-	N/A
ELECTION ADMIN FEES	34,003	4,147	12.20%	3,328	24.61%
SHERIFF FEDERAL FORFEITURE	376,310	5,710	1.52%	3,166	80.33%
COUNTY CLERK VITALS PRESERVATION	47,344	2,348	4.96%	-	N/A
SHERIFF SEIZURE	298,515	-	0.00%	-	N/A
SHERIFF FORFEITURE	270,589	267	0.10%	-	N/A
DA DRUG SEIZURE	386,663	66,928	17.31%	16,303	310.52%
COURT FACILITY FEE FUND	-	-	-	-	-
CONSTABLE 2 FORFEITURE	1,426	-	0.00%	-	N/A
CONSTABLE 1 FORFEITURE	181	-	0.00%	-	N/A
CONSTABLE 4 FORFEITURE	-	-	N/A	-	N/A
TRUANCY & PREVENTION	81,954	-	0.00%	-	N/A
AMERICAN RESCUE PLAN ACT	35,051,735	243,484	0.69%	-	N/A
SPECIAL INVENTORY - TAX OFFICE	34,321	-	0.00%	-	N/A
TREASURER'S HELD PROPERTY	-	-	0.00%	-	N/A
JUVENILE PROBATION FEES	-	-	0.00%	-	N/A
JJAEP	671,231	248,964	37.09%	-	N/A
CONSTABLE PCT LEASE FUND	7,254	7,254	100.00%	-	N/A
CONSTABLE PCT 2 LEASE FUND	3,874	3,874	100.00%	-	N/A
CONSTABLE PCT 3 LEASE FUND	1,739	1,739	100.00%	-	N/A
CONSTABLE PCT 4 LEASE FUND	2,711	2,711	100.00%	-	N/A
SHERIFF OFFICE LEASE FUND	-	5,789	N/A	-	N/A
DISTRICT ATTORNEY LEASE FUND	1,548	900	58.13%	-	N/A
VEHICLE REPLACEMENT FUND	1,182,090	32,000	2.71%	-	N/A
	46,357,527	-	2.85%	526,981	151.14%
<i>Revenues Over/(Under) Expenditures</i>	<i>390,168</i>	<i>588,669</i>		<i>18,847,014</i>	
<i>Capital Projects Funds - Revenues</i>					
ROAD IMPROVEMENT FUND	1,677,296.29	355,295	21.18%	327,214	8.58%
PERMANENT IMPROVEMENT	6,614,543.48	2,682,192	40.55%	2,474,854	8.38%
ROW AVAILABLE	1,017,792.74	366	0.04%	704,917	-99.95%
ROAD DISTRICT 1	957,886.84	843	0.09%	943	-10.60%
ROAD DISTRICT 5	71,879.27	63	0.09%	53	19.17%
ROAD DISTRICT 16	197,936.45	174	0.09%	146	19.19%
SERIES 19 BOND PROJECT	3,889,617.50	3,989	0.10%	3,959	0.76%
	14,426,953	3,042,923	21.09%	3,512,086	-13.36%
<i>Capital Projects Funds - Expenditures</i>					
ROAD IMPROVEMENT FUND	\$ 1,677,296.29	-	0.00%	-	N/A
PERMANENT IMPROVEMENT	\$ 6,614,543.48	4,056,975	61.33%	3,312	122393.20%
ROW AVAILABLE	\$ 1,017,792.74	446,186	43.84%	284,807	56.66%
ROAD DISTRICT 1	\$ 957,887.00	-	0.00%	-	N/A
ROAD DISTRICT 5	\$ 71,879.00	-	0.00%	-	N/A
ROAD DISTRICT 16	\$ 197,936.45	-	0.00%	-	N/A
SERIES 19 BOND PROJECT	\$ 3,889,617.50	410,948	10.57%	760,858	-45.99%
	14,426,952	4,914,108	34.06%	1,048,977	368.47%
<i>Revenues Over/(Under) Expenditures</i>	<i>0</i>	<i>(1,871,185)</i>		<i>2,463,110</i>	
<i>Other Funds - Revenues</i>					
TRUST AND AGENCY FUND	-	2	N/A	4,992,471	-100.00%
LEVEE 2	405,571.16	9,671	2.38%	9,225	4.84%
LEVEE 3	320,939.98	53,906	16.80%	53,844	0.11%
LEVEE 4	7,784.28	135	1.73%	129	4.57%

Ellis County Auditor's Report
May 2022
Fiscal Year 2022

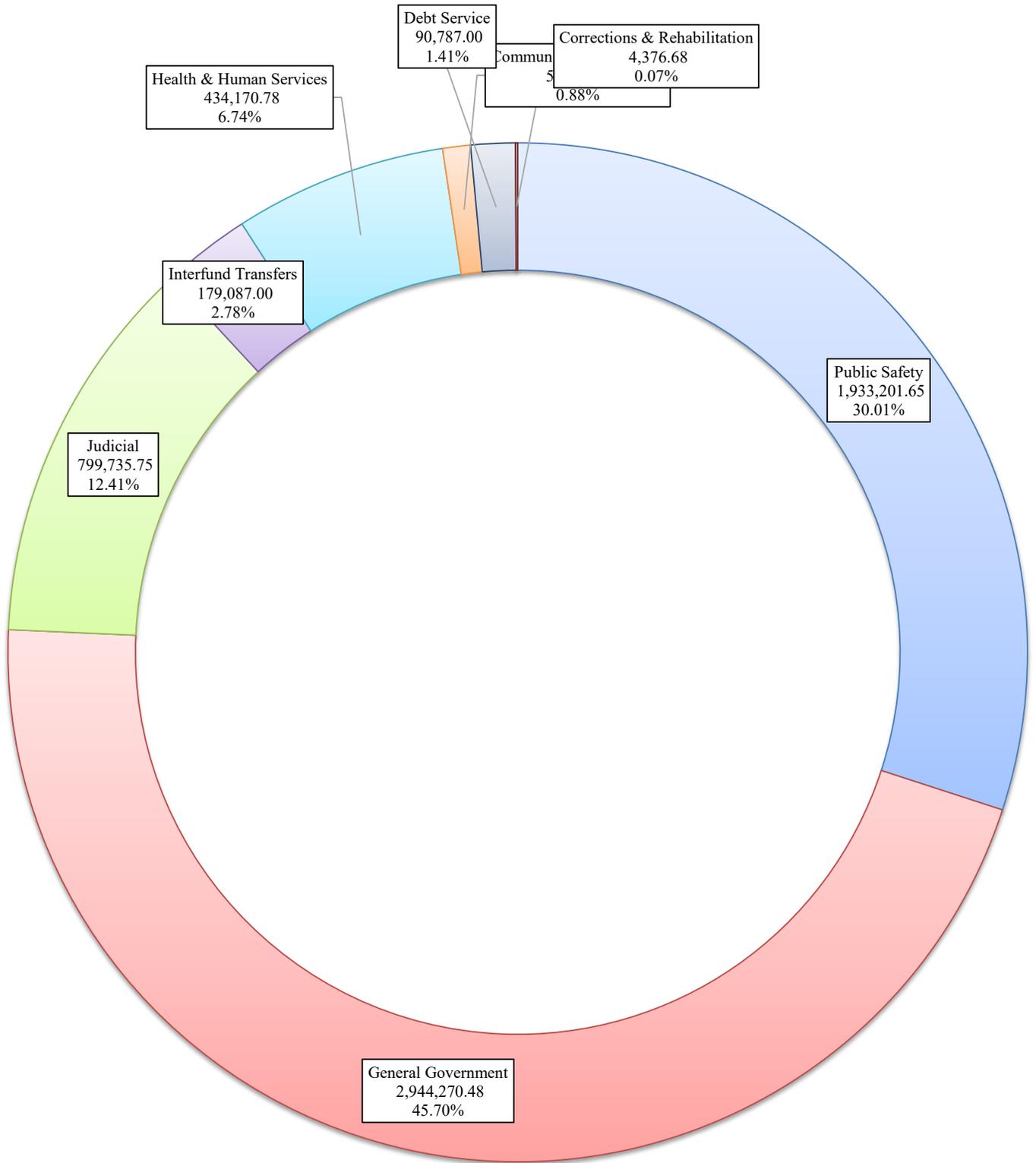
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	<u>2022 Budget</u>	<u>YTD Rev/Exp</u> <u>as of 5/31/2022</u>	<u>% of Budget</u> <u>Received/</u> <u>Used</u>	<u>Prior Year</u> <u>YTD</u>	<u>Increase/</u> <u>(Decrease)</u> <u>from Prior</u> <u>Year</u>
	734,295	63,714	8.68%	5,055,669	-98.74%
<i>Other Funds - Expenditures</i>					
TRUST AND AGENCY FUND	\$ -	-	N/A	5,285,611	-100.00%
LEVEE 2	\$ 405,571.16	50	0.00%	9,000	-99.44%
LEVEE 3	\$ 320,939.98	63,663	0.00%	3,200	1889.45%
LEVEE 4	\$ 7,784.28	-	0.00%	-	N/A
	734,295	63,713	8.68%	5,297,811	-98.80%
<i>Revenues Over/(Under) Expenditures</i>	-	2		(242,143)	

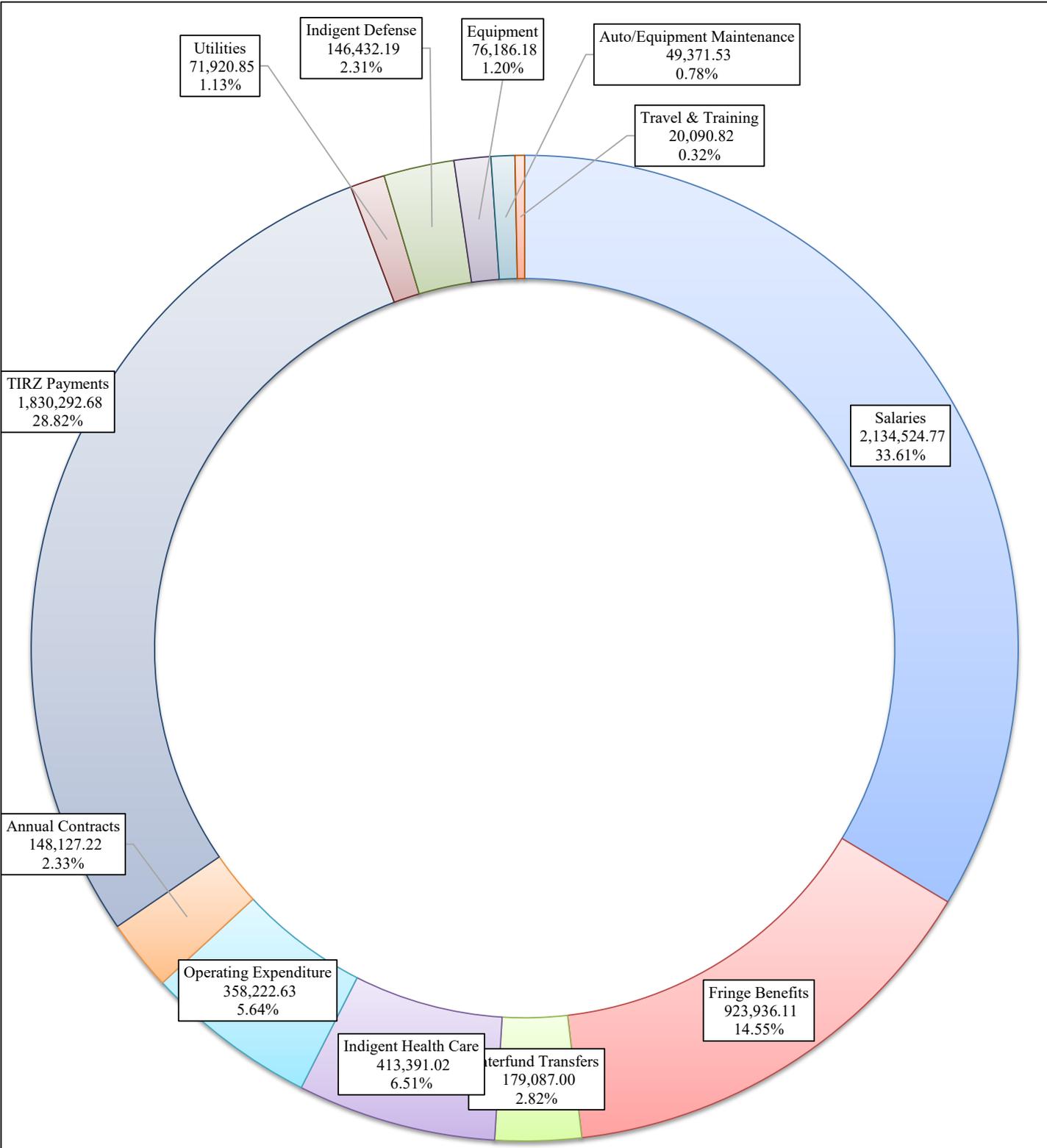
<i>Summary</i>					
REVENUE SUMMARY	196,362,470	81,688,269	41.60%	102,927,923	-20.64%
EXPENDITURE SUMMARY	157,621,178	55,352,598	35.12%	52,725,645	4.98%
<i>Revenues Over/(Under) Expenditures</i>	\$ 38,741,291.66	26,335,670		50,202,278	

**Statement of Revenues, Expenditures, and Changes in Fund Balance
May 2022**

	General Fund	R&B #1	R&B #2	R&B #3	R&B #4	F/M #1	F/M #2	F/M #3	F/M #4
REVENUES									
Property Taxes	\$ 279,421.81	\$ 4,302.39	\$ 4,302.39	\$ 4,302.32	\$ 4,302.39	\$ 7,601.46	\$ 7,601.46	\$ 7,601.46	\$ 7,601.46
Mixed Beverage Taxes	-	-	-	-	-	-	-	-	-
License and permits	-	-	-	-	-	-	-	-	-
Fines & Fees	448,474.53	87,076.51	62,648.33	62,648.32	62,648.31	-	-	-	-
Charges for Services	26,173.69	-	-	-	-	-	-	-	-
Grant Revenue	61,570.00	-	-	-	-	-	-	-	-
Intergovernmental	46,171.75	-	165.00	-	-	-	-	-	14,099.00
Investment income	2,408.38	-	-	-	-	-	-	-	-
Sale of Equipment	-	-	-	-	-	-	-	-	-
Miscellaneous	11,998.54	-	-	-	807.80	-	-	-	-
Total Revenues	876,218.70	91,378.90	67,115.72	66,950.64	67,758.50	7,601.46	7,601.46	7,601.46	21,700.46
EXPENDITURES									
General Government	2,944,270.48	-	-	-	-	-	-	-	-
Public Safety	1,933,201.65	-	-	-	-	-	-	-	-
Judicial	799,735.75	-	-	-	-	-	-	-	-
Community Development	56,740.66	-	-	-	-	-	-	-	-
Infrastructure and Environmental	-	81,434.85	73,665.91	157,789.02	95,356.13	146,738.04	72,890.54	122,169.79	135,236.68
Interfund Transfers	179,087.00	-	-	-	-	-	-	-	-
Health and Human Services	434,170.78	-	-	-	-	-	-	-	-
Corrections & Rehabilitation	4,376.68	-	-	-	-	-	-	-	-
Debt Service	-	-	-	-	-	-	-	-	-
Principal	87,061.10	-	-	-	-	-	-	-	-
Interest & Fiscal Charges	3,725.90	-	-	-	-	-	-	-	-
Total Expenditures	6,442,370.00	81,434.85	73,665.91	157,789.02	95,356.13	146,738.04	72,890.54	122,169.79	135,236.68
EXCESS (DEFICIENCY) OF REVENUES OVER (UNDER) EXPENDITURES	(5,566,151.30)	9,944.05	(6,550.19)	(90,838.38)	(27,597.63)	(139,136.58)	(65,289.08)	(114,568.33)	(113,536.22)
OTHER FINANCING SOURCES (USES)									
Issuance of Long Term Debt	-	-	-	-	-	-	-	-	-
Sale of Capital Assets	-	-	-	-	-	-	-	-	-
Insurance Recoveries	-	-	-	-	-	-	-	-	-
Operating Transfers In	-	-	-	-	-	-	-	-	-
Operating Transfers Out	\$ -	-	-	-	-	-	-	-	-
Total other financing sources (uses)	-	-	-	-	-	-	-	-	-
NET CHANGE IN FUND BALANCES	(5,566,151.30)	9,944.05	(6,550.19)	(90,838.38)	(27,597.63)	(139,136.58)	(65,289.08)	(114,568.33)	(113,536.22)
FUND BALANCE, BEGINNING	\$ 64,202,973.61	\$ 1,990,220.07	\$ 1,768,150.49	\$ 1,504,667.85	\$ 2,086,000.49	\$ 3,158,982.88	\$ 941,439.58	\$ 1,984,921.49	\$ 2,047,276.86
PRIOR PERIOD ADJUSTMENT		-	-	-	-	-	-	-	-
FUND BALANCE, ENDING	\$ 58,636,822.31	\$ 2,000,164.12	\$ 1,761,600.30	\$ 1,413,829.47	\$ 2,058,402.86	\$ 3,019,846.30	\$ 876,150.50	\$ 1,870,353.16	\$ 1,933,740.64



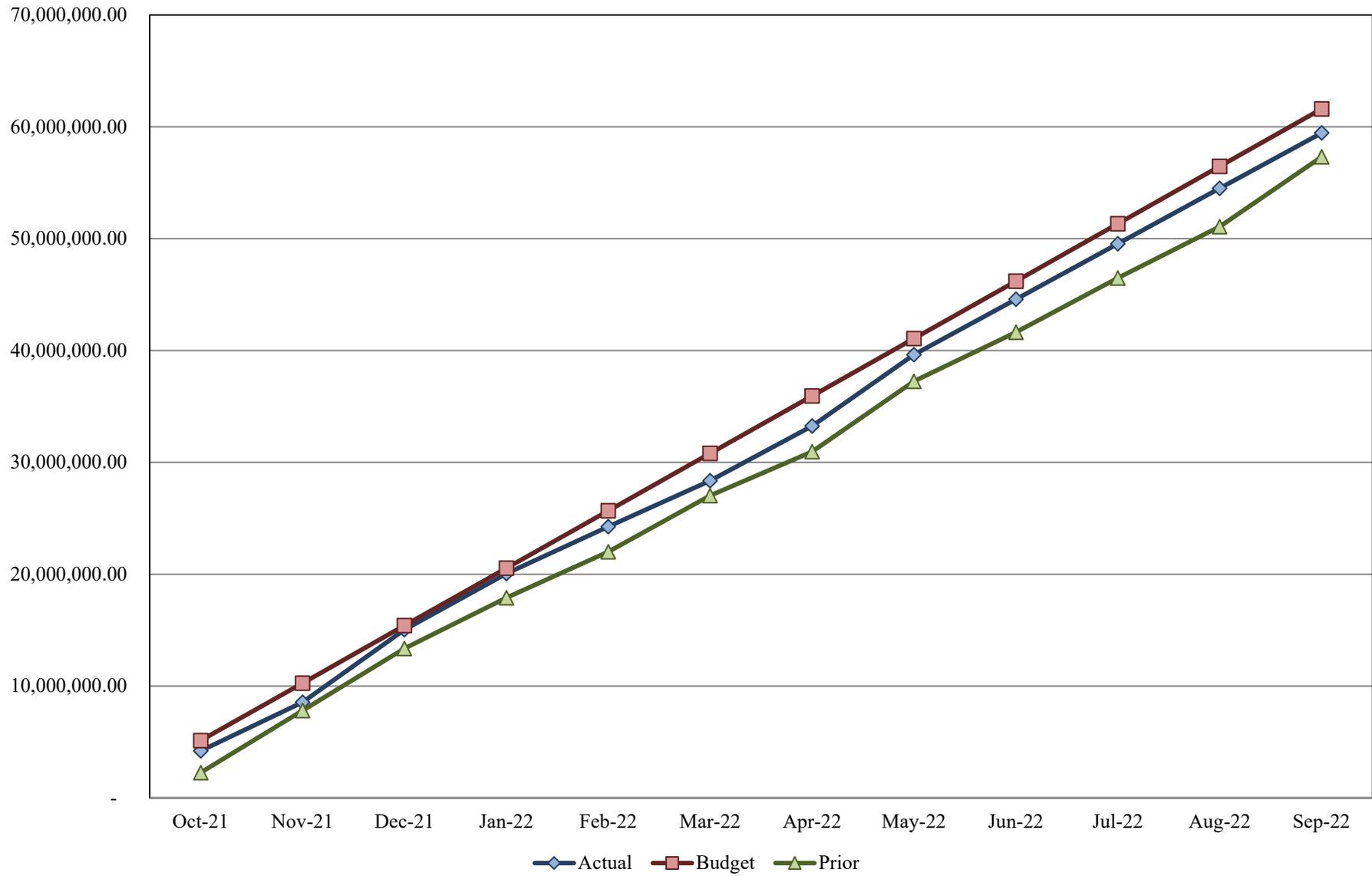
Ellis County
 May 2022 Expenditures
 General Fund



May 2022 Expenditures
General Fund

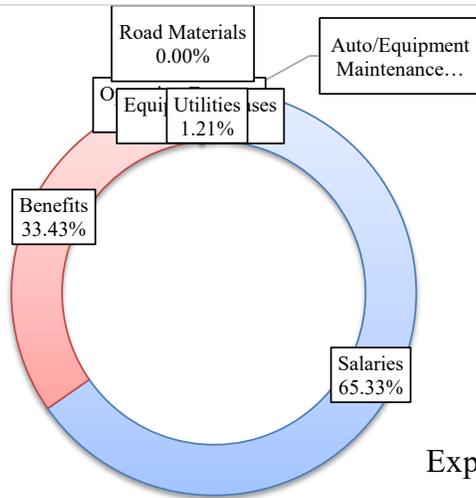
General Fund

Expenditure Projection FY2022

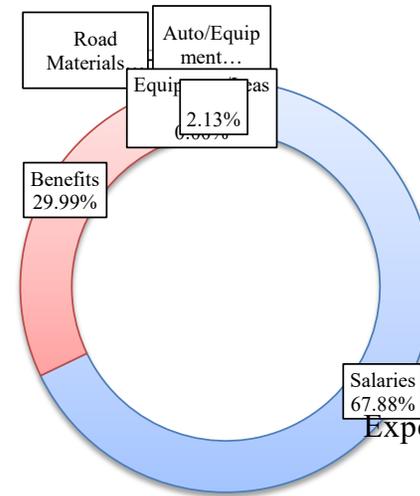


Road & Bridge Expenditure Summary - May 2022

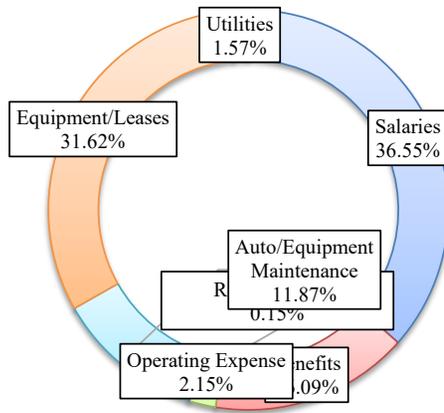
	R&B #1	R&B #2	R&B #3	R&B #4
Salaries	\$ 53,200.19	\$ 50,002.19	\$ 57,668.45	\$ 61,746.06
Benefits	27,224.13	22,092.59	25,385.49	31,744.43
Operating Expense	25.00	-	3,396.71	300.07
Road Materials	-	-	231.29	-
Auto/Equipment Maintenance	-	-	18,724.89	-
Equipment/Leases	-	-	49,900.00	-
Utilities	985.53	1,571.13	2,482.19	1,565.57
Debt Service - Interest	-	-	-	
Debt Service - Principal	-	-	-	-
	\$ 81,434.85	\$ 73,665.91	\$ 157,789.02	\$ 95,356.13



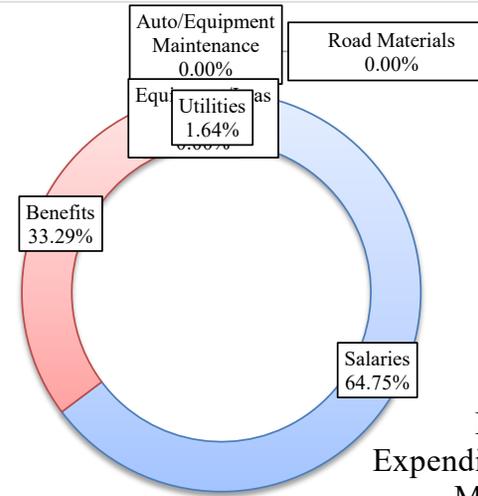
R&B 1
Expenditure Summary
May 2022
\$81,434.85



R&B 2
Expenditure Summary
May 2022
\$73,665.91

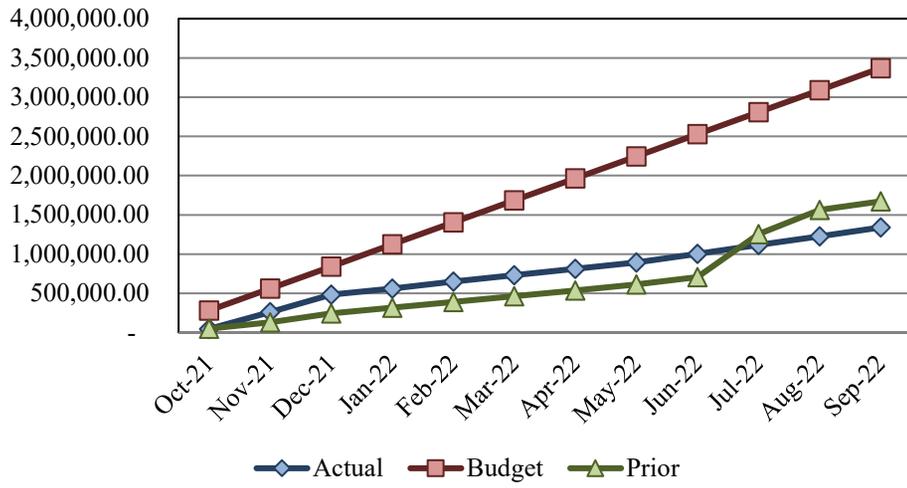


R&B 3
Expenditure Summary
May 2022
\$157,789.02

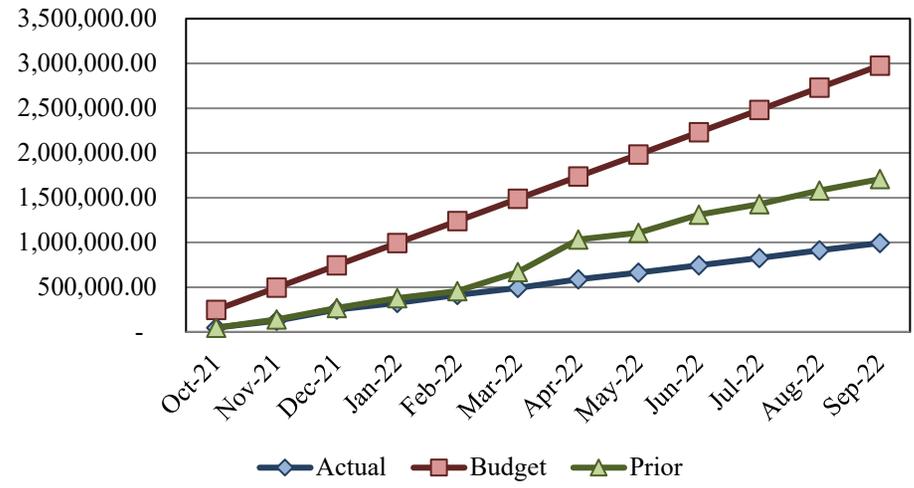


R&B 4
Expenditure Summary
May 2022
\$95,356.13

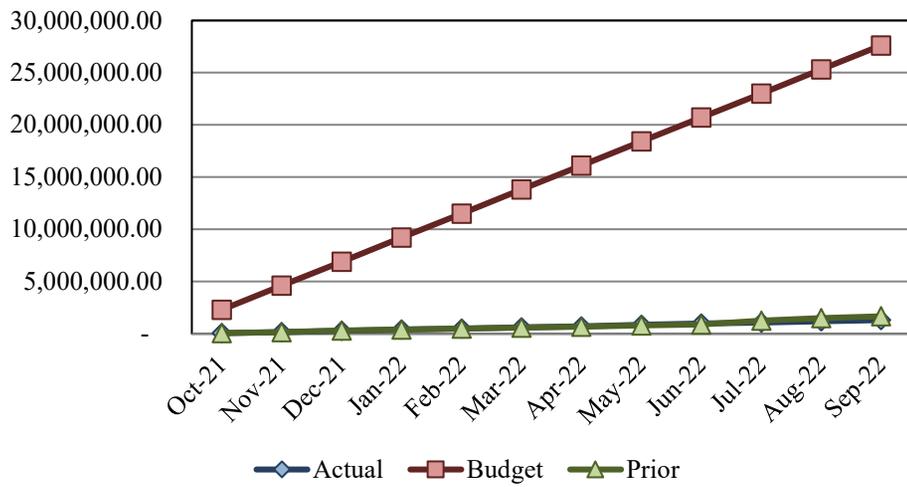
Road & Bridge Pct. #1 Expenditure Projection FY2022



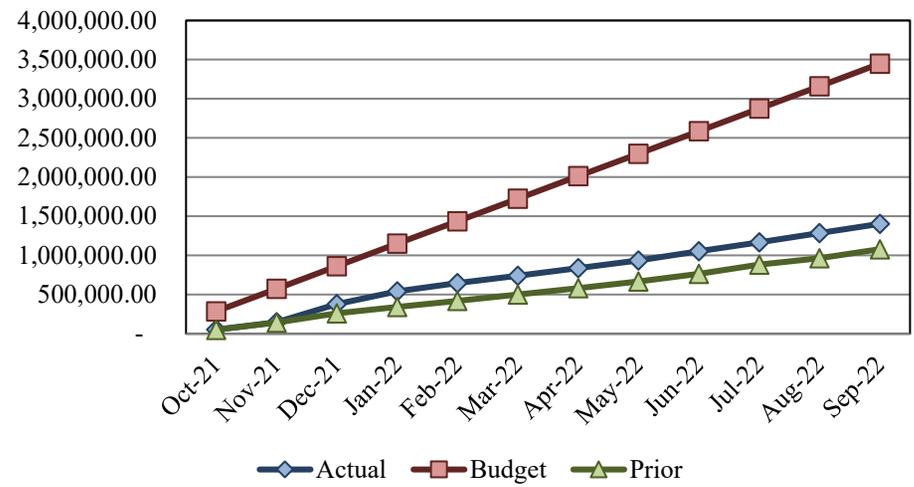
Road & Bridge Pct. #2 Expenditure Projection FY2022



Road & Bridge Pct. #3 Expenditure Projection FY2022

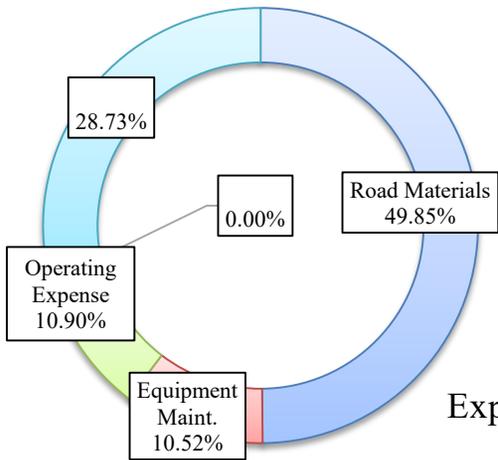


Road & Bridge Pct. #4 Expenditure Projection FY2022

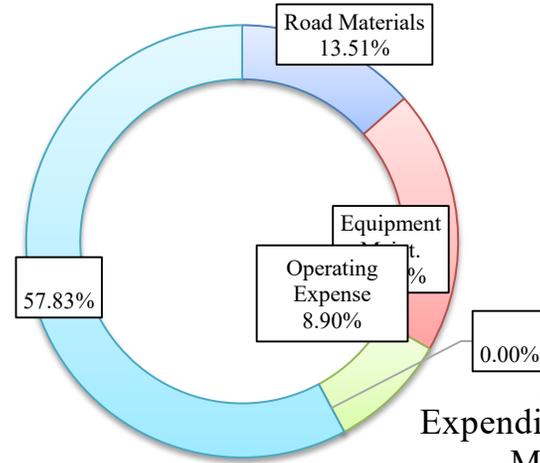


Farm to Market Expenditure Summary - May 2022

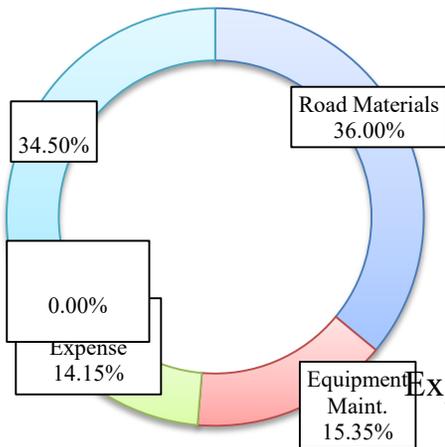
	F/M #1	F/M #2	F/M #3	F/M #4
Road Materials	\$ 73,150.12	\$ 9,844.03	\$ 43,977.78	\$ -
Equipment Maint.	15,439.15	14,409.22	18,755.16	21,361.63
Operating Expense	15,996.02	6,484.54	17,284.10	3,822.29
Equipment/Leases	-	-	-	67,900.00
TIRZ Payments	42,152.75	42,152.75	42,152.75	42,152.76
	\$ 146,738.04	\$ 72,890.54	\$ 122,169.79	\$ 135,236.68



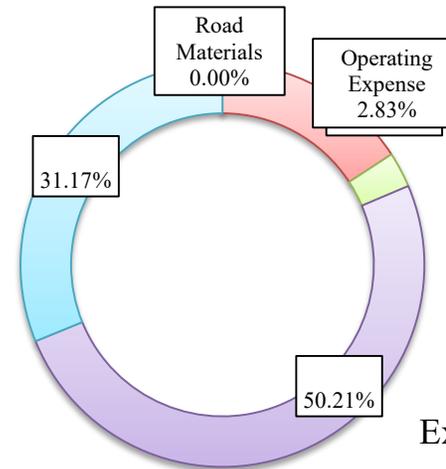
F/M 1
Expenditure Summary
May 2022
\$146,738.04



F/M 2
Expenditure Summary
May 2022
\$72,890.54



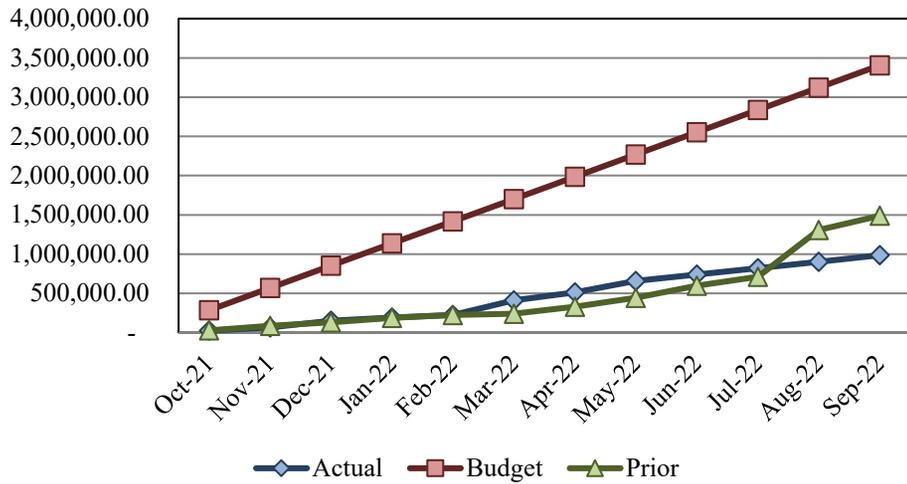
F/M 3
Expenditure Summary
May 2022
\$122,169.79



F/M 4
Expenditure Summary
May 2022
\$135,236.68

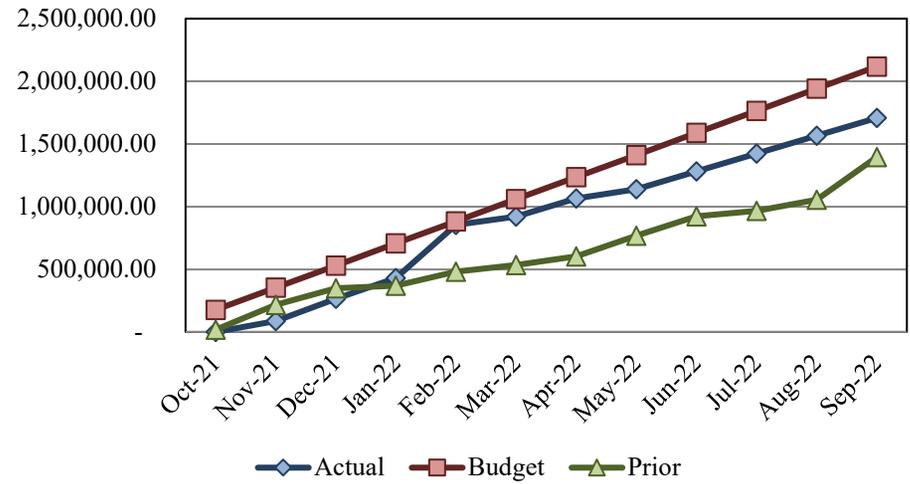
Farm to Market Pct. #1

Expenditure Projection FY2022



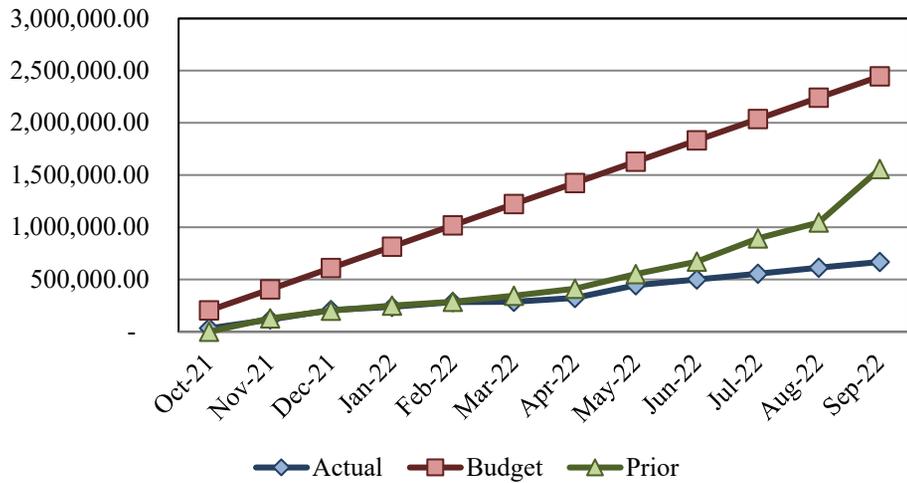
Farm to Market Pct. #2

Expenditure Projection FY2022



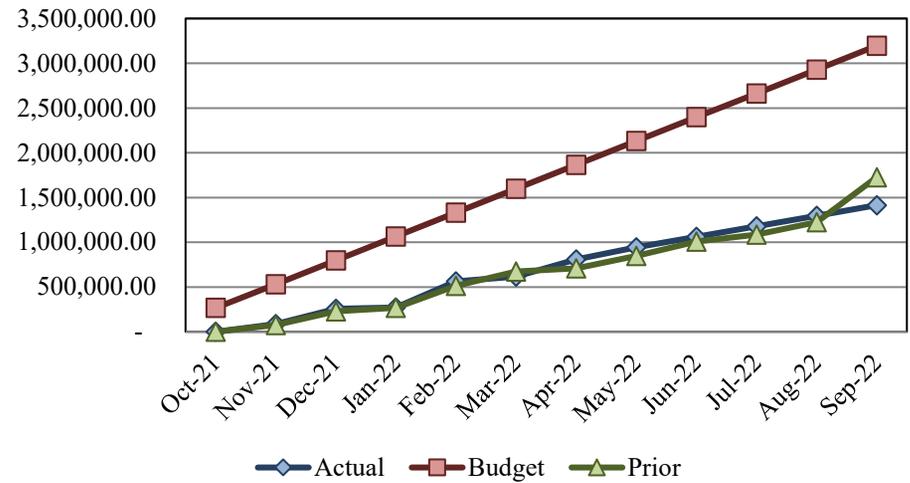
Farm to Market Pct. #3

Expenditure Projection FY2022



Farm to Market Pct. #4

Expenditure Projection FY2022



COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

PLEASE INCLUDE AN EXTRA ORIGINAL FOR CONTRACTS AND AGREEMENTS IF YOU REQUIRE AN ORIGINAL COPY RETURNED FOR YOUR FILES.

The **deadline** for submitting an agenda request with the supporting information is **12:00 noon on the Wednesday immediately preceding Commissioners Court.** This will give ample time for preparation of the agenda.

If you are not representing an organization, board, elected or appointed official, your agenda request must be filed through your respective Commissioner.

***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners Court Agenda.**

Please fill out this form completely:

DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval

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DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval



ELLIS COUNTY LINE ITEM ADJUSTMENT

FISCAL YEAR 2022

I am requesting that the Ellis County Commissioners' Court make necessary Line Item adjustments to the 2022 Budget as follows:

TRANSFER FROM		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0320-508060	Official Bonds/Dues	\$ 2,600.00
	TOTAL:	\$ 2,600.00

TRANSFER TO		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0320-508680	Contract Services	\$ 2,600.00
	TOTAL:	\$ 2,600.00

Huptas Vancy
Signature

06/22/2022
Date

County Clerk
Department

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS _____ DAY OF _____, _____

COUNTY JUDGE

COMMISSIONER PCT. 1

COMMISSIONER PCT. 2

COMMISSIONER PCT. 3

COMMISSIONER PCT. 4

REVIEWED BY COUNTY AUDITOR'S OFFICE:

Stani A. Paw

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

PLEASE INCLUDE AN EXTRA ORIGINAL FOR CONTRACTS AND AGREEMENTS IF YOU REQUIRE AN ORIGINAL COPY RETURNED FOR YOUR FILES.

The **deadline** for submitting an agenda request with the supporting information is **12:00 noon on the Wednesday immediately preceding Commissioners Court.** This will give ample time for preparation of the agenda.

If you are not representing an organization, board, elected or appointed official, your agenda request must be filed through your respective Commissioner.

***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners Court Agenda.**

Please fill out this form completely:

DATE: 06/21/2022 SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: Janet Martin

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: Ellis County Auditor

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: 06/28/2022

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

**** CONSENT AGENDA - FINANCIAL ****

Request for approval for Ellis County Tax Collector to disburse property tax refunds in the amount of \$13,933.16

* _____
County Attorney Approval



ELLIS COUNTY TAX ASSESSOR AND COLLECTOR



Richard Rozier
Ellis County Tax Assessor/Collector

P.O Drawer 188
Waxahachie, TX 75168-0188
(972) 825-5150
Fax (972) 825-5151

June 21, 2022

E-Mail: Richard.rozier@co.ellis.tx.us

Request for Approval of July 12, 2022 Commissioner's Court

Refund to be issued	Account #	Refund Amount
✓ Corelogic	✓ 178486	✓ \$3,136.89
✓ Corelogic	✓ 174599	✓ \$3,065.18
✓ Crestmark	✓ 285549	✓ \$7,731.09

Total Refunds: \$13,933.16

Rachel Conte Administrator - Property Tax

Todd Little, County Judge

Commission Perry, Pct. 3

Commissioner Stinson, Pct 1

Commissioner Butler, Pct. 4

Commissioner Grayson, Pct 2

Janet M. Martin CPA, CFE
Audited 06.22.2022



RICHARD ROZIER
 Ellis County Tax Assessor - Collector
 P. O. DRAWER 188
 WAXAHACHIE, TEXAS 75168-0188

Phone No.: 972-825-5150
 Fax No.: 972-825-5151

Print Date: 06/03/2022
 Deposit No.: CORE20210001

CORELOGIC
 3001 HACKBERRY
 IRVING, TX 75063

Account Number 178486	
Legal Description of the Property 3 R PENA 14.5 ACRES 300 WICKLIFFE RD 75125	
OWNER: ROSAS CANO R	

2021 OVERAGE AMOUNT \$3,136.89 ✓

70 ELLIS COUNTY, 170: LTRD, 205: FERRIS ISD, 506: EC ESD #5 FER

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to:															
	Name: Corelogic ✓															
	Address: 3001 Hackberry Road															
	City, State, Zip: Irving, TX 75063															
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	Daytime Phone No.: 800-225-4707	E-Mail Address: customerproductsupport@corelogic.com														
	<table border="1"> <thead> <tr> <th>Payment Made To</th> <th>Check No.</th> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>Corelogic</td> <td>963138972</td> <td>12-27-2021</td> <td>\$3,136.89</td> </tr> <tr> <td colspan="3">TOTAL AMOUNT PAID (sum of the above amounts)</td> <td>\$3,136.89</td> </tr> </tbody> </table>				Payment Made To	Check No.	Date Paid	Amount Paid	Corelogic	963138972	12-27-2021	\$3,136.89	TOTAL AMOUNT PAID (sum of the above amounts)			\$3,136.89
	Payment Made To	Check No.	Date Paid	Amount Paid												
	Corelogic	963138972	12-27-2021	\$3,136.89												
TOTAL AMOUNT PAID (sum of the above amounts)			\$3,136.89													
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.																
<input type="checkbox"/> I paid this account in error and I am entitled to the refund. <input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1. <input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s) (listed below):																
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)															
	SIGNATURE OF REQUESTOR (REQUIRED) <i>corelogic aishwarya prakash</i>		DATE 06-13-2022													
TAX OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____																

This application must be completed, signed, and submitted with supporting documentation to be valid

CORE20210001	12/31/2021	48951283	993133981	CH	\$1,894,288.85	\$3,136.89	LG	179493	25442644-CORELOGIC
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RICHARD ROZIER
 Ellis County Tax Assessor - Collector
 P. O. DRAWER 188
 WAXAHACHIE, TEXAS 75168-0188

Phone No.: 972-825-5150
 Fax No.: 972-825-5151

Print Date: 06/13/2022
 Deposit No.: CORE20210001

CORELOGIC
 3001 HACKBERRY
 IRVING, TX 75063

Account Number 174599	
Legal Description of the Property LOT 17 BLK 2 LAKE PARK 0.23 AC 106 JOLLY WAY 75165	
OWNER: LOCKETT STEVEN W	

2021 OVERAGE AMOUNT ✓ \$3,065.18

70: ELLIS COUNTY, 170: LTRD, 212: WAXAHACHIE ISD, 390: CITY OF WAXAHACHIE

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Where should the refund be issued to?														
	Name: CoreLogic ✓														
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	Address: 3001 Hackberry Road														
	City, State, Zip: Irving, TX 75063														
	Daytime Phone No.: 800-225-4707		E-Mail Address: customerproductsupport@corelogic.com												
	<table border="1"> <thead> <tr> <th>Company</th> <th>Check No.</th> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>CoreLogic</td> <td>WIRPAY</td> <td>12-27-2021</td> <td>\$3,065.18</td> </tr> <tr> <td colspan="3">TOTAL AMOUNT PAID (sum of the above amounts)</td> <td></td> </tr> </tbody> </table>				Company	Check No.	Date Paid	Amount Paid	CoreLogic	WIRPAY	12-27-2021	\$3,065.18	TOTAL AMOUNT PAID (sum of the above amounts)		
Company	Check No.	Date Paid	Amount Paid												
CoreLogic	WIRPAY	12-27-2021	\$3,065.18												
TOTAL AMOUNT PAID (sum of the above amounts)															
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.														
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.														
	<input type="checkbox"/> This payment should have been applied to other tax account(s) and/or year(s) (listed below):														
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct. (If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)														
	SIGNATURE OF REQUESTOR (REQUIRED) <i>Corelogic bravichandran</i>		DATE 06-21-2022												
TAX OFFICE USE ONLY. <input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____															

This application must be completed, signed, and submitted with supporting documentation to be valid.



RICHARD ROZIER
 Ellis County Tax Assessor - Collector
 P. O. DRAWER 188
 WAXAHACHIE, TEXAS 75168-0188

Phone No.: 972-825-5150
 Fax No.: 972-825-5151

Print Date: 06/09/2022
 Deposit No.: 220202SG147

CRESTMARK, A DIVISION OF METABANK
 ATTN: TAX DEPARTMENT
 5480 CORPORATION DR STE 350
 TROY, MI 48098

Account Number ✓ 285549	
Legal Description of the Property LEASED EQUIPMENT PERSONAL PROPERTY CRESMARK	
VARIOUS LOCATIONS	
OWNER: CRESTMARK, A DIVISION OF METABANK	

2021 OVERAGE AMOUNT \$7,731.09 ✓

70: ELLIS COUNTY, 170: LTRD, 200: MIDLOTHIAN ISD, 210: PALMER ISD, 211: RED OAK ISD, 212: WAXAHACHIE ISD, 354: CITY OF MIDLOTHIAN, 365: CITY OF PALMER, 372: CITY OF RED OAK, 390: CITY OF WAXAHACHIE, 510: EC ESD #9 PAL

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Name: <u>Crestmark</u> ✓			
	Address: <u>5480 Corporate Dr. Suite 350</u>			
	City, State, Zip: <u>Troy MI 48098</u>		E-Mail Address: <u>izhano@crestmark.com</u>	
	Daytime Phone No.: <u>248-493-3951</u>			
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made	<u>MetaBank</u>	<u>66165226</u>	<u>1/25/2022</u>	<u>7731.09</u>
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	<input type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
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	SIGNATURE OF REQUESTOR (REQUIRED) <u>Janet Shung</u>		DATE <u>6/13/2022</u>	
TAX OFFICE USE ONLY.	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: _____	Date: _____

This application must be completed, signed, and submitted with supporting documentation to be valid

6/21/22, 10:23 AM

Mail - Staci Parr - Outlook

220202SG147	01/31/2022	49893980	86165226	CH	\$7,731.03	\$7,731.03	LG	285549	CRESTMARK, A DIVISION
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COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

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Please fill out this form completely:

DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval

FY 2020 & FY 2021 Xerox Invoice

<u>Invoice Number</u>	<u>Invoice Date</u>	<u>Amount</u>
014481841	10/01/2021	\$79.65
013746053	07/01/2021	\$84.46
014481882	10/01/2021	\$203.81
014240394	09/01/2021	\$211.00
013517451	06/01/2021	\$204.17
012023835	12/01/2020	\$270.80
012762570	03/01/2021	\$241.61
014006283	08/01/2021	\$169.93
014240403	09/01/2021	\$179.12
014006270	08/01/2021	\$190.86
014481842	10/01/2021	\$233.38
Total Invoices to be paid from FY 2022 Budget:		\$1,989.14

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

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Please fill out this form completely:

DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval

COMMISSIONERS COURT AGENDA REQUEST

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Please fill out this form completely:

DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval



ELLIS COUNTY LINE ITEM ADJUSTMENT

FISCAL YEAR 2021/2022

I am requesting that the Ellis County Commissioners' Court make necessary Line Item adjustments to the 2021/2022 Budget as follows:

TRANSFER FROM		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
012-0755-400080	Interlocal Agreement	\$ 67,000.00
012-0755-400080	Interlocal Agreement	\$ 45,314.00
	TOTAL:	\$ 112,314.00

TRANSFER TO		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
012-0755-508020	Purchase of Equipment	\$ 67,000.00
012-0755-508070	Operating Expenditures	\$ 45,314.00
	TOTAL:	\$ 112,314.00



06/15/2022

R & B Pct. 4

Signature

Date

Department

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS _____ DAY OF _____,

_____ COUNTY JUDGE

_____ COMMISSIONER PCT. 1

_____ COMMISSIONER PCT. 2

_____ COMMISSIONER PCT. 3

_____ COMMISSIONER PCT. 4

REVIEWED BY COUNTY AUDITOR'S OFFICE:





Ellis County Treasurer
Cheryl Chambers
101 W. Main Street, Suite 203
Waxahachie TX 75165
Phone: (972) 825-5127

Official Receipt
Receipt Number: R2022-00284
Receipt Date 02/08/2022

Received From: ELLIS COUNTY RB4 - BUTLER

Comments: 1/26/2022 FM4 INTERLOCAL AGREEMENT: CITY OF MIDLOTHIAN

Description	Account #	Amount
DEPOSIT TOTAL		\$18,479.00
INTERLOCAL REVENUE	012-0755-400080	18479.00

Check 111698	\$18,479.00	Total Amount	\$18,479.00
		Total paid	\$18,479.00
		Change	\$0.00

Issued By: LHartley  **Batch:** B02082022-00027

111698

VEND:3654 ELLIS CO, PCT 4

111698 2/02/2022

DATE	I.D.	PO #	DESCRIPTION	AMOUNT
1/26/2022	012622	21-04380	VV JONES RD LEVEL UP	18,479.00

Deposit To:

RECEIVED

FEB 08 2022

012. 0755-400080
FM 4/Interlocal Revenue

POSTED
RB4
COMPUTER

ELLIS COUNTY TREASURER

STUB TOTAL	18,479.00
CHECK TOTAL	18,479.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

CITY OF MIDLOTHIAN
104 WEST AVE E
MIDLOTHIAN, TX 76065

WELLS FARGO BANK
MIDLOTHIAN, TX

111698

32-1515/1110

DATE 2/02/2022 111698

AMOUNT \$***18,479.00

PAY ----- EIGHTEEN THOUSAND FOUR HUNDRED SEVENTY NINE & 00/100 DOLLARS -----

TO THE
ORDER
OF

ELLIS CO, PCT 4
1011 EASTGATE RD
MIDLOTHIAN, TX 76065



Sammy Varner
Ann M. Hony

⑈ 111698 ⑈ ⑆ 111015159⑆ 2000701681140⑈



Ellis County Treasurer
Cheryl Chambers
101 W. Main Street, Suite 203
Waxahachie TX 75165
Phone: (972) 825-5127

Official Receipt

Receipt Number:
R2022-00625

Receipt Date

03/22/2022

Received From: ELLIS COUNTY RB4 - BUTLER

Comments: 3/08/2022 FM4 INTERLOCAL AGREEMENT: CITY OF OAK LEAF

Description	Account #	Amount
DEPOSIT TOTAL		\$2,770.00
INTERLOCAL REVENUE	012-0755-400080	2770.00

Check 3049	\$2,770.00	Total Amount	\$2,770.00
		Total paid	\$2,770.00
		Change	\$0.00

Issued By: LHartley  **Batch:** B03222022-00057

CITY OF OAK LEAF
301 LOCUST DR
OAK LEAF, TX 75154

PROSPERITY BANK

3049

88-2265/1131-67

CHECK ARMOR

3/8/2022

PAY TO THE ORDER OF Ellis County Pct. #4

\$ **2,770.00

Two Thousand Seven Hundred Seventy and 00/100*****

DOLLARS

Ellis County Pct. #4
1011 Eastgate Drive
Midlothian, Texas 76065

TWO SIGNATURES REQUIRED

Thomas L...
Christina Adams
AUTHORIZED SIGNATURE

MEMO Tree Trimming on E. Highland Road

⑈003049⑈ ⑆113122655⑆ 216188638⑈

CITY OF OAK LEAF

3049

Ellis County Pct. #4

Date 2/22/2022 Type Bill Reference

Original Amt. 2,770.00

Balance Due 2,770.00

3/8/2022

Discount

Check Amount

Payment 2,770.00
2,770.00

Deposit to:

012-0755-400080

FM4 / Interlocal Revenue

RECEIVED

MAR 22 2022

ELLIS COUNTY TREASURER

POSTED
RB4
COMPUTER

Checking/Prosperity 2 Tree Trimming on E. Highland Road

2,770.00



Ellis County Treasurer
Cheryl Chambers
101 W. Main Street, Suite 203
Waxahachie TX 75165
Phone: (972) 825-5127

Official Receipt

Receipt Number:
R2022-00705

Receipt Date

04/01/2022

Received From: ELLIS COUNTY RB4 - BUTLER

Comments: 3/31/2122 FM4 INTERLOCAL AGREEMENT: CITY OF OAK LEAF - BRIDGE RECONSTRUCTION

Description	Account #	Amount
DEPOSIT TOTAL		\$36,388.00
INTERLOCAL REVENUE	012-0755-400080	36388.00

Check 326	\$36,388.00	Total Amount	\$36,388.00
		Total paid	\$36,388.00
		Change	\$0.00

Issued By: LHartley  **Batch:** B04012022-00066

RECEIVED

MAR 31 2022

ELLIS COUNTY TREASURER

**CITY OF OAK LEAF
ECONOMIC DEVELOPMENT CORPORATION**
301 LOCUST DRIVE
OAK LEAF, TX 75154-3855

326
88-2285/1131-67

Date 3/30/2022

Pay to the Order of Ellis County Precinct #4 Road & Bridges \$ 36,388.00
thirty six thousand three hundred eighty eight ^{00/100} dollars

PROSPERITY BANK®
RED OAK BANKING CENTER
1-36 @ OVILLA RD • RED OAK, TX 75154
972-617-7377 www.prosperitybankusa.com

For CSJ-0918-22-163 Thomas Jeremy

⑆ 113122655⑆ 09108033⑆ 0326

Deposit To.

012-0755-400080

FM4 Interlocal Agreement

Oak Leaf's part of the Hampton Rd. Bridge replacement



Ellis County Treasurer
Cheryl Chambers
101 W. Main Street, Suite 203
Waxahachie TX 75165
Phone: (972) 825-5127

Official Receipt
Receipt Number: R2022-00803
Receipt Date 04/12/2022

Received From: ELLIS COUNTY RB4 - BUTLER

Comments: 4/12/2022 FM4 INTERLOCAL AGREEMENT: CITY OF GLENN HEIGHTS - BRIDGE RECONSTRUCTION

Description	Account #	Amount
DEPOSIT TOTAL		\$36,388.00
INTERLOCAL REVENUE	012-0755-400080	36388.00

Check 123615	\$36,388.00	Total Amount	\$36,388.00
		Total paid	\$36,388.00
		Change	\$0.00

Issued By: LHartley  **Batch:** B04122022-00074

01-01909 ELLIS COUNTY PRECINCT 4

123615

04/04/2022

DATE	I.D.	PO #	DESCRIPTION	G/L NUMBER	DISTRIBUTION	AMOUNT
04/04/2022	202204040557	22-5856	HAMPTON ROAD BRIDGE	215-5-40-5300	36,388.00	36,388.00

RECEIVED

APR 12 2022

ELLIS COUNTY TREASURER

CHECK TOTAL 36,388.00
PLEASE DETACH STUB BEFORE DEPOSITING

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND OR WHITE PAPER



CITY OF GLENN HEIGHTS
PROSPERITY BANK POOLED
1938 S HAMPTON RD
GLENN HEIGHTS, TX 75154
972-223-1690

PROSPERITY BANK POOLED
500 N INTERSTATE 36 EAST SERVICE RD
RED OAK, TX 75184

123615

DATE 04/04/2022 123615

AMOUNT \$****36,388.00

PAY ----- THIRTY SIX THOUSAND THREE HUNDRED EIGHTY EIGHT & 00/100 DOLLARS -----

VOID AFTER 180 DAYS

TO THE ORDER OF
ELLIS COUNTY PRECINCT 4
1011 EASTGATE
MIDLOTHIAN, TX 76065



[Signature]

[Signature]

⑈ 123615⑈ ⑆ 113122655⑆ ⑈ 6600025627⑈

Deposit To:

012-0755-400080

FM4 / Interlocal Agreement

Glenn Heights part of the Hampton Rd. Bridge replacement

Total cost: \$119,114.00 w/ Ellis Co pct. 4, Oak Leaf + Glenn Heights 1/3 that total



Ellis County Treasurer
 Cheryl Chambers
 101 W. Main Street, Suite 203
 Waxahachie TX 75165
 Phone: (972) 825-5127

Official Receipt

Receipt Number:
R2022-01158

Receipt Date

05/25/2022

Received From: ELLIS COUNTY RB4 - BUTLER ✓

Comments: 4/19/2022 FM4 INTERLOCAL AGREEMENT - CITY OF OAK LEAF

MH

Description	Account #	Amount
DEPOSIT TOTAL		\$4,050.00
INTERLOCAL REVENUE	012-0755-400080 ✓	✓ 4050.00

Check 3094	\$4,050.00	Total Amount	\$4,050.00
		Total paid	\$4,050.00 ✓
		Change	\$0.00 ✓

Issued By: LHartley  ✓ Batch: B05252022-00106

CITY OF OAK LEAF
301 LOCUST DR
OAK LEAF, TX 75154

PROSPERITY BANK

3094

88-2285/1131-67



5/16/2022

PAY TO THE ORDER OF Ellis County Pct. #4

\$ **4,050.00

Four Thousand Fifty and 00/100

DOLLARS

Ellis County Pct. #4
1011 Eastgate Drive
Midlothian, Texas 76065

TWO SIGNATURES REQUIRED

Thomas J. ...
Christina Adams
AUTHORIZED SIGNATURE

MEMO Pothole Repairs

⑈003094⑈ ⑆113122655⑆ 216188638⑈

CITY OF OAK LEAF

3094

Ellis County Pct. #4

Date 4/19/2022 Type Bill Reference

Original Amt. 4,050.00

Balance Due 4,050.00

5/16/2022 Discount

Check Amount

Payment 4,050.00

Deposit To: ✓

✓ 012-0755-400080
✓ FM4 / Interlocal Revenue

RECEIVED

MAY 24 2022

Checking/Prosperity 2 Pothole Repairs

ELLIS COUNTY TREASURER

✓ 4 050 00



Ellis County Treasurer

Cheryl Chambers
101 W. Main Street, Suite 203
Waxahachie TX 75165
Phone: (972) 825-5127

Official Receipt

Receipt Number:
R2022-01159

Receipt Date

05/25/2022

Received From: ELLIS COUNTY RB4 - BUTLER ✓

Comments: 4/22-27/2022 FM4 INTERLOCAL AGREEMENT: CITY OF OVILLA MH

Description	Account #	Amount
DEPOSIT TOTAL		\$9,549.00
INTERLOCAL REVENUE	012-0755-400080 ✓	✓ 9549.00

Check 052898	\$9,549.00	Total Amount	\$9,549.00
		Total paid	\$9,549.00 ✓
		Change	\$0.00 ✓

Issued By: LHartley  ✓ Batch: B05252022-00106

CITY OF OVILLA
GENERAL ACCOUNT
105 COCKRELL HILL ROAD, #2
OVILLA, TX 75154

PROSPERITY BANK
EL CAMPO, TX
88-2265/1131 66

052898

5/5/2022

PAY TO THE ORDER OF Ellis County Precinct #4

\$**9,549.00

Nine Thousand Five Hundred Forty-nine and 00/100

DOLLARS

Ellis County Precinct #4
1011 Eastgate
Midlothian, TX 76065

[Signature]
[Signature]
AUTHORIZED SIGNATURE



MEMO

⑈052898⑈ ⑆113122655⑆ 6602109437⑈

CITY OF OVILLA/GENERAL ACCOUNT

Ellis County Precinct #4

052898

052898

Invoice #	Date	Invoice Description	Amount	Invoice #	Date	Invoice Description	Amount
ECP04272022	4/27/2022	STREET REPAIR ✓	5909.00	ECP04222022	4/22/2022	SHILOH ROAD CULVERT REPL	3640.00

Deposit to:

✓ 012-0755-400080
✓ FM4/Waterlocal Revenue

RECEIVED

MAY 24 2022

ELLIS COUNTY TREASURER



Ellis County Treasurer

Cheryl Chambers
101 W. Main Street, Suite 203
Waxahachie TX 75165
Phone: (972) 825-5127

Official Receipt

Receipt Number:
R2022-01160

Receipt Date

05/25/2022

Received From: ELLIS COUNTY RB4 - BUTLER ✓

Comments: 4/27/2022 FM4 INTERLOCAL AGREEMENT: CITY OF OVILLA ✓

MH

Description	Account #	Amount
DEPOSIT TOTAL		\$500.00
INTERLOCAL REVENUE	012-0755-400080 ✓	✓ 500.00

Check 001056	\$500.00	Total Amount	\$500.00
		Total paid	\$500.00 ✓
		Change	\$0.00

Issued By: LHartley  ✓ Batch: B05252022-00106

CITY OF OVILLA
4B ECONOMIC DEVELOPMENT CORP.
105 COCKRELL HILL ROAD, #2
OVILLA, TX 75154

PROSPERITY BANK
EL CAMPO, TX
88-2285/1131

001056

5/5/2022

PAY TO THE ORDER OF Ellis County Precinct #4 ✓

\$**500.00 ✓

Five Hundred and 00/100

DOLLARS

Ellis County Precinct #4
1011 Eastgate
Midlothian, TX 76065

[Signature]
[Signature]
AUTHORIZED SIGNATURE



MEMO

⑈001056⑈ ⑆113122655⑆ 0004553691⑈

CITY OF OVILLA/4B EDC ACCOUNT

Ellis County Precinct #4

1056

001056

Invoice #	Date	Invoice Description	Amount
04272022ECP	4/27/2022	PARK RESTROOM SAND AND G	500.00

Deposit To: ✓

012-0755-400080 ✓
FM4/interlocal Revenue

RECEIVED

MAY 24 2022

ELLIS COUNTY TREASURER



Ellis County Treasurer
Cheryl Chambers
101 W. Main Street, Suite 203
Waxahachie TX 75165
Phone: (972) 825-5127

Official Receipt

Receipt Number:
R2021-02984

Receipt Date

12/22/2021

Received From: ELLIS COUNTY RB4 - BUTLER

Comments: 12/13/2021 FM4 INTERLOCAL AGREEMENT: CITY OF OAK LEAF

Description	Account #	Amount
DEPOSIT TOTAL		\$4,190.00
INTERLOCAL REVENUE	012-0755-400080	4190.00

Check 3015	\$4,190.00	Total Amount	\$4,190.00
		Total paid	\$4,190.00
		Change	\$0.00

Issued By: LHartley  **Batch:** B12222021-00258

CITY OF OAK LEAF
301 LOCUST DR
OAK LEAF, TX 75154

12/13/2021

PAY TO THE ORDER OF Ellis County Pct. #4

\$ **4,190.00

Four Thousand One Hundred Ninety and 00/100*****

DOLLARS

Ellis County Pct. #4
1011 Eastgate Drive
Midlothian, Texas 76065

TWO SIGNATURES REQUIRED

[Handwritten Signature]
[Handwritten Signature]
AUTHORIZED SIGNATURE

MEMO

⑈003015⑈ ⑆113122655⑆ 216188638⑈

CITY OF OAK LEAF

3015

Ellis County Pct. #4

Date	Type	Reference
10/29/2021	Bill	
11/22/2021	Bill	

Original Amt.
2,790.00
1,400.00

Balance Due
2,790.00
1,400.00

12/13/2021
Discount

Check Amount

Payment
2,790.00
1,400.00
4,190.00

Deposit To.

012-0755-400080

FM4 / Interlocal

ELLIS COUNTY TREASURER

DEC 21 2021

RECEIVED

Checking/Prosperity 2

4,190.00

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

PLEASE INCLUDE AN EXTRA ORIGINAL FOR CONTRACTS AND AGREEMENTS IF YOU REQUIRE AN ORIGINAL COPY RETURNED FOR YOUR FILES.

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Please fill out this form completely:

DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval

**ELLIS COUNTY BUDGET
2021/2022 Budget Line Item Adjustment**

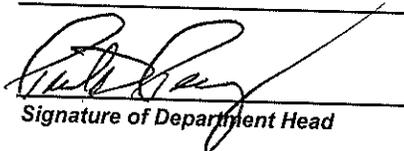
I Am requesting the the Ellis County Commissioners' Court make necessary line item adjustments to the Road and Bridge Precint 3 Budget as follows:

TRANSFER FROM:

<u>ACCOUNT NO.</u>	<u>ACCOUNT TITLE</u>	<u>AMOUNT</u>
005-0703-57000	RB3 CONTINGENCY	\$25,000.00

TRANSFER TO:

<u>ACCOUNT NO.</u>	<u>ACCOUNT TITLE</u>	<u>AMOUNT</u>
005-0703-509100	RB3 GAS	\$25,000.00


Signature of Department Head

6/6/2022
Date Signed

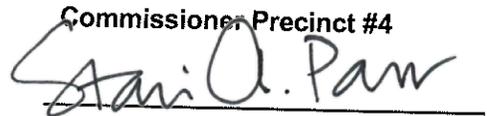
Road & Bridge #3
Department

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS ____ DAY OF _____, 2019

- County Judge
- Commissioner Precinct #1
- Commissioner Precinct #2
- Commissioner Precinct #3
- Commissioner Precinct #4

Approved by County Auditor's Office:



COMMISSIONERS COURT AGENDA REQUEST

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Please fill out this form completely:

DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval

**ELLIS COUNTY BUDGET
LINE ITEM ADJUSTMENT**

I am requesting that the Ellis County Commissioners' Court make necessary Line Item adjustments to my Budget as follows:

TRANSFER FROM:

<u>ACCOUNT NO.</u>	<u>ACCOUNT TITLE</u>	<u>AMOUNT</u>
019-0919-507990	COPIER MAINT/SUPPLES	\$2.400
019-0919-508020	Equipment	\$2.500
	TOTAL	4.900

TRANSFER TO:

<u>ACCOUNT NO.</u>	<u>ACCOUNT TITLE</u>	<u>AMOUNT</u>
019-0919-508680	CONTRACT LABOR	\$2.400
019-0919-508820	Books	\$2,500
	TOTAL	\$4.900

<u>Sasha A Cloud</u>	<u>05-26-2022</u>	<u>Law Library</u>
<i>Signature of Department Head</i>	<i>Date Signed</i>	<i>Department</i>

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS _____ DAY OF _____, _____.

_____ County Judge

_____ Commissioner Precinct #1

_____ Commissioner Precinct #2

_____ Commissioner Precinct #3

_____ Commissioner Precinct #4

Approved by County Auditor's Office: Stani O. Pan

COMMISSIONERS COURT AGENDA REQUEST

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Please fill out this form completely:

DATE: 06/20/2022 SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: Randy Stinson

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: Ellis County Commissioner Pct 1

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: 6/28/2022

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

**** CONSENT AGENDA - FINANCIAL ****

DECREASE 003-0601-570000 - Contingency Surplus by \$4,000.00

INCREASE 003-0601-509160 Auto/Equipment/Bldg Ins. by \$4,000.00

* _____
County Attorney Approval



Clear Form

ELLIS COUNTY LINE ITEM ADJUSTMENT

FISCAL YEAR 2021-2022

I am requesting that the Ellis County Commissioners' Court make necessary Line Item adjustments to the 2021-2022 Budget as follows:

TRANSFER FROM		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
003-0601-570000	Contingency surplus	-\$ 4,000.00
	TOTAL:	-\$ 4,000.00

TRANSFER TO		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
003-0601-509160	Auto/Equip/Bldg Ins	\$ 4,000.00
	TOTAL:	\$ 4,000.00

[Handwritten Signature]

06/09/2022

RB PCT 1

Signature

Date

Department

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS _____ DAY OF _____, _____

- _____ COUNTY JUDGE
- _____ COMMISSIONER PCT. 1
- _____ COMMISSIONER PCT. 2
- _____ COMMISSIONER PCT. 3
- _____ COMMISSIONER PCT. 4

REVIEWED BY COUNTY AUDITOR'S OFFICE: *[Handwritten Signature]*

COMMISSIONERS COURT AGENDA REQUEST

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Please fill out this form completely:

DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval



Clear Form

ELLIS COUNTY LINE ITEM ADJUSTMENT

FISCAL YEAR 2021-2022

I am requesting that the Ellis County Commissioners' Court make necessary Line Item adjustments to the 2021-2022 Budget as follows:

TRANSFER FROM		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
009-0602-570000	FM1-Contingency surplus	\$ 30,990.00
	TOTAL:	\$ 30,990.00

TRANSFER TO		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
009-0602-509140	FM1-Signs	\$ 30,990.00
	TOTAL:	\$ 30,990.00

[Handwritten Signature]

06/16/2022

RB PCT 1

Signature Date Department

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS _____ DAY OF _____, _____

- _____ COUNTY JUDGE
- _____ COMMISSIONER PCT. 1
- _____ COMMISSIONER PCT. 2
- _____ COMMISSIONER PCT. 3
- _____ COMMISSIONER PCT. 4

REVIEWED BY COUNTY AUDITOR'S OFFICE: *[Handwritten Signature]*

COMMISSIONERS COURT AGENDA REQUEST

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Please fill out this form completely:

DATE: 06.17.2022 SUPPORTING DOCUMENT(S) ATTACHED? (**Y** / N)

NAME: Samantha Pickett 

PHONE: 972-825-5199 FAX: 972-825-5551

DEPARTMENT OR ASSOCIATION: Ellis County Office of Emergency Management

ADDRESS: 101 W. Main Street, Waxahachie TX 75165

PREFERRED DATE TO BE PLACED ON AGENDA: June 28, 2022

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

Decrease \$18.92 from 001-0430-509770 (Preparedness Training), to Increase \$18.92 to 010-0653-508070 (Precinct 2 - FM2 General Expense), Samantha Pickett, Office of Emergency Management

SAMATHA PICKETT, EMERGENCY MANAGEMENT COORDINATOR

06.17.2022

*

County Attorney Approval



ELLIS COUNTY LINE ITEM ADJUSTMENT

FISCAL YEAR 2021-2022

I am requesting that the Ellis County Commissioners' Court make necessary Line Item adjustments to the 2021-2022 Budget as follows:

TRANSFER FROM		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0430-509770	Preparedness Training	\$ 18.92
	TOTAL:	\$ 18.92

TRANSFER TO		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
010-0653-508070	Precinct 2 -RM2 General Expense	\$ 18.92
	TOTAL:	\$ 18.92


06/17/2022
EMERGENCY MANAGEMENT

Signature *Date* *Department*

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS _____ DAY OF _____, _____

- _____ COUNTY JUDGE
- _____ COMMISSIONER PCT. 1
- _____ COMMISSIONER PCT. 2
- _____ COMMISSIONER PCT. 3
- _____ COMMISSIONER PCT. 4

REVIEWED BY COUNTY AUDITOR'S OFFICE:



COMMISSIONERS COURT AGENDA REQUEST

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Please fill out this form completely:

DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval



Clear Form

ELLIS COUNTY LINE ITEM ADJUSTMENT

FISCAL YEAR 2021-2022

I am requesting that the Ellis County Commissioners' Court make necessary Line Item adjustments to the 2021-2022 Budget as follows:

TRANSFER FROM		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0360-506010	Mileage	\$ 1,000.00
001-0360-507030	Telephone	\$ 1,000.00
001-0360-508460	Witness Fee	\$ 10,000.00
001-0360-508350	Training	\$ 5,000.00
	TOTAL:	\$ 17,000.00

TRANSFER TO		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0360-508010	Supplies	\$ 5,817.56
001-0360-508070	Operating Expenditures	\$ 6,182.44
001-0360-508330	Court Reporting	\$ 5,000.00
	TOTAL:	\$ 17,000.00

Ann Montgomery
Signature

06/17/2022
Date

County & District Attorney
Department

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS _____ DAY OF _____, _____

COUNTY JUDGE

COMMISSIONER PCT. 1

COMMISSIONER PCT. 2

COMMISSIONER PCT. 3

COMMISSIONER PCT. 4

REVIEWED BY COUNTY AUDITOR'S OFFICE:

Stani Q. Pan

COMMISSIONERS COURT AGENDA REQUEST

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Please fill out this form completely:

DATE: 06.14.2022 SUPPORTING DOCUMENT(S) ATTACHED? (**Y** / N)

NAME: Samantha Pickett 

PHONE: 972-825-5199 FAX: 972-825-5551

DEPARTMENT OR ASSOCIATION: Ellis County Office of Emergency Management

ADDRESS: 101 W. Main Street, Waxahachie TX 75165

PREFERRED DATE TO BE PLACED ON AGENDA: June 28, 2022

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

Decrease \$645.02 from 001-0430-509780 (Mass Notification System (Everbridge)) to Increase \$645.02 to 001-0430-508080 (Fuel), Samantha Pickett, Office of Emergency Management

SAMATHA PICKETT, EMERGENCY MANAGEMENT COORDINATOR 06.14.2022

*

County Attorney Approval

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

PLEASE INCLUDE AN EXTRA ORIGINAL FOR CONTRACTS AND AGREEMENTS IF YOU REQUIRE AN ORIGINAL COPY RETURNED FOR YOUR FILES.

The **deadline** for submitting an agenda request with the supporting information is **12:00 noon on the Wednesday immediately preceding Commissioners Court.** This will give ample time for preparation of the agenda.

If you are not representing an organization, board, elected or appointed official, your agenda request must be filed through your respective Commissioner.

***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners Court Agenda.**

Please fill out this form completely:

DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval



ELLIS COUNTY LINE ITEM ADJUSTMENT

FISCAL YEAR

2022

2021

TRANSFER FROM		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0140-505580	Contingency Reserve	\$22,500.00
	TOTAL:	\$22,500.00

TRANSFER TO		
ACCOUNT NO.	ACCOUNT TITLE	AMOUNT
001-0140-508250	Annual Audit/CPA Consultant	\$22,500.00
	TOTAL:	\$22,500.00

Signature

Date

Department

ELLIS COUNTY COMMISSIONERS' COURT FINDS THAT THIS TRANSFER OF FUNDS IS FOR COUNTY PURPOSES AND IS AN APPROPRIATE REQUEST.

APPROVED THIS _____ DAY OF _____, _____

COUNTY JUDGE

COMMISSIONER PCT. 1

COMMISSIONER PCT. 2

COMMISSIONER PCT. 3

COMMISSIONER PCT. 4

REVIEWED BY COUNTY AUDITOR'S OFFICE:

Stani A. Pan

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

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The **deadline** for submitting an agenda request with the supporting information is **12:00 noon on the Wednesday immediately preceding Commissioners Court.** This will give ample time for preparation of the agenda.

If you are not representing an organization, board, elected or appointed official, your agenda request must be filed through your respective Commissioner.

***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners Court Agenda.**

Please fill out this form completely:

DATE: _____ SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: _____

PHONE: _____ FAX: _____

DEPARTMENT OR ASSOCIATION: _____

ADDRESS: _____

PREFERRED DATE TO BE PLACED ON AGENDA: _____

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

* _____
County Attorney Approval



Mark Martin
 Flair Data Systems
 214-445-3521
 817.966.2991 cell
 214-445-3582
 mmartin@flairdata.com

Parts List

Date: February 23, 2022
 To: Ellis Co
 DIR # DIR-TSO-2542

Valid For: 30 Days
 Warranty: 90 Days
 Shipping & Tax: Not Included

3 Year Total:

\$114,210.00

Qty Part Description

Qty	Part	Description	Price Per User
1	A-FLEX-3	Collaboration Flex Plan 3.0	0.00
1	SVS-FLEX-SUPT-BAS	Basic Support for Flex Plan	0.00
423	A-FLEX-EACL	EntW Webex Calling	7.50
508	A-FLEX-C-PRO	Webex Calling Entitlement	0.00
212	A-FLEX-CL-CA	Webex Calling Common Area Entitlement	0.00
423	A-FLEX-P-CALL	Prem to Webex Calling / UCM Cloud	0.00
508	A-FLEX-C-DEV-ENT	Cloud Device Registration Entitlement	0.00
508	A-FLEX-MSG-ENT	Messaging Entitlement	0.00
10152	A-FLEX-FILESTG-ENT	File Storage Entitlement	0.00
508	A-FLEX-PROPACK-ENT	Pro Pack for Cisco Control Hub Entitlement	0.00
1	A-FLEX-ERC	Emergency Response Center Call fee per location search US	40.00
212	A-FLEX-LGW-CUBE	CUBE for Webex Calling (2)	

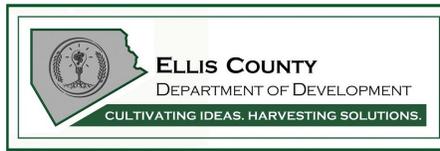
FLEX USER MODEL(WebEx Calling)

MONTHLY REOCCURRING COST	Annual Cost
\$3,172.50	\$38,070.00

per instance

Monthly Amount Billed **Annual Cost**
3,172.50 **\$38,070.00**

The Cisco Enterprise Agreement for FLEX 3 and EA Program Terms are incorporated into this Sales Quotation and are part of the End User's



**Department of Development Agenda Items
Ellis County Commissioners' Court -
Tuesday, June 28, 2022 @ 2:00 PM**

AGENDA

Agenda Item No. 1.1

Discussion, consideration & action on a plat of 5F Subdivision Phase 2. The property contains \pm 6.056 acres in the W. Herron Survey, Abstract No. 445, located near the intersection of Bentley Creek Court & Boz Road, Waxahachie, Road & Bridge Precinct No. 3.

Agenda Item No. 1.2

Discussion, consideration & action on a plat of Oak Creek Ranch. The property contains \pm 129.014 acres in the J. Barker Survey, Abstract No. 40, located near the intersection of FM 875 & Skinner Road, in the extraterritorial jurisdiction (ETJ) of the City of Midlothian, Road & Bridge Precinct No. 4.

Agenda Item No. 1.3

Discussion, consideration & action on a plat of Winding Creek Estates. The property contains \pm 60.952 acres in the J. Berry Survey, Abstract No. 86, located on the west side of FM 664 Ovilla Road, \pm 330 feet south of Slippery Creek Court, in the extraterritorial jurisdiction (ETJ) of the City of Ovilla, Road & Bridge Precinct No. 4

ELLIS COUNTY COMMISSIONERS' COURT

Report from: Department of Development

Court Date: June 28, 2022



AGENDA ITEM NO. 1.1
5F Subdivision Phase 2, Pct. No. 3

CASE TYPE:

Amendment

Plat

Subdivision Bond

Variance

Other

IDENTIFYING LANDMARK:
Parcel ID No. 220133

APPLICANT(s):
Warren Hattersley,
F5 Land & Company, LLC

ATTACHMENTS:

1) Location Map

2) Plat

AUTHORED BY:
Sara Garcia
Planning Manager/Asst. Director

APPROVED BY:
Alberto Mares, AICP, DR, CPM
Director of Planning & Development

STAFF RECOMMENDATION:

Approve, as presented

Approve with conditions
(see Final Analysis header)

Continue/Table request

Deny request

AGENDA CAPTION:
Discussion, consideration & action on a plat of 5F Subdivision Phase 2.
The property contains ± 6.056 acres in the W. Herron Survey, Abstract No. 445, located near the intersection of Bentley Creek Court & Boz Road, Waxahachie, Road & Bridge Precinct No. 3.

EXECUTIVE SUMMARY:

- The applicant wishes to subdivide the property into six (6) proposed lots for residential use off the existing Boz Road.

RIGHT-OF-WAY DEDICATION:

NAME & WIDTH	DEDICATION REQUIRED	DEDICATION SHOWN	SOURCE
Boz Rd.	80 feet	40 feet from the centerline of Boz Rd.	Ellis County MTP

WATER SERVICE:

PROVIDER	LINE SIZE	DATE AVAILABILITY CONFIRMED
Buena Vista Bethel SUD	8-inch	May 25, 2022

NOTIFICATION REQUIREMENT (if applicable)

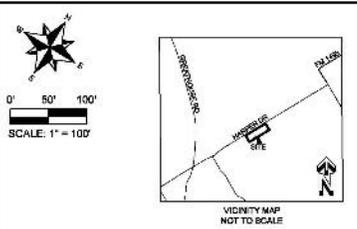
TYPE	SENT/ADVERTISED	TOTAL NOTIFIED
N/A	N/A	N/A

FINAL ANALYSIS:
Upon reviewing the proposed plat, staff confirms that this plat application meets the County’s current subdivision regulations and recommends approval of this plat as presented, subject to the following condition:

- Applicant installs fire hydrant(s) with spacing not exceeding four hundred fifty (450) feet between hydrants prior to the issuance of the first development-related permit, if needed.

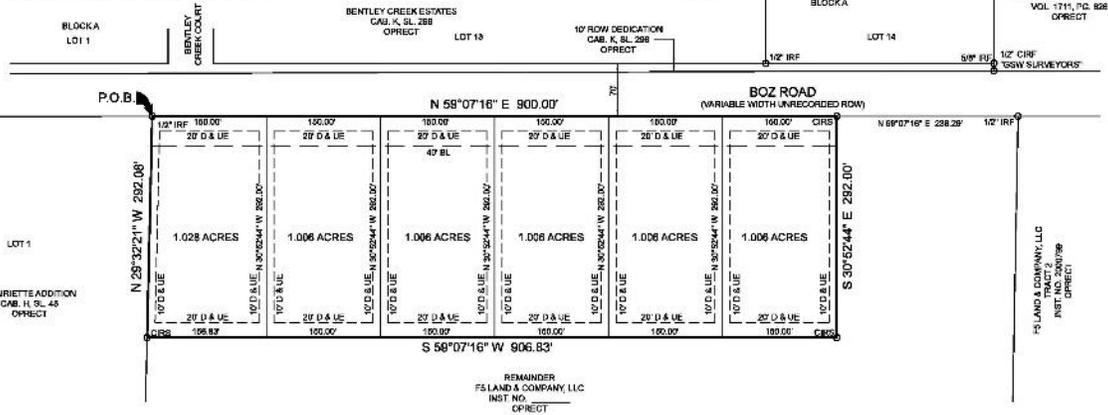


-96.913263 32.320178 Author: nick.magnis GIS@co.ellis.tx.us Date Printed: 5/23/2022 G:\GIS\Maps\Templates\Ellis County Layouts\11 DOD\DOD Case Location.mxd



NOTES
 BEARING MARKS FOR THIS SURVEY IS TEXAS COORDINATE SYSTEM NORTH CENTRAL ZONE 4202, NAD 83 PER GPS OBSERVATION.
 THE SUBJECT PROPERTY LIES WITHIN ZONE 14. BEARING IS VERA DETERMINED TO BE OUTSIDE THE 8.5 MINUTE CHANGE FLOORPLANS, ACCORDING TO THE FLOOD INSURANCE RATE MAP NO. 49180002R, DATED JUNE 3, 2013 AS PUBLISHED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY.
 ALL LOTS SHALL BE SERVICED BY AN ON-SITE SEWAGE FACILITY SYSTEM FOR RESIDENTIAL USE. AN ON-SITE EVALUATION SHALL BE PERFORMED BY A REGISTERED ENGINEER AND/OR A REGISTERED SANITARIAN.
 THE PROPERTY DOES NOT LIE WITHIN A CITY LIMIT OR AN ETJ OF A CITY.

LEGEND
 CIRS = 3/8" IRON ROD WITH YELLOW PLASTIC CAP STAMPED "TARCS" SET
 IRF = IRON ROD FOUND
 FND = FOUND
 OPRCT = OFFICIAL PUBLIC RECORDS FLLIS COUNTY TEXAS
 DUE = DRAINAGE EASEMENT & UTILITY EASEMENT
 BL = BUILDING LINE



STATE OF TEXAS §
 COUNTY OF ELLIS §

OWNER'S CERTIFICATE
 WHEREAS, FS LAND AND COMPANY, LLC ARE THE OWNERS OF A TRACT OF LANDS SITUATED IN THE W. HERRON SURVEY, ABSTRACT NO. 445, ELLIS COUNTY, TEXAS AND BEING A PORTION OF THAT TRACT OF LAND DESCRIBED IN DEED TO FS LAND AND COMPANY, LLC, RECORDED IN INSTRUMENT NO. _____ OF THE OFFICIAL PUBLIC RECORDS OF FLLIS COUNTY, TEXAS (OPRCT), AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A 1/2" IRON ROD FOUND FOR THE NORTH-WEST CORNER OF SAID FS LAND AND COMPANY TRACT AND THE COMMON NORTH-WEST CORNER OF "MARKET" RESURVEY, RECORDS FLLIS COUNTY, TEXAS (RECORDS) BEING THE SOUTH BY NORTH-CORNER (SOUTH) LINE OF BOZ ROAD (A VARIABLE WIDTH UNRECORDED ROW), FROM WHICH A 1/2" IRON ROD WITH CAP FOUND FOR THE NORTH-WEST CORNER OF LOT 4, OF SAID PRAMETTE ADDITION, BEARS S 89°30'10" W, A DISTANCE OF 590.58 FEET;
 THENCE N 89°17'16" E, ALONG THE NORTH LINE OF SAID FS LAND AND COMPANY TRACT AND THE COMMON SOUTH ROW LINE OF SAID BOZ ROAD, A DISTANCE OF 250.00 FEET TO A 6 1/2" IRON ROD WITH CAP STAMPED "TARCS" SET FOR CORNER, FROM WHICH FROM WHICH A 1/2" IRON ROD FOUND FOR THE NORTHEAST CORNER OF SAID FS LAND AND COMPANY TRACT, BEARS N 89°17'16" E, A DISTANCE OF 288.28 FEET;
 THENCE S 89°24'16" E, OVER AND ACROSS SAID FS LAND AND COMPANY TRACT, A DISTANCE OF 282.00 FEET TO A 6 1/2" IRON ROD WITH CAP STAMPED "TARCS" SET FOR CORNER;
 THENCE S 89°27'07" W, OVER AND ACROSS SAID FS LAND AND COMPANY TRACT AND THE COMMON WEST LINE OF SAID PRAMETTE ADDITION;
 THENCE N 89°32'21" W, ALONG THE WEST LINE OF SAID FS LAND AND COMPANY TRACT AND THE COMMON EAST LINE OF SAID PRAMETTE ADDITION, A DISTANCE OF 292.08 FEET TO THE POINT OF BEGINNING, AND CONTAINING 6.056 ACRES OF LAND MORE OR LESS.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS:
 THAT FS LAND AND COMPANY, LLC, DO HEREBY CERTIFY AND ADOP THIS PLAT DESIGNATING THE HEREIN ABOVE DESCRIBED PROPERTY AS OF SUBDIVISION PHASE 2, AN ADDITION TO ELLIS COUNTY, AND DOES HEREBY DEDICATE TO THE PUBLIC USE FOR VEHICULAR, UTILITY STREETS AND ALLIES SHOWN THEREON, FS LAND AND COMPANY, LLC DOES HEREBY CERTIFY THE FOLLOWING:

1. THE STREETS AND ALLIES ARE DEDICATED IN FEE SIMPLE FOR STREET AND ALLY PURPOSES.
2. ALL PUBLIC UTILITIES AND DRAINAGE DITCHES SHALL BE LOCATED IN THE RIGHT-OF-WAY AND SHALL BE MAINTAINED AND OPERATED AS SUCH.
3. THE EASEMENTS AND PUBLIC USE AREAS, AS SHOWN, AND CREATED BY THIS PLAT, ARE DEDICATED FOR THE PUBLIC USE FOREVER FOR THE PURPOSES INDICATED ON THIS PLAT.
4. NO BUILDINGS, FENCES, TREES, SHRUBS OR OTHER IMPROVEMENTS OR GROWTHS SHALL BE CONSTRUCTED OR PLACED UPON OR OVER OR ACROSS THE EASEMENTS AS SHOWN.
5. ELLIS COUNTY IS NOT RESPONSIBLE FOR REPLACING ANY IMPROVEMENTS IN UNDER, OR OVER ANY EASEMENT CAUSED BY MAINTENANCE OR REPAIR.
6. UTILITY EASEMENTS MAY ALSO BE USED FOR THE MUTUAL USE AND ACCOMMODATION OF ALL PUBLIC UTILITIES DESIRING TO USE OR CROSS THE SAME UNLESS THE EASEMENT LIMITS THE USE TO PARTICULAR UTILITIES, SAID USE BY PUBLIC UTILITIES BEING SUBORDINATE TO THE PUBLIC AND ELLIS COUNTY'S USE THEREOF.
7. ELLIS COUNTY AND/OR PUBLIC UTILITIES SHALL HAVE THE RIGHT TO REMOVE AND KEEP REMOVED, ALL OR PARTS OF ANY BUILDING OR FENCES, TREES, SHRUBS OR OTHER IMPROVEMENTS OR GROWTHS WHICH MAY IN ANY WAY OBSTRUCT OR INTERFERE WITH THE CONSTRUCTION, MAINTENANCE, OR EFFICIENCY OF THEIR RESPECTIVE SYSTEMS IN THE EASEMENTS.
8. ELLIS COUNTY AND PUBLIC UTILITIES SHALL AT ALL TIMES HAVE THE FULL RIGHT OF ACCESS AND EGRESS TO OR FROM THEIR RESPECTIVE EASEMENTS FOR THE PURPOSES OF CONSTRUCTION, RECONSTRUCTION, REPAIRS, MAINTENANCE, INSPECTION, AND TENDING, REPAIRING METERS AND ADDING TO OR REMOVING ALL OR PARTS OF THEIR RESPECTIVE SYSTEMS WITHOUT THE NECESSITY AT ANY TIME PROTECTING POSSESSION FROM INJURY.
9. ALL MODIFICATIONS TO THIS DOCUMENT SHALL BE BY MEANS OF A DEED AND APPROVED BY ELLIS COUNTY.

THIS PLAT IS APPROVED SUBJECT TO ALL PLATTING ORDINANCES, RULES, REGULATIONS AND RESOLUTIONS OF THE ELLIS COUNTY, TEXAS.

WITNESS MY HAND THIS 14 DAY OF _____, 2022.

BY: _____
 FS LAND AND COMPANY, LLC
 MICHELLE FRESER, AUTHORIZED AGENT

STATE OF TEXAS
 COUNTY OF ELLIS

BEFORE ME, THE UNDERSIGNED AUTHORITY, A NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS, ON THIS DAY PERSONALLY APPEARED MICHAEL A. PRASE, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES HEREIN EXPRESSLY AND IN THE CAPACITY(S) SAID.

GIVEN UNDER MY HAND AND SEAL THIS 14 DAY OF _____, 2022.

NOTARY PUBLIC, IN AND FOR THE STATE OF TEXAS

I, TIMOTHY L. JACKSON, MYSELF CERTIFY THAT THIS PLAT WAS MADE ON THE GROUND, UNDER MY DIRECT SUPERVISION, ON THE DATE SHOWN, AND THAT ALL PROPERTY OWNERS HERON HAVE BEEN FOUND OR SET AS SHOWN.

*PRELIMINARY. THIS DOCUMENT SHALL NOT BE RECORDED FOR ANY PURPOSE AND SHALL NOT BE USED IN ANY MANNER AS A FINAL SURVEY DOCUMENT.
 TIMOTHY L. JACKSON
 REGISTRATION NUMBER 5844

STATE OF TEXAS
 COUNTY OF ELLIS
 CERTIFICATE OF APPROVAL BY THE COMMISSIONERS COURT OF ELLIS COUNTY TEXAS
 APPROVED THIS _____ DAY OF _____, 2022.

TO DO TITLE
 COUNTY CLERK

RADY STANON
 COMMISSIONER PRECINCT 1

LANE GRAYSON
 COMMISSIONER PRECINCT 2

BILL PERRY
 COMMISSIONER PRECINCT 3

KYLE BUTLER
 COMMISSIONER PRECINCT 4

EVERETT WILSON
 COUNTY CLERK

THIS PLAT HAS BEEN APPROVED BY THE DEPARTMENT OF DEVELOPMENT FOR AN ON-SITE SEWAGE FACILITY SYSTEM PERMITS AND ALL INFORMATION AS MAY BE REQUIRED BY THE ELLIS COUNTY DEPARTMENT OF DEVELOPMENT.

DEPARTMENT OF DEVELOPMENT DIRECTOR: _____ DATE: _____

OWNER:
 FS LAND & COMPANY, LLC
 275 BAKERS BRANCH RD
 WAXAHACHE, TX 75165
 972.921.4915

SURVEYOR:
 TEXAS REALTY CAPTURE & SURVEYS, LLC
 P.O. BOX 292
 WAXAHACHE, TEXAS 75169
 409.516.0368
 TDRS FIRM NO 10184368

PLAT
 5F SUBDIVISION
 PHASE 2
 6.056 ACRES
 381,046.78 SQ. FT.
 W. HERRON SURVEY,
 ABSTRACT NO. 445
 ELLIS COUNTY, TEXAS
 6 RESIDENTIAL LOTS

Agenda Item
No. 1.1
5F Subdivision Phase 2,
Pct. No. 3

ELLIS COUNTY COMMISSIONERS' COURT

Report from: Department of Development

Court Date: June 28, 2022



AGENDA ITEM NO. 1.2
Oak Creek Ranch, Pct. No. 4

CASE TYPE:

Amendment
 Plat
 Subdivision Bond
 Variance
 Other

IDENTIFYING LANDMARK:
Parcel ID No. 179522, 179523, 179524

APPLICANT(s):
TSWW Partners, LLC

ATTACHMENTS:
1) Plat

AUTHORED BY:
Sara Garcia
Planning Manager/Asst. Director

APPROVED BY:
Alberto Mares, AICP, DR, CPM
Director of Planning & Development

STAFF RECOMMENDATION:

Approve, as presented
 Approve with conditions
(see Final Analysis header)
 Continue/Table request
 Deny request

AGENDA CAPTION:
Discussion, consideration & action on a plat of Oak Creek Ranch. The property contains ± 129.014 acres in the J. Barker Survey, Abstract No. 40, located near the intersection of FM 875 & Skinner Road, in the extraterritorial jurisdiction (ETJ) of the City of Midlothian, Road & Bridge Precinct No. 4.

- EXECUTIVE SUMMARY:**
- The applicant wishes to subdivide the property into ninety-two (92) proposed lots for residential use.
 - The City of Midlothian approved this plat at their meeting on June 21, 2022.
 - A request to release the performance bond and replace it with a 2-year maintenance bond is forthcoming on the next agenda.

RIGHT-OF-WAY DEDICATION:

NAME & WIDTH	DEDICATION REQUIRED	DEDICATION SHOWN	SOURCE
Skinner Rd & FM 875	Both 100-120 feet	45 feet + 15 feet of existing from the centerline of Skinner	Ellis County MTP

WATER SERVICE:

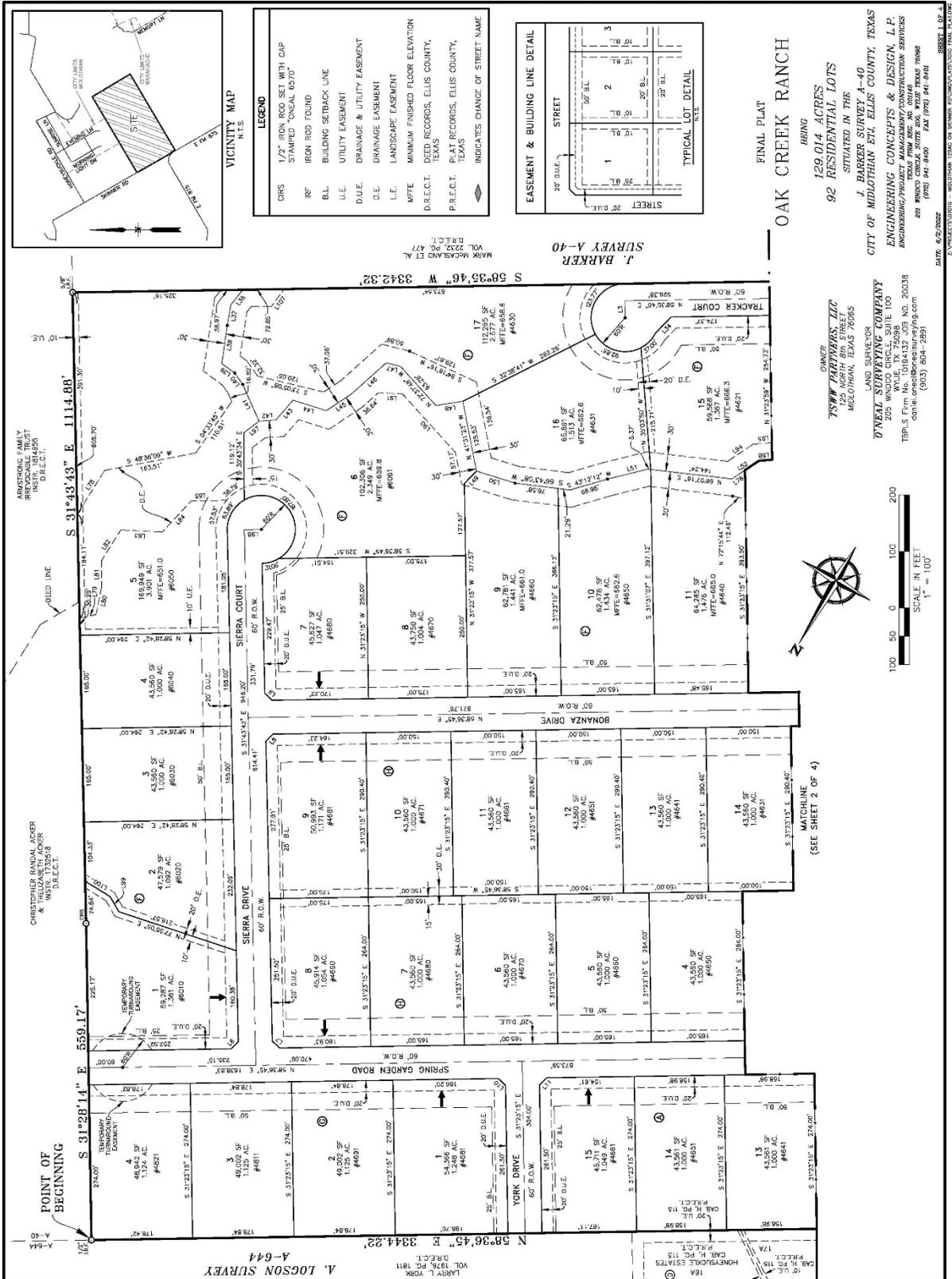
PROVIDER	LINE SIZE	DATE AVAILABILITY CONFIRMED
Sardis SUD	8-inch	May 4, 2022

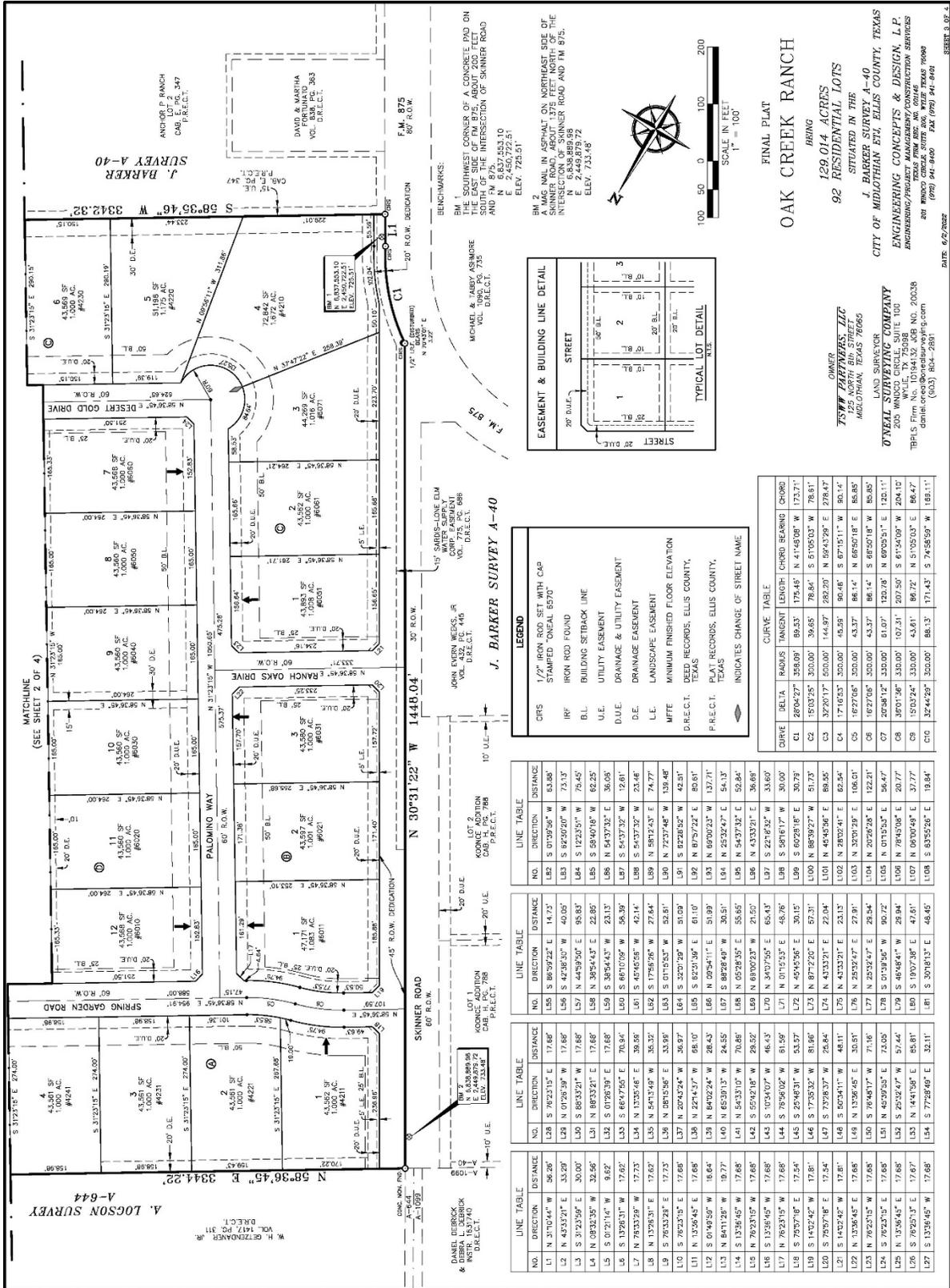
NOTIFICATION REQUIREMENT (if applicable)

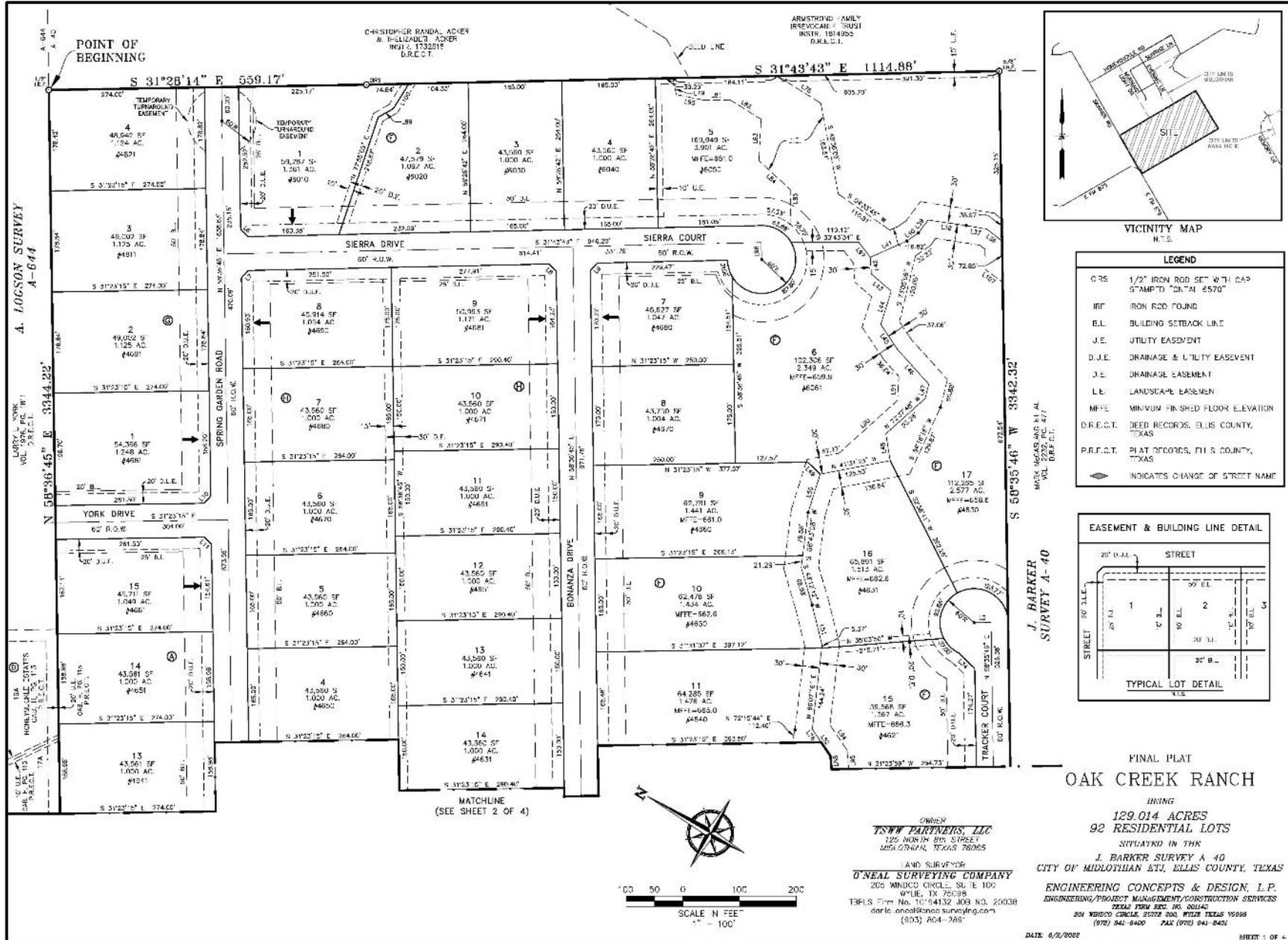
TYPE	SENT/ADVERTISED	TOTAL NOTIFIED
N/A	N/A	N/A

FINAL ANALYSIS:

Upon reviewing the proposed plat, staff confirms that this plat application meets the County's current subdivision regulations and recommends approval of this plat as presented.

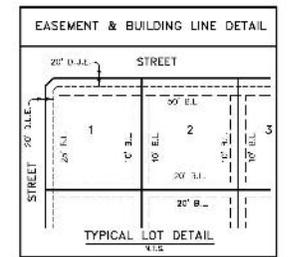






LEGEND

- C.R.S. 1/2" IRON ROD SET WITH CAP STAMPED "C.R.S. 6570"
- IRF IRON ROD FOUND
- B.L. BUILDING SETBACK LINE
- J.E. UTILITY EASEMENT
- D.J.E. DRAINAGE & UTILITY EASEMENT
- J.E. DRAINAGE EASEMENT
- L.E. LANDSCAPE EASEMENT
- M.F.F.E. MINIMUM FINISHED FLOOR ELEVATION
- D.R.E.C.T. DEED RECORDS, ELLIS COUNTY, TEXAS
- P.R.F.C.T. PLAT RECORDS, TARRANT COUNTY, TEXAS
- ◆ INDICATES CHANGE OF STREET NAME



FINAL PLAT
OAK CREEK RANCH
 129.014 ACRES
 92 RESIDENTIAL LOTS
 SITUATED IN TRK
 J. BARKER SURVEY A 40
 CITY OF MIDLOTHIAN STS, ELLIS COUNTY, TEXAS

ENGINEERING CONCEPTS & DESIGN, L.P.
 ENGINEERING/PROJECT MANAGEMENT/CONSTRUCTION SERVICES
 TEXAS PERM. NO. 061142
 301 WINDO CIRCLE, SUITE 200, WILLE, TEXAS 75098
 (972) 941-8400 FAX (972) 941-8401

Agenda Item
No. 1.2
Oak Creek Ranch
Final Plat,
Pct. No. 4

ELLIS COUNTY COMMISSIONERS' COURT

Report from: Department of Development

Court Date: June 28, 2022



AGENDA ITEM NO. 1.3
Winding Creek Estates, Pct. No. 4

CASE TYPE:

- Amendment
- Plat**
- Subdivision Bond
- Variance
- Other

IDENTIFYING LANDMARK:

Parcel ID No. 286229

APPLICANT(s):

Vernon Jack Development, LLC

ATTACHMENTS:

- 1) Location Map
- 2) Plat

AUTHORED BY:

Sara Garcia
Planning Manager/Asst. Director

APPROVED BY:

Alberto Mares, AICP, DR, CPM
Director of Planning & Development

STAFF RECOMMENDATION:

- Approve, as presented
- Approve with conditions**
(see Final Analysis header)
- Continue/Table request
- Deny request

AGENDA CAPTION:

Discussion, consideration & action on a plat of Winding Creek Estates.
The property contains ± 60.952 acres in the J. Berry Survey, Abstract No. 86, located on the west side of FM 664 Ovilla Road, ± 330 feet south of Slippery Creek Court, in the extraterritorial jurisdiction (ETJ) of the City of Ovilla, Road & Bridge Precinct No. 4.

EXECUTIVE SUMMARY:

- The applicant wishes to subdivide the property into thirty-eight (38) proposed lots for residential use.
- A replat of two (2) lots into four (4) lots will be forthcoming later once FEMA approves a Letter of Map Revision (LOMR) to reduce the amount of floodplain in those areas and make those lots greater than one (1) acre outside the floodplain.

RIGHT-OF-WAY DEDICATION:

NAME & WIDTH	DEDICATION REQUIRED	DEDICATION SHOWN	SOURCE
FM 664 Ovilla Rd.	80 feet	40 feet	Ellis County MTP

WATER SERVICE:

PROVIDER	LINE SIZE	DATE AVAILABILITY CONFIRMED
Sardis Lone-Elm WSC	12-inch	June 7, 2022

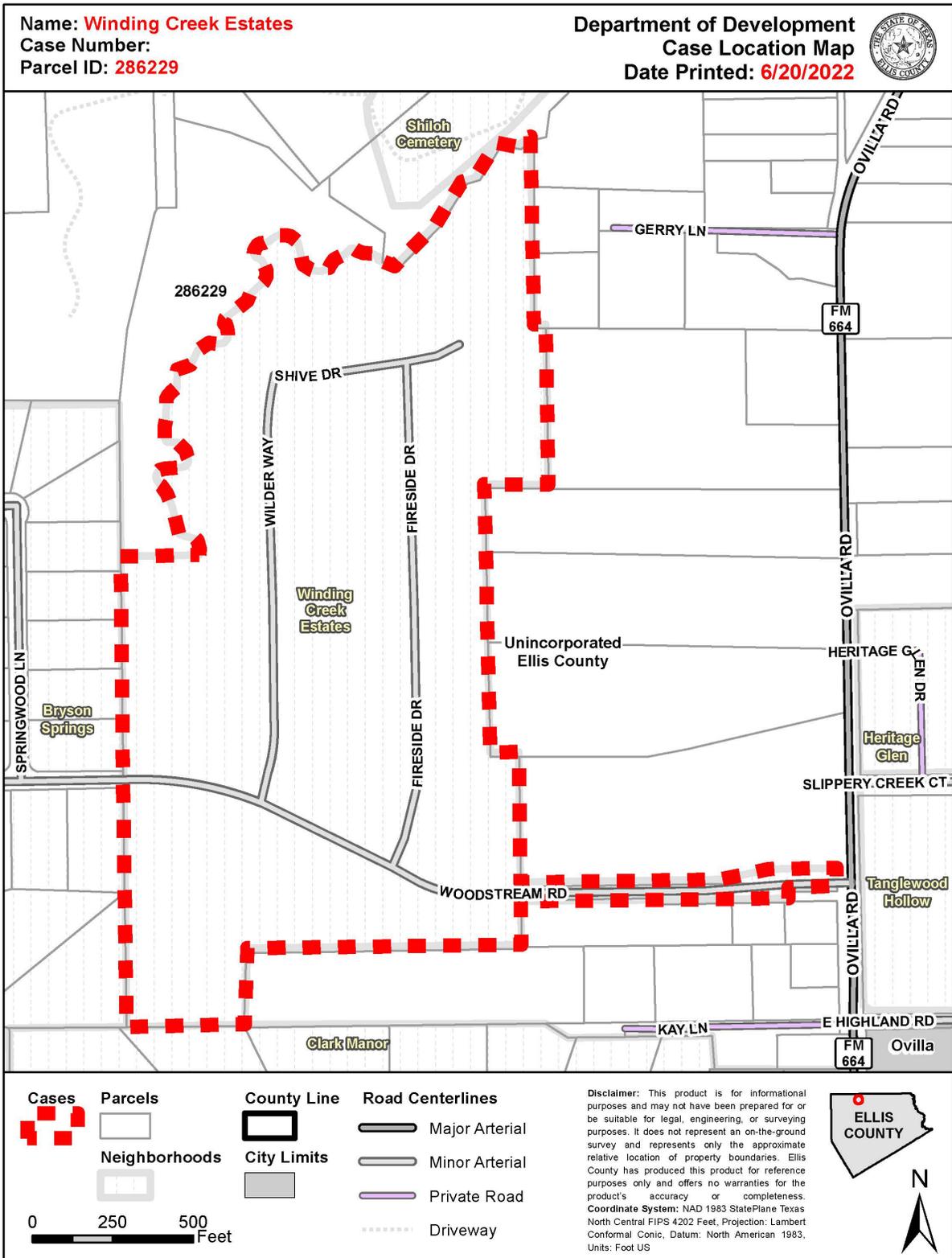
NOTIFICATION REQUIREMENT (if applicable)

TYPE	SENT/ADVERTISED	TOTAL NOTIFIED
N/A	N/A	N/A

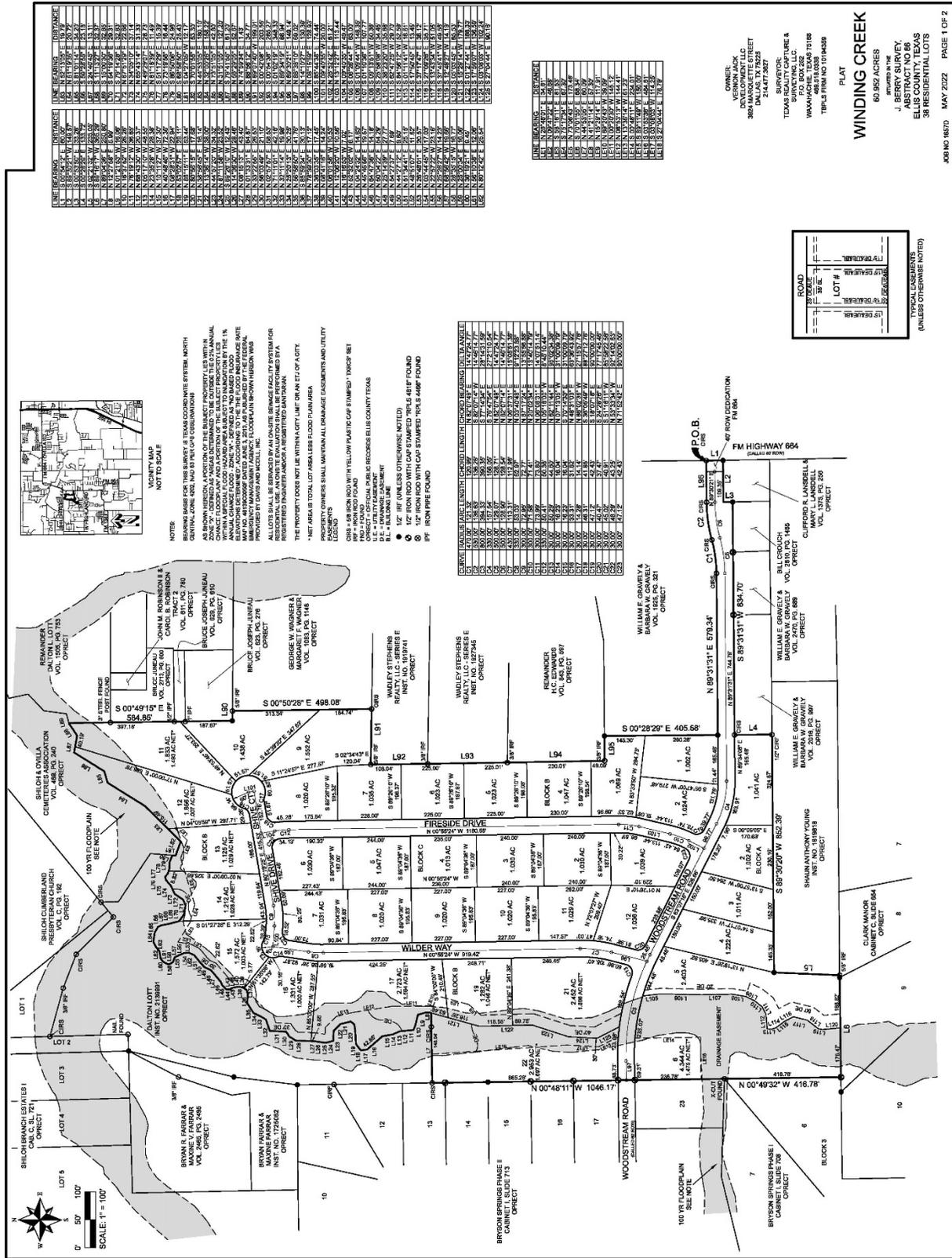
FINAL ANALYSIS:

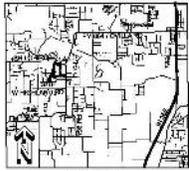
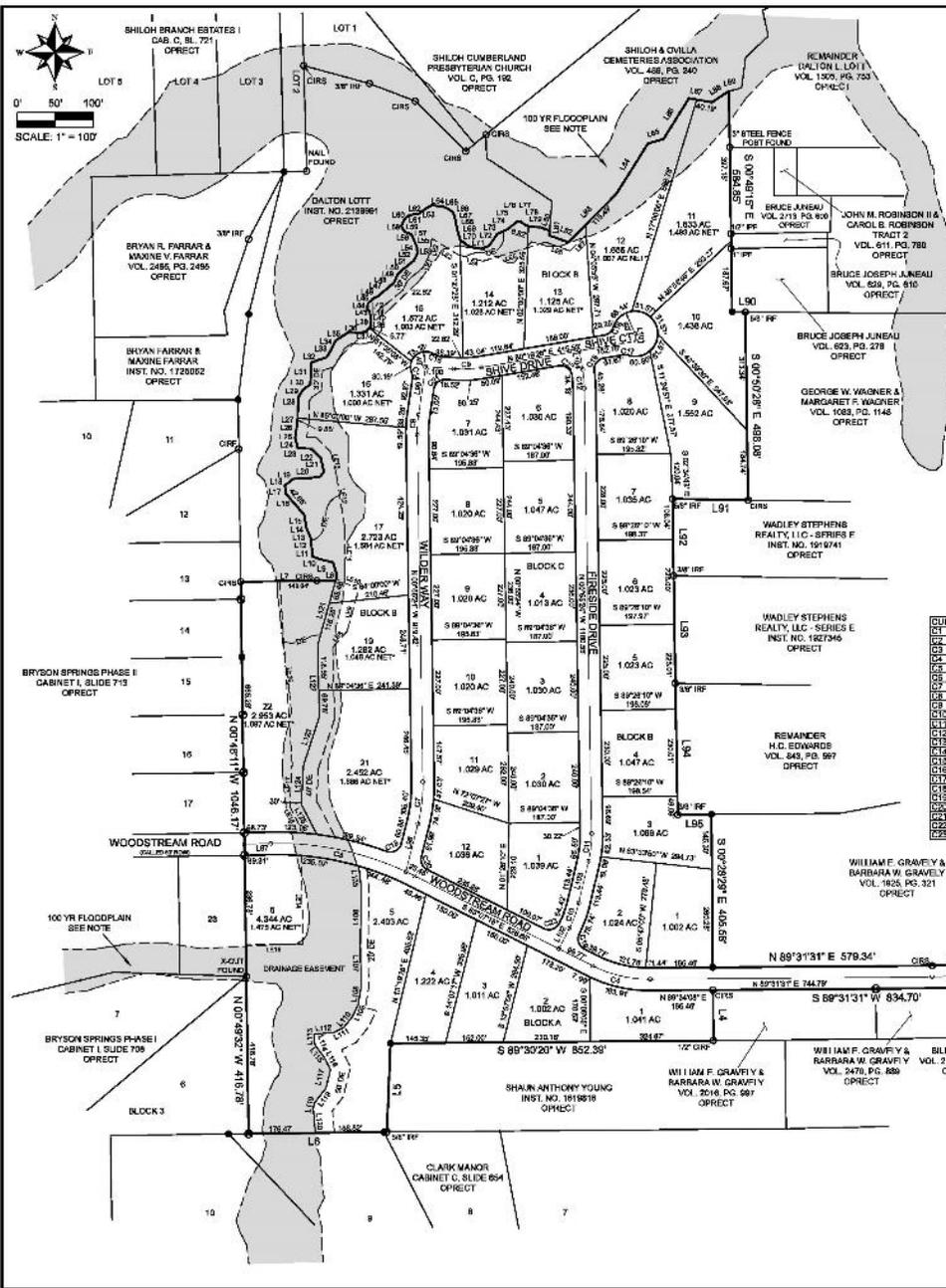
Upon reviewing the proposed plat, staff confirms that this plat application meets the County’s current subdivision regulations and recommends approval of this plat as presented, subject to the following conditions:

1. The plat shall not be filed or permits issued for any lots until corrections have been made for deficiencies noted within the subdivision inspection and to the satisfaction of the department.



-96.894665 32.512634 Author: nick.magnis GIS@co.ellis.tx.us Date Printed: 6/20/2022 G:\GIS\Maps\Templates\Ellis County Layouts\11 DOD\DOD Case Location.mxd





BEARING BASIS FOR THIS SURVEY IS TEXAS COORDINATE SYSTEM NORTH CENTRAL ZONE 4923.00 N 81 PER SP5 OBSERVATION

AS SHOWN HEREON A PORTION OF THE SUBJECT PROPERTY LIES WITHIN ZONE 'W' - DEFINED AS AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN AND A PORTION OF THE SUBJECT PROPERTY LIES WITHIN A REGULAR FLOOD HAZARD AREA SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD. ZONE 'W' - DEFINED AS NO BASED FLOOD. ELEVATIONS REFERENCED ACCORDING TO THE FLOOD INSURANCE RATE MAP NO. 4818000AF DATED JUNE 3, 2015 AS PUBLISHED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY FLOODPLAIN SHOW HAZARD 908 PROVIDED BY DAVIS AND MOILL, LLC.

ALL LOTS SHALL BE SERVICED BY AN ON-LINE SEWAGE FACILITY SYSTEM FOR RESIDENTIAL USE. AN ON-SITE SEWAGE TREATMENT SHALL BE PERFORMED BY A REGISTERED ENGINEER AND A REGISTERED SANITARIAN.

THE PROPERTY DOES NOT LIE WITHIN A CITY LIMIT OR AN ETJ OF A CITY.

* NET AREA IS TOTAL LOT AREA LESS FLOOD PLANNING AREA.

PROPERTY OWNERS SHALL MAINTAIN ALL DRAINAGE EASEMENTS AND UTILITY EASEMENTS.

LEGEND

- CHB - 48 IRON ROD WITH YELLOW PLASTIC CAP STAMPED "1XNB" SET IRF - IRON ROD FOUND
- FND - FOUND
- OPRF - OFFICIAL PUBLIC RECORDS ELLIS COUNTY TEXAS
- U.E. - UTILITY EASEMENT
- L.E. - LEASEHOLD EASEMENT
- S.L. - BUILDING LINE
- 1/2" IRF (UNLESS OTHERWISE NOTED)
- 1/2" IRON ROD WITH CAP STAMPED "RPLS 4818" FOUND
- 1/2" IRON ROD WITH CAP STAMPED "RPLS 4898" FOUND
- IRF - IRON PIPE FOUND

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	478.00	151.32	128.99	N 82° 47' 49" E	14° 22' 24.78"
C2	230.00	133.83	138.46	S 82° 17' 14" W	14° 52' 14.72"
C3	800.00	384.33	383.50	S 71° 12' 34" E	28° 41' 13.54"
C4	350.00	187.54	188.06	S 78° 27' 58" E	29° 21' 13.54"
C5	200.00	124.07	128.71	N 68° 31' 18" E	14° 02' 14.77"
C6	300.00	128.98	128.84	N 68° 31' 18" E	14° 02' 14.77"
C7	450.00	115.31	112.24	N 68° 31' 18" E	13° 32' 14.77"
C8	330.00	53.53	52.87	N 68° 31' 18" E	8° 12' 23.88"
C9	300.00	72.90	72.77	N 68° 31' 18" E	7° 34' 59.88"
C10	300.00	72.90	71.43	N 68° 31' 18" E	7° 34' 59.88"
C11	300.00	73.29	73.06	N 68° 31' 18" E	7° 34' 59.88"
C12	300.00	68.41	68.06	N 68° 31' 18" E	8° 45' 10.44"
C13	30.00	58.25	44.97	N 68° 31' 18" E	89° 28' 34.38"
C14	30.00	16.20	16.00	N 68° 31' 18" E	31° 02' 36.72"
C15	30.00	16.20	16.04	N 68° 31' 18" E	31° 02' 36.72"
C16	30.00	89.31	87.82	N 68° 31' 18" E	89° 28' 34.38"
C17	30.00	15.20	14.44	N 68° 31' 18" E	77° 32' 14.77"
C18	30.00	46.31	41.80	S 80° 02' 02" W	88° 27' 12.78"
C19	30.00	46.31	41.80	S 80° 02' 02" W	88° 27' 12.78"
C20	30.00	46.31	41.80	S 80° 02' 02" W	88° 27' 12.78"
C21	30.00	46.31	46.31	S 81° 18' 11" W	80° 48' 20.00"
C22	30.00	46.31	46.31	N 68° 31' 18" E	77° 42' 02.82"
C23	30.00	42.12	42.43	N 71° 52' 42" E	89° 02' 02.82"

LINE BEARING	DISTANCE	LINE BEARING	DISTANCE		
L1	S 00° 34' 11" E	50.72	L23	N 52° 13' 33" E	118.71
L2	S 88° 36' 31" W	148.67	L24	N 61° 11' 38" E	20.72
L3	S 88° 36' 31" W	148.67	L25	N 61° 11' 38" E	20.72
L4	S 00° 28' 22" E	153.72	L26	S 88° 28' 22" W	153.72
L5	S 02° 21' 52" W	238.00	L27	S 88° 28' 22" W	153.72
L6	S 02° 21' 52" W	238.00	L28	S 88° 28' 22" W	153.72
L7	N 89° 34' 30" E	240.82	L29	S 88° 28' 22" W	153.72
L8	N 12° 27' 04" E	16.88	L30	S 88° 28' 22" W	153.72
L9	N 01° 11' 52" W	16.88	L31	S 88° 28' 22" W	153.72
L10	N 01° 11' 52" W	16.88	L32	S 88° 28' 22" W	153.72
L11	N 70° 16' 12" W	36.68	L33	S 88° 28' 22" W	153.72
L12	N 68° 28' 22" W	20.37	L34	N 68° 28' 22" W	20.37
L13	N 70° 16' 12" W	36.68	L35	N 68° 28' 22" W	20.37
L14	N 23° 28' 28" W	28.38	L36	N 68° 28' 22" W	20.37
L15	N 23° 28' 28" W	28.38	L37	N 68° 28' 22" W	20.37
L16	N 00° 28' 22" W	22.38	L38	N 68° 28' 22" W	20.37
L17	N 00° 28' 22" W	22.38	L39	N 68° 28' 22" W	20.37
L18	N 00° 28' 22" W	22.38	L40	N 68° 28' 22" W	20.37
L19	N 00° 28' 22" W	22.38	L41	N 68° 28' 22" W	20.37
L20	N 00° 28' 22" W	22.38	L42	N 68° 28' 22" W	20.37
L21	N 00° 28' 22" W	22.38	L43	N 68° 28' 22" W	20.37
L22	N 00° 28' 22" W	22.38	L44	N 68° 28' 22" W	20.37
L23	N 00° 28' 22" W	22.38	L45	N 68° 28' 22" W	20.37
L24	N 00° 28' 22" W	22.38	L46	N 68° 28' 22" W	20.37
L25	N 00° 28' 22" W	22.38	L47	N 68° 28' 22" W	20.37
L26	N 00° 28' 22" W	22.38	L48	N 68° 28' 22" W	20.37
L27	N 00° 28' 22" W	22.38	L49	N 68° 28' 22" W	20.37
L28	N 00° 28' 22" W	22.38	L50	N 68° 28' 22" W	20.37
L29	N 00° 28' 22" W	22.38	L51	N 68° 28' 22" W	20.37
L30	N 00° 28' 22" W	22.38	L52	N 68° 28' 22" W	20.37
L31	N 00° 28' 22" W	22.38	L53	N 68° 28' 22" W	20.37
L32	N 00° 28' 22" W	22.38	L54	N 68° 28' 22" W	20.37
L33	N 00° 28' 22" W	22.38	L55	N 68° 28' 22" W	20.37
L34	N 00° 28' 22" W	22.38	L56	N 68° 28' 22" W	20.37
L35	N 00° 28' 22" W	22.38	L57	N 68° 28' 22" W	20.37
L36	N 00° 28' 22" W	22.38	L58	N 68° 28' 22" W	20.37
L37	N 00° 28' 22" W	22.38	L59	N 68° 28' 22" W	20.37
L38	N 00° 28' 22" W	22.38	L60	N 68° 28' 22" W	20.37
L39	N 00° 28' 22" W	22.38	L61	N 68° 28' 22" W	20.37
L40	N 00° 28' 22" W	22.38	L62	N 68° 28' 22" W	20.37
L41	N 00° 28' 22" W	22.38	L63	N 68° 28' 22" W	20.37
L42	N 00° 28' 22" W	22.38	L64	N 68° 28' 22" W	20.37
L43	N 00° 28' 22" W	22.38	L65	N 68° 28' 22" W	20.37
L44	N 00° 28' 22" W	22.38	L66	N 68° 28' 22" W	20.37
L45	N 00° 28' 22" W	22.38	L67	N 68° 28' 22" W	20.37
L46	N 00° 28' 22" W	22.38	L68	N 68° 28' 22" W	20.37
L47	N 00° 28' 22" W	22.38	L69	N 68° 28' 22" W	20.37
L48	N 00° 28' 22" W	22.38	L70	N 68° 28' 22" W	20.37
L49	N 00° 28' 22" W	22.38	L71	N 68° 28' 22" W	20.37
L50	N 00° 28' 22" W	22.38	L72	N 68° 28' 22" W	20.37
L51	N 00° 28' 22" W	22.38	L73	N 68° 28' 22" W	20.37
L52	N 00° 28' 22" W	22.38	L74	N 68° 28' 22" W	20.37
L53	N 00° 28' 22" W	22.38	L75	N 68° 28' 22" W	20.37
L54	N 00° 28' 22" W	22.38	L76	N 68° 28' 22" W	20.37
L55	N 00° 28' 22" W	22.38	L77	N 68° 28' 22" W	20.37
L56	N 00° 28' 22" W	22.38	L78	N 68° 28' 22" W	20.37
L57	N 00° 28' 22" W	22.38	L79	N 68° 28' 22" W	20.37
L58	N 00° 28' 22" W	22.38	L80	N 68° 28' 22" W	20.37
L59	N 00° 28' 22" W	22.38	L81	N 68° 28' 22" W	20.37
L60	N 00° 28' 22" W	22.38	L82	N 68° 28' 22" W	20.37
L61	N 00° 28' 22" W	22.38	L83	N 68° 28' 22" W	20.37
L62	N 00° 28' 22" W	22.38	L84	N 68° 28' 22" W	20.37
L63	N 00° 28' 22" W	22.38	L85	N 68° 28' 22" W	20.37
L64	N 00° 28' 22" W	22.38	L86	N 68° 28' 22" W	20.37
L65	N 00° 28' 22" W	22.38	L87	N 68° 28' 22" W	20.37
L66	N 00° 28' 22" W	22.38	L88	N 68° 28' 22" W	20.37
L67	N 00° 28' 22" W	22.38	L89	N 68° 28' 22" W	20.37
L68	N 00° 28' 22" W	22.38	L90	N 68° 28' 22" W	20.37
L69	N 00° 28' 22" W	22.38	L91	N 68° 28' 22" W	20.37
L70	N 00° 28' 22" W	22.38	L92	N 68° 28' 22" W	20.37
L71	N 00° 28' 22" W	22.38	L93	N 68° 28' 22" W	20.37
L72	N 00° 28' 22" W	22.38	L94	N 68° 28' 22" W	20.37
L73	N 00° 28' 22" W	22.38	L95	N 68° 28' 22" W	20.37
L74	N 00° 28' 22" W	22.38	L96	N 68° 28' 22" W	20.37
L75	N 00° 28' 22" W	22.38	L97	N 68° 28' 22" W	20.37
L76	N 00° 28' 22" W	22.38	L98	N 68° 28' 22" W	20.37
L77	N 00° 28' 22" W	22.38	L99	N 68° 28' 22" W	20.37
L78	N 00° 28' 22" W	22.38	L100	N 68° 28' 22" W	20.37

LINE BEARING	DISTANCE	LINE BEARING	DISTANCE		
L1	N 68° 28' 22" W	20.37	L101	N 68° 28' 22" W	20.37
L2	N 68° 28' 22" W	20.37	L102	N 68° 28' 22" W	20.37
L3	N 68° 28' 22" W	20.37	L103	N 68° 28' 22" W	20.37
L4	N 68° 28' 22" W	20.37	L104	N 68° 28' 22" W	20.37
L5	N 68° 28' 22" W	20.37	L105	N 68° 28' 22" W	20.37
L6	N 68° 28' 22" W	20.37	L106	N 68° 28' 22" W	20.37
L7	N 68° 28' 22" W	20.37	L107	N 68° 28' 22" W	20.37
L8	N 68° 28' 22" W	20.37	L108	N 68° 28' 22" W	20.37
L9	N 68° 28' 22" W	20.37	L109	N 68° 28' 22" W	20.37
L10	N 68° 28' 22" W	20.37	L110	N 68° 28' 22" W	20.37
L11	N 68° 28' 22" W	20.37	L111	N 68° 28' 22" W	20.37
L12	N 68° 28' 22" W	20.37	L112	N 68° 28' 22" W	20.37
L13	N 68° 28' 22" W	20.37	L113	N 68° 28' 22" W	20.37
L14	N 68° 28' 22" W	20.37	L114	N 68° 28' 22" W	20.37
L15	N 68° 28' 22" W	20.37	L115	N 68° 28' 22" W	20.37
L16	N 68° 28' 22" W	20.37	L116	N 68° 28' 22" W	20.37
L17	N 68° 28' 22" W	20.37	L117	N 68° 28' 22" W	20.37
L18	N 68° 28' 22" W	20.37	L118	N 68° 28' 22" W	20.37
L19	N 68° 28' 22" W	20.37	L119	N 68° 28' 22" W	20.37
L20	N 68° 28' 22" W	20.37	L120	N 68° 28' 22" W	20.37
L21	N 68° 28' 22" W	20.37	L121	N 68° 28' 22" W	20.37
L22	N 68° 28' 22" W	20.37	L122	N 68° 28' 22" W	20.37
L23	N 68° 28' 22" W	20.37	L123	N 68° 28' 22" W	20.37
L24	N 68° 28' 22" W	20.37	L124	N 68° 28' 22" W	20.37
L25	N 68° 28' 22" W	20.37	L125	N 68° 28' 22" W	20.37
L26	N 68° 28' 22" W	20.37	L126	N 68° 28' 22" W	20.37
L27	N 68° 28' 22" W	20.37	L127	N 68° 28' 22" W	20.37
L28	N 68° 28' 22" W	20.37	L128	N 68° 28' 22" W	20.37
L29	N 68° 28' 22" W	20.37	L129	N 68° 28' 22" W	20.37
L30	N 68° 28' 22" W	20.37	L130	N 68° 28' 22" W	20.37
L31	N 68° 28' 22" W	20.37	L131	N 68° 28' 22" W	20.37
L32	N 68° 28' 22" W	20.37	L132	N 68° 28' 22" W	20.37
L33	N 68° 28' 22" W	20.37	L133	N 68° 28' 22" W	20.37
L34	N 68° 28' 22" W	20.37	L134	N 68° 28' 22" W	20.37
L35	N 68° 28' 22" W	20.37	L135	N 68° 28' 22" W	20.37
L36	N 68° 28' 22" W	20.37	L136	N 68° 28' 22" W	20.37
L37	N 68° 28' 22" W	20.37	L137	N 68° 28' 22" W	20.37
L38	N 68° 28' 22" W	20.37	L138	N 68° 28' 22" W	20.37
L39	N 68° 28' 22" W	20.37	L139	N 68° 28' 22" W	20.37
L40	N 68° 28' 22" W	20.37	L140	N 68° 28' 22" W	20.37
L41	N 68° 28' 22" W	20.37	L141	N 68° 28' 22" W	20.37
L42	N 68° 28' 22" W	20.37	L142	N 68° 28' 22" W	20.37
L43	N 68° 28' 22" W	20.37	L143	N 68° 28' 22" W	20.37
L44	N 68° 28' 22" W	20.37	L144	N 68° 28' 22" W	20.37
L45	N 68° 28' 22" W	20.37	L145	N 68° 28' 22" W	20.37
L46	N 68° 28' 22" W	20.37	L146	N 68° 28' 22" W	20.37
L47					

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

PLEASE INCLUDE AN EXTRA ORIGINAL FOR CONTRACTS AND AGREEMENTS IF YOU REQUIRE AN ORIGINAL COPY RETURNED FOR YOUR FILES.

The **deadline** for submitting an agenda request with the supporting information is **12:00 noon on the Wednesday immediately preceding Commissioners Court**. This will give ample time for preparation of the agenda.

If you are not representing an organization, board, elected or appointed official, your agenda request must be filed through your respective Commissioner.

***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners Court Agenda.**

Please fill out this form completely:

DATE: June 20, 2022 SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: E.J. Harbin

PHONE: 972-825-5117 FAX: 972-825-5119

DEPARTMENT OR ASSOCIATION: Purchasing

ADDRESS: 101 W. Main St., Suite 201, Waxahachie, TX 75165

PREFERRED DATE TO BE PLACED ON AGENDA: June 28, 2022

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

Authorization to Advertise and Solicit Bids for Asphaltic Surface Preservation Treatment.

Precincts 1,2,3 and 4

*

County Attorney Approval

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2019-2020-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

PLEASE INCLUDE AN EXTRA ORIGINAL FOR CONTRACTS AND AGREEMENTS IF YOU REQUIRE AN ORIGINAL COPY RETURNED FOR YOUR FILES.

The **deadline** for submitting an agenda request with the supporting information is **12:00 noon on the Wednesday immediately preceding Commissioners Court.** This will give ample time for preparation of the agenda.

If you are not representing an organization, board, elected or appointed official, your agenda request must be filed through your respective Commissioner.

***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners Court Agenda.**

Please fill out this form completely:

DATE: June 21, 2022 SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: E.J. Harbin

PHONE: 972-825-5117 FAX: 972-825-5119

DEPARTMENT OR ASSOCIATION: Purchasing

ADDRESS: 101 W. Main St., Suite 203, Waxahachie, TX 75165

PREFERRED DATE TO BE PLACED ON AGENDA: **June 28, 2022**

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

Consideration, Discussion and Approval of change request No. 1 for on going Installation Services of Office 365 Software Seats for County Office staff and Sheriff's Office staff using the BuyBoard Cooperative Contract #661-22 with SHI Government Solutions, LLC in the amount of \$15,384.00

*

County Attorney Approval



Project Name	Zimbra to Office 365 Migration - County Office
Customer Name	TX-County of Ellis
Change Request Number	CR001
Date	6/16/2022
SHI Account Executive	Paul Rayburn
Submitted by	Nicole Bashford

Change Request Description

Additional hours are needed:

1. For extended roll out schedule due to:
 - a. Purchase of Microsoft licenses delaying start of migrations as agreement between Sheriff and County offices as well as additional licenses that had to be purchased
 - b. Change in key IT project resources at Ellis County caused delays in internal tasks that were not completed on time
 - c. There has been significant impact to the email migrations as smaller batches have to be completed
 - d. The project timeline has been extended by 60 days
 - e. Additonal status meetings to support the longer project timeline

Impact of Change

Fixed Price Milestone - \$15,384

Price

Original Scope: \$41,232

CR001 Scope: \$15,384

New Project Total = \$56,616

Customer Name	Jocelyn King	Customer Email Address	jocelyn.king@co.ellis.tx.us
Customer Title		Date	

Customer Signature	
SHI Project Manager Receipt	

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

PLEASE INCLUDE AN EXTRA ORIGINAL FOR CONTRACTS AND AGREEMENTS IF YOU REQUIRE AN ORIGINAL COPY RETURNED FOR YOUR FILES.

The **deadline** for submitting an agenda request with the supporting information is **12:00 noon on the Wednesday immediately preceding Commissioners Court.** This will give ample time for preparation of the agenda.

If you are not representing an organization, board, elected or appointed official, your agenda request must be filed through your respective Commissioner.

***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners Court Agenda.**

Please fill out this form completely:

DATE: June 15, 2022 SUPPORTING DOCUMENT(S) ATTACHED? (Y / N)

NAME: E.J. Harbin

PHONE: 972-825-5117 FAX: 972-825-5119

DEPARTMENT OR ASSOCIATION: Purchasing

ADDRESS: 101 W. Main St., Suite 102, Waxahachie, TX 75165

PREFERRED DATE TO BE PLACED ON AGENDA: **June 28, 2022**

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

Discuss, consider and approve an Interlocal agreement between Bell County and Ellis County in accordance with the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code.

*

County Attorney Approval

INTERLOCAL AGREEMENT

This Interlocal Agreement (the "Agreement") is entered into by and between Bell County, Texas and Ellis County, Texas and is effective as of June 13, 2022 (the "Effective Date"). Bell County and Ellis County may be referred to individually as a "Party" and/or collectively as the "Parties."

BACKGROUND

Pursuant to Chapter 791 of the Texas Government Code, the Interlocal Cooperation Act (the "Act"), the Parties are proposing entering into this interlocal agreement to allow Ellis County to utilize the Master Service Agreement between Bell County and American Fidelity Assurance Company ("American Fidelity"). In 2021, Bell County issued a Request for Proposals for Voluntary Supplemental Benefits (the "Services"). American Fidelity was selected by Bell County to provide the Services and the Master Service Agreement was executed in June 2021. Ellis County desires to utilize American Fidelity to provide Services for Ellis County pursuant to the Master Service Agreement. Bell County and Ellis County have considered this Agreement and deem it to be in the best interest of the citizens of both Counties.

Accordingly, the Parties agree as follows:

AGREEMENT

A. Governmental Functions and Services. Bell County and Ellis County hereby confirm that the activities to be carried out under this Agreement are "governmental functions and services" as defined in Section 791.003 of the Act.

B. Master Service Agreement. Ellis County desires to purchase Services from American Fidelity, through the Master Service Agreement which is attached hereto as Exhibit A and is hereby incorporated herein for all purposes. The Parties believe that it is in the best interest of the public to improve the efficiency and effectiveness of governmental functions and services of local governments by authorizing Ellis County's use of the Master Service Agreement.

C. Payment Obligations. As required by Section 791.011 of the Act, each party making payment for the performance of the functions or services under this Agreement must make those payments solely from current revenues available to the paying party during the fiscal year in which the expenditure is made.

D. Term of this Agreement. The term of this Agreement begins on the Effective Date and expires on September 30, 2023 (the "Term"). The Term may be renewed by mutual agreement of the Parties.

E. Termination for Convenience. Either Party may terminate this Agreement prior to, or during the performance of any Services, for any reason. The terminating Party must send written notice of termination to the other Party. Termination will be effective 30 days after the

non-terminating Party's receipt of the notice of termination.

F. Default. If either Party fails to perform or observe any term of this Agreement, the non-defaulting Party must send written notice of the failure to the defaulting Party. If the defaulting Party does not remedy the failure within 30 days after the defaulting Party receives the notice, the non-defaulting Party may pursue any remedies available to it at law or in equity.

G. General Provisions.

(i) **Incorporated by Reference.** All exhibits and attachments and all other documents are incorporated by reference for all purposes.

(ii) **Assignment.** The Parties may not assign their rights and obligations under this Agreement.

(iii) **Entire Agreement and Modifications.** This Agreement supersedes all prior negotiations, representations, agreements, and contracts, written or oral, between Bell County and Ellis County regarding the subject matter covered in this Agreement and constitutes the entire agreement between the Parties with respect to the subject matter. This Agreement and each of its provisions are binding upon the Parties and may not be waived, modified, amended or altered except by an amendment signed by the Parties.

(iv) **Waivers.** No delay or omission by either of the Parties in exercising any right or power accruing upon the non-compliance or failure of performance by the other Party of any of the provisions of this Agreement will impair any such right or power or be construed to be a waiver of the provision(s). A waiver by either of the Parties of any Agreement term to be performed by the other Party will not be construed to be a waiver of any subsequent breach or of any other Agreement term.

(v) **Binding Effect/Authorization.** This Agreement is binding on and inures to the benefit of the Parties and their respective permitted assigns and successors. The Parties each represent and warrant that they have the full right and legal authority to enter into this Agreement and to grant the rights and perform the obligations in this Agreement and that no third-party consent or approval is required.

(vi) **Notices.** All notices, consents, approvals, demands, requests or other communications provided for or permitted to be given under any of the provisions of this Agreement will be in writing and will be deemed to have been duly given or served when delivered by hand delivery or by nationally recognized courier service, or when deposited in the U.S. mail by registered or certified mail, return receipt requested, postage prepaid, and addressed as follows:

If to Ellis County:
Attn: E.J. Harbin
101 W. Main Street, Suite 102
Waxahachie, Texas 75165

If to Bell County:
Attn: Ammy James
101 E. Central Ave.
Belton, Texas 76513

Or to such other person or address as may be given in writing by either Party to the other in accordance with this provision. If the notice is mailed, it will be deemed delivered within 48 hours after the post mark date.

(vii) Severability. In case any provision, for any reason, is held invalid or unenforceable in any respect, such invalidity or unenforceability will not affect any other provision, and this Agreement will be construed as if such invalid or unenforceable provision had not been included.

(viii) Available Funds. The Parties will have the right to cancel this Agreement at the end of the then current fiscal period if funds are not allotted for the next fiscal year to continue this Agreement. A Party may affect such cancellation by giving the other Party written notice of its intention to cancel not less than 30 days prior to the end of the then current fiscal period, stating its reasons for cancellation. Upon cancellation of this Agreement, the Parties will not be responsible for the payment of any services received which occur after the end of the current fiscal period.

(ix) No Third-Party Beneficiaries. Nothing in this Agreement will create a contractual relationship between a third party and either Bell County or Ellis County.

(x) Counterparts and Copies. This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original.

(xi) Attorney's Fees. If either Party to this Agreement retains an attorney to enforce this Agreement, the prevailing Party is entitled to recover reasonable attorneys' fees and other fees, costs and expenses relating to the successful enforcement or defense of any provision of this Agreement.

(xii) Choice of Law and Venue: This Agreement will be interpreted and construed in accordance with the laws of Texas, without giving effect to choice of law rules. Each Party hereby consents to exclusive jurisdiction and venue in the courts located in Bell County, Texas.

(xiii) NEITHER THE EXECUTION OF THIS AGREEMENT, NOR ANY CONDUCT OF ANY REPRESENTATIVE OF BELL COUNTY OR ELLIS COUNTY WILL WAIVE OR BE CONSIDERED A WAIVER OF IMMUNITY.

(Signature page to follow)

IN WITNESS WHEREOF, the Parties have executed this Agreement on the Effective Date.

ELLIS COUNTY, TEXAS

BELL COUNTY, TEXAS

Todd Little, County Judge

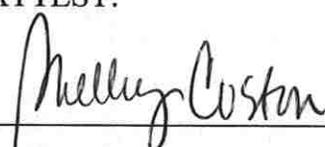


David Blackburn, County Judge

ATTEST:

ATTEST:

Krystal C. Valdez, County Clerk



Shelley Coston, County Clerk



COUNTY OF BELL **MASTER SERVICE AGREEMENT**

This Agreement entered into as of **1st day of June 2021**, by BELL COUNTY (the "County") and **American Fidelity Assurance Company** ("Company"). In consideration for the mutual promises contained herein, and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties agree as follows:

1. SCOPE OF AGREEMENT

Company will provide to Bell County the Voluntary Supplemental Insurance Benefits outlined in the Company Proposal (the "Services") attached hereto and incorporated herein for all purposes as **Attachment A**. The Services will be provided in accordance with **Attachment A** and the following attachments, all of which are attached hereto and incorporated herein for all purposes:

- (1) **Attachment B**: Enrollment Support Services and Business Associate Addendum;
- (2) **Attachment C**: Service Exchange Agreement; and
- (3) **Attachment D**: Subscription Agreement.

In the event of a conflict among the terms of this Agreement and any of the attachments, the term most favorable to the County, in the County's sole discretion, will control.

2. TERM OF AGREEMENT; TERMINATION

This Agreement will be effective upon proper execution by the County. Company will provide the Services from **November 1, 2021 through September 30, 2023**. The County reserves the right to withdraw from the Agreement immediately if its governing body fails to appropriate funds necessary for the satisfaction of its contractual obligations under this Agreement.

The County reserves the right to enforce the performance of this Agreement in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default of any provision of this Agreement, including immediate termination of this Agreement.

3. ENTIRE AGREEMENT

This Agreement represents the entire agreement between Company and the County and no prior or contemporaneous oral or written agreement shall be construed to alter its terms. No additional terms shall become part of this Agreement without the written consent of both parties and compliance with relevant state law.

4. ASSIGNMENT

Company shall not assign or subcontract its obligations under this Agreement without the prior written consent of the County.

5. INDEMNIFICATION

TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, THE COMPANY AND ITS AGENTS, PARTNERS, EMPLOYEES, AND CONSULTANTS (COLLECTIVELY "INDEMNITORS") SHALL AND DO AGREE TO INDEMNIFY, PROTECT, DEFEND WITH COUNSEL APPROVED BY BELL COUNTY, AND HOLD HARMLESS BELL COUNTY, REPRESENTATIVES OF BELL COUNTY, THE COMMISSIONERS COURT OF BELL COUNTY, ITS VARIOUS DEPARTMENTS, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS AND THE DISTRICT COURTS AND COUNTY COURTS AT LAW TRYING CRIMINAL CASES IN BELL COUNTY, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS (COLLECTIVELY "INDEMNITEES") FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, LIENS, CAUSES OF ACTION, SUITS, JUDGMENTS, AND EXPENSES, INCLUDING ATTORNEY FEES, OF ANY NATURE, KIND, OR DESCRIPTION (COLLECTIVELY "LIABILITIES") OF ANY PERSON OR ENTITY WHOMSOEVER ARISING OUT OF, CAUSED BY, OR RESULTING FROM THE PERFORMANCE OF THE SERVICES OR ANY PART THEREOF WHICH ARE CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENT ACT OR OMISSION OF THE COMPANY, ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY IT OR ANYONE FOR WHOSE ACTS IT MAY BE LIABLE, EVEN IF IT IS CAUSED IN PART BY THE NEGLIGENCE OR OMISSION OF ANY INDEMNITEE, SO LONG AS IT IS NOT CAUSED BY THE SOLE NEGLIGENCE OR WILLFUL MISCONDUCT OF ANY INDEMNITEE. IN THE EVENT MORE THAN ONE OF THE INDEMNITORS ARE CONNECTED WITH AN ACCIDENT OR OCCURRENCE COVERED BY THIS INDEMNIFICATION, THEN EACH OF SUCH INDEMNITORS WILL BE JOINTLY AND SEVERALLY RESPONSIBLE TO THE INDEMNITEES FOR INDEMNIFICATION AND THE ULTIMATE RESPONSIBILITY AMONG SUCH INDEMNITORS FOR THE LOSS AND EXPENSE OF ANY SUCH INDEMNIFICATION WILL BE SETTLED BY SEPARATE PROCEEDINGS AND WITHOUT JEOPARDY TO ANY INDEMNITEE. THE PROVISIONS OF THIS ARTICLE WILL NOT BE CONSTRUED TO ELIMINATE OR REDUCE ANY OTHER INDEMNIFICATION OR RIGHT WHICH BELL COUNTY OR ANY OF THE INDEMNITEES HAS BY LAW.

6. INSURANCE

Company agrees to provide and to maintain the following types and amounts of insurance, for the term of this Agreement:

1. Workers' Compensation and Employers Liability coverage with limits consistent with statutory benefits outlined in the Texas Workers' Compensation Act (Sec. 401.) with minimum policy limits for employer's liability of \$500,000 bodily injury each accident, \$500,000 bodily injury by disease policy limit and \$500,000 bodily injury by disease each employee. The following endorsements must be added to the policy:

- a) A Waiver of Subrogation in favor of the Bell County, form WC 420304; and
- b) A 30-day Notice of Cancellation/Material Change in favor of the Bell County, form WC 420601.

2. Commercial General Liability Insurance with a minimum bodily injury and property damage per occurrence limit of \$1,000,000 for coverage's A (bodily injury and property damage) & B (personal and advertising injury). Coverage for products and completed operations shall also be provided with a limit of \$1,000,000. The policy must contain the following provisions:

- a) Independent Company's coverage;
- b) Bell County listed as additional insured;
- c) 30-day Notice of Cancellation in favor of Bell County; and
- d) Waiver of Transfer Right of Recovery Against Others in favor of Bell County.

3. Business Automobile Liability Insurance for all owned, non-owned and hired vehicles with a minimum combined single limit of \$1,000,000 per occurrence for bodily injury and property damage. The policy must contain the following endorsements in favor of the BELL COUNTY:

- a) Waiver of Subrogation endorsement TE 2046A;
- b) 30-day Notice of Cancellation endorsement TE 0202A; and
- c) Additional Insured endorsement TE 9901B.

Company must complete and forward a certificate of insurance to the County before the Agreement is executed as verification of coverage required in the subparagraphs above. Company may not commence work until the required insurance has been obtained and until such insurance has been reviewed by the County. Approval of insurance by the County will not relieve or decrease the liability of Company hereunder.

Company's insurance coverage is to be written by companies licensed to do business in the State of Texas at the time the policies are issued and shall be written by companies with A.M. Best Ratings of B+ VII or better.

All endorsements naming the County as additional insured, waivers and notices of Cancellation endorsements as well as the certificate of insurance must indicate:

Bell County
P.O. Box 454
Belton, Texas 76513

The "other" insurance clause will not apply to the County where the County is an additional insured shown on any policy. It is intended that policies required in the AGREEMENT, covering both the County and Company, will be considered primary coverage as applicable.

If coverage is underwritten on a claim made basis, the retroactive date shall be coincident with the date of this Agreement and the certificate of insurance shall state that the coverage is claims made and the retroactive date shall be shown. Company shall maintain coverage for the duration of this Agreement and for a two-year period following the end of this Agreement. Company will provide the County annually with a certificate of insurance as evidence of such insurance.

If insurance policies are not written for amounts specified above, Company shall carry Umbrella or Excess Liability Insurance for any differences in amounts specified. If Excess Liability Insurance is provided, it will follow the form of the primary coverage.

The County reserves the right to review the insurance requirements set forth during the effective period of this Agreement and to make reasonable adjustments to insurance coverage, limits and exclusions when deemed necessary and prudent by the County based upon changes in statutory law, court decisions, and the claims history of their industry or financial condition of the insurance company as well as the Company.

Company will not cause any insurance to be canceled nor permit any insurance to lapse during the term of the Agreement or as required in the Agreement.

Company will be responsible for premiums, deductibles, self-insured retentions, if any, stated in policies. All deductibles or self-insured retentions must be disclosed on the certificate of insurance.

The insurance coverages required under this Agreement are required minimums and are not intended to limit the responsibility or liability of the Company.

7. **PAYMENT AND PERFORMANCE**

Payment for services described in this Agreement are to be made as follows: Payment is

due timely according to the Texas Prompt Payment Act, Chapter 2251 of the Texas Government Code, or as subsequently amended.

8. **VENUE; RECOVERY OF FEES; DISPUTE RESOLUTION; CHOICE OF LAW**

Any suit or claim or cause of action regarding this Agreement will be brought in Bell County, Texas, as the choice of venue and jurisdiction and site of performance by the parties. The prevailing party in such an action may recover reasonable costs, including costs of court, attorney's fees, expert witnesses' fees, and trial consultants' fee. The parties are encouraged to enter into mediation should a dispute arise during the term of this Agreement, the costs being shared equally by the parties. The parties further agree that the law of the State of Texas will govern any interpretation of the terms of this Agreement.

9. **ETHICAL CERTIFICATION**

Company certifies that neither it nor any of its agents or employees have or will offer or accept gifts or anything of value, or enter into any business arrangement, with any employee, official, or agent of the County.

IN WITNESS WHEREOF, the parties have caused this agreement to be executed as of the date first above written:

COUNTY
Bell County _____

COMPANY
AMERICAN FIDELITY ASSURANCE CO

By: 

David Blackburn
Title: County Judge _____

By: 

Christophe Rodriguez (Jun 24, 2021 11:21 CDT)
Title: VP _____

ATTACHMENT A
American Fidelity Proposal

EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

PROPOSAL FOR
Bell County



Lela Yu
Government Markets Manager
South Central District

P: 602-418-8109

E: lela.yu@americanfidelity.com

AMERICAN FIDELITY 
a different opinion

Letter of
Transmittal

Letter of Transmittal



American Fidelity Assurance Company
9000 Cameron Parkway
Oklahoma City, OK 73114-3701

February 15, 2021

Bell County
Auditor Office
101 E. Central Avenue
Belton, TX 76513
Attn: RFP No. 07-22 Voluntary Supplemental Benefits

In a time of rising healthcare costs and tight budgets, you need a benefits partner who understands your unique needs and can provide a customized solution for you and your employees. For more than 60 years, American Fidelity has been doing just that by providing top-notch benefits administration for the public sector.

Please see the submitted proposal from American Fidelity Assurance Company in response to your request for proposal quotes for Voluntary Supplemental Benefits. American Fidelity understands the scope of the work being proposed and is committed to working with the County to perform the work in the most effective and efficient manner.

Bell County and its employees will be served by a team of our salaried account managers and HR specialists to provide the services being requested in the RFP. Lela Yu will serve as the County's primary contact throughout implementation and for year-round support. VP Authorized to contractually obligate and negotiate on behalf of American Fidelity:

Jason Pledger -VP, Marketing Operations and Business Development
Oklahoma City, OK 73114
Phone: 800-654-8489/ Email: proposal@americanfidelity.com

Manager to be contacted for Proposal clarification:
Lela Yu, Government Markets Manager
Houston, TX 77018
Phone: 602-418-8109/ Email: lela.yu@americanfidelity.com

Letter of Transmittal



We offer benefits strategies that empower you to make benefits decisions that help both your county and your employees. Our goal is to act as an extension of your human resources department by providing employee education, enrollment, year-round administration, and compliance support.

Within this proposal you will find supporting information establishing our ability to be the solution you have been looking for. The following is a quick summary of the solutions we are offering:

Employee Education and Enrollment

What sets American Fidelity apart from the competition is our dedication to providing you and your employees with a streamlined benefits enrollment experience by offering one source for employee education, group meetings, and enrollment. As your partner, we will help you implement valuable, consistent benefits education that allows each of your employees to learn about their benefit options through channels they prefer. We believe that when employees are properly educated, they will better appreciate and understand the benefits you offer, leading to higher satisfaction and retention.

Voluntary Employee Benefits

We offer a full suite of voluntary benefits that can help your employees fill the gaps in their individual coverage. These include disability income insurance, critical illness insurance, hospital indemnity insurance, accident insurance, cancer insurance, and term, whole, and universal life insurance.

Customer Service and Support

At American Fidelity, we strive to provide top-notch customer service and efficient claims processing. We are available throughout the year to assist you and your employees with any questions or needs, through our local account managers and from our headquarters in Oklahoma City, Oklahoma.

Online Enrollment Platform - AFenroll®

AFenroll® is American Fidelity's fully customizable web-based enrollment, communication, and benefits administration system that can support your entire enrollment process. AFenroll® provides year-round access to support open enrollment, new hire enrollments, and life status changes. We offer multiple options for enrolling your employees – all through AFenroll®. This includes the option for in-person enrollments, online self-enrollments, call center enrollments, virtual enrollments, or a hybrid approach that may encompass several of these features. This ensures your employees can enroll in the benefits they want, how they want, while decreasing your administration workload.

Questions relating to any aspect of this proposal should be directed to Lela Yu by phone at 602-418-8109 or by email at lela.yu@americanfidelity.com.

Authorized Official Signature

Jason Pledger VP, Marketing Operations & Business Development

Authorized Official Name and Title

Proposal Pricing

- Proposal Form

PROPOSAL FORM

Provide monthly premium for all proposed plans and options based on the data specified below. Attach full premium plans.

Individual Base Benefits and Premium
 Age: 45.6
 Average Salary: \$3,749.84/month
 Worksite Product

Item #	Description	Est Qty	UOM	Unit Price	Extended Price (Est Qty x Unit Price)
1	Short Term Disability Insurance	23	Month	\$ 51.48	\$ 1,184.04 - 14/180
2	Accident Insurance	23	Month	\$ 19.90	\$ 457.70
3	Cancer Insurance	23	Month	\$ 16.70	\$ 384.10
4	Critical Illness Insurance	23	Month	\$ 10.24	\$ 235.52 - \$10K Non-Smoker
5	Hospital Confinement Insurance	23	Month	\$ 16.12	\$ 370.76 - Basic Plan
6	Life Insurance (Term/Whole/Universal)	23	Month	\$ 13.25/19.80/13.83	\$ 304.75/455.40/318.09
7	Sickness Insurance	23	Month	\$ 5.00	\$ 115.00 - Infectious Disease Rider
TOTAL PROPOSED PRICE (SUM OF EXTENDED PRICING OF ITEMS 1-7)					\$ 3,825.36

Commission rate paid to Agent: _____ (included in premium).

Please state your Company's ability to offer a Flexible Spending Account (FSA) and/or a Dependent Care Account (DCA) and notate any fees associated with them.

FSA: Yes No Fees, if any: \$ 0.00 _____ per _____.

DCA: Yes No Fees, if any: \$ 0.00 _____ per _____.

We are currently in a three (3) year agreement for these services. However, we would be interested in adding these once the agreement has expired. Current contract expires October 31, 2023.

Full Legal Name of Company	American Fidelity Assurance Company
Address	9000 Cameron Parkway
County, State, Zip	Oklahoma City, OK 73114-3701
Phone Number	800-654-8489
Fax Number	405-523-5963
After Hours Phone or Cell Phone Number	405-212-2451
Email Address	proposal@americanfidelity.com
Tax Identification Number	73-0714500
Signature of Authorized Agent	
Printed Name of Authorized Agent	Jason Pledger
Title	VP, Marketing Operations
Date	2/15/2021

DO NOT SIGN OR SUBMIT WITHOUT READING ENTIRE DOCUMENT
THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH PROPOSAL

COOPERATIVE PURCHASES: Will proposer permit other government entities to purchase additional services at submitted proposal prices listed in this contract, if awarded, under the same terms and conditions?

YES NO

Information pertaining to cooperative purchases is found in the Texas Government Code Title 7 Intergovernmental Relations, Chapter 791, Interlocal Cooperative Contracts.

***PLEASE ATTACH A COPY OF YOUR W-9 FORM FILLED OUT (Form is also included, as appendix A)**

Fillable W-9 Forms are available online at: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Remit to address (if different from above):

Address #1: _____
Address #2: _____
City/State/Zip: _____
Phone#: _____
Fax Number: _____
Contact Person: _____

PAYMENT TERMS: Specify other payment options:

- Check box if you offer a prompt payment discount: % _____. Specify terms: _____
- Check box if you accept American Express for payment (County Procurement Card or P-Card).
- Check here if the prompt payment discount applies to the procurement Card Payment.

Products/ Services

- Questionnaire
- Sample Enrollment Guide

Describe your methodology for providing the required products and services as outlined herein. Specifically indicate:

1. Your enrollment processes.

What sets American Fidelity apart from the competition is our dedication to providing you and your employees with a streamlined benefits enrollment experience by offering one source for employee education, group meetings, and enrollment. As your partner, we will help you implement valuable, consistent benefits education that allows each of your employees to learn about their benefit options through channels they prefer. We believe that when employees are properly educated, they will better appreciate and understand the benefits you offer, leading to higher satisfaction and retention.

2. Your claims process, including the average length of time to settle a claim.

We want to make it simple for our customers to file a claim, so we offer a variety of options. A customer may file a claim online using our secured Online Service Center or through our mobile app, AFmobile®. Additionally, a customer may submit a claim via mail or fax to our home office in Oklahoma City. For a complete video on claim filing instructions, visit <http://americanfidelity.com/fileaclaim>.

We begin processing a claim once we receive the request with a completed and accurate claim form. We process and pay claims daily, and all eligible claims are processed within an average of five business days. The claim is considered paid once the reimbursement is mailed to the participant's home address or directly deposited into their bank account, depending upon their preference.

3. Your process to ensure successful implementation and on-going account management.

We pride ourselves on our consultative and fully managed implementations that ensure that our customers' programs begin on the "go live" date. We make the implementation process as easy as possible for our customers.

We will designate an implementation team to support the account manager and the County throughout implementation. The team consists of an implementation expert and select members of our IT staff. They will make sure that required documentation is completed; all historical and future file feed specifications within the database are tested and loaded without delay; and training is managed efficiently. A sample Enrollment Kit is included with this proposal submission to visualize the transition.

Bell County will be served year-round by our local account management team in Texas. This includes Lela Yu, Lead Account Executive and John Hammonds, Texas Sales Manager. Additionally, your county will be supported by our customer service department and department specialists located at our headquarters in Oklahoma City, OK.

4. Your online resources.

American Fidelity will provide employers with our Online Service Center. This tool provides employers with convenient, secure 24/7 access to view and manage their AFA accounts. This secure platform offers the convenience of online reconciliation, payroll upload for American Fidelity to reconcile for you, plus choice of payment mode and date.

These services include:

Employer Administration

- Real time electronic reporting and account history
- Electronic correspondence to employer groups, including VIP notifications of any Affordable Care Act or other legislative updates that would be of interest to the employer
- Look up existing coverage for employees
- Update employee information

Employee Administration

- File a claim
- View claim status
- View current benefit elections
- Update contact information
- Sign up for direct deposit

American Fidelity's website, www.americanfidelity.com, offers participants with secured account access and educational resources. Employees also have the ability to manage their account through our mobile app, AFmobile®. From the app, participants may update their contact information, sign up for direct deposit, and snap pictures of receipts to easily substantiate debit card claims, and submit requests for reimbursement.

5. Outline your guaranteed issue and/or underwriting restrictions for tenured employees who have had continuous coverage through our current vendor, as well as for new hires.

Coverage for insureds not actively at work on the policy is Disability, Group CI (with Infectious Disease Rider) and Group HI are guaranteed issue at initial enrollment and subsequent annual enrollments.

- Takeover credit for coverage with a prior carrier is available upon request and approval.
- If approved for the group, the pre-existing condition limitation will be waived for insureds who replace the prior carrier's plan with American Fidelity as of the new plan effective date.
- Coverage for Insureds not actively at work on the policy effective date will begin upon return to active work, and the pre-existing condition limitation will be waived.
- All new issue coverage or increase in benefit amount is subject to a Pre-Existing Limitation.
- Applications for existing insureds to move to a shorter elimination period or a longer benefit period will be subject to a new pre-existing condition limitation.

6. Outline any elimination period for all products that you are proposing.

Short Term Disability - Choice of 7 or 14 days

Long Term Disability - Choice of 7, 14, 30, 60, 90 & 180 days

Critical Illness - The policies are effective on the first of the month following 30 days from the date the application is signed.

Hospital Indemnity - The policies are effective on the first of the month following 30 days from the date the application is signed.

Accident - Wellness Benefit - Requires a 30 day waiting period before use. One Annual Routine Physical Exam per policy per calendar year.

Cancer - The policy contains a 30-day waiting period during which no benefits will be paid under the policy. If any person is diagnosed during the 30-day period following the effective date, coverage will apply only to loss that is incurred one year after the effective date.

a. Will there be any exceptions to these elimination periods for tenured employees that we can provide documentation of existing coverage that will satisfy the standard elimination period?

Short Term Disability - Pre-Existing Limitation of 12 months of continuous coverage and 12 months look back period.

Long Term Disability - Pre-Existing Condition Period 12 month look back/12 months treatment free/12 months continuous coverage

Critical Illness - Pre-Existing Limitation of 12 months of continuous coverage and 12 months look back period.

Hospital Indemnity - Pre-Existing Limitation of 12 months of continuous coverage and 12 months look back period. Pregnancy Limitation: For the Pregnancy Limitation Period, 10 months, the Company will not pay benefits due to any Covered Person giving birth as a result of a normal pregnancy, including cesarean section.

Cancer - -- If the AFA Cancer policy replaces Cancer coverage from another company that terminates within 30 days of the effective date, the 30-day waiting period will be waived for those persons covered under the prior coverage. However, the pre-existing condition limitation will still apply. A Pre-Existing Condition is a Cancer or dread disease for which, within 12 months prior to the effective date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession; or which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice, or treatment.

Accident - -- If the AFA Accident policy replaces Accident coverage from another company that terminates within 30 days of the effective date, the Wellness waiting period will be waived.

7. Detail any and all exclusions of coverage for all products that you are proposing.

All exclusion are included within our product brochures at the end of Tab D.

8. Your ability to meet any and all of the items outlined in Plan Administration and Plan Communication.

A. Provide the County with appropriate printed and electronic enrollment and benefit maintenance materials, portal, customer service representatives, claims forms, filing forms, and filing instructions. Enrollment materials will include all benefits offered by Bell County, including medical and dental plans that are not a part of this RFP. Bell County and/or their selected vendor(s) for medical and dental plans will provide the enrollment and maintenance materials for those plans.

Confirmed. We offer a variety of complimentary communication methods, to help ensure all employees have a full understanding of the upcoming enrollment and benefit opportunities including medical and dental plans.

Communication opportunities include:

- Custom Employer Benefit Website, co-branded with the employer name and logo. Includes information on all benefits provided by the employer with detailed descriptions, videos, calculators, worksheets, and more. You can view a sample site at americanfidelity.com/ABCemployer.
- Online Appointment Scheduler, to assist employees with scheduling a personal benefit review with their American Fidelity account manager, before determining and finalizing elections.
- Complimentary printed materials, including flyers, posters, flex receipt envelopes, and detailed brochures. These materials may also be co-branded with your logo. Samples can be found in the sample enrollment guide included in Tab C.
- HTML emails for employer distribution with links to videos, calculators, and more.

American Fidelity will include all employees when distributing communication materials on the upcoming plan enrollment. We can sort and deliver to individual site locations for distribution. It is our goal to make sure every employee holds a full understanding of the benefit program.

American Fidelity's website, americanfidelity.com, offers assistance to your employees both on our public site and through our secured site access. Our public site offers FAQs, lists of reimbursable expenses, contact information, and claim forms. Employees can also create a secured account through our Online Service Center, which will allow them to submit FSA and insurance claims, upload Health FSA Card receipts required for substantiation, view claim activity, plan balances, and claim submission, plus view and print insurance policies or certificates. Employees may also choose to use our Mobile app to access many of these features.

B. Provide an annual supply of benefit brochures/pamphlets, which must be approved by the County contract administrator and must be completed at least 30-days prior to scheduled open enrollment events.

Confirmed. These are provided at no additional cost to the County.

C. Drafting and printing of material for benefit enrollment and election will be performed at the Contractor's expense.

Confirmed. These are provided at no additional cost to the County

D. Provide online resources, including online benefit election and enrollment portal for use during open enrollment and ongoing.

Confirmed. AFenroll® is American Fidelity's fully customizable web-based enrollment, communication, and benefits administration system that can support your entire enrollment process. AFenroll® provides year-round access to support open enrollment, new hire enrollments, and life status changes. We offer multiple options for enrolling your employees – all through AFenroll®. This includes the option for in-person enrollments, online self-enrollments, call center enrollments, virtual enrollments, or a hybrid approach that may encompass several of these features. This ensures your employees can enroll in the benefits they want, how they want, while decreasing your administration workload.

E. Maintain all historical records.

Confirmed. American Fidelity will maintain historical records.

F. Provide billing system implementation and maintenance, preferably with the option of exporting to a MS Excel form and/or pdf.

Confirmed. Our secure online system allows you to manage your entire benefits program and manage your bill in one place. Employers can:

- Review or terminate employees from their plan.
- Update contact information.
- Download sick pay reports.
- Create and manage employer account logins.
- Access employee election forms.
- Upload census data.
- Download reports.

American Fidelity provides multiple ways to meet the billing needs of our customers. Let us help you determine what option is best for you.

- **Hands-Free Bill Reconciliation**
Provide American Fidelity with a report of your premium deductions and we'll handle the reconciliation for you.
- **Employer Bill Reconciliation**
American Fidelity provides an itemized bill listing the premium due for each employee's coverage.

G. Electronic transfer and/or feed to both Bell County payroll as well as selected vendors for benefit election information.

Confirmed. American Fidelity has over 20 years of experience in electronic online enrollment services including annual new hire and year-round enrollments. An implementation team consisting of an Enrollment Analyst, Enrollment Coordinator, and EDI Data Analyst are assigned to each customer. The process begins with working with our customers to gather all requirements and details needed to begin the enrollment design and implementation process. This includes detailing what Carriers products and plans will be offered, contacts, timelines, payroll and carrier data requirements, data test and production file deadlines, data transfer preferences (SFTP, PGP + FTP, Secure Email). Customer and carrier feedback are solicited and implemented during their testing of the enrollment, products, and data. The Enrollment System also offers Administrative features for the customer to monitor enrollment progress and view or update details pertaining to their employees. The enrollment coordinator provides administration site training to the customer and our team is available to assist in their needs.

H. Provide Bell County with a signed benefit election form for each employee at completion of open enrollment and/or upon any benefit election changes due to qualifying event(s).

Confirmed. AFenroll® includes a Forms tabs that holds any forms signed by the employee or enroller as part of enrollment sessions. The platform also provides confirmation election forms . A comprehensive list of all benefits your employees have elected for the upcoming plan year.

I. Provide Bell County with an all-inclusive Summary Plan Description for all benefit plans.

Confirmed. American Fidelity will provide all-inclusive Summary Plan will all the benefits and services we are offering.

J. Outline what plans offered are pre- and post-tax products.

Accident – Our Accident Plan qualifies for Section 125.

Cancer – Our base Cancer Policies qualify for Section 125. The Hospital Intensive Care Unit Rider also qualifies for Section 125. We recommend that the Critical Illness Rider premium is deducted after tax.

Critical Illness – Employer has the option of pre-tax or post-tax

Hospital Indemnity – Employer has the option of pre-tax or post-tax

Disability – Employer has the option of pre-tax or post-tax.

Life – Employer has the option of pre-tax or post-tax.

PLAN COMMUNICATION:

A. Pre-enrollment Materials: Pre-announcement materials must be developed and supplied to the County by the Contractor in advance of the enrollment.

Confirmed. Manager/Department Head Meetings will be scheduled as the beginning phase of the enrollment process. Prior to enrollment, we'll meet with managers and department heads to discuss our partnership as well as goals for your benefits program. This is when a custom communications plan will be discussed.

B. Enrollment Materials: All materials necessary to effectively enroll employees will be prepared by the Contractor. Materials must be prepared and supplied to Bell County no later than 30-days prior to the commencement of enrollment.

Confirmed. American Fidelity will include all employees when distributing communication materials on the upcoming plan enrollment. We can sort and deliver to individual site locations for distribution. It is our goal to make sure every employee holds a full understanding of the benefit program.

C. Enrollment: Procedures and options for actual enrollment will be disclosed to the awarded vendor.

a. If an option of a call center is offered, ensure that recordings are available for enrollment and/or election verification.

Confirmed. Call Center Enrollment - Employees can call our 1-800 number to discuss their benefits options with an experienced representative as well as complete their benefits enrollment.

9. Any additional products/services that can be provided and cost related to each.

- Section 125 Plan Administration
- Flexible Spending Account (FSA) Administration
- Health Savings Account (HSA) Administration
- Dependent Verification Reviews
- New Hire Benefit Onboarding
- Retirement Readiness Seminars
- Health Insurance Education Meetings
- VIP notifications regarding legislative and/or IRS compliance changes or updates

These services are provided at no additional cost to the County.

Enrollment Guide

Welcome

Thank you for choosing American Fidelity. We know how hectic managing your employee benefits plan can be. This guide was developed to assist with your benefits administration.

Inside, you'll find the resources you need to make your benefits administration and enrollment experience as simple as possible. This guide will also act as your implementation roadmap, which will give you an idea of what to expect, as well as the steps involved in conducting a successful enrollment.

Your American Fidelity representative will work with you throughout the process to ensure it's both easy and stress-free.

If you have questions, please contact your American Fidelity representative.

Let's get started!

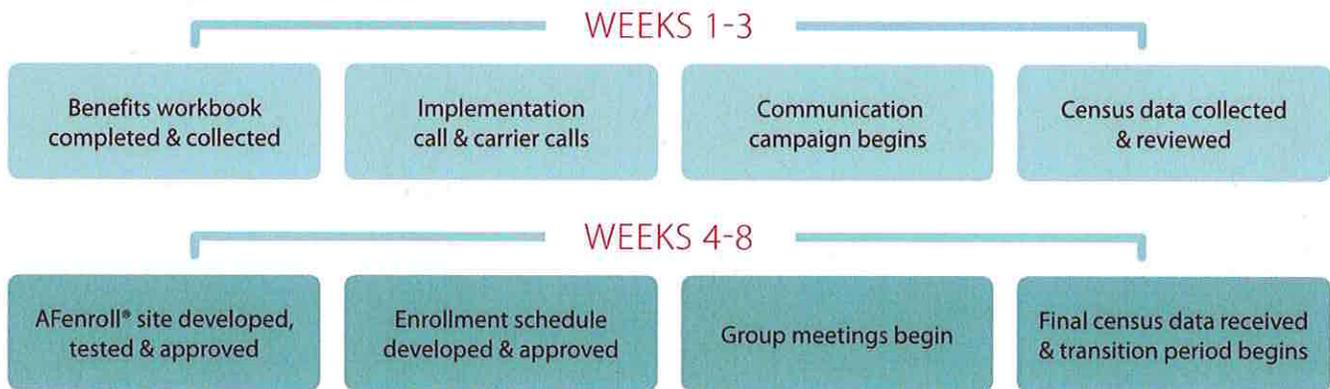
The following steps can help you offer an enrollment that best fits the needs of your organization.

- *Planning*
- *Communication*
- *Data*
- *Support*

AMERICAN FIDELITY 
a different opinion

Enrollment Timeline

Pre-enrollment



Transition Period: Any coverage changes after census data received must be communicated to carriers AND manually added to AFenroll once site is live.

Enrollment



Transition Period continues and all early effective dates must be communicated to carriers and manually added to AFenroll.

Post Enrollment



Blackout Period: No changes in AFenroll can be made while American Fidelity prepares all carrier data. Any coverage changes during this time must be entered after period ends.



The Enrollment Process

We'll work with key decision makers to help you administer a seamless enrollment.

Manager/Department Head Meeting

Prior to enrollment, we'll meet with managers and department heads to discuss our partnership as well as goals for your benefits program. We will also:

- Confirm the timeframe of the enrollment, including scheduling at each location
- Provide details about the enrollment process (group meetings, working conditions, setting appointments)
- Obtain contact information

Group Meetings

Group meetings save you and your employees time by providing education on benefits options in a group setting. We will review all available benefits and answer any questions your employees may have. This also gives employees time to talk with their family about their needs before making their final choices.

Here are some things to consider when hosting a group meeting:

- Provide a room large enough to accommodate the number of employees
- Allow sufficient time for meetings

Enrollment

American Fidelity will visit each site and offer individual benefit reviews. During enrollment, employees sign an election form to record their benefits choices. This also serves as salary reduction documentation for your payroll department.

Enrolling may involve employees sharing personal and private information. Therefore, it's important to prepare a secure, comfortable location for them to enroll. Consider these features when choosing your enrollment space:

- Confidential location to share Protected Health Information (PHI) and Personally Identifiable Information (PII)
- Easily accessible for employees
- Room to set up brochures and other materials
- Space for one-on-one consultations
- Internet connectivity to use the web-based AFenroll® platform

Make-Up Enrollment Days

Whether on vacation or sick leave, there will be employees who are unable to attend enrollment. To ensure everyone has an opportunity to enroll, we'll schedule a limited number of make-up enrollment days.

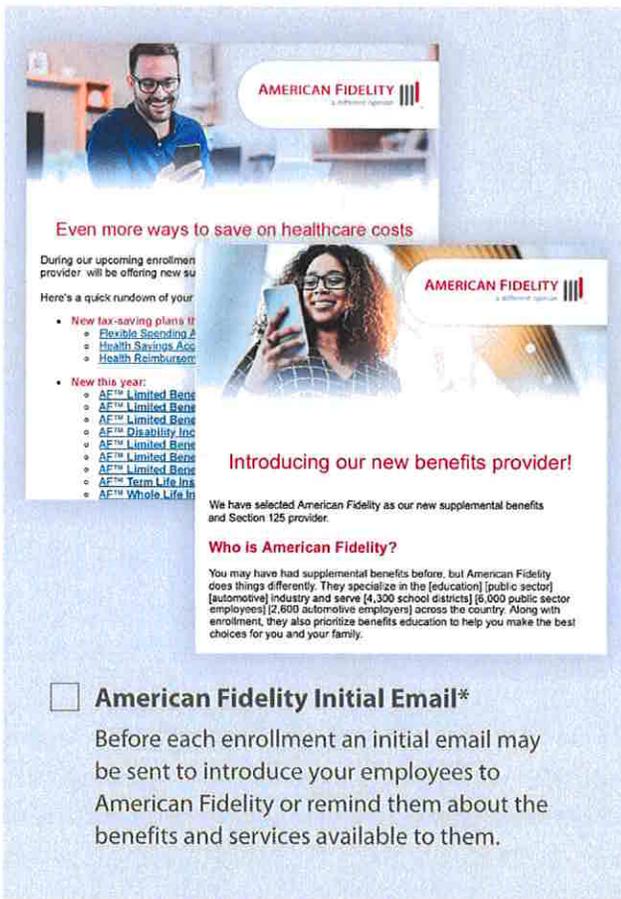
Communication and Education

Building your custom communications plan.

Communicating with your employees before enrollment helps prepare them to make their selections. Our pre-enrollment tools explain the benefits and services available and share important information about the enrollment.

We'll review the available options below and develop a comprehensive communications plan for your enrollment.

Available options:



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a Fidelity Company

Even more ways to save on healthcare costs

During our upcoming enrollment provider, we'll be offering new savings. Here's a quick rundown of your options:

- **New tax-saving plans that include:**
 - Flexible Spending Plan
 - Health Savings Account
 - Health Reimbursement
- **New this year:**
 - AETM Limited Benefit
 - AETM Limited Benefit
 - AETM Limited Benefit
 - AETM Disability Inc
 - AETM Limited Benefit
 - AETM Limited Benefit
 - AETM Limited Benefit
 - AETM Term Life Ins
 - AETM Whole Life Ins

Introducing our new benefits provider!

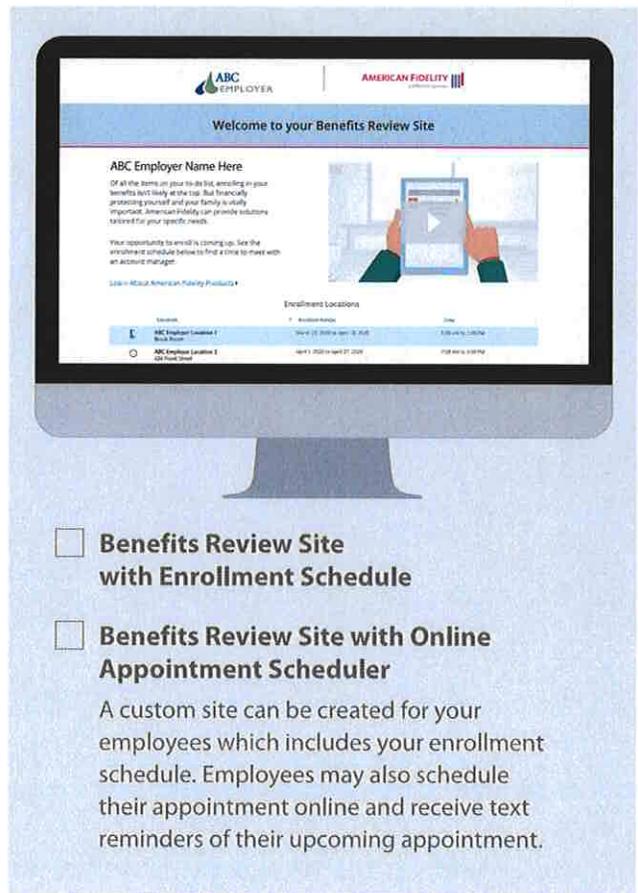
We have selected American Fidelity as our new supplemental benefits and Section 125 provider.

Who is American Fidelity?

You may have had supplemental benefits before, but American Fidelity does things differently. They specialize in the [education] [public sector] [automotive] industry and serve [4,300 school districts] [6,000 public sector employees] [2,600 automotive employers] across the country. Along with enrollment, they also prioritize benefits education to help you make the best choices for you and your family.

American Fidelity Initial Email*

Before each enrollment an initial email may be sent to introduce your employees to American Fidelity or remind them about the benefits and services available to them.



ABC EMPLOYER | **AMERICAN FIDELITY**

Welcome to your Benefits Review Site

ABC Employer Name Here

Of all the items on your to-do list, enrolling in your benefits is probably at the top. But financially protecting yourself and your family is really important. American Fidelity can provide solutions tailored for your specific needs.

Your opportunity to enroll is coming up. See the enrollment schedule below to find a time to meet with an Account Manager.

See More About American Fidelity Products

Enrollment Locations

Location	Enrollment Dates	Time
ABC Employer Location 1 Work Room	Start: 12:00 PM April 15, 2018	1:00 PM - 2:00 PM
ABC Employer Location 2 HR Room	Start: 12:00 PM April 17, 2018	1:00 PM - 2:00 PM

Benefits Review Site with Enrollment Schedule

Benefits Review Site with Online Appointment Scheduler

A custom site can be created for your employees which includes your enrollment schedule. Employees may also schedule their appointment online and receive text reminders of their upcoming appointment.

Custom Benefits Video

A custom video can be created for your employees to help them understand the benefits and services available during enrollment. You may use this video during a group meeting, on your intranet site, or through other communications. Point your smart phone camera at the QR code to view an example video or visit americanfidelity.com/sample-video



*These communication methods are created for you. You can send to your employees.
Note: Not all marketing materials shown are appropriate for each enrollment. Discuss your options with your account manager.

Intranet Content*

Sample Communications*

We can provide intranet and sample email communications that you may share with your employees.

We have partnered with American Fidelity Assurance Company to provide supplemental insurance benefits and reimbursement accounts. Learn more about their products by clicking the links below:

- Disability Insurance
- Cancer Insurance
- Accident Only Insurance
- Critical Illness Insurance
- Hospital GMP Plan Insurance
- Hospital Indemnity Insurance
- Life Insurance
- Flexible Spending Accounts
- Health Reimbursement Arrangements
- Retirement Savings Plans

Customer Support Information:

- [Customer Support](#)
- [How to File a Claim](#)
- [Online Account Login](#)

Learn more about your available benefits here: americanfidelity.com/abc

Account Contacts:
 Jessica Jones
 Account Manager
jessica.jones@americanfidelity.com

Sample Letter to Employees

To: All Employees
 From: District Representative
 Subject: IMPORTANT UPDATES – Benefits Open Enrollment

It's time for our annual health insurance and supplemental benefits open enrollment. Our goal is to provide employees with excellent, affordable health and welfare benefits that are designed to meet ever-changing needs.

We are transitioning our enrollment process to a new online platform in partnership with American Fidelity. This complete benefits platform will allow you to enroll in all coverage options, and supplemental – through one system. This will streamline our enrollment and provide you with valuable information as you make your benefit elections for the coming year.

It is important that all employees meet with an American Fidelity representative, regardless of whether you have health benefits through Edmond Public Schools. The representative will help you walk through this new system step by step. Employees who waive district benefits will need to complete a new waiver form and provide proof of other coverage.

Enrollment Schedule & Appointment Details

Your individual appointment with American Fidelity may range between 30-45 minutes depending on information discussed and any questions you may have. American Fidelity will work with our human resources department to provide adequate substitute teacher coverage for each school site.

ICYABC Employer's Time to Enroll

Enrollment Location: 1115 S. Main Street, Suite 100, Edmond, OK 73116

Participating ABC Employer: [List of employers]

Available Products and Services:

- Accident Only Insurance
- Cancer Insurance
- Disability Income Insurance
- Hospital Indemnity Insurance
- Life Insurance
- Flexible Spending Accounts
- Health Reimbursement Arrangements

ABC EMPLOYER | AMERICAN FIDELITY

Take Time to Review Your Benefits

Schedule your enrollment with the QR code below:

ABC EMPLOYER | AMERICAN FIDELITY

It's Time to Enroll!

ABC Employer Benefits Enrollment
 November 11th - November 22nd
 1st Floor Breakroom

Available Benefits Include:

- AF™ Disability Income Insurance
- AF™ Life Insurance
- AF™ Limited Benefit Accident Only Insurance
- AF™ Limited Benefit Group Cancer Insurance
- AF™ Term Life Insurance
- AF™ Whole Life Insurance

Schedule your enrollment by calling 555-123-4567.

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Time to Enroll Email*

Our Time to Enroll email can be sent with content specific to your enrollment, and we can customize flyers, posters, and postcards to help ensure your employees understand their benefits and know when it's time to enroll.

Time to Enroll Flyer/Posters

Are you prepared for the costs that may come with aging?

Learn more at americanfidelity.com/abc

Schedule your enrollment by calling 555-123-4567

ABC EMPLOYER | AMERICAN FIDELITY

Are you helping to protect your paycheck?

Disability is the leading cause of personal bankruptcy.

NO HEALTH QUESTIONS ASKED during this enrollment.

Learn more at americanfidelity.com/abc

Schedule your enrollment with the QR code below:

ABC EMPLOYER | AMERICAN FIDELITY

Avoid the Fall Rush
 Avoid your benefits today!

AMERICAN FIDELITY

It's Time to Enroll in your Benefits!

AMERICAN FIDELITY

Benefits and Services Flyers

Postcards

*These communication methods are created for you. You can send to your employees.

Note: Not all marketing materials shown are appropriate for each enrollment. Discuss your options with your account manager.

Data Requirements

Benefits Workbook

The Benefits Workbook assists American Fidelity in setting up your enrollment. You'll receive an Excel file to populate necessary information that we'll help you complete. Below is the information you'll need:

- **Group & Carrier Contact Info**
 - Names, Numbers, Titles, and Emails
- **All Non-American Fidelity Benefits**
 - Which, if any, will be enrolled by American Fidelity
- **Eligibility Requirements**
 - Grandfathered Plans
 - Cash-in-Lieu Plans
 - Job Classes
 - Dual Employees
 - Domestic Partners
 - Waiting Periods
- **Payroll Calendar**
- **Core Benefits**
 - Plan Options
 - Rate Structures
 - FTE Rating
 - Employer Contributions
 - Rounding Rules

Implementation Call

American Fidelity will arrange a call with you to finalize the Benefits Workbook and ensure your enrollment setup is accurate and tailored to your needs.

Carrier Communication Plan

It is important for you, American Fidelity, and your other employee benefit plan carriers and administrators to have a shared understanding about the data American Fidelity will need to properly set up the AFenroll platform. Your support will help those communications go as smoothly as possible. The three steps of the process are as follows:

1. Send Carrier Email

First, send an authorized email, provided by American Fidelity, to each of your employee benefit plan carriers and administrators whose plans will be enrolled on AFenroll. Please send the email prior to conference call(s) held between you, American Fidelity, and the respective carriers and administrators.

2. Carrier Call(s)

After sending the email, we will have a conference call with you and each carrier/administrator to establish roles and what we need to complete your enrollment.

3. Confirmation

Last, all parties need to confirm the agreed upon timelines and next steps.

Year-Round Data Pull

American Fidelity will work with your other benefit carriers to update your data throughout the year. This eliminates the need for you to provide us with accurate data before enrollment each year and alleviates some of your workload.

Census and Benefits File

Pre-loading data in the enrollment system provides a more efficient enrollment experience. The more data you're able to provide, the more comprehensive your platform setup will be. Below is a list of required data points we request in an Excel file for easy upload to AFenroll.

Census Information

- Social Security Number (SSN)
- Employee ID
- Full Name
- Suffix*
- Gender
- Date of Birth
- Full Address
- Date of Hire
- Location
- Payroll Frequency
- Annual Salary
- Title*
- Department
- Job Class
- Deduction Frequency
- FTE (Full-Time Equivalent)
- Number of Hours Worked
- Email Address
- Phone*
- Marital Status*
- Country of Citizenship*

Coverage Information

- Employee SSN
- Company*
- Plan Name
- Deduction Frequency
- Tax Status (B, A, ER)
- Employer Cost per Pay
- Employee Cost per Pay
- Insurance Product/Coverage
- Effective Date
- Coverage Tier
- Benefit Amount

Spouse/Dependent Information

- Employee SSN
- Dependent SSN
- Dependent Full Name
- Dependent Date of Birth
- Dependent Gender
- Dependent Relationship to Employee
- Full Address
- Disabled (Yes or No)
- Student (Yes or No)

*Optional data.

Following your enrollment, we want to make sure you have the support you need to administer your benefits program.

1. Payroll Report Review

We will provide you with a custom payroll file and/or a detailed deduction file.

2. Online Account Follow-up

We will set up a call introducing you to your online account.

- System Navigation
- Available Tools and Resources
- Premium Deduction File Upload
- Employee Termination
- Employee Demographics Updates
- Billing and Payment Options
- First Bill Walk-Through

3. New Hire Procedures

We'll detail how new hires will enroll throughout the year.

4. Post Enrollment Review

We will meet to discuss if enrollment expectations were met.

- Review Enrollment Participation Data
- Pre-Plan for Next Year's Open Enrollment

5. Year-Round Support



Billing Support

For billing assistance, please contact your dedicated American Fidelity billing specialist or visit americanfidelity.com/billing



Point your smartphone camera at the QR code and open the link that appears.

Mailing Addresses

If submitting your payment by check, it is important to mail it to the correct mailing address.

PRODUCT BILLING

American Fidelity

ATTN: Insurance Product Billing
PO Box 268805
Oklahoma City, OK 73126-8805

FLEXIBLE SPENDING ACCOUNTS

American Fidelity

ATTN: Reimbursement Account Billing
PO Box 219309
Kansas City, MO 64121-9309

HEALTH SAVINGS ACCOUNTS

American Fidelity

ATTN: Health Savings Account Administration
PO Box 258886
Oklahoma City, OK 73125



American Fidelity
Assurance Company
americanfidelity.com

Experience/ Qualifications

- Questionnaire
- Texas Certificate of Authority
- Sample product bill and reimbursement account bill
- Product Brochures for Voluntary Products
- Appendix I - References

1. Summarize the experience of your company in providing coverages as described herein.

The public sector faces unique challenges that can make it difficult to manage an employee benefits program. Whether it's dealing with tight budgets or departments that are stretched too thin, you need a benefits partner who understands your unique needs and can provide a customized benefits solution.

American Fidelity has 30 years of experience serving public sector employers. Our goal is to remove the burden of benefits administration on your staff and be the single resource for your entire benefits program.

We Have the Expertise



30 Years Serving
the Public Sector



5,100+ Public Sector
Employers Served



39 Public Sector
Association Relationships



Benefits Strategy

American Fidelity works with you to develop a benefits strategy to help you retain employees, save money, and free up your time so you can focus on what's important to you. We'll help you with the following:

- **Customize** employee benefits based on your major medical plan, sick leave policy, and pay modes.
- Create a **benefits communication and education strategy** to ensure your employees understand the benefits being offered to them prior to enrollment.
- **Enrollment and administration** support, including in-person enrollments with employees.
- **HR assistance** to help relieve the burden of benefits administration.
- **Compliance support** to help you stay on top of changes in the law that could affect your plan.

It's my duty to find the best sources of insurance for the city and our employees. To have American Fidelity as an option is a great tool because I can get the best cost and the best coverage for our employees.

*Mayor Chuck Fewell
City of Greenfield, IN*



Communication and Education

American Fidelity utilizes salaried account managers that are highly trained to be your strategic partner and help you achieve your benefits goals year after year.

Our account management team will provide the following resources:

- Group Meetings
- One-on-One Reviews
- Pre-Enrollment Materials
- Educational Videos



American Fidelity's salaried benefit representatives took the time to meet with every employee and review their personalized options for benefits in an environment that was free from pressure and intensity. The representatives' professionalism and organization made what is typically a challenging experience for our Human Resources Department an easy one.

*Rosalia Gonzalez, Personnel Director
City of Vineland, NJ*



Enrollment Support

The way employees enroll in their benefits can have a strong effect on benefits participation. Participation means your employees are adequately covered, but it also leads to valuable tax savings.

We offer multiple enrollment options, all paired with our web-based enrollment software, AFenroll®. Our platform can streamline the enrollment and administration for your entire benefits program.



Benefits Compliance

From Section 125 Plan regulations to the Patient Protection and Affordable Care Act (ACA), staying compliant with employee benefits laws is a constantly-moving target. And with serious penalties on the line, why should you handle that responsibility alone?

- Section 125 Plan Administration
- ACA Reporting
- Nondiscrimination Testing

2. Submit proof of A.M. Best rating as an A or A+ rated company for the past three (3) years at a minimum.

When you partner with American Fidelity, you can be assured we have the financial strength to be there when you need us most. Since 1982, we have been rated "A+" (Superior)¹ by A.M. Best Company, one of the nation's leading insurance company rating services.

A.M. Best bases its ratings on an analysis of the financial condition and operating performance of insurance companies in such vital areas as: Competency of Underwriting, Control of Expenses, Adequacy of Reserves, Soundness of Investments, and Capital Sufficiency.



3. Include documentation reflecting your company's capability in providing insurance products to the marketplace for the past five (5) years.

American Fidelity has helped over 5,100 public sector employers streamline their benefits administration through one provider. We can reduce your administrative burden by administering employee benefits and cost-saving solutions from a single source. With 30 years of experience serving public sector employers, we're able to easily apply our industry knowledge to your organization. We also have partnerships with 39 Public Sector Associations,

4. Provide certification as being qualified and licensed to provide services in the State of Texas.

American Fidelity has been licensed to do business in the State of Texas since 1961. We currently partner with 242 public sector groups in the State of Texas. A copy of our Texas Certificate of Authority is included in Tab D.

5. Provide copies of Master Contracts, or a copy of individual policies and a copy of the billing invoice, whether self-billed or home office billed.

We want to make the enrollment and billing process as easy for you as possible. American Fidelity provides bill reconciliation each month. We only ask that you provide monthly documentation needed to reconcile. Copies of product brochures are included in Tab D along with a sample billing invoice. We have included individual brochures that can be used for a resource on benefits offered under the policies.

6. Include in your proposal if your company would be willing to guarantee rates, charges, or premiums for a longer period, and if so, the basis on which such guarantees will be provided.

American Fidelity has a standard 2 year rate guarantee but can review and agree to additional years.

7. Identity your proposed account/service representative/team. Include names, qualifications, and resume of all professional personnel who will be assigned to the account. State the primary work assigned to each person and the percentage of time each person will devote to this work. Identify key persons by name and title. Include your service promise or guarantee, if any, that will help develop a level of service expectations when dealing with and/or resolving customer and/or employee issues.

Lela Yu serves as the Government Markets Manager for Texas. She has served over 15 years at American Fidelity and 20 years in the employee benefits field. She currently is tasked with developing new employer relationships and maintaining current relationships with valuable partners in the state of Texas. Lela lives in Houston, TX and travels to Bell County frequently. She will be dedicated to Bell County 100%.

John Hammonds John serves as the South Central District Manager over the state of Texas, and has more than 23 years of experience working closely with Texas employers in helping them develop their benefit programs and educate their employees on all the benefit options available to them. He leads a staff of seven salaried, career Account Managers and is available to assist in addition to the Account Manager assigned to the account. He is domiciled in the Dallas Forth Worth Metropolitan Area but comes to Bell County at least twice a month for client visits and other various meetings.

Mark Padron has had over 18 years of experience as a Senior Account Executive with American Fidelity in the Austin Metropolitan Area. He currently services and manages some of our largest and key accounts in Texas. Our clients love him because of his responsiveness to both the employer and the employees, and his willingness to go above and beyond to help ensure a successful enrollment. He lives in the Austin Metropolitan area and is available to be there in person or via phone/email. He is a graduate of the University of Texas.

8. Include a list of all litigation the company or its principals have been involved in within the last five (5) years.

American Fidelity has no past or pending litigation, complaints, or administrative actions that would impair our ability to provide the services we are proposing to the County.

9. Identify if your company has had any contracts terminated due to nonperformance over the last five (5) years.

American Fidelity has not had any contracts terminated due to non-performance over the last five years.

10. Identify adverse actions sanctioned by any regulatory authorities over the last five (5) years.

There have been no adverse actions by any regulatory authority that would impact the ability of American Fidelity to perform under the agreement.

11. Provide a list of at least four (4) references familiar with the company and proposed key personnel's capability to deliver like services by their company. Please include clients that closely mirror the size, geographic diversification and plan complexity of Bell County. For each reference include company name, contact name, address, phone numbers, email address, group size, and number of years under contract and description of the services provided. (Appendix I)

Appendix I References can be found included in Tab D.

STATE OF TEXAS
STATE BOARD OF INSURANCE

Certificate No. 2718



Company No. 02-02370

CERTIFICATE OF AUTHORITY

THIS IS TO CERTIFY THAT

AMERICAN FIDELITY ASSURANCE COMPANY

OKLAHOMA CITY, OKLAHOMA

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Life; Health and Accident

insurance within the State of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.



IN TESTIMONY WHEREOF, witness my
hand and seal of office at Austin, Texas, this
28th day of December, A. D. 1961

Wm. A. Harrison

COMMISSIONER OF INSURANCE

STATE OF TEXAS
STATE BOARD OF INSURANCE

Certificate N^o 4844



Company No.

CERTIFICATE OF AUTHORITY

THIS IS TO CERTIFY THAT

AMERICAN FIDELITY ASSURANCE COMPANY

OKLAHOMA CITY, OKLAHOMA

~~has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of~~

has been granted permission to file, have approved and to issue approved variable annuity contracts in Texas in accordance with and subject to the law and administration of the State and as provided in Order No. 28101 of the Commissioner of Insurance of the State Board of Insurance, State of Texas.

~~insurance within the State of Texas.~~ This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.



IN TESTIMONY WHEREOF, witness my
hand and seal of office at Austin, Texas, this
26th day of August, A. D. 1971.

Way Cotten
COMMISSIONER OF INSURANCE



Customer	Invoice #
12345	D654321

Team: **CENTRAL TEAM**
Payor: **23456**
Bill Name: **STND**
Bill Period: **12/1/2020 - 12/31/2020**
Billed Amount: **\$172.90**
Amount Due: **\$172.90**
Amount Paid **\$0.00**

**NEED FORMS? VISIT OUR WEBSITE AT
americanfidelity.com**

**PREMIUMS ARE DUE WITHIN THE 31 DAY
GRACE PERIOD. PLEASE REMIT TIMELY TO
PREVENT DELAYS IN CLAIM PROCESSING.**

BILLING QUESTIONS? CALL 1.800.662.1113

IMPORTANT

*** PLEASE RETURN COUPON AND A COPY OF BILL WITH YOUR REMITTANCE.
PLEASE FURNISH HOME ADDRESS OF TERMINATED EMPLOYEES.**

-----Return This Portion-----

ABC EMPLOYER

Customer	Invoice #
12345	D654321

Team: **CENTRAL** Bill Name: **STND**

Billed Amount: **\$172.90**
Adjustments: **\$0.00**
Amount Due: **\$172.90**
Amount Paid: **\$0.00**

Payor: 23456
Bill Period: 12/1/2020 - 12/31/2020

AMERICAN FIDELITY
PO BOX 268805
OKLAHOMA CITY, OK 73126-8805



ABC EMPLOYER

Customer 12345 Invoice # D654321

Team: CENTRAL WEST
 Payor: 23456 Bill Name: STND

AMERICAN FIDELITY
 PO BOX 268805
 OKLAHOMA CITY, OK 73126-8805

QUESTIONS ABOUT YOUR BILL?
 CALL TOLL-FREE: 1.800.662.1113

Bill Period:
 12/1/2020 - 12/31/2020
 Amount Billed: \$172.90
 Amount Due: \$172.90

ID/SSN	Name	Product	Mode	Bill Period	Policy Number	Premium	New Premium Amount	TOTAL	*Chg Code	Effective Date	Remarks
xxx-xx-4127	Fictional, Caroline	LIFE	M	DEC01-DEC31	111111111	\$36.00	\$36.00	\$36.00			
xxx-xx-1572	Imaginary, Lee Roy	ACCID	M	DEC01-DEC31	2222222	\$25.20	\$25.20	\$25.20			
xxx-xx-9490	Fabricated, Denise	LIFE	M	DEC01-DEC31	333333333	\$6.30	\$6.30	\$12.60			
xxx-xx-3582	Falsename, Chad	ACCID	M	DEC01-DEC31	444444444	\$25.20	\$25.20	\$44.10			
xxx-xx-6332	Generic, Antonio	SDISB	M	DEC01-DEC31	6666666	\$36.10	\$36.10	\$55.00			
		SDISB	M	DEC01-DEC31	8888888	\$18.90	\$18.90	\$172.90			
PAGE TOTALS										\$172.90	

Employees: 5

*CHG - Change Codes:

- A Add Employee/Coverage
- T Terminate Employee
- D Drop/Cancel Coverage
- C Change Premium
- F FMLA/Other Leave
- N Employee Name Change
- Z Other/Deceased
- X Transfer

AF Office use Only:

- \$ RECEIVED
- SUSP DEBIT:
- SUSP CREDIT:
- PREM DIFF:
- NET POSTED:

TOTAL AMOUNT DUE: \$172.90

- (-) TERMINATIONS:
- (+) ADJUSTMENTS:
- (-) ADJUSTMENTS:
- TOTAL AMOUNT PAID:



Customer	Invoice #
12345	6543210E

Plan Year End: 12/31/2021

Invoice Date: 1/13/2021

Billed Amount: \$1,462.06

Amount Due: \$1,462.06

Amount Paid

**IN ORDER TO AVOID DELAY IN PROCESSING
REIMBURSEMENTS PLEASE MAIL YOUR PAYMENT TO:**

**ATTN: FLEX ACCOUNT ADMINISTRATION
AMERICAN FIDELITY
PO BOX 219326
KANSAS CITY MO 64121-9326**

BILLING QUESTIONS? CALL 1.800.662.1113

IMPORTANT

* PLEASE RETURN COUPON AND A COPY OF BILL WITH YOUR REMITTANCE.
PLEASE FURNISH HOME ADDRESS OF TERMINATED EMPLOYEES.

----- Return This Portion -----

ABC EMPLOYER

Customer	Invoice #
12345	6543210E

Billed Amount: \$1,462.06

Adjustments: \$0.00

Amount Due: \$1,462.06

Amount Paid

Payor: 23456

Invoice Date: 1/13/2021

**ATTN: FLEX ACCOUNT ADMINISTRATION
AMERICAN FIDELITY
PO BOX 219326
KANSAS CITY MO 64121-9326**



ABC EMPLOYER

Customer 12345 Invoice # 6543210E

ATTN FLEX ACCOUNT ADMINISTRATION
AMERICAN FIDELITY
PO BOX 219326
KANSAS CITY MO 64121-9326

Plan Year End: 12/31/2021
Invoice Date: 1/13/2021
Billed Amount: \$1,462.06
Amount Due: \$1,462.06

QUESTIONS ABOUT YOUR BILL?
CALL TOLL-FREE: 1.800.662.1113

ID/SSN	Name	Plan	Pay Period	Election Amount	Bill Amount	New Election Amount	TOTAL	*Chg Code	Effective Date MM/DD/YY	Remarks
xxx-xx-4127	Fictional, Caroline	DDC	1/15/2021	\$4,999.92	\$416.66	\$416.66	\$416.66			
xxx-xx-1572	Imaginary, Lee Roy	DDC	1/15/2021	\$4,999.92	\$416.66	\$416.66	\$416.66			
xxx-xx-9490	Fabricated, Denise	DDC	1/15/2021	\$2,499.96	\$208.33	\$208.33	\$208.33			
xxx-xx-3582	Falsename, Chad	DDC	1/15/2021	\$3,844.92	\$320.41	\$320.41	\$320.41			
xxx-xx-6332	Generic, Antonio	DDC	1/15/2021	\$1,200.00	\$100.00	\$100.00	\$100.00			
PAGE TOTALS							\$1,462.06			

Employees: 5

*Plan Codes - Description:	*CHG - Change Codes:	TOTAL ELECTIONS:	\$1,462.06
URM Unreimbursed Medical	A Add Employee/Coverage	(+) TOTAL FEES:	\$0.00
DDC Dependent Daycare	T Terminate Employee	(+) TOTAL PREMIUMS:	
Admin Fee Administration Fee	D Drop/Cancel Coverage	(-) TOTAL BILLED:	\$1,462.06
3PR Insurance Premium Reimbursement	C Change Premium	(-) TERMINATIONS:	
HRA Health Reimbursement Account	X Transfer	(+) ADDITIONS:	
OPO Ortho Plan Only		TOTAL DUE:	\$1,462.06
HSA Health Savings Arrangement			
LTD Limited Unreimbursement			

SHORT-TERM DISABILITY

Eligibility Requirements

All permanent employees are eligible for coverage.

Disability Plan Features

Benefit Schedule	Choice of benefit amount in increments of \$100, ranging from \$500 to \$10,000
Maximum Monthly Benefit	Not to exceed 60% of monthly earnings
Minimum Monthly Benefit	\$100 or 10%, whichever is greater
Elimination Period Injury/Sickness	Choice of 7 or 14 days
Maximum Benefit Period	Choice of 90 days, 180 days or 1 year
Guarantee Issue Amount	\$10,000
Minimum Participation	Greater of 20% or 10 lives
Own Occupation Period	Same as the benefit period
Pre-Existing Condition Period	12/12
Mental & Nervous Limitation	Same as any other Sickness
Drug & Alcohol Limitation	15 days

Plan Rates (per \$100 of covered monthly benefit)

Benefit Period - 90 Days

Elimination Period	Under Age 40	Ages 40-49	Ages 50-59	Ages 60 & Over
7 days	\$2.30	\$2.30	\$2.50	\$3.08
14 days	\$1.96	\$2.06	\$2.22	\$2.80

Benefit Period - 180 Days

7 days	\$2.60	\$2.60	\$2.84	\$3.50
14 days	\$2.26	\$2.34	\$2.54	\$3.18

Benefit Period - 1 year

7 days	\$3.02	\$3.02	\$3.28	\$4.04
14 days	\$2.60	\$2.68	\$2.92	\$3.66

60 day notice of rate change

Disability Plan Riders

- A critical illness rider can help fill holes left by high deductible medical plans and does not require the insured to satisfy their disability elimination period to qualify for benefits.
- The hospital indemnity rider can pay a benefit of up to \$150 a day and does not require the insured to satisfy their disability elimination period to qualify for benefits.
- We also offer optional disability coverage for an insured's spouse.

Plans available to residents of all states except: OR, CT, NH, NJ, NY, and VT. Products described in this proposal may not be available in all states. Specific policy provisions may vary by state. Proposal valid for 90 days or until the proposed effective date, whichever occurs later. **G120 Muni/Premier STD Limitations**

SHORT-TERM DISABILITY

Disability Plan Highlights

- Benefits are paid directly to the insured, not to a doctor or employer
- Convenient payroll deduction
- Benefit payments may be directly deposited into banking account
- Benefits are paid due to covered Injury or Sickness
- Benefits are payable year-round
- Secure online billing system available for your convenience
- Employees can file a claim, track the status of a claim, upload documentation, and setup push notifications within the AFMobile app — available in the iTunes App store or Google Play store

Disability Plan Benefits

- Pregnancy Benefit
- Donor Benefit
- Worksite Accommodation Benefit Evaluation
- Social Security Filing Assistance
- Physician Expense Benefit Available up to \$150 for Injury Up to 8 times per Year
- Accidental Death Benefit \$10,000 Flat Amount if within 90 days of Covered Disability
- Conversion Option

Underwriting Guidelines

- All benefit amounts, up to the maximum benefit amount qualified for, are Guarantee Issue.
- All new issue coverage or increase in benefit amount is subject to a Pre-Existing Limitation.
- Takeover credit for coverage with a prior carrier is available upon request and approval.

Learn More

For additional information about American Fidelity Assurance Company, click here: <https://americanfidelity.com/why-us/>

Plans available to residents of all states except: OR, CT, NH, NJ, NY, and VT. Products described in this proposal may not be available in all states. Specific policy provisions may vary by state. Proposal valid for 90 days or until the proposed effective date, whichever occurs later. **G120 Muni/Premier STD Limitations**

LONG-TERM DISABILITY

Eligibility Requirements

All permanent employees are eligible for coverage.

Disability Plan Features

Benefit Schedule	Choice of benefit amount in increments of \$100 – ranging from \$500 to \$10,000
Maximum Monthly Benefit	Up to 60% of monthly earnings less deductible sources of income
Minimum Monthly Benefit	\$100 or 10%, whichever is greater
Elimination Period Injury/Sickness	Choice of 7, 14, 30, 60, 90 & 180 days
Maximum Benefit Period	Up to Social Security Normal Retirement Age (SSNRA) for Injury and 5 Years for Sickness
Guarantee Issue Amount	\$10,000
Minimum Participation	Greater of 20% or 10 lives
Own Occupation Period	24 months
Disabled and Working	Included
Pre-Existing Condition Period	12 month lookback/12 months treatment free/12 months continuous coverage
Mental & Nervous Limitation	24 months
Drug & Alcohol Limitation	15 days
Special Conditions Limitations	12 months
Physician Expense Benefit	Up to \$150 for Injury and \$50 for Sickness – up to 8 times per year
Accidental Death Benefit	\$25,000 Flat Amount if within 90 days of Covered Disability
Waiver of Premium	First of the month following 180 days of disability
Conversion Option	Available

Plan Rates (per \$100 of covered monthly benefit)

Elimination Period	Rate
7 days	\$3.24
14 days	\$2.92
30 days	\$2.30
60 days	\$1.88
90 days	\$1.58
180 days	\$1.00

60 day notice of rate change

LONG-TERM DISABILITY

Disability Plan Highlights

- All plans pay in addition to Sick Leave for the first 180 days of disability
- Benefits provided for Pregnancy and Organ Donors
- Benefits provided for covered non-occupational Injuries and/or Sicknesses
- Worksite Accommodation Benefit Evaluation
- Social Security Filing Assistance
- Benefits are paid directly to the insured, not to a doctor or employer
- Convenient payroll deduction
- Benefit payments may be directly deposited into banking account
- Benefits are paid due to covered Injury or Sickness
- Benefits are payable year-round
- Secure online billing system available for your convenience
- Employees can file a claim, track the status of a claim, upload documentation, and setup push notifications within the AFMobile app — available in the iTunes App store or Google Play store

Disability Plan Riders

- A critical illness rider can help fill holes left by high deductible medical plans and does not require the insured to satisfy their disability elimination period to qualify for benefits.
- The hospital indemnity rider can pay a benefit of up to \$150 a day, and does not require the insured to satisfy their disability elimination period to qualify for benefits.
- We also offer optional disability coverage for an insured's spouse, a survivor benefit rider, and a COBRA rider which can help cover the cost of medical COBRA premiums.

Underwriting Guidelines

- Takeover credit for coverage with a prior carrier is available upon request and approval.
- If approved for the group, the pre-existing condition limitation will be waived for insureds who replace the prior carrier's plan with American Fidelity as of the new plan effective date.
- Coverage for Insureds not actively at work on the policy effective date will begin upon return to active work, and the pre-existing condition limitation will be waived.
- All new issue coverage or increase in benefit amount is subject to a Pre-Existing Limitation.
- Applications for existing insureds to move to a shorter elimination period or a longer benefit period will be subject to a new pre-existing condition limitation.

Learn More

For additional information about American Fidelity Assurance Company, click here: <https://americanfidelity.com/why-us/>

Surviving a critical illness, such as heart attack or stroke, is becoming increasingly common with new medical technology. However, with advances in technology to treat these diseases, the cost of treatment rises more and more every year. Although many medical plans provide coverage for hospital stays and medical expenses arising from a critical illness, there are still out-of-pocket expenses that can affect anyone's finances.

Co-pays, transportation expenses, and lost income should be the last thing you or your family worries about if a critical illness were to occur. American Fidelity Assurance Company's Limited Benefit Group Critical Illness Insurance can help cover your out-of-pocket medical expenses and allow your family to focus on recovery.

Consider the Facts

About every 43 seconds, an American will suffer a heart attack.

American Heart Association: Heart Disease and Stroke Statistics p.e255. January 2015

Since 2015, more people with health insurance say they have a difficult time affording their health care costs, including their deductible. Council for Disability Awareness: Chances of Disability. Web. 19 Dec. 2016.

Kaiser Family Foundation: Beyond the ACA, the Affordability of Insurance Has Been Deteriorating Since 2015; March 2, 2017.



Critical Illness Insurance Proposal

Prepared for:

Presented by:

Proposal Prepared on:

Proposed Effective Date:

AMERICAN FIDELITY 
a different opinion

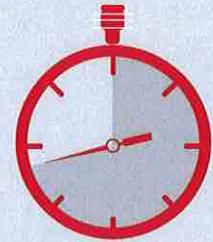
Group Critical Illness Insurance

How It Works

American Fidelity Assurance Company's Group Critical Illness Insurance is designed to pay a lump sum benefit amount to help your employees pay for the direct and indirect costs of a covered critical illness, including heart attack or stroke. Payments are made directly to employees, allowing them to decide how the funds will be utilized.



Approximately every 40 seconds, an American will have a heart attack.¹ American Fidelity's Group Critical Illness Insurance can help with the rising cost of treatment for a covered Critical Illness such as heart attack, stroke, or invasive cancer.



Critical Illness Features

- Benefit Amounts available up to \$30,000. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount.
- Eligible dependents are provided 25% of the Employee Benefit Amount at no additional cost.
- Lump sum benefit pays once per Covered Person for each Critical Illness. Critical Illness must be separated by at least 90 days following the first Critical Illness occurrence date.
- Pre-Existing Limitation of 12 months of continuous coverage and 12 months look back period.
- Coverage is portable.
- Wellness and health screening claims will receive quick processing when submitted through AFmobile® or americanfidelity.com. Benefit eligible claims can be received in as little as one day when employee is enrolled in direct deposit.
- Allows for convenient payroll deduction.
- Our Online Service Center (OSC) allows you to easily access employee data and billing information, helping you save time and the ability to manage all your benefits in one place.
- Compatible with a Health Savings Account.

WELLNESS SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to,

- Electrocardiogram (EKG)
- Stress Test
- Blood Glucose Testing
- Echocardiogram

HEALTH SCREENING BENEFIT

(per calendar year per Covered Employee and Covered Spouse)

\$50

Underwriting

- Takeover Credit for prior coverage is available upon request / approval from American Fidelity.
- Guarantee Issue underwriting allows applicant to be guaranteed critical illness coverage when they are first eligible.
- Increases in coverage are Subject to Pre-Existing Limitations.
- No required medical exams are part of the application process.

¹ American Heart Association: Heart Disease and Stroke Statistics 2017 At-a-Glance; January 25, 2017.

Group Critical Illness Insurance

Critical Illness Benefits

Pays once per Covered Person for each Critical Illness shown below.

	Benefit Percentage	Recurrent Diagnosis Benefit
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%
Coronary Artery Bypass Surgery Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit.	25%	—
Stroke Benefit (Permanent damage due to a Stroke) Pays full lump sum benefit amount.	100%	50%
Paralysis Benefit (Permanent due to a Covered Accident) Pays full lump sum benefit amount.	100%	—
Major Organ Failure Benefit Pays full lump sum benefit amount.	100%	50%
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	100%	—

EMPLOYEE MONTHLY RATES

AGE	\$10,000		\$20,000		\$30,000	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$3.58	\$5.68	\$5.82	\$10.00	\$8.04	\$14.32
30-39	\$5.64	\$8.92	\$9.92	\$16.48	\$14.20	\$24.04
40-49	\$10.24	\$16.18	\$19.14	\$31.02	\$28.02	\$45.84
50-59	\$16.86	\$26.70	\$32.38	\$52.04	\$47.90	\$77.38
60 & Over	\$27.60	\$43.72	\$53.84	\$86.10	\$80.08	\$128.46

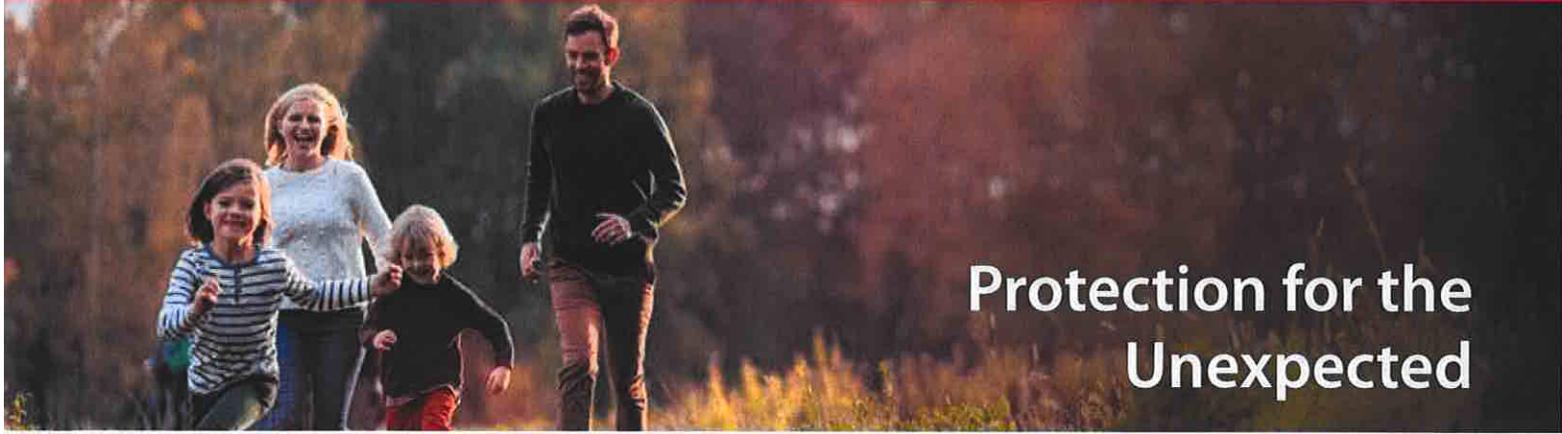
SPOUSE MONTHLY RATES

AGE	\$5,000		\$10,000		\$15,000	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$2.16	\$3.76	\$2.98	\$6.18	\$3.78	\$8.58
30-39	\$3.38	\$5.92	\$5.42	\$10.50	\$7.46	\$15.06
40-49	\$6.16	\$10.76	\$10.96	\$20.18	\$15.76	\$29.60
50-59	\$10.18	\$17.76	\$19.00	\$34.18	\$27.82	\$50.60
60-69	\$16.66	\$29.08	\$31.96	\$56.82	\$47.26	\$84.56

Learn More

For additional information about American Fidelity Assurance Company, click here: <http://americanfidelity.com/about-af/>

Plans available to residents of all states except: CO, CT, DC, MD, MN, NH, NJ, NY, ND, OH, TN, VT and WA. Products described in this proposal may not be available in all states. Specific policy provisions may vary by state. Proposal valid for 90 days or until the proposed effective date, whichever occurs later.



Protection for the Unexpected

Being diagnosed with an infectious disease is likely unsettling, but you might rest a little easier knowing you have coverage in place. Benefit payments are made directly to you and may help ease the financial pressures from a diagnosis.

How It Works

If diagnosed with one of the infectious diseases below, the following benefits may be payable:

- Benefits are payable up to **50%** of your critical illness benefit amount based on an approved diagnosis. Your coverage extends to eligible children at **25%** of the insured's infectious disease benefit amount.
- Your spouse's benefit, if covered, will be **50%** of their critical illness benefit amount.

What's Covered

This benefit is paid to you based on a diagnosis of any of the following infectious diseases:

- Anthrax
- Methicillin-Resistant Staphylococcus Aureus (MRSA)
- Bacterial Cerebrospinal Meningitis
- Osteomyelitis
- Botulism
- Pertussis (Whooping Cough)
- Cholera
- Poliomyelitis
- COVID-19
- Q Fever
- Dengue Fever
- Rabies
- Diphtheria
- Rocky Mountain Spotted Fever
- Encephalitis
- Sepsis
- Hansen's Disease
- Tetanus
- Hepatitis B or C
- Trichinosis
- Histoplasmosis
- Tuberculosis
- Human Immunodeficiency Virus (HIV)
- Tularemia
- Legionnaire's Disease
- Typhoid Fever
- Malaria

Did you know?



Over **15** thousand

There were **15,662** reported pertussis cases in 2019.¹

¹ Center for Disease Control, www.cdc.gov/pertussis/downloads/pertuss-surv-report-2019-508.pdf, Accessed on Feb. 10, 2021.

Availability of this rider may vary by state. Refer to your policy for complete details. **This flyer must be used in conjunction with a G925 brochure.** The rider will terminate on the same date as the policy or certificate to which it is attached.

Limitations

For benefits to be payable you must be admitted as a resident patient to a hospital and charged for room and board facilities. The term hospital shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

- The infectious disease must be diagnosed after your effective date.
- The infectious disease benefit will only be paid once per infectious disease, per covered person, per lifetime.
- Any infectious disease not explicitly listed in your policy document isn't payable under this rider.
- If two or more infectious diseases are diagnosed at the same time, benefits will only be paid for the disease that occurred first.
- The benefit amount will be paid after diagnosing a covered infectious disease, and a minimum hospitalization of 7 consecutive days.
- The benefit amount will be paid to your beneficiary if:
 - You are diagnosed with an infectious disease, and
 - You are hospitalized as an inpatient but pass away from the diagnosed infectious disease before the minimum hospitalization period of 7 consecutive days.

Pre-Existing Conditions

No infectious disease benefit will be payable for an infectious disease caused by or resulting from a pre-existing condition when the infectious disease occurrence date occurs before you have been continuously covered under this rider for 12 consecutive months.

Pre-Existing Condition means a disease, sickness, physical condition or mental illness for which a covered person has experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12-month period immediately before your effective date of coverage under this rider.

The term Pre-Existing Condition also includes conditions related to such disease, accident, sickness, physical condition, or mental illness.

Termination

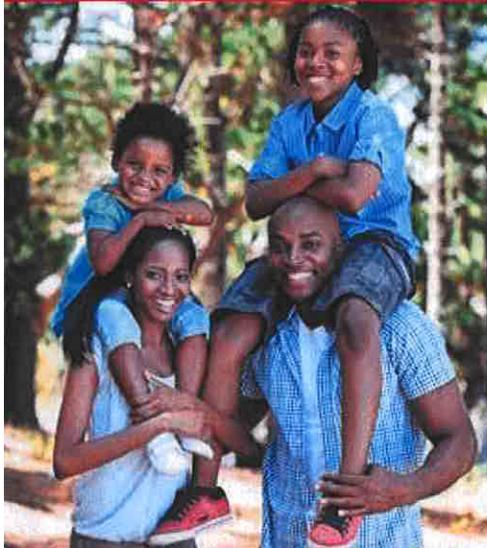
Your coverage will end on the earliest of these dates.

- The end of the last period for which premium has been paid, subject to the grace period.
- The date you notify us in writing to terminate coverage.
- The end of the month following your 75th birthday.
- The date the rider is discontinued.
- The date the policy is discontinued.
- The date your employment terminates.

	Monthly Premiums
Individual per \$1000 benefit amount	\$1
Children per \$250 benefit amount	\$1
Spouse per \$1000 benefit amount	\$1



American Fidelity Assurance Company
800-662-1113 • americanfidelity.com



AF Hospital Assist®

Help pay for your stay

Are you financially prepared for a medical emergency?

If you experienced a medical emergency, would you be prepared to cover the out-of-pocket medical expenses? And, what about everything else that adds up, like bills, groceries, and housing?

Major medical insurance plans are designed to pay a large portion of your medical costs. But with rising deductibles and copays, you're still paying out of your own pocket until you meet your deductible and plan maximum.

That's where AF Hospital Assist® can help. It can be used with a low deductible or high deductible health plan (HDHP).

Health Savings Account Qualified Plan

Help offset high deductibles and copays, and give yourself a little protection for the unexpected. This Health Savings Account (HSA) qualified plan provides a way to help pay for large, out-of-pocket expenses, like a hospital stay, while also getting the tax benefit and potential savings from an HSA.

Plan Highlights

- No health questions required to apply
- Benefits paid directly to you
- Portable so you can take it with you even if you leave employment
- Health screening benefit
- Coverage available for you, your spouse, and your children up to age 26
- Online claims filing process

Did you know?

The average cost for a hospital stay is \$11,728.¹

They're neither cheap nor predictable, but they happen. And often. In fact, over 36 million Americans were hospitalized in 2018.²



AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

This brochure highlights important features of the policy. Please refer to your certificate for complete details. If you reside in a state other than your employers state domicile, where required by law, policy provisions and benefits may vary.

Choose Your Coverage

Coverage in a Calendar Year	Basic	Enhanced	Enhanced Plus
 Hospital Admission 1 day/Covered Person	\$500	\$500	\$500
Hospital Confinement Pays up to 30 days/ Covered Person	\$150	\$150	\$150
ICU 10 days/Covered Person	\$300	\$300	\$300
Rehab 10 days/Covered Person	\$75	\$75	\$75
 Accident Treatment - ER 3 days/Covered Person	-	\$500	\$500
Accident Treatment - Physician's Office or Urgent Care 6 days/Covered Person	-	\$100	\$100
Accident Surgery - Hospital or Ambulatory Surgical Center 3 days/Covered Person	-	\$2,000	\$2,000
Accident Surgery - Physician's Office or Urgent Care 6 days/Covered Person	-	\$250	\$250
 Health Screening 1 day/Covered Person	\$50	\$50	\$50
 Critical Illness* 1 payment/Covered Person	-	-	\$5,000

Wellness Benefit/Health Screening

Are you putting your annual health screening off? With the \$50, built-in wellness benefit, you get rewarded for taking care of yourself.



- Basic
- Enhanced
- Enhanced Plus

Hospital Benefits

If hospitalized, you can get paid directly for the costs.



- Basic
- Enhanced
- Enhanced Plus

Hypothetical Example with Enhanced Plan You have a car accident and are rushed to the ER. You're admitted and stay 3 days for a back injury. Then, you complete 10 days of rehabilitation. *The deductible in this example is based on Preferred Provider Organization (PPO) plan option.*

Cost of Care	Your Deductible	Payable Plan Benefits
Confinement ³ \$11,728	\$500	Admission \$500
Rehab ⁴ \$1,620		Confinement \$450
		Rehab \$750
Total \$13,348	Total out of pocket cost⁷ \$3,069	Total benefit payment to you \$1,700

Accident Benefits

Weekend warrior? Active family? Or a long daily commute? No matter your situation, accidents happen.



- Enhanced
- Enhanced Plus

Hypothetical Example with Enhanced Plan You are traveling in your car and are hit by a driver running a red light. Your arm is broken and requires an ER visit, surgery, admission to the hospital, and two nights' stay. *The deductible in this example is based on a 2020 IRS minimum family medical HSA High Deductible Health Plan (HDHP).*

Cost of Care	Your Deductible	Payable Plan Benefits
ER Visit ⁶ \$827	\$2,800	ER Visit \$500
Surgery ⁶ \$16,000		Surgery \$2,000
		Hospital Admission \$500
		Hospital Confinement \$300
Total Cost of Care \$16,827	Total out-of-pocket cost⁷ \$5,605	Total benefit payment to you \$3,300

Critical Illness Benefit*

While no family history of an illness can be a factor, it's not a guarantee. Critical illnesses strike people of all ages and health types, regardless of family history. If diagnosed with cancer, heart attack, or stroke, you could help protect yourself with a lump sum for certain high-dollar illnesses.



- Enhanced Plus

AF Hospital Assist® Premiums*

Monthly Premium	Basic	Enhanced	Enhanced Plus
Employee	\$16.12	\$24.14	\$31.12
Employee + Spouse	\$31.26	\$46.58	\$65.32
Employee + Child	\$29.56	\$50.84	\$58.34
Family	\$44.70	\$73.28	\$92.54

* The premium and amount of benefits provided vary based upon the plan selected.

Plan Benefit Highlights

Hospital Admission Benefit: We will not pay this benefit for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit. Successive hospital admissions will be considered as one admission if they are due to the same or related accident or sickness and separated by less than 90 days.

Hospital Confinement Benefit: We will not pay this benefit for outpatient treatment or a hospital stay of less than 18 hours. *Hospital* shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Rehabilitation Facility Confinement Benefit: Confinement to the facility must be physician authorized for at least 18 continuous hours and begin immediately following a hospital confinement. Successive rehabilitation facility stays will be considered as one confinement if they are due to the same or related accident or sickness and separated by less than 30 days.

Outpatient Accident Treatment Benefit: Pays a benefit when any covered person incurs an expense and receives treatment by a physician in an emergency room, physician's office or urgent care facility due to a covered accident. **Accident** means an event which results in bodily injury that is independent of disease or bodily infirmity or any other cause and occurs while coverage is in force.

Accident Surgical Procedure Benefit: Pays a benefit when any covered person incurs an expense and requires a surgical procedure due to a covered accident. The procedure must be performed by a Physician in a hospital, ambulatory surgical center, urgent care facility, or physician's office. We will pay for only one accident surgical procedure performed on the same day even if caused by more than one accident. We will not pay this benefit for colonoscopy or flexible sigmoidoscopy.

Critical Illness Benefit: Pays a benefit when any covered person is diagnosed with a covered Critical Illness. Benefits for a new occurrence of the same critical illness will only be provided if the critical illness is newly diagnosed during the calendar year in which a critical illness benefit hasn't been paid. **Critical Illness** means end stage renal failure, heart attack, major organ failure, permanent damage due to a stroke, permanent paralysis, due to a covered accident, carcinoma in situ or invasive cancer, as defined in the policy, for which a positive diagnosis is made by a physician. Metastasis of a previously diagnosed cancer will not be considered a new diagnosis of cancer.

This product may contain limitations, exclusions and waiting periods.

This product is inappropriate for people who are eligible for Medicaid coverage. ¹AHRQ Healthcare Cost and Utilization Project, National Inpatient Sample as of February 5, 2019. ²American Hospital Association: Fast Facts on U.S. Hospitals, January 2020. ³AHRQ Healthcare Cost and Utilization Project, National Inpatient Sample as of February 5, 2019. ⁴MD Save: Procedures A to Z; accessed 10/3/2018 from MDsave.com. ⁵Healthcare Bluebook: Emergency Room Visit – Moderate Problem; Accessed from www.healthcarebluebook.com on April 3, 2020. Figures from Oklahoma City, OK. <https://www.healthcarebluebook.com/ui/proceduredetails/239>. ⁶CostHelper: How Much Does a Broken Arm Cost?; accessed 10/3/2018 from health.costhelper.com. ⁷Total out of pocket cost assumes a 20% coinsurance amount.

Exclusions: We will not pay benefits resulting from or caused by:

- (a) suicide or any attempt, while sane or insane;
- (b) any intentionally self-inflicted injury or Sickness;
- (c) voluntary abortion except, with respect to You or Your covered Dependent Spouse;
 - (1) where You or Your Dependent Spouse's life would be endangered if the fetus were carried to term; or
 - (2) where medical complications have arisen from abortion;
- (d) pregnancy of a Dependent child (except for complications of pregnancy);
- (e) participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
- (f) commission of a felony;
- (g) participation in a contest of speed in power driven vehicles, parachuting, or hang gliding;
- (h) air travel, except:
 - (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - (2) as a passenger for transportation only and not as a pilot or crew member;
- (i) elective procedures or cosmetic surgery, including complications of elective procedures or cosmetic surgery;
- (j) experimental treatment, drugs, or surgery, except in connection with an approved cancer clinical trial;
- (k) performance of military, naval, or air force service of any country;
- (l) dental or routine vision services, unless:
 - (1) resulting from an Accident occurring while the Covered Person's coverage is in force and if performed within 12 months of the date of such Accident; or
 - (2) due to congenital disease or anomaly of a covered newborn child;
- (m) immunizations, sports and routine annual physicals;
- (n) services, treatment or loss rendered in any Physician's office, Veterans Administration or Federal Hospital or any other Hospital, except if there is a legal obligation to pay;
- (o) artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation, or vasectomy, and reversal thereof;
- (p) loss that takes place outside of North America;
- (q) participation in any sport for pay or profit;
- (r) alcoholism or drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed;
- (s) mental or emotional disorders without demonstrable organic disease;
- (t) air or ground ambulance;
- (u) Pre-Existing Conditions, unless the Covered Person has satisfied the Pre-Existing Condition Exclusion period of 12 months. **Pre-Existing Condition** means a disease or physical condition for which you: had treatment or received advice from a physician, during the 12 month period immediately before your effective date of coverage.

Plan Benefit Highlights (cont.)

Pregnancy Limitation:

For the Pregnancy Limitation Period, 10 months, the Company will not pay benefits due to any Covered Person giving birth as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other covered benefit. Complications of Pregnancy includes but is not limited to, conditions requiring Confinement (when pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, eclampsia and toxemia.

Complications of Pregnancy shall not include false labor, occasional spotting, Physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a classifiable or distinct Complication of Pregnancy.

Termination of Insurance

Coverage for you and your covered dependent(s) may be continued during a layoff or leave of absence for up to a maximum period of 3 months. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.



American Fidelity Assurance Company
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800-662-1113 • americanfidelity.com



AF™ Accident Only Insurance

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.



EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Prepare for the unexpected.

You cannot plan for when an accident will happen, but you can plan for unexpected medical expenses. AF™ Limited Benefit Accident Only Insurance provides coverage to help with unforeseen accident expenses. Start providing financial protection today if an accident suddenly occurs.

An **Accident** is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause.

EMERGENCY ACCIDENT

Hypothetical Example ¹

Twisted knee in the parking lot resulting in a torn meniscus and treatment is received within 72 hours.

	ENHANCED	ENHANCED PLUS
Accident Emergency Treatment	\$200	\$250
Accident Follow-up Treatment (4 visits)	\$200	\$200
Physical Therapy (8 treatments)	\$200	\$200
Medical Imaging	\$200	\$200
X-Ray	\$100	\$150
Appliances	\$100	\$100
Surgical Facility	\$250	\$350
Torn Knee Cartilage Repair	\$500	\$500
Anesthesia	\$200	\$250
TOTAL	\$1,950	\$2,200

Annual Wellness Benefit

ENHANCED

\$75

ENHANCED PLUS

\$75

Paid directly to you!

Benefits for Policy and Enhancement Rider

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

BASIC	PRIMARY	SPOUSE	CHILD
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
ENHANCED	PRIMARY	SPOUSE	CHILD
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000
ENHANCED PLUS	PRIMARY	SPOUSE	CHILD
Common Carrier	\$200,000	\$200,000	\$100,000
Other Accident	\$60,000	\$60,000	\$30,000
Dismemberment	\$2,000 to \$60,000	\$2,000 to \$60,000	\$1,000 to \$30,000

¹Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.

Schedule of Benefits for Policy and Enhancement Rider

ACCIDENT BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
EMERGENCY ACCIDENT TREATMENT			
Accident Emergency Treatment	\$150	\$200	\$250
Emergency Accident Follow-up Treatment (up to four treatments)	\$50	\$50	\$50
NON-EMERGENCY ACCIDENT TREATMENT			
Non-Emergency Accident Initial Treatment	\$75	\$100	\$125
Non-Emergency Accident Follow-up Treatment (up to two treatments)	\$50	\$50	\$50
MEDICAL IMAGING			
MRI, CT, CAT, PET, US	\$200	\$200	\$200
X-Rays	\$50	\$100	\$150
HOSPITAL CONFINEMENT			
Hospital Admission	\$500	\$1,000	\$1,500
Intensive Care Unit (up to 15 days)	\$300	\$600	\$900
Hospital Confinement (up to 365 days)	\$100	\$200	\$300
AMBULANCE			
Ground	\$300	\$300	\$300
Air	\$1,500	\$1,500	\$1,500
TREATMENT			
Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250	\$350
Anesthesia	\$150	\$200	\$250
TRANSPORTATION BENEFITS			
Transportation Patient only, per round trip for up to 3 round trips per calendar year	\$300	\$300	\$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	\$100	\$100	\$100

MONTHLY PREMIUMS For Policy And Benefit Enhancement Rider**	BASIC	ENHANCED	ENHANCED PLUS
Individual	\$19.90	\$26.10	\$33.40
Individual & Spouse	\$28.30	\$34.90	\$41.90
Individual & Child(ren)	\$31.50	\$41.00	\$51.30
Family	\$39.90	\$49.80	\$59.90

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS
INJURY TREATMENT	
Fractures Benefit Depending on open or closed reduction, bone involved, or chip fracture	\$25 to \$3,000
Lacerations Benefit Not requiring sutures	\$25
Sutured lacerations up to two inches	\$100
Sutured lacerations totaling two to six inches	\$200
Sutured lacerations totaling over six inches	\$400
Appliances Benefit Crutches, leg braces, etc.	\$100
Torn Knee Cartilage or Ruptured Disc Benefit	\$500
Eye Injury Benefit Injury with surgical repair, for one or both eyes	\$250
Removal of foreign body by a physician, for one or both eyes	\$50
Dislocations Benefit Depending on open or closed reduction, with or without anesthesia and joint involved.	\$25 to \$3,000
Concussion Benefit	\$200
2nd & 3rd Degree Burns Skin grafts are 25% of benefit	\$100 to \$10,000
Internal Injuries Benefit Resulting in open abdominal or thoracic surgery	\$1,000
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000
Tendons, Ligaments, and Rotator Cuff Benefit One tendon, ligament, or rotator cuff	\$500
More than one tendon, ligament, or rotator cuff	\$750
Blood, Plasma, and Platelets Benefit	\$250
Exploratory Surgery without Surgical Repair Benefit	\$250
Physical Therapy Benefit Per treatment up to eight treatments	\$25
Prosthesis Benefit	\$500
Emergency Dental Work Benefit Broken teeth repaired with crown	\$150
Extraction of broken teeth (regardless of number)	\$50

WELLNESS BENEFIT	BASIC	ENHANCED	ENHANCED PLUS
WELLNESS			
Annual Routine Physical Exam Requires a 30 day waiting period before use. One exam per policy per calendar year	\$50	\$75	\$75

**The premium and amount of benefits provided vary based upon the plan selected.

A Covered Person (hereafter referred to as "Person") under AF™ **Limited Benefit Accident Only Insurance** Policy can expect the following benefits when a Covered Accident (hereafter referred to as "Accident") happens. All benefits are paid once per Person per Accident unless otherwise specified. All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. These references are not intended to change or modify any definitions in the AO-03 policy series.

Accident Emergency Treatment Benefit Payable for receiving emergency treatment in a Physician's office or emergency room within 72 hours, including physician fees and emergency services.

Accident Follow-up Treatment Benefit Payable for necessary follow-up treatment of Injuries in addition to the emergency treatment administered within 72 hours for up to four treatments. Not payable for a visit in which a Physical Therapy Benefit or Non-Emergency Follow-up Benefit is paid.

Accidental Death and Dismemberment Benefit The applicable benefits apply when an Accidental Death or Dismemberment occurs within 90 days of an Accident. In the event that Accidental Death and Dismemberment result from the same Accident, only the Accidental Death Benefit will be paid.

Ambulance Benefit If air and ground ambulance transportation is required for the same Accident, only the highest benefit will be paid.

Anesthesia Benefit Pays the amount shown in the Schedule of Benefits for the services of an anesthesiologist for a surgery performed due to an Accident. Hospital Confinement is not required to receive this benefit. We will only pay one Anesthesia Benefit per Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.

Appliances Benefit Payable for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. Not payable for Prosthetic Devices.

Blood, Plasma and Platelets Benefit Payable for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins.

Burns Benefit Payable for 2nd and 3rd degree burns when treated by a Physician within 72 hours.

Concussion Benefit Payable for a Person who sustains a concussion and is diagnosed by a Physician within 72 hours using any type of medical imaging.

Dislocations Benefit Amount payable varies by the joint involved, type of treatment, and type of anesthesia. If a Person receives more than one Dislocation in an Accident, we will pay for all Dislocations up to two times the amount shown in the Schedule of Benefits for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit. Benefits are payable only for the first dislocation of a joint which occurs while this policy is in force.

Emergency Dental Work Benefit Payable for repair to natural teeth when treated by a Physician or dentist. Initial dental treatment must be received within 72 hours.

Exploratory Surgery without Surgical Repair Benefit Payable when an exploratory surgical operation without surgical repair is performed.

Eye Injury Benefit Payable for one or both eyes requiring treatment by a Physician due to an Accident.

Family Member Lodging and Meals Benefit Payable for lodging and meals for a family member to be near a Person who is Hospital Confined in a non-local Hospital. The Hospital must be at least 50 miles away, one way from closer of the Covered Person's residence or site of the Accident.

Fractures Benefit Varies based on the bone involved, type of fracture and type of treatment. If the Person fractures more than one bone, payment is made for all fractures up to two times the amount for the bone involved that has the highest benefit amount.

Hospital Admission Benefit Pays per admission for confinement to a Hospital. This benefit does not pay for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

Hospital Confinement Benefit Pays a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days.

Intensive Care Unit Benefit Payable for each day of confinement in an Intensive Care Unit, as defined in the policy, up to 15 days. This benefit is paid in addition to the Hospital Confinement Benefit amount.

Internal Injuries Benefit Payable for an open abdominal or thoracic surgery performed within 72 hours.

Lacerations Benefit This benefit varies based on the severity of the laceration due to an Accident.

Medical Imaging Benefit Payable for a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, a Positron Emission Tomography (PET) scan or an ultrasound due to an Accident.

Non-Emergency Accident Initial Treatment Benefit Payable for initial medical treatment when treatment is received more than 72 hours after the Accident. Initial medical treatment must: (1) be received in a Physician's office or emergency room; and (2) be the first treatment; and (3) occur within 30 days.

Non-Emergency Accident Follow-up Treatment Benefit Payable only if the Non-Emergency Accident Initial Treatment Benefit is payable and later requires additional follow-up treatment. We will pay for up to two follow-up treatments. Not payable for the same visit that the Physical Therapy Benefit or the Accident Follow-up Benefit is paid.

Outpatient Hospital or Ambulatory Surgical Center Benefit When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center, we will pay the indemnity amount shown in the Schedule of Benefits for the facility fee charged by such Hospital or Ambulatory Surgical Center. We will only pay one Outpatient Hospital or Ambulatory Surgical Center Benefit in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be paid for surgery performed in a Hospital emergency room or in a Physician's office.

Paralysis Benefit The duration of the Paralysis must be a minimum of 3 consecutive months. Paid once per lifetime per Person.

Physical Therapy Benefit Payable for one treatment per day for up to eight treatments by a caregiver licensed in physical therapy. This benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit or Non-Emergency Follow-up Benefit is paid.

Prosthesis Benefit Payable for the use of a Prosthesis. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; cosmetic aids such as wigs; or joint replacements such as artificial hips or knees.

Plan Highlights (cont.)

Tendons, Ligaments and Rotator Cuff Benefit Payable for the repair of one or more tendons, ligaments, or rotator cuffs. The tendons, ligaments, or rotator cuff must be repaired through surgery performed by a Physician, as a result of an Accident.

Torn Knee Cartilage or Ruptured Disc Benefit Payable for surgical repair as a result of an Accident.

Transportation Benefit Payable for the transportation when specialized treatment and Hospital Confinement in a non-local Hospital is required. A non-local Hospital must be at least 50 miles away, one way, using the most direct route, from the closer of the Person's residence or site of the Accident. Travel must be by scheduled bus, plane, train, or by car. Ambulance service does not qualify for this benefit. The treatment must be prescribed by a Physician and not be available locally. This benefit is payable up to three round trips per Calendar Year.

Wellness Benefit After coverage is in force for the waiting period shown, you can receive a benefit for an annual routine physical exam, including immunizations and preventive testing. Services must be supervised by a Physician and a charge must be incurred for the service. The benefit does not apply to dental or eye exams and is payable once per policy per calendar year.

Limitations and Exclusions For Policy and Benefit Enhancement Rider

No benefits will be provided for an Accident that is caused by or occurs as a result of:

- (1) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (2) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (3) any act that was caused by war, declared or undeclared, or service in any of the armed forces;
- (4) participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions;
- (5) participation in, or attempting to participate in, a felony, riot or insurrection. (A felony is as defined by the law of the jurisdiction in which the activity takes place.)
- (6) participation in any sport for pay or profit;
- (7) participation in any contest of speed in a power driven vehicle for pay or profit;
- (8) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Refer to Plan Benefit Highlights section for more Benefit Descriptions on the Accident Only Insurance Policy and Benefit Enhancement Rider.

This brochure contains a brief description of the coverage. For complete benefits, limitations, exclusions and other provisions, please refer to the policy, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258 series. This coverage does NOT replace Workers' compensation Insurance. Availability of riders may vary by employer. This product is inappropriate for people who are eligible for Medicaid coverage.

An Accident is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. The policy will not pay benefits for injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date.

A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Eligibility includes you, your lawful spouse and each unmarried natural, adopted or step child who is under 26 years of age.

Guaranteed Renewable

You cannot be singled out for a rate increase for any reason. The Insurer has the right to increase premium rates only if rates for all policies in this class change.

Termination Notice

Policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than Individual the remaining Covered Persons may have the right to continue or convert their coverage. Coverage for any Covered Person will terminate when they no longer meet the eligibility requirements.



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AF™ Cancer C11 Individual Insurance



EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on the fight.

A Cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat Cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of Cancer treatment.

AF™ **Limited Benefit Individual Cancer Insurance** offers a solution to help you and your family focus on fighting the disease.

Plan Highlights

- **Helps cover expenses**
for the treatment of Cancer, transportation, hospitalization, and more.
- **Benefits paid directly to you**
to be used however you see fit.
- **Portable to take with you**
even if you leave employment.
- **Coverage options available**
for you, your spouse, and your children under age 26.

Cancer Insurance Benefits

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, **Individual Cancer Insurance** may help pay for expenses not covered by your major medical insurance.

Example Cancer insurance benefits include:



Experimental Treatment

This benefit may help pay for experimental treatment to give you alternatives in your healing. These treatment types may not be covered by major medical plans.



Transportation and Lodging

This benefit may help pay for qualified transportation and lodging for the patient and family.

SCREENING BENEFIT⁺

Receive a benefit for your annual internal Cancer screening test, including but not limited to mammogram, pap, prostate-specific antigen blood test (PSA), chest x-ray, flexible sigmoidoscopy, thinprep pap test, and colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT <i>(per calendar year)</i>		
BASIC	ENHANCED	ENHANCED PLUS
\$45	\$60	\$75

⁺The premium and amount of benefits provided vary based upon the plan selected.

Benefits

BENEFITS ⁺	BASIC	ENHANCED	ENHANCED PLUS
SCREENING			
Diagnostic and Prevention Benefit (one per calendar year)	\$45	\$60	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$45	\$60	\$75

BENEFITS ⁺	BASIC	ENHANCED	ENHANCED PLUS
TREATMENT			
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (Actual Charges)	up to \$10,000	up to \$15,000	up to \$20,000
Medical Imaging Benefit (per image - max 2 per calendar year)	\$100	\$200	\$300
Hormone Therapy Benefit (per treatment - max 12 treatments/calendar year)	\$50	\$50	\$50
Administrative/Lab Work Benefit (per calendar month)	\$50	\$75	\$100
Blood, Plasma, and Platelets Benefit (per day) (per calendar year max)	\$100 \$5,000	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit		
Bone Marrow/Stem Cell Transplant Benefit			
Autologous (patient provided) (per calendar year)	\$500	\$1,000	\$1,500
Non-autologous (donor provided) (per calendar year)	\$1,500	\$3,000	\$4,500
Donor Benefit	\$1,000 per donation		
Inpatient Special Nursing Services Benefit (per day)	\$150	\$150	\$150
Dread Disease Benefit (per day for the first 30 days per Hospital confinement) (per day thereafter)	\$100 \$200	\$200 \$400	\$300 \$600

BENEFITS ⁺	BASIC	ENHANCED	ENHANCED PLUS
HOSPITALIZATION			
Hospital Confinement Benefit* (per day for the first 30 days) (per day thereafter)	\$100 \$200	\$200 \$400	\$300 \$600
Drugs & Medicine Benefit			
Hospital Confinement (per confinement)	\$100	\$200	\$300
Outpatient (per prescription - \$50 monthly max for basic; \$100 for enhanced; \$150 for enhanced plus per calendar month)	\$50	\$50	\$50
Attending Physician Benefit (per day)	\$30	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits)			
Hospital Confinement	\$100	\$200	\$300
Outpatient Services	\$100	\$200	\$300

BENEFITS ⁺	BASIC	ENHANCED	ENHANCED PLUS
AMBULANCE, TRANSPORTATION, & LODGING			
Ambulance Benefit (per trip - max 2 trips any combination per confinement)			
Ground	\$200	\$200	\$200
Air	\$2,000	\$2,000	\$2,000
Transportation & Lodging Benefit (Patient and/or Family)			
Transportation (\$1,500 max per round trip; max 12 trips/calendar year)	Coach fare or \$.50/mile by car		
Outpatient Lodging (per day up to 90 days per calendar year)	\$40	\$60	\$80

BENEFITS ⁺	BASIC	ENHANCED	ENHANCED PLUS
SURGICAL TREATMENT			
Surgical Benefit unit dollar amount (per surgical unit) maximum per operation	\$20 \$2,000	\$30 \$3,000	\$40 \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery		
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	\$200	\$400	\$600
Second & Third Surgical Opinion Benefit (per diagnosis)	\$300	\$300	\$300

BENEFITS ⁺	BASIC	ENHANCED	ENHANCED PLUS
CONTINUING CARE			
Prosthesis Benefit			
Non-Surgical (per device - 1 per site, lifetime max of 3)	\$100	\$150	\$200
Surgical Implantation (per device, includes surgical fee - 1 per site, lifetime max of 2)	\$1,000	\$1,500	\$2,000
Hair Prosthesis (once per life)	\$100	\$150	\$200
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital confinement)	\$50	\$75	\$100
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$25	\$25	\$25
Hospice Care Benefit (per day - \$9,000 lifetime max for basic; \$13,500 lifetime max for enhanced; \$18,000 lifetime max for enhanced plus)	\$50	\$75	\$100
Home Health Care Benefit (per day for up to the same number of days of paid Hospital confinement)	\$50	\$75	\$100
Waiver of Premium (as long as the primary insured remains disabled)	pays 90 continuous days		

Refer to Plan Benefit Highlights for more complete benefit descriptions and limits on the Individual Cancer insurance plan.

+The premium and amount of benefits provided vary based upon the plan selected.

Plan Benefit Highlights

MONTHLY PREMIUMS*

BASIC	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$11.80	\$16.70	\$23.00	\$31.30
Single Parent Family	\$17.60	\$24.80	\$34.30	\$46.80
Family	\$22.80	\$32.20	\$44.70	\$60.90

ENHANCED	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$16.30	\$23.60	\$32.60	\$44.20
Single Parent Family	\$24.40	\$35.20	\$48.70	\$65.90
Family	\$31.80	\$45.70	\$63.30	\$85.80

ENHANCED PLUS	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$21.00	\$30.80	\$42.40	\$57.30
Single Parent Family	\$31.40	\$45.80	\$63.30	\$85.60
Family	\$40.80	\$59.50	\$82.30	\$111.30

Plan Benefit Highlights

Only loss for Cancer The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pays the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

Diagnostic, Prevention and Cancer Screening Benefit Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy, and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. This benefit is available without a diagnosis of Cancer.

Cancer Screening Follow-Up Benefit Payable for one invasive follow-up screening test needed due to an abnormal result from a covered screening test. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the surgical benefit.

Radiation/Chemotherapy/Immunotherapy Benefit Pays the Actual Charges up to the maximum amount shown when radiation therapy, chemotherapy, or immunotherapy is received as defined in the policy, per 12-month period. The 12-month period begins on the first day the covered radiation therapy, chemotherapy, or immunotherapy is received. This benefit does not cover other procedures related to radiation/ chemotherapy/ immunotherapy. This benefit does not include any drugs/ medicines covered under the drugs and medicine benefit or the hormone therapy benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

Medical Imaging Benefit Pays the indemnity amount for either an MRI; CT scan; CAT scan; or PET scan when performed at the request of a physician.

Hormone Therapy Benefit Drugs and medicines covered under the drugs and medicine benefit or the radiation/chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

Administrative/Lab Work Benefit Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/immunotherapy benefit.

Blood, Plasma and Platelets Benefit Benefits for blood, plasma and platelets are only provided under this benefit. Laboratory processes and colony stimulating factors are not covered.

Bone Marrow/Stem Cell Transplant Benefit Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Hospital Confinement Benefit Payable while confined to a Hospital for at least 18 continuous hours. *A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. This benefit is not payable for outpatient treatment.

Drugs and Medicine Benefit Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/immunotherapy, a covered surgery, or a bone marrow/stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/ chemotherapy/immunotherapy benefit or the hormone therapy benefit.

Attending Physician Benefit Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

U.S. Government/Charity Hospital /HMO Benefit Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

Ambulance Benefit If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. The covered person must be admitted as an inpatient and Hospital confined for at least 18 consecutive hours.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging to receive radiation therapy, chemotherapy, or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. Travel must be within the United States or its Territories.

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, are not covered under this benefit. This benefit is payable for reconstructive breast surgery performed on a nondiseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this policy. Reconstructive surgery to the nondiseased breast must occur within 24 months of the reconstructive surgery of the diseased breast.

Plan Benefit Highlights (cont.)

Anesthesia Benefit Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit Surgical procedures for skin Cancer are not covered.

Second and Third Surgical Opinion Benefit Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, skin Cancer, or prosthesis surgeries are not covered.

Prosthesis Benefit Payable for a prosthetic device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. **Hair Prosthesis Benefit** is payable once per covered person per lifetime when a hair prosthesis is needed.

Extended Care Facility Benefit Pays for physician authorized confinement that begins within 14 days after a Hospital confinement.

Physical or Speech Therapy Benefit Therapy must be provided by a caregiver licensed in physical or speech therapy.

Hospice Care Benefit Payable when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

Home Health Care Benefit Pays for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy. The service must be provided by a nurse or home health nurse's aid and can not be a family member.

Waiver of Premium Benefit If the primary insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums for policy and rider(s) due after the 90th day so long as the primary insured remains disabled. "Disabled" means the primary insured's inability because of Cancer: to work at any job for which (s)he is qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a physician for the treatment of Cancer. The policy must be in force at the time disability begins and the primary insured must be under age 65.

Experimental Treatment Benefit Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

Donor Benefit Pays if a donor incurs expenses on behalf of a covered person for a covered surgery due to organ transplant or a bone marrow/stem cell transplant. Blood donor expenses are not covered under this benefit.

Dread Disease Benefit Covered dread diseases are: addison's disease; amyotrophic lateral sclerosis; cystic fibrosis; diphtheria; encephalitis; grand mal epilepsy; legionnaire's disease; meningitis; multiple sclerosis; muscular dystrophy; myasthenia gravis; niemann-pick disease; osteomyelitis; poliomyelitis; reye's syndrome; rheumatic fever; rocky mountain spotted fever; sickle cell anemia; systemic lupus erythematosus; tay-sach's disease; tetanus; toxic epidermal; toxic shock syndrome; tuberculosis; tularemia; typhoid fever; whipple's disease.

Inpatient Special Nursing Services Benefit Pays when Hospital confined and receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

See your policy for more information regarding the benefits listed above.

This product may contain limitations, exclusions, and waiting periods. This product is inappropriate for people who are eligible for Medicaid coverage.

Eligibility The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted or step child who is under 26 years of age are eligible to apply for coverage.

Limitations and Exclusions This policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. This policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

Pre-Existing Condition A Pre-Existing Condition is a Cancer or dread disease for which, within 12 months prior to the effective date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession; or which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice, or treatment. Pre-Existing Conditions specifically named or described as excluded in any part of the policy are never covered. No benefits are payable for any covered person for any loss incurred during the first year of the policy as a result of a Pre-Existing Condition.

Waiting Period The policy contains a 30-day waiting period during which no benefits will be paid under the policy. If any Cancer or dread disease is diagnosed before the end of the 30-day period immediately following the effective date, coverage will apply only to loss that is incurred after one year from the effective date. If any covered person is diagnosed as having a Cancer or dread disease during the 30-day period immediately following the effective date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits are payable only up to the maximum amount listed in the schedule of benefits in the policy.

Termination of Insurance Policy/rider(s) will terminate and coverage will end on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the policy/rider(s) month in which we receive a written request from you to terminate the policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than individual the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements.

For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the spouse from the policy/rider(s); the end of the premium term in which a divorce, annulment, legal separation is obtained; or upon their death.

For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the child(ren) from the policy/rider(s); or upon their death.

Guaranteed Renewable You are guaranteed the right to renew your policy/rider(s) during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.



American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • americanfidelity.com

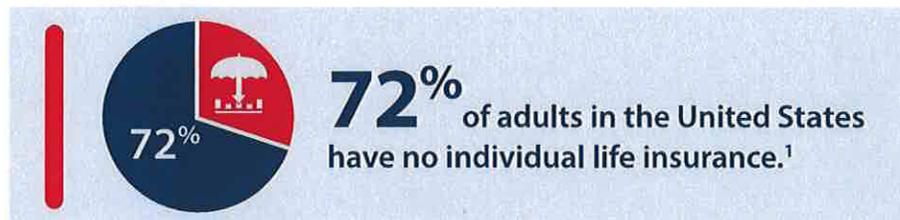


AF™ Term Life Insurance

10, 20 & 30 Year
Renewable & Convertible
Term Life Insurance

Strengthen Your Family's Financial Plan

Life insurance is an important piece of a strong financial plan. While there is no replacement for the loss of a loved one, AF™ **Term Life Insurance** can help protect your family in your absence. It supplies short-term coverage at a competitive price. For those on a limited budget, Term Life Insurance can help fill temporary needs.



Life insurance provided by your employer is an important benefit. However, it may not be enough protection to provide for your loved ones.

A term life policy can help supplement your existing coverage should you need it. Plus, this is an individual policy which means you own it and can take it with you to a different job or in retirement.

Why You Need Life Insurance

Consider the following expenses when choosing the right life insurance plan for you.



Financial Protection for You

AF™ **Term Life Insurance** is a great option for your working and earning years when costs are usually at their highest.

Premiums will remain the same for the initial term period selected.² The death benefit will not change for the life of the policy, and death benefits are generally paid tax free.



¹LIMRA: 2019 Insurance Barometer Study; March 29, 2019, p25. ²Rates will be adjusted on each renewed term period. ³LIMRA: The Facts of Life and Annuities - 2019 Update; January 7, 2020, p5.

Features

Three Easy Steps to Get Covered

- 1** **Select a Term Period**
 Choose from a 10, 20, or 30 year term.
- 2** **Answer Three Health Questions⁴**
 Only three health questions are required to issue coverage. You do not have to take part in any invasive medical exams.
- 3** **Get Death Benefit Coverage Immediately⁵**
 Your death benefit coverage starts when you sign the application.

SAMPLE 20-YEAR TERM NON-TOBACCO MONTHLY PREMIUM RATES⁶

	\$25K [*]	\$50K [*]	\$100K	\$150K
25	\$8.25	\$11.00	\$20.00	\$24.50
35	\$9.25	\$13.00	\$24.00	\$30.50
45	\$14.50	\$24.00	\$46.00	\$63.50
55	\$30.25	\$55.50	\$109.00	n/a

^{*}Shaded amounts available for spouse base policy purchases.

EMPLOYEE ISSUE AGES

10 Year Term: 17-65
 20 Year Term: 17-60
 30 Year Term: 17-50

EMPLOYEE ISSUE MAXIMUM

Ages 17-49: \$200,000
 Ages 50-65: \$100,000

GUARANTEED LEVEL DEATH BENEFIT

Receive the full face amount of your policy provided no accelerated benefits are paid.

SPOUSE ISSUE AGES AND MAXIMUMS

Ages 17-49: \$50,000
 Ages 50-60: \$25,000

RATES BASED ON ISSUE AGE AND TOBACCO STATUS

Premiums will be based on your age on the date your policy becomes effective. You may be eligible for reduced rates if you are a non-tobacco user.

RENEWABLE AND CONVERTIBLE⁷

Renew your coverage to age 90. You may convert to a whole life policy prior to age 70.

⁴Issuance of the policy may depend on the answer to these questions. ⁵Interim coverage for death will be in force from the date your application is signed if on such date the proposed insured is insurable per our underwriting guidelines for the requested coverage in accordance with the terms of the policy. This interim coverage for death will remain in force until the earlier of: 1) the date a policy becomes effective; 2) the date we decline the application; or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness. ⁶Example is based on a 20-year term, monthly, non-tobacco, base policy with no attached riders. For specific ages, rates, term periods or face amounts, see your American Fidelity account manager. ⁷Premiums remain level for the initial term period selected. If you choose the 10 or 20 Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60 respectively. Thereafter, premiums are renewable annually. The 30 Year Term Life Plan is renewable annually after the initial term period. All term plans expire on the policy anniversary following age 90. Rates will be adjusted on each renewed term period.

Enhance Your Plan

Waiver of Premium Rider

This rider waives the premium if the base Insured becomes totally disabled, as defined in the rider, for at least six consecutive months. Premiums are waived for the base policy and any attached riders. Issue age is 17-60. The rider terminates at age 65.

Accidental Death and Dismemberment Rider

This rider provides coverage upon death, dismemberment, or paralysis of the base Insured prior to age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seatbelt benefit, if the police accident report certifies the base Insured was wearing a properly fastened seatbelt at time of death. Benefits are payable once per covered Accident.

Spouse Term Rider

This rider provides level Term Life Insurance coverage on your spouse. The premiums for this rider are based on the spouse's age and tobacco usage. Coverage may be renewed for each additional renewal period up to the spouse's age 90, while the base policy is in force.⁷ Premiums adjust upon renewal. Face amount must be equal to or less than the base policy.

Children's Term Rider

This rider provides level Term Life Insurance protection for all your eligible children who are between the ages of one month through age 19. Coverage remains on each child until age 26 or marriage of the child prior to age 26. Your covered child may also convert this rider for up to five times the amount of coverage (subject to a \$100,000 limit overall) to any form of permanent insurance offered by American Fidelity for conversions. One premium covers all eligible children. Three benefit levels are available: \$10,000, \$20,000, and \$30,000.

Accelerated Benefit Rider for Long Term Illness (Available with 30-Year Term Life Only)

This rider provides for two equal advances of a portion of the base policy's death benefit due to a Long Term Illness if we receive satisfactory proof of Long Term Illness prior to each annual payment. Coverage is available on the base Insured only.

Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Third Party Notice: The owner has the right to designate a third party to receive notice of lapse or termination of an individual life insurance policy due to nonpayment of premium. Such notice will be sent to the policy owner and the third party at least 30 calendar days before cancellation. This designation may be done at this time, or at any time the policy is in force. Please contact us to request a form to designate, change or update this information at a later date. M3437.R118

Accelerated Benefit Summary and Disclosure Notice

Accelerated Benefit Summary and Disclosure Notice

THIS DOCUMENT SERVES ONLY AS A SUMMARY AND A DISCLOSURE NOTICE. PLEASE REFER TO YOUR POLICY OR RIDER FOR ACTUAL CONTRACT PROVISIONS.

THE POLICY/RIDER PROVIDES AN ACCELERATED BENEFIT OPTION. YOU SHOULD CONSULT WITH A PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING PAYMENT UNDER AN ACCELERATED BENEFIT PROVISION. BENEFITS AS SPECIFIED IN THE POLICY/RIDER WILL BE REDUCED UPON RECEIPT OF AN ACCELERATED BENEFIT PAYMENT. RECEIPT OF ACCELERATED BENEFIT PAYMENTS: 1) MAY BE TAXABLE; 2) MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW; AND, 3) DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

The policy and/or rider you are applying for has an Accelerated Benefit provision. The provision allows a portion of the death benefits to be advanced if certain conditions are met. Please see policy/rider for conditions and definitions, as applicable.

Prior to the payment of any Accelerated Benefit, the following conditions must be met:

- The maximum Accelerated Benefit varies by policy/rider (see specific information below) and shall not exceed the Benefit Amount for the policy shown on the Policy Schedule.
- Only one Accelerated Benefit election will be made under the policy and/or each rider even if the Owner does not elect the full acceleration amount.
- If two or more Accelerated Benefits are payable on behalf of the Insured/Covered Person under the policy or any attached riders for the same or related sickness, injury or loss, benefits will be paid in the following order:
 - 1) Accelerated Benefit for Long Term Illness, if this optional rider is attached to the policy; and
 - 2) Accelerated Benefit for Terminal Condition.
- Additional limitations and exclusions may apply, please read your policy/rider carefully.

Upon request to accelerate the policy/rider proceeds, and upon the payment of the accelerated benefit, the Owner and any irrevocable beneficiary shall be given a statement demonstrating the effect of the acceleration on the payment of policy proceeds, cash value, death benefit, premium, and policy loans, as applicable.

Accelerated Benefit for Terminal Condition

Prior to the payment of any Accelerated Benefit, the Insured/Covered Person must have a Terminal Condition, defined as an imminent death expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of the Insured/Covered Person of 12 months or less. The maximum payable is the lesser of: 50% of the eligible proceeds as defined in the policy/rider, or \$100,000. There is no premium associated with this provision.

Payment of an Accelerated Benefit, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option, any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.
- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.
- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.

Accelerated Benefit for Long Term Illness (optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Long Term Illness, which means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as permanently unable to perform, without Substantial Assistance from another individual, at least two out of five Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision due to permanent Severe Cognitive Impairment. The maximum payable is the lesser of 50% of the Eligible Proceeds available at the time of claim payable in two equal annual payments up to a maximum of 25% of the Eligible Proceeds per year for two consecutive years; or \$100,000 payable in two equal annual payments up to a maximum of \$50,000 per year for two consecutive years. Premium is required to keep this rider in force.

Payment of an Accelerated Benefit for Long Term Illness, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the rider will terminate and no additional benefits will be due under the rider, even for recurrence. The policy will remain in force and premiums will continue to be billed and payable as due.
- Policy proceeds which are payable on the death of the Insured will be reduced by the amount of the Accelerated Benefit.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. The cash values will be adjusted proportionally by the percent accelerated.
- Any outstanding policy loan, including interest, will be proportionally reduced by the percent accelerated and will be deducted from the Accelerated Benefit payment.
- The Accelerated Benefit will reduce the Benefit Amount and will be applied immediately upon acceleration.

ICC14 DN111

The acceleration of life insurance benefits offered under this policy are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration of life insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor under circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law.

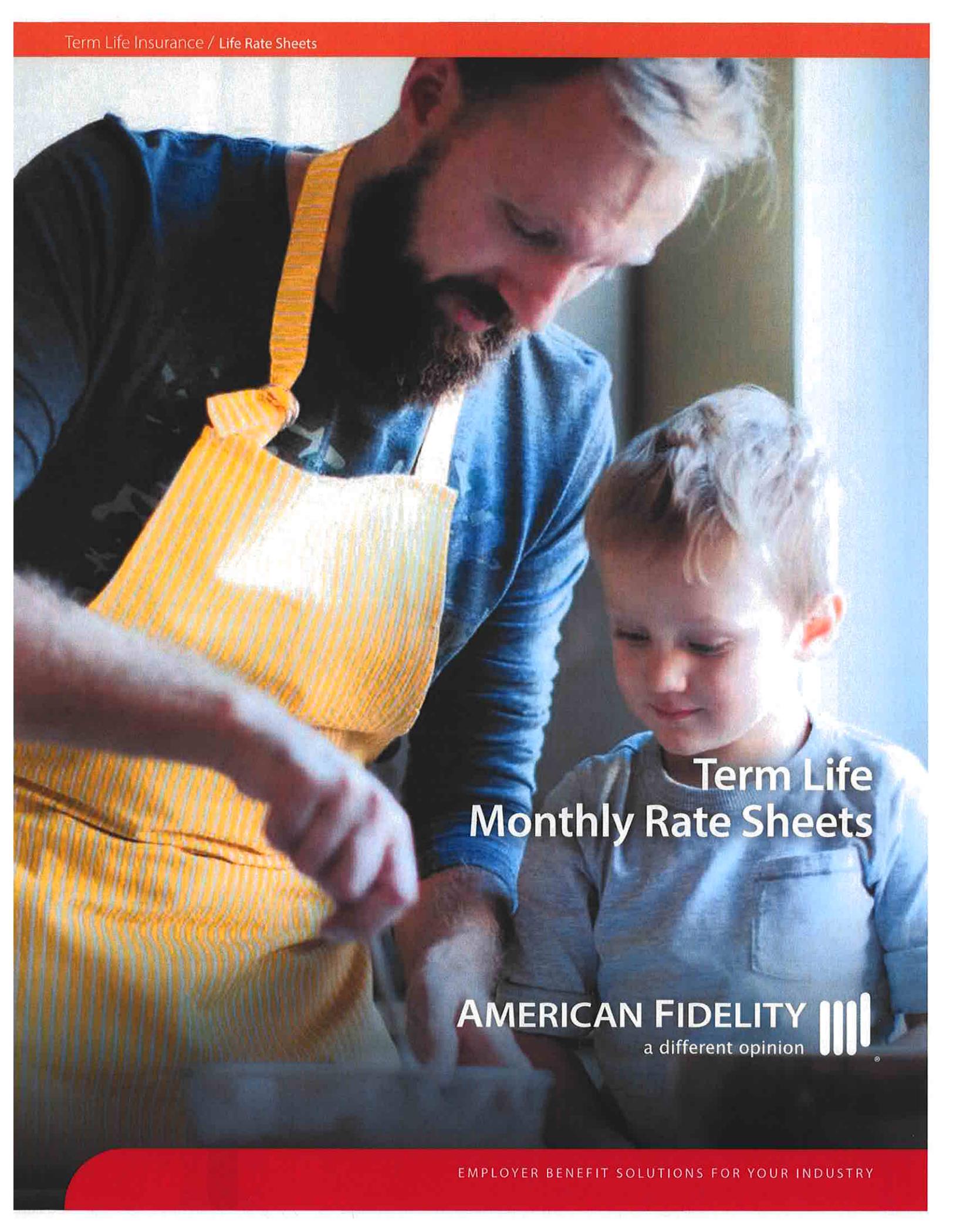
Receipt of acceleration of life insurance benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

This brochure does not constitute the full policy and is intended to provide basic information about American Fidelity Assurance Company's Renewable and Convertible Term Life Insurance product, ICC14 RCTL14 / RCTL14 Series. For specific details, limitations and exclusions, please refer to your policy, riders. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125. Rider availability may vary by state.

We will not pay the policy proceeds if the insured commits suicide, while sane or insane for the period of time as described in the insured's policy, from the Effective date. Instead, we will return all premiums paid.



American Fidelity Assurance Company
800-662-1113 • americanfidelity.com



Term Life
Monthly Rate Sheets

AMERICAN FIDELITY 
a different opinion [®]

10 Year Term Non-Tobacco User Rates

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee								
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
17	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
18	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
19	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
20	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
21	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
22	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
23	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
24	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
25	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
26	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
27	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
28	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
29	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
30	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
31	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
32	8.50	9.80	12.00	17.00	22.00	22.00	26.00	30.00	34.00
33	8.50	9.80	12.00	17.00	22.00	22.00	26.00	30.00	34.00
34	8.75	10.10	12.50	17.75	23.00	23.25	27.50	31.75	36.00
35	8.75	10.10	12.50	17.75	23.00	23.25	27.50	31.75	36.00
36	9.00	10.40	13.00	18.50	24.00	24.50	29.00	33.50	38.00
37	9.25	10.70	13.50	19.25	25.00	25.75	30.50	35.25	40.00
38	9.50	11.00	14.00	20.00	26.00	27.00	32.00	37.00	42.00
39	10.00	11.60	15.00	21.50	28.00	29.50	35.00	40.50	46.00
40	10.25	11.90	15.50	22.25	29.00	30.75	36.50	42.25	48.00
41	10.75	12.50	16.50	23.75	31.00	33.25	39.50	45.75	52.00
42	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
43	11.50	13.40	18.00	26.00	34.00	37.00	44.00	51.00	58.00
44	12.00	14.00	19.00	27.50	36.00	39.50	47.00	54.50	62.00
45	12.50	14.60	20.00	29.00	38.00	42.00	50.00	58.00	66.00
46	13.25	15.50	21.50	31.25	41.00	44.50	53.00	61.50	70.00
47	13.75	16.10	22.50	32.75	43.00	48.25	57.50	66.75	76.00
48	14.50	17.00	24.00	35.00	46.00	52.00	62.00	72.00	82.00
49	15.50	18.20	26.00	38.00	50.00	55.75	66.50	77.25	88.00
50	16.25	19.10	27.50	40.25	53.00	--	--	--	--
51	17.00	20.00	29.50	43.25	57.00	--	--	--	--
52	17.75	20.90	31.50	46.25	61.00	--	--	--	--
53	18.75	22.10	34.00	50.00	66.00	--	--	--	--
54	19.50	23.00	36.50	53.75	71.00	--	--	--	--
55	20.50	24.20	39.00	57.50	76.00	--	--	--	--
56	22.50	26.60	43.00	63.50	84.00	--	--	--	--
57	25.00	29.60	48.00	71.00	94.00	--	--	--	--
58	27.50	32.60	53.00	78.50	104.00	--	--	--	--
59	30.25	35.90	58.50	86.75	115.00	--	--	--	--
60	33.50	39.80	65.00	96.50	128.00	--	--	--	--
61	36.50	43.40	71.00	105.50	140.00	--	--	--	--
62	39.75	47.30	77.50	115.25	153.00	--	--	--	--
63	43.50	51.80	85.00	126.50	168.00	--	--	--	--
64	47.50	56.60	93.00	138.50	184.00	--	--	--	--
65	51.75	61.70	101.50	151.25	201.00	--	--	--	--

Spouse
Coverage
Available¹

This insert must be used in conjunction with SB-30355 and any state specific deviations thereof. This is a brief description of the coverage and does not constitute the actual policy. For complete benefits, limitations, exclusions and other provisions, please refer to the policy. Not generally qualified Benefits under Section 125 plans. ¹Maximum face amount available is \$50,000.

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee								
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
17	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
18	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
19	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
20	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
21	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
22	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
23	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
24	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
25	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
26	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
27	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
28	11.25	13.10	17.50	25.25	33.00	35.75	42.50	49.25	56.00
29	11.25	13.10	17.50	25.25	33.00	35.75	42.50	49.25	56.00
30	11.25	13.10	17.50	25.25	33.00	35.75	42.50	49.25	56.00
31	11.50	13.40	18.00	26.00	34.00	37.00	44.00	51.00	58.00
32	11.75	13.70	18.50	26.75	35.00	38.25	45.50	52.75	60.00
33	12.00	14.00	19.00	27.50	36.00	39.50	47.00	54.50	62.00
34	12.25	14.30	19.50	28.25	37.00	40.75	48.50	56.25	64.00
35	12.50	14.60	20.00	29.00	38.00	42.00	50.00	58.00	66.00
36	13.00	15.20	21.00	30.50	40.00	44.50	53.00	61.50	70.00
37	13.50	15.80	22.00	32.00	42.00	47.00	56.00	65.00	74.00
38	14.00	16.40	23.00	33.50	44.00	49.50	59.00	68.50	78.00
39	14.75	17.30	24.50	35.75	47.00	53.25	63.50	73.75	84.00
40	15.25	17.90	25.50	37.25	49.00	55.75	66.50	77.25	88.00
41	16.25	19.10	27.50	40.25	53.00	60.75	72.50	84.25	96.00
42	17.50	20.60	30.00	44.00	58.00	67.00	80.00	93.00	106.00
43	18.75	22.10	32.50	47.75	63.00	73.25	87.50	101.75	116.00
44	20.25	23.90	35.50	52.25	69.00	80.75	96.50	112.25	128.00
45	21.75	25.70	38.50	56.75	75.00	88.25	105.50	122.75	140.00
46	23.25	27.50	41.50	61.25	81.00	95.75	114.50	133.25	152.00
47	25.00	29.60	44.50	65.75	87.00	103.25	123.50	143.75	164.00
48	27.00	32.00	48.00	71.00	94.00	112.00	134.00	156.00	178.00
49	29.00	34.40	51.50	76.25	101.00	120.75	144.50	168.25	192.00
50	31.25	37.10	55.50	82.25	109.00	--	--	--	--
51	33.50	39.80	60.50	89.75	119.00	--	--	--	--
52	36.25	43.10	65.50	97.25	129.00	--	--	--	--
53	39.00	46.40	71.50	106.25	141.00	--	--	--	--
54	42.00	50.00	78.00	116.00	154.00	--	--	--	--
55	45.25	53.90	85.00	126.50	168.00	--	--	--	--
56	49.75	59.30	94.00	140.00	186.00	--	--	--	--
57	54.50	65.00	104.50	155.75	207.00	--	--	--	--
58	60.00	71.60	116.00	173.00	230.00	--	--	--	--
59	66.00	78.80	128.50	191.75	255.00	--	--	--	--
60	72.50	86.60	143.00	213.50	284.00	--	--	--	--
61	77.50	92.60	153.00	228.50	304.00	--	--	--	--
62	82.75	98.90	163.50	244.25	325.00	--	--	--	--
63	88.50	105.80	175.00	261.50	348.00	--	--	--	--
64	94.75	113.30	187.50	280.25	373.00	--	--	--	--
65	101.25	121.10	200.50	299.75	399.00	--	--	--	--

Spouse
Coverage
Available¹

RIDER RATES

SPOUSE TERM RIDER: Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19 (17 in MI and PA, 14 in MA and WA). Subject to the overall child maximum of \$50,000 (\$15,000 in WA). Grandchildren are not eligible for this rider.
ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.
WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee								
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
17	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
18	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
19	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
20	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
21	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
22	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
23	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
24	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
25	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
26	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
27	8.50	9.80	11.50	16.25	21.00	22.00	26.00	30.00	34.00
28	8.50	9.80	11.50	16.25	21.00	22.00	26.00	30.00	34.00
29	8.75	10.10	12.00	17.00	22.00	23.25	27.50	31.75	36.00
30	8.75	10.10	12.00	17.00	22.00	23.25	27.50	31.75	36.00
31	8.75	10.10	12.00	17.00	22.00	23.25	27.50	31.75	36.00
32	9.00	10.40	12.50	17.75	23.00	24.50	29.00	33.50	38.00
33	9.00	10.40	12.50	17.75	23.00	24.50	29.00	33.50	38.00
34	9.25	10.70	13.00	18.50	24.00	25.75	30.50	35.25	40.00
35	9.25	10.70	13.00	18.50	24.00	25.75	30.50	35.25	40.00
36	9.50	11.00	13.50	19.25	25.00	27.00	32.00	37.00	42.00
37	10.00	11.60	14.50	20.75	27.00	29.50	35.00	40.50	46.00
38	10.25	11.90	15.00	21.50	28.00	30.75	36.50	42.25	48.00
39	10.50	12.20	16.00	23.00	30.00	33.25	39.50	45.75	52.00
40	11.00	12.80	17.00	24.50	32.00	35.75	42.50	49.25	56.00
41	11.50	13.40	18.00	26.00	34.00	38.25	45.50	52.75	60.00
42	12.25	14.30	19.50	28.25	37.00	42.00	50.00	58.00	66.00
43	13.00	15.20	21.00	30.50	40.00	45.75	54.50	63.25	72.00
44	13.75	16.10	22.50	32.75	43.00	49.50	59.00	68.50	78.00
45	14.50	17.00	24.00	35.00	46.00	53.25	63.50	73.75	84.00
46	15.50	18.20	26.00	38.00	50.00	58.25	69.50	80.75	92.00
47	16.50	19.40	28.00	41.00	54.00	63.25	75.50	87.75	100.00
48	17.75	20.90	30.00	44.00	58.00	68.25	81.50	94.75	108.00
49	19.00	22.40	32.50	47.75	63.00	74.50	89.00	103.50	118.00
50	20.25	23.90	35.00	51.50	68.00	--	--	--	--
51	22.00	26.00	38.50	56.75	75.00	--	--	--	--
52	23.75	28.10	42.00	62.00	82.00	--	--	--	--
53	25.75	30.50	46.00	68.00	90.00	--	--	--	--
54	28.00	33.20	50.50	74.75	99.00	--	--	--	--
55	30.25	35.90	55.50	82.25	109.00	--	--	--	--
56	32.25	38.30	59.50	88.25	117.00	--	--	--	--
57	34.50	41.00	64.00	95.00	126.00	--	--	--	--
58	37.00	44.00	69.00	102.50	136.00	--	--	--	--
59	39.50	47.00	74.00	110.00	146.00	--	--	--	--
60	42.25	50.30	79.50	118.25	157.00	--	--	--	--

Spouse
Coverage
Available¹

This insert must be used in conjunction with SB-30355 and any state specific deviations thereof. This is a brief description of the coverage and does not constitute the actual policy. For complete benefits, limitations, exclusions and other provisions, please refer to the policy. Not generally qualified Benefits under Section 125 plans. ¹Maximum face amount available is \$50,000.

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee								
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
17	11.00	12.80	16.00	23.00	30.00	33.25	39.50	45.75	52.00
18	11.00	12.80	16.00	23.00	30.00	33.25	39.50	45.75	52.00
19	11.00	12.80	16.00	23.00	30.00	33.25	39.50	45.75	52.00
20	11.00	12.80	16.00	23.00	30.00	33.25	39.50	45.75	52.00
21	11.00	12.80	16.00	23.00	30.00	33.25	39.50	45.75	52.00
22	11.00	12.80	16.00	23.00	30.00	33.25	39.50	45.75	52.00
23	11.25	13.10	16.50	23.75	31.00	34.50	41.00	47.50	54.00
24	11.25	13.10	16.50	23.75	31.00	34.50	41.00	47.50	54.00
25	11.25	13.10	16.50	23.75	31.00	34.50	41.00	47.50	54.00
26	11.25	13.10	16.50	23.75	31.00	34.50	41.00	47.50	54.00
27	11.25	13.10	16.50	23.75	31.00	34.50	41.00	47.50	54.00
28	11.50	13.40	17.00	24.50	32.00	35.75	42.50	49.25	56.00
29	11.50	13.40	17.00	24.50	32.00	35.75	42.50	49.25	56.00
30	11.50	13.40	17.00	24.50	32.00	35.75	42.50	49.25	56.00
31	12.00	14.00	18.00	26.00	34.00	38.25	45.50	52.75	60.00
32	12.25	14.30	18.50	26.75	35.00	39.50	47.00	54.50	62.00
33	12.75	14.90	19.50	28.25	37.00	42.00	50.00	58.00	66.00
34	13.25	15.50	20.50	29.75	39.00	44.50	53.00	61.50	70.00
35	13.75	16.10	21.50	31.25	41.00	47.00	56.00	65.00	74.00
36	14.50	17.00	23.00	33.50	44.00	50.75	60.50	70.25	80.00
37	15.25	17.90	24.50	35.75	47.00	54.50	65.00	75.50	86.00
38	16.25	19.10	26.00	38.00	50.00	58.25	69.50	80.75	92.00
39	17.00	20.00	28.00	41.00	54.00	63.25	75.50	87.75	100.00
40	18.00	21.20	30.00	44.00	58.00	68.25	81.50	94.75	108.00
41	19.25	22.70	32.50	47.75	63.00	74.50	89.00	103.50	118.00
42	20.75	24.50	35.50	52.25	69.00	82.00	98.00	114.00	130.00
43	22.25	26.30	38.50	56.75	75.00	89.50	107.00	124.50	142.00
44	24.00	28.40	42.00	62.00	82.00	98.25	117.50	136.75	156.00
45	25.75	30.50	45.50	67.25	89.00	107.00	128.00	149.00	170.00
46	27.50	32.60	49.00	72.50	96.00	115.75	138.50	161.25	184.00
47	29.50	35.00	53.00	78.50	104.00	125.75	150.50	175.25	200.00
48	31.50	37.40	57.00	84.50	112.00	135.75	162.50	189.25	216.00
49	33.75	40.10	61.50	91.25	121.00	147.00	176.00	205.00	234.00
50	36.25	43.10	66.50	98.75	131.00	--	--	--	--
51	39.00	46.40	72.00	107.00	142.00	--	--	--	--
52	42.00	50.00	78.00	116.00	154.00	--	--	--	--
53	45.25	53.90	84.50	125.75	167.00	--	--	--	--
54	48.75	58.10	91.50	136.25	181.00	--	--	--	--
55	52.50	62.60	99.00	147.50	196.00	--	--	--	--
56	57.00	68.00	108.00	161.00	214.00	--	--	--	--
57	62.00	74.00	118.00	176.00	234.00	--	--	--	--
58	67.50	80.60	129.00	192.50	256.00	--	--	--	--
59	73.75	88.10	141.00	210.50	280.00	--	--	--	--
60	80.25	95.90	154.50	230.75	307.00	--	--	--	--

Spouse
Coverage
Available¹

RIDER RATES

SPOUSE TERM RIDER: Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19 (17 in MI and PA, 14 in MA and WA). Subject to the overall child maximum of \$50,000 (\$15,000 in WA). Grandchildren are not eligible for this rider.
ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.
WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee															
	\$10,000		\$25,000		\$50,000		\$75,000		\$100,000		\$150,000		\$175,000		\$200,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	4.60	0.12	8.50	0.29	11.50	0.59	16.25	0.88	21.00	1.17	26.00	1.76	30.00	2.05	34.00	2.34
18	4.60	0.12	8.50	0.29	11.50	0.59	16.25	0.88	21.00	1.17	26.00	1.76	30.00	2.05	34.00	2.34
19	4.60	0.12	8.50	0.29	11.50	0.59	16.25	0.88	21.00	1.17	26.00	1.76	30.00	2.05	34.00	2.34
20	4.60	0.12	8.50	0.29	11.50	0.59	16.25	0.88	21.00	1.17	26.00	1.76	30.00	2.05	34.00	2.34
21	4.60	0.12	8.50	0.31	12.00	0.61	17.00	0.92	22.00	1.22	27.50	1.83	31.75	2.14	36.00	2.44
22	4.70	0.13	8.75	0.32	12.00	0.63	17.00	0.95	22.00	1.26	27.50	1.89	31.75	2.21	36.00	2.52
23	4.70	0.13	8.75	0.33	12.50	0.66	17.75	0.98	23.00	1.31	29.00	1.97	33.50	2.29	38.00	2.62
24	4.80	0.14	9.00	0.34	12.50	0.68	17.75	1.01	23.00	1.35	29.00	2.03	33.50	2.36	38.00	2.70
25	4.80	0.14	9.00	0.35	13.00	0.70	18.50	1.05	24.00	1.40	30.50	2.10	35.25	2.45	40.00	2.80
26	4.80	0.15	9.00	0.38	13.00	0.77	18.50	1.15	24.00	1.53	30.50	2.30	35.25	2.68	40.00	3.06
27	4.90	0.17	9.25	0.42	13.50	0.84	19.25	1.25	25.00	1.67	32.00	2.51	37.00	2.92	42.00	3.34
28	4.90	0.18	9.25	0.45	13.50	0.90	19.25	1.35	25.00	1.80	32.00	2.70	37.00	3.15	42.00	3.60
29	5.00	0.19	9.50	0.49	14.00	0.97	20.00	1.46	26.00	1.94	33.50	2.91	38.75	3.40	44.00	3.88
30	5.00	0.20	9.50	0.51	14.00	1.02	20.00	1.52	26.00	2.03	33.50	3.05	38.75	3.55	44.00	4.06
31	5.10	0.22	9.75	0.54	14.50	1.08	20.75	1.62	27.00	2.16	35.00	3.24	40.50	3.78	46.00	4.32
32	5.20	0.23	10.00	0.58	15.00	1.15	21.50	1.73	28.00	2.30	36.50	3.45	42.25	4.03	48.00	4.60
33	5.30	0.24	10.25	0.61	15.00	1.22	21.50	1.82	28.00	2.43	36.50	3.65	42.25	4.25	48.00	4.86
34	5.40	0.26	10.50	0.64	15.50	1.29	22.25	1.93	29.00	2.57	38.00	3.86	44.00	4.50	50.00	5.14
35	5.50	0.28	10.75	0.70	16.00	1.40	23.00	2.09	30.00	2.79	39.50	4.19	45.75	4.88	52.00	5.58
36	5.70	0.30	11.25	0.74	17.00	1.49	24.50	2.23	32.00	2.97	42.50	4.46	49.25	5.20	56.00	5.94
37	5.90	0.32	11.75	0.79	18.00	1.58	26.00	2.36	34.00	3.15	47.00	4.73	54.50	5.51	62.00	6.30
38	6.20	0.33	12.50	0.83	19.50	1.67	28.25	2.50	37.00	3.33	50.00	5.00	58.00	5.83	66.00	6.66
39	6.40	0.35	13.00	0.88	20.50	1.76	29.75	2.63	39.00	3.51	54.50	5.27	63.25	6.14	72.00	7.02
40	6.70	0.37	13.75	0.93	22.00	1.86	32.00	2.78	42.00	3.71	59.00	5.57	68.50	6.49	78.00	7.42
41	7.00	0.40	14.50	0.99	23.50	1.98	34.25	2.96	45.00	3.95	63.50	5.93	73.75	6.91	84.00	7.90
42	7.30	0.42	15.25	1.05	25.00	2.09	36.50	3.14	48.00	4.18	68.00	6.27	79.00	7.32	90.00	8.36
43	7.60	0.44	16.00	1.10	26.50	2.20	38.75	3.30	51.00	4.40	72.50	6.60	84.25	7.70	96.00	8.80
44	7.90	0.46	16.75	1.15	28.50	2.30	41.75	3.45	55.00	4.60	78.50	6.90	91.25	8.05	104.00	9.20
45	8.30	0.47	17.75	1.18	30.50	2.36	44.75	3.54	59.00	4.72	84.50	7.08	98.25	8.26	112.00	9.44
46	8.90	0.50	19.25	1.25	33.50	2.49	49.25	3.74	65.00	4.98	93.50	7.47	108.75	8.72	124.00	9.96
47	9.50	0.52	20.75	1.31	36.50	2.62	53.75	3.93	71.00	5.24	102.50	7.86	119.25	9.17	136.00	10.48
48	10.20	0.55	22.50	1.37	40.00	2.74	59.00	4.10	78.00	5.47	113.00	8.21	131.50	9.57	150.00	10.94
49	10.90	0.57	24.25	1.43	44.00	2.85	65.00	4.28	86.00	5.70	123.50	8.55	143.75	9.98	164.00	11.40
50	11.70	0.59	26.25	1.48	48.00	2.95	71.00	4.43	94.00	5.90	--	--	--	--	--	--

Spouse Coverage Available¹

This insert must be used in conjunction with SB-30355 and any state specific deviations thereof. This is a brief description of the coverage and does not constitute the actual policy. For complete benefits, limitations, exclusions and other provisions, please refer to the policy. Not generally qualified Benefits under Section 125 plans. ¹Maximum face amount available is \$50,000.

ISSUE AGE	Death Benefit															
	Monthly Premium Including Policy Fee															
	\$10,000		\$25,000		\$50,000		\$75,000		\$100,000		\$150,000		\$175,000		\$200,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	5.60	0.18	11.00	0.44	17.00	0.88	24.50	1.32	32.00	1.76	42.50	2.64	49.25	3.08	56.00	3.52
18	5.60	0.18	11.00	0.44	17.00	0.88	24.50	1.32	32.00	1.76	42.50	2.64	49.25	3.08	56.00	3.52
19	5.60	0.18	11.00	0.44	17.00	0.88	24.50	1.32	32.00	1.76	42.50	2.64	49.25	3.08	56.00	3.52
20	5.60	0.18	11.00	0.44	17.00	0.88	24.50	1.32	32.00	1.76	42.50	2.64	49.25	3.08	56.00	3.52
21	5.60	0.19	11.00	0.46	17.00	0.93	24.50	1.39	32.00	1.85	42.50	2.78	49.25	3.24	56.00	3.70
22	5.60	0.19	11.00	0.49	17.00	0.97	24.50	1.46	32.00	1.94	42.50	2.91	49.25	3.40	56.00	3.88
23	5.70	0.20	11.25	0.51	17.50	1.02	25.25	1.52	33.00	2.03	44.00	3.05	51.00	3.55	58.00	4.06
24	5.70	0.21	11.25	0.53	17.50	1.06	25.25	1.59	33.00	2.12	44.00	3.18	51.00	3.71	58.00	4.24
25	5.70	0.21	11.25	0.53	17.50	1.06	25.25	1.59	33.00	2.12	44.00	3.18	51.00	3.71	58.00	4.24
26	5.80	0.23	11.50	0.58	18.00	1.15	26.00	1.73	34.00	2.30	45.50	3.45	52.75	4.03	60.00	4.60
27	6.00	0.25	12.00	0.62	19.00	1.24	27.50	1.86	36.00	2.48	48.50	3.72	56.25	4.34	64.00	4.96
28	6.20	0.27	12.50	0.67	19.50	1.33	28.25	2.00	37.00	2.66	50.00	3.99	58.00	4.66	66.00	5.32
29	6.30	0.28	12.75	0.71	20.00	1.42	29.00	2.13	38.00	2.84	51.50	4.26	59.75	4.97	68.00	5.68
30	6.50	0.30	13.25	0.74	21.00	1.49	30.50	2.23	40.00	2.97	54.50	4.46	63.25	5.20	72.00	5.94
31	6.80	0.32	14.00	0.80	22.50	1.60	32.75	2.40	43.00	3.20	59.00	4.80	68.50	5.60	78.00	6.40
32	7.00	0.34	14.50	0.86	23.50	1.71	34.25	2.57	45.00	3.42	62.00	5.13	72.00	5.99	82.00	6.84
33	7.30	0.37	15.25	0.91	25.00	1.83	36.50	2.74	48.00	3.65	66.50	5.48	77.25	6.39	88.00	7.30
34	7.70	0.39	16.25	0.97	27.00	1.94	39.50	2.90	52.00	3.87	72.50	5.81	84.25	6.77	96.00	7.74
35	8.00	0.41	17.00	1.04	28.50	2.07	41.75	3.11	55.00	4.14	77.00	6.21	89.50	7.25	102.00	8.28
36	8.50	0.45	18.25	1.12	31.00	2.23	45.50	3.35	60.00	4.46	84.50	6.69	98.25	7.81	112.00	8.92
37	9.00	0.48	19.50	1.19	33.50	2.39	49.25	3.58	65.00	4.77	92.00	7.16	107.00	8.35	122.00	9.54
38	9.50	0.51	20.75	1.27	36.00	2.55	53.00	3.82	70.00	5.09	99.50	7.64	115.75	8.91	132.00	10.18
39	10.20	0.54	22.50	1.35	39.00	2.70	57.50	4.05	76.00	5.40	108.50	8.10	126.25	9.45	144.00	10.80
40	10.80	0.55	24.00	1.38	42.50	2.77	62.75	4.15	83.00	5.53	119.00	8.30	138.50	9.68	158.00	11.06
41	11.40	0.59	25.50	1.48	45.50	2.96	67.25	4.43	89.00	5.91	128.00	8.87	149.00	10.34	170.00	11.82
42	12.10	0.63	27.25	1.57	49.00	3.14	72.50	4.70	96.00	6.27	138.50	9.41	161.25	10.97	184.00	12.54
43	12.80	0.66	29.00	1.66	52.50	3.31	77.75	4.97	103.00	6.62	149.00	9.93	173.50	11.59	198.00	13.24
44	13.60	0.70	31.00	1.74	56.50	3.48	83.75	5.21	111.00	6.95	161.00	10.43	187.50	12.16	214.00	13.90
45	14.40	0.72	33.00	1.80	60.50	3.59	89.75	5.39	119.00	7.18	173.00	10.77	201.50	12.57	230.00	14.36
46	15.60	0.77	36.00	1.92	66.50	3.84	98.75	5.75	131.00	7.67	191.00	11.51	222.50	13.42	254.00	15.34
47	16.90	0.81	39.25	2.04	73.00	4.07	108.50	6.11	144.00	8.14	209.00	12.21	243.50	14.25	278.00	16.28
48	18.40	0.86	43.00	2.15	80.00	4.30	119.00	6.44	158.00	8.59	231.50	12.89	269.75	15.03	308.00	17.18
49	20.00	0.90	47.00	2.25	88.00	4.51	131.00	6.76	174.00	9.01	255.50	13.52	297.75	15.77	340.00	18.02
50	21.70	0.94	51.25	2.36	96.50	4.72	143.75	7.08	191.00	9.44	--	--	--	--	--	--

Spouse Coverage Available!

RIDER RATES

SPOUSE TERM RIDER: Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI): Add the rate shown in the ABLTI column to the base rate.

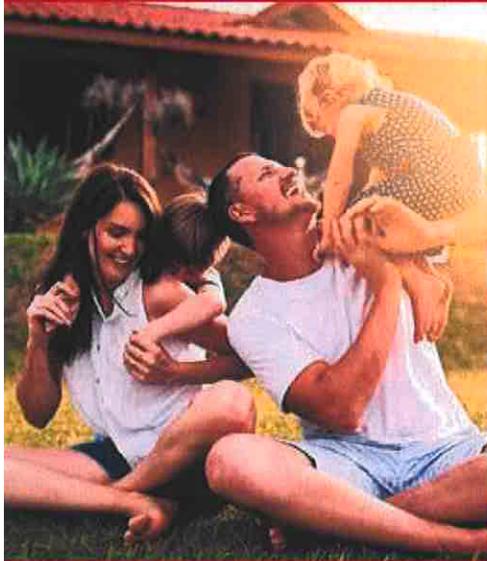
CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19 (17 in MI and PA, 14 in MA and WA). Subject to the overall child maximum of \$50,000 (\$15,000 in WA). Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

American Fidelity Assurance Company
9000 Cameron Parkway • Oklahoma City, OK 73114
800-654-8489 • americanfidelity.com

AMERICAN FIDELITY 
a different opinion



AF™ Whole Life Insurance

A Lifetime of Protection

Ensuring your family has protection in the event of a tragedy may be uncomfortable, but it's important to prepare for the unexpected. Your life insurance benefit can help replace your income to use for expenses like funeral costs, daily expenses, and college.

AF™ **Whole Life Insurance** provides protection for your entire life. You can take it with you to a new job and into retirement up to age 121. The premium and amount of protection stay the same as long as the policy is active, provided premiums are paid as required.



Final Expenses

Funeral Costs • Unpaid Medical Bills



Income Replacement

Mortgage/Rent • Other Loans



Nest Egg

Estate Planning • Ongoing Income

Flexibility When You Need It

By choosing a Whole Life Policy, you have flexibility to adjust your benefits when needed.

- **Cash Surrender:** You can end your policy and receive a check in the amount of your plan's current cash value. In many situations, cash surrenders may be paid tax free.¹
- **Partial Surrender:** You can withdraw a small portion of your policy's cash value in the form of cash. In exchange, the available cash value and face amount of your policy will be reduced.
- **Loans:** You can borrow against your cash value at a competitive 8% loan interest rate.

Discontinue Your Premium While Keeping Your Coverage Active

- **Same Amount of Coverage - Shorter Length of Time:** Under the **Extended Term Insurance** provision, your policy's original face amount (minus outstanding loans or accelerated benefit payments) will be guaranteed for a specific term of time. In addition, your premium is "paid in full" until your new extended term period expires, terminating your policy.
- **Coverage to Age 121 - Smaller Guaranteed Benefit Amount:** The **Reduced Paid-Up Provision** will reduce your original death benefit to a smaller amount. You will have lifetime coverage at a reduced benefit with no premiums. Your cash value will continue to accumulate.

AMERICAN FIDELITY 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

¹As long as the cash surrender does not exceed the total premiums received under the policy since inception. Please consult your tax consultant for your specific situation.

Three Easy Steps to Get Covered

1

Select a Whole Life Plan

Add riders to cover you and your family!

2

Answer Three Health Questions²

There's no worry of participating in any invasive medical exams.

3

Get Death Benefit Coverage Immediately³

Your death benefit coverage starts when you sign the application.

SAMPLE NON-TOBACCO MONTHLY PREMIUM RATES FOR BASE WHOLE LIFE PLAN⁴

	\$10K ⁺	\$50K ⁺	\$100K	\$150K
25	\$10.10	\$36.50	\$70.00	\$102.00
35	\$13.20	\$52.50	\$102.00	\$150.00
45	\$19.00	\$82.00	\$161.00	\$238.50
55	\$29.10	\$132.50	\$262.00	n/a

*Shaded amounts available for spouse base policy purchases.

EMPLOYEE ISSUE AGE AND MAXIMUM⁵

Ages 17-49: \$200,000
Ages 50-65: \$100,000
Ages 66-70: \$10,000

CHILD/GRANDCHILD ISSUE AGE AND MAXIMUM⁵

Ages 1 month - 26: \$50,000

RATES BASED ON ISSUE AGE AND TOBACCO STATUS

Your premiums will be based on your age on the date your policy becomes effective. You may be eligible for reduced rates if you are a non-tobacco user.

SPOUSE ISSUE AGE AND MAXIMUM⁵

Ages 17-49: \$50,000
Ages 50-60: \$25,000

ACCELERATED BENEFIT FOR TERMINAL CONDITION

You can receive a portion of the chosen death benefit if you are diagnosed with a Terminal Condition, as defined in the policy.

LEVEL PREMIUM AND DEATH BENEFIT⁶

Premiums and the death benefit are guaranteed to remain level for the life of the policy to age 121. Death benefits are generally paid tax free⁷.

²Issuance of the policy may depend on the answer to these questions. ³Interim coverage for death will be in force from the date your application is signed if on such date the proposed insured is insurable per our underwriting guidelines for the requested coverage in accordance with the terms of the policy. This interim coverage for death will remain in force until the earlier of: 1) the date a policy becomes effective; 2) the date we decline the application; or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy and Children's Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, Accelerated Benefit Rider for Long Term Illness or Accelerated Benefit for Critical Illness Rider. ⁴Example is based on monthly non-tobacco rates for a WL14 base plan only. For specific ages, rates or face amounts, contact your American Fidelity account manager. ⁵Face amounts vary based on issue age. Issuance of coverage may be subject to responses received to a few medical questions. ⁶Provided no partial surrenders or accelerated benefits are taken. ⁷Please consult your tax advisor for your specific situation.

Enhance Your Plan

Waiver of Premium Rider

This rider waives the premium if the base Insured becomes totally disabled, as defined in the rider, for at least six consecutive months. Premiums are waived for the base policy and any attached riders. Issue age is 17-60. The rider terminates at age 65.

Accidental Death and Dismemberment Rider

This rider provides coverage upon death, dismemberment or paralysis of the base Insured prior to age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seatbelt benefit, if the police accident report certifies the base Insured was wearing a properly fastened seatbelt at time of death. Benefits are payable once per covered Accident.

Children's Term Rider

This rider provides level term life insurance protection for all your eligible children who are between the ages of one month through age 19. Coverage remains on each child until age 26 or marriage of the child prior to age 26. Your covered child may also convert this rider for up to five times the amount of coverage (subject to a \$100,000 limit overall) to any form of permanent insurance offered by American Fidelity for conversions. One premium covers all eligible children. Three benefit levels are available: \$10,000, \$20,000, and \$30,000.

Accelerated Benefit for Long Term Illness Rider

This rider provides for two equal advances of a portion of the base policy's death benefit due to a Long Term Illness if we receive satisfactory proof of a Long Term Illness prior to each annual payment. Coverage is available on the base Insured only.

Accelerated Benefit for Critical Illness Rider

This rider provides for an advance of a portion of the base policy's death benefit due to a Critical Illness, defined as a Heart Attack, Permanent Damage Due to Stroke, Invasive Cancer, Major Organ Failure, or End Stage Renal Disease. The rider is designed to provide for only one acceleration for one of the Critical Illnesses shown. Rider terminates upon acceleration.

The acceleration of life insurance benefits offered under this policy are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration of life insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor under circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law.

Receipt of acceleration of life insurance benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability varies by state.

Third Party Notice: The owner has the right to designate a third party to receive notice of lapse or termination of an individual life insurance policy due to nonpayment of premium. Such notice will be sent to the policy owner and the third party at least 30 calendar days before cancellation. This designation may be done at this time, or at any time the policy is in force. Please contact us to request a form to designate, change or update this information at a later date. M3437.R118

Accelerated Benefit Summary and Disclosure Notice

Accelerated Benefit Summary and Disclosure Notice

THIS DOCUMENT SERVES ONLY AS A SUMMARY AND A DISCLOSURE NOTICE. PLEASE REFER TO YOUR POLICY OR RIDER FOR ACTUAL CONTRACT PROVISIONS.

THE POLICY/RIDER PROVIDES AN ACCELERATED BENEFIT OPTION. YOU SHOULD CONSULT WITH A PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING PAYMENT UNDER AN ACCELERATED BENEFIT PROVISION. BENEFITS AS SPECIFIED IN THE POLICY/RIDER WILL BE REDUCED UPON RECEIPT OF AN ACCELERATED BENEFIT PAYMENT. RECEIPT OF ACCELERATED BENEFIT PAYMENTS: 1) MAY BE TAXABLE; 2) MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW; AND, 3) DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

The policy and/or rider you are applying for has an Accelerated Benefit provision. The provision allows a portion of the death benefits to be advanced if certain conditions are met. Please see policy/rider for conditions and definitions, as applicable.

Prior to the payment of any Accelerated Benefit, the following conditions must be met:

- The maximum Accelerated Benefit varies by policy/rider (see specific information below) and shall not exceed the Benefit Amount for the policy shown on the Policy Schedule.
- Only one Accelerated Benefit election will be made under the policy and/or each rider even if the Owner does not elect the full acceleration amount.
- If two or more Accelerated Benefits are payable on behalf of the Insured/Covered Person under the policy or any attached riders for the same or related sickness, injury or loss, benefits will be paid in the following order:
 - 1) Accelerated Benefit for Critical Illness, if this optional rider is attached to the policy;
 - 2) Accelerated Benefit for Long Term Illness, if this optional rider is attached to the policy; and
 - 3) Accelerated Benefit for Terminal Condition.
- Additional limitations and exclusions may apply, please read your policy/rider carefully.

Upon request to accelerate the policy/rider proceeds, and upon the payment of the accelerated benefit, the Owner and any irrevocable beneficiary shall be given a statement demonstrating the effect of the acceleration on the payment of policy proceeds, cash value, death benefit, premium, and policy loans, as applicable.

Accelerated Benefit for Terminal Condition

Prior to the payment of any Accelerated Benefit, the Insured/Covered Person must have a Terminal Condition, defined as an imminent death expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of the Insured/Covered Person of 12 months or less. The maximum payable is the lesser of: 50% of the eligible proceeds as defined in the policy/rider, or \$100,000. There is no premium associated with this provision.

Payment of an Accelerated Benefit, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option, any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.
- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.

- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.
- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.

Accelerated Benefit for Critical Illness (optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Critical Illness, which means a Heart Attack, Permanent Damage Due To A Stroke, Invasive Cancer, Major Organ Failure, or End State Renal Failure for which an Occurrence Date is confirmed by a Physician. The maximum payable is the lesser of 25% of the Eligible Proceeds, or \$50,000 if you are under age 65; or 15% of the eligible proceeds, or \$25,000 if you are age 65 or older. Premium is required to keep this rider in force.

Accelerated Benefit for Long Term Illness (optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Long Term Illness, which means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as permanently unable to perform, without Substantial Assistance from another individual, at least two out of five Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision due to permanent Severe Cognitive Impairment. The maximum payable is the lesser of 50% of the Eligible Proceeds available at the time of claim payable in two equal annual payments up to a maximum of 25% of the Eligible Proceeds per year for two consecutive years; or \$100,000 payable in two equal annual payments up to a maximum of \$50,000 per year for two consecutive years. Premium is required to keep this rider in force.

Payment of an Accelerated Benefit for Long Term Illness, if elected and/or Critical Illness, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the rider will terminate and no additional benefits will be due under the rider, even for recurrence. The policy will remain in force and premiums will continue to be billed and payable as due.
- Policy proceeds which are payable on the death of the Insured will be reduced by the amount of the Accelerated Benefit.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. The cash values will be adjusted proportionally by the percent accelerated.
- Any outstanding policy loan, including interest, will be proportionally reduced by the percent accelerated and will be deducted from the Accelerated Benefit payment.
- The Accelerated Benefit will reduce the Benefit Amount and will be applied immediately upon acceleration.

ICC14 DN111

This brochure does not constitute the full policy and is intended to provide basic information about American Fidelity Assurance Company's Whole Life Insurance product, ICC14 WL14 / WL14 series. For specific details, limitations and exclusions, please consult a complete policy, riders, and its provisions. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125.

We will not pay the policy proceeds if the insured commits suicide, while sane or insane for the period of time as described in the insured's policy, from the Effective date. Instead, we will return all premiums paid.



American Fidelity Assurance Company
800-662-1113 • americanfidelity.com

Whole Life Insurance

Non-Tobacco User Rates

ISSUE AGE

Death Benefit

Monthly Premium Including Policy Fee

ISSUE AGE	\$10,000			\$25,000			\$50,000			\$100,000			\$150,000			\$200,000			
	Base	ABLTI	ABCi	Base	ABLTI	ABCi	Base	ABLTI	ABCi	Base	ABLTI	ABCi	Base	ABLTI	ABCi	Base	ABLTI	ABCi	
1 mo	7.10	0.23	0.23	13.25	0.59	0.58	21.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
1	7.20	0.23	0.23	13.50	0.59	0.58	21.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
2	7.20	0.23	0.23	13.50	0.59	0.58	22.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
3	7.30	0.23	0.23	13.75	0.59	0.58	22.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
4	7.30	0.23	0.23	13.75	0.59	0.58	22.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
5	7.40	0.23	0.23	14.00	0.59	0.58	22.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
6	7.50	0.23	0.23	14.25	0.59	0.58	23.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
7	7.70	0.23	0.23	14.75	0.59	0.58	24.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
8	7.80	0.23	0.23	15.00	0.59	0.58	25.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
9	8.00	0.23	0.23	15.50	0.59	0.58	25.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
10	8.10	0.23	0.23	15.75	0.59	0.58	26.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
11	8.30	0.23	0.23	16.25	0.59	0.58	27.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
12	8.40	0.23	0.23	16.50	0.59	0.58	28.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
13	8.60	0.23	0.23	17.00	0.59	0.58	29.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
14	8.80	0.23	0.23	17.50	0.59	0.58	30.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
15	9.00	0.23	0.23	18.00	0.59	0.58	31.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
16	9.00	0.23	0.23	18.00	0.59	0.58	31.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
17	9.00	0.23	0.23	18.00	0.59	0.58	31.00	1.17	1.15	59.00	2.34	2.30	85.50	3.51	3.45	113.00	4.68	4.60	
18	9.00	0.23	0.23	18.00	0.59	0.58	31.00	1.17	1.15	59.00	2.34	2.30	85.50	3.51	3.45	113.00	4.68	4.60	
19	9.00	0.23	0.23	18.00	0.59	0.58	31.00	1.17	1.15	59.00	2.34	2.30	85.50	3.51	3.45	113.00	4.68	4.60	
20	9.00	0.23	0.23	18.00	0.59	0.58	31.00	1.17	1.15	59.00	2.34	2.30	85.50	3.51	3.45	113.00	4.68	4.60	
21	9.20	0.24	0.25	18.50	0.61	0.62	32.00	1.22	1.24	61.00	2.43	2.48	88.50	3.65	3.72	117.00	4.86	4.96	
22	9.40	0.25	0.27	19.00	0.63	0.67	33.00	1.26	1.33	63.00	2.52	2.66	91.50	3.78	3.99	121.00	5.04	5.32	
23	9.60	0.26	0.28	19.50	0.64	0.71	34.00	1.28	1.42	65.00	2.56	2.84	94.50	3.84	4.26	125.00	5.12	5.68	
24	9.90	0.26	0.30	20.25	0.65	0.76	35.50	1.31	1.51	68.00	2.61	3.02	99.00	3.92	4.53	131.00	5.22	6.04	
25	10.10	0.27	0.32	20.75	0.66	0.80	36.50	1.33	1.61	70.00	2.65	3.21	102.00	3.98	4.82	135.00	5.30	6.42	
26	10.30	0.28	0.35	21.25	0.70	0.88	37.50	1.41	1.75	72.00	2.81	3.50	105.00	4.22	5.25	139.00	5.62	7.00	
27	10.60	0.30	0.38	22.00	0.74	0.95	39.00	1.48	1.90	75.00	2.96	3.79	109.50	4.44	5.69	145.00	5.92	7.58	
28	10.90	0.31	0.41	22.75	0.78	1.02	40.50	1.56	2.04	78.00	3.11	4.08	114.00	4.67	6.12	151.00	6.22	8.16	
29	11.10	0.32	0.44	23.25	0.81	1.09	41.50	1.62	2.19	80.00	3.24	4.37	117.00	4.86	6.56	155.00	6.48	8.74	
30	11.40	0.35	0.46	24.00	0.86	1.16	43.00	1.73	2.32	83.00	3.45	4.64	121.50	5.18	6.96	161.00	6.90	9.28	
31	11.70	0.37	0.50	24.75	0.91	1.25	44.50	1.83	2.50	86.00	3.65	5.00	126.00	5.48	7.50	167.00	7.30	10.00	
32	12.10	0.38	0.54	25.75	0.96	1.34	46.50	1.92	2.68	90.00	3.83	5.36	132.00	5.75	8.04	175.00	7.66	10.72	
33	12.40	0.40	0.57	26.50	1.00	1.43	48.50	2.01	2.86	94.00	4.01	5.72	138.00	6.02	8.58	183.00	8.02	11.44	
34	12.80	0.42	0.61	27.50	1.04	1.52	50.50	2.09	3.04	98.00	4.17	6.08	144.00	6.26	9.12	191.00	8.34	12.16	
35	13.20	0.43	0.65	28.50	1.07	1.62	52.50	2.15	3.23	102.00	4.29	6.46	150.00	6.44	9.69	199.00	8.58	12.92	
36	13.70	0.45	0.70	29.75	1.13	1.75	55.00	2.25	3.49	107.00	4.50	6.98	157.50	6.75	10.47	209.00	9.00	13.96	
37	14.20	0.47	0.75	31.00	1.18	1.88	57.50	2.35	3.75	112.00	4.70	7.50	165.00	7.05	11.25	219.00	9.40	15.00	
38	14.70	0.49	0.80	32.25	1.22	2.01	60.00	2.44	4.01	117.00	4.88	8.02	172.50	7.32	12.03	229.00	9.76	16.04	
39	15.20	0.51	0.85	33.50	1.26	2.14	62.50	2.53	4.27	122.00	5.05	8.54	180.00	7.58	12.81	239.00	10.10	17.08	
40	15.80	0.52	0.90	35.00	1.31	2.26	65.50	2.62	4.52	128.00	5.24	9.04	189.00	7.86	13.56	251.00	10.48	18.08	
41	16.40	0.56	0.97	36.50	1.39	2.43	68.50	2.78	4.87	134.00	5.56	9.73	198.00	8.34	14.60	263.00	11.12	19.46	
42	17.00	0.59	1.04	38.00	1.47	2.61	71.50	2.93	5.21	140.00	5.86	10.42	207.00	8.79	15.63	275.00	11.72	20.84	
43	17.60	0.61	1.11	39.50	1.53	2.78	75.00	3.07	5.56	147.00	6.13	11.11	217.50	9.20	16.67	289.00	12.26	22.22	
44	18.30	0.64	1.18	41.25	1.60	2.95	78.50	3.20	5.90	154.00	6.39	11.80	228.00	9.59	17.70	303.00	12.78	23.60	
45	19.00	0.66	1.25	43.00	1.66	3.13	82.00	3.31	6.26	161.00	6.62	12.51	238.50	9.93	18.77	317.00	13.24	25.00	
46	19.80	0.70	1.33	45.00	1.75	3.33	86.00	3.49	6.67	169.00	6.98	13.33	250.50	10.47	20.00	333.00	13.96	26.66	
47	20.60	0.73	1.42	47.00	1.83	3.54	90.00	3.66	7.08	177.00	7.31	14.15	262.50	10.97	21.23	349.00	14.62	28.30	
48	21.50	0.76	1.50	49.25	1.90	3.74	94.50	3.81	7.49	186.00	7.61	14.97	276.00	11.42	22.46	367.00	15.22	29.94	
49	22.40	0.79	1.58	51.50	1.97	3.95	99.00	3.94	7.90	195.00	7.87	15.79	289.50	11.81	23.69	385.00	15.74	31.58	
50	23.30	0.81	1.66	53.75	2.03	4.16	103.50	4.05	8.32	204.00	8.10	16.63	--	--	--	--	--	--	
51	24.30	0.89	1.76	56.25	2.23	4.39	108.50	4.47	8.78	214.00	8.93	17.55	--	--	--	--	--	--	
52	25.40	0.97	1.85	59.00	2.42	4.62	114.00	4.85	9.24	225.00	9.69	18.47	--	--	--	--	--	--	
53	26.60	1.04	1.94	62.00	2.59	4.85	120.00	5.18	9.70	237.00	10.36	19.39	--	--	--	--	--	--	
54	27.80	1.10	2.03	65.00	2.74	5.08	126.00	5.48	10.16	249.00	10.96	20.31	--	--	--	--	--	--	
55	29.10	1.15	2.12	68.25	2.88	5.31	132.50	5.76	10.61	262.00	11.52	21.22	--	--	--	--	--	--	
56	30.40	1.21	2.19	71.50	3.03	5.47	139.00	6.05	10.93	275.00	12.10	21.86	--	--	--	--	--	--	
57	31.70	1.26	2.25	74.75	3.15	5.63	145.50	6.30	11.25	288.00	12.59	22.50	--	--	--	--	--	--	
58	33.10	1.30	2.31	78.25	3.25	5.79	152.50	6.50	11.57	302.00	12.99	23.14	--	--	--	--	--	--	
59	34.60	1.33	2.38	82.00	3.33	5.95	160.00	6.65	11.89	317.00	13.30	23.78	--	--	--	--	--	--	
60	36.10	1.35	2.44	85.75	3.38	6.11	167.50	6.77	12.21	332.00	13.53	24.42	--	--	--	--	--	--	
61	37.60	1.48	2.46	89.50	3.70	6.15	175.00	7.41	12.31	347.00	14.81	24.61	--	--	--	--	--	--	
62	39.10	1.59	2.48	93.25	3.97	6.20	182.50	7.95	12.40	362.00	15.89	24.80	--	--	--	--	--	--	
63	40.70	1.68	2.50	97.25	4.19	6.25	190.50	8.38	12.50	378.00	16.76	24.99	--	--	--	--	--	--	
64	42.40	1.74	2.52	101.50	4.35	6.30	199.00	8.71	12.59	395.00	17.41	25.18	--	--	--	--	--	--	
65	44.20	1.79	2.54	106.00	4.47	6.35	208.00	8.95	12.69	413.00	17.89	25.38	--	--	--	--	--	--	
66	46.40	1.87	2.65	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
67	48.70	1.92	2.76	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
68	51.20	2.11	2.87	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
69	53.80	2.30	2.98	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
70	56.50	2.49	3.09	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse Coverage Available¹

Child/Grandchild Coverage Available^{1,2}

This insert must be used in conjunction with SB-30356 and any state specific deviations thereof. This is a brief description of the coverage and does not constitute the actual policy. For complete benefits, limitations, exclusions and other provisions, please refer to the policy. Not generally qualified benefits under Section 125 plans. ¹Maximum face amount available is \$50,000 (In WA \$15,000 for child/grandchild coverage). ²Child/grandchild coverage may be purchased through age 26 for base Whole Life coverage (In MI and PA 17. In MA and WA 14.)

Whole Life Insurance

Tobacco User Rates

ISSUE AGE	Death Benefit																		
	Monthly Premium Including Policy Fee																		
	\$10,000			\$25,000			\$50,000			\$100,000			\$150,000			\$200,000			
	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	
17	9.50	0.36	0.37	19.25	0.89	0.91	33.50	1.78	1.83	64.00	3.56	3.65	93.00	5.34	5.48	123.00	7.12	7.30	
18	9.70	0.36	0.37	19.75	0.89	0.91	34.50	1.78	1.83	66.00	3.56	3.65	96.00	5.34	5.48	127.00	7.12	7.30	
19	10.00	0.36	0.37	20.50	0.89	0.91	36.00	1.78	1.83	69.00	3.56	3.65	100.50	5.34	5.48	133.00	7.12	7.30	
20	10.30	0.36	0.37	21.25	0.89	0.91	37.50	1.78	1.83	72.00	3.56	3.65	105.00	5.34	5.48	139.00	7.12	7.30	
21	10.60	0.37	0.39	22.00	0.92	0.99	39.00	1.85	1.97	75.00	3.69	3.94	109.50	5.54	5.91	145.00	7.38	7.88	
22	10.90	0.38	0.42	22.75	0.96	1.06	41.00	1.92	2.12	79.00	3.83	4.23	115.50	5.75	6.35	153.00	7.66	8.46	
23	11.30	0.39	0.45	23.75	0.97	1.13	42.50	1.95	2.26	82.00	3.89	4.52	120.00	5.84	6.78	159.00	7.78	9.04	
24	11.60	0.40	0.48	24.50	0.99	1.20	44.50	1.98	2.41	86.00	3.95	4.81	126.00	5.93	7.22	167.00	7.90	9.62	
25	12.00	0.40	0.51	25.50	0.99	1.28	46.50	1.99	2.56	90.00	3.97	5.11	132.00	5.96	7.67	175.00	7.94	10.22	
26	12.40	0.42	0.56	26.50	1.06	1.41	48.00	2.12	2.82	93.00	4.23	5.64	136.50	6.35	8.46	181.00	8.46	11.28	
27	12.70	0.45	0.62	27.25	1.12	1.54	50.00	2.24	3.09	97.00	4.48	6.17	142.50	6.72	9.26	189.00	8.96	12.34	
28	13.10	0.47	0.67	28.25	1.18	1.68	51.50	2.36	3.35	100.00	4.72	6.70	147.00	7.08	10.05	195.00	9.44	13.40	
29	13.50	0.49	0.72	29.25	1.24	1.81	53.50	2.47	3.62	104.00	4.94	7.23	153.00	7.41	10.85	203.00	9.88	14.46	
30	13.90	0.52	0.77	30.25	1.30	1.94	55.50	2.60	3.87	108.00	5.20	7.74	159.00	7.80	11.61	211.00	10.40	15.48	
31	14.30	0.55	0.85	31.25	1.38	2.12	58.00	2.76	4.23	113.00	5.51	8.46	166.50	8.27	12.69	221.00	11.02	16.92	
32	14.80	0.58	0.92	32.50	1.45	2.30	60.50	2.91	4.59	118.00	5.81	9.18	174.00	8.72	13.77	231.00	11.62	18.36	
33	15.30	0.61	0.99	33.75	1.52	2.48	63.00	3.05	4.95	123.00	6.09	9.90	181.50	9.14	14.85	241.00	12.18	19.80	
34	15.80	0.64	1.06	35.00	1.59	2.66	65.50	3.18	5.31	128.00	6.35	10.62	189.00	9.53	15.93	251.00	12.70	21.24	
35	16.30	0.65	1.13	36.25	1.63	2.83	68.50	3.26	5.67	134.00	6.52	11.33	198.00	9.78	17.00	263.00	13.04	22.66	
36	16.90	0.69	1.24	37.75	1.72	3.11	71.50	3.45	6.21	140.00	6.89	12.42	207.00	10.34	18.63	275.00	13.78	24.84	
37	17.60	0.72	1.35	39.50	1.81	3.38	75.00	3.62	6.76	147.00	7.23	13.51	217.50	10.85	20.27	289.00	14.46	27.02	
38	18.20	0.76	1.46	41.00	1.89	3.65	78.00	3.78	7.30	153.00	7.55	14.60	226.50	11.33	21.90	301.00	15.10	29.20	
39	19.00	0.79	1.57	43.00	1.96	3.92	82.00	3.93	7.85	161.00	7.85	15.69	238.50	11.78	23.54	317.00	15.70	31.38	
40	19.70	0.81	1.68	44.75	2.02	4.20	85.50	4.05	8.40	168.00	8.09	16.79	249.00	12.14	25.19	331.00	16.18	33.58	
41	20.60	0.86	1.84	47.00	2.16	4.61	90.00	4.32	9.21	177.00	8.64	18.42	262.50	12.96	27.63	349.00	17.28	36.84	
42	21.50	0.92	2.01	49.25	2.29	5.01	94.50	4.58	10.03	186.00	9.16	20.05	276.00	13.74	30.08	367.00	18.32	40.10	
43	22.50	0.96	2.17	51.75	2.41	5.42	99.50	4.82	10.84	196.00	9.63	21.68	291.00	14.45	32.52	387.00	19.26	43.36	
44	23.50	1.01	2.33	54.25	2.52	5.83	104.50	5.04	11.66	206.00	10.07	23.31	306.00	15.11	34.97	407.00	20.14	46.62	
45	24.60	1.05	2.50	57.00	2.62	6.24	110.00	5.25	12.48	217.00	10.49	24.95	322.50	15.74	37.43	429.00	20.98	49.90	
46	25.70	1.12	2.71	59.75	2.80	6.79	115.50	5.60	13.57	228.00	11.19	27.14	339.00	16.79	40.71	451.00	22.38	54.28	
47	26.80	1.18	2.93	62.50	2.96	7.33	121.00	5.92	14.67	239.00	11.83	29.33	355.50	17.75	44.00	473.00	23.66	58.66	
48	28.00	1.24	3.15	65.50	3.10	7.88	127.00	6.21	15.76	251.00	12.41	31.52	373.50	18.62	47.28	497.00	24.82	63.04	
49	29.30	1.29	3.37	68.75	3.24	8.43	133.00	6.47	16.86	263.00	12.94	33.71	391.50	19.41	50.57	521.00	25.88	67.42	
50	30.60	1.34	3.59	72.00	3.35	8.97	139.50	6.70	17.95	276.00	13.40	35.89	--	--	--	--	--	--	
51	32.00	1.50	3.88	75.50	3.75	9.70	146.50	7.50	19.41	290.00	14.99	38.81	--	--	--	--	--	--	
52	33.50	1.65	4.17	79.25	4.11	10.43	154.50	8.23	20.87	306.00	16.45	41.73	--	--	--	--	--	--	
53	35.10	1.78	4.47	83.25	4.44	11.16	162.50	8.88	22.33	322.00	17.76	44.65	--	--	--	--	--	--	
54	36.80	1.89	4.76	87.50	4.73	11.89	171.00	9.46	23.79	339.00	18.92	47.57	--	--	--	--	--	--	
55	38.60	1.99	5.05	92.00	4.98	12.63	180.00	9.96	25.25	357.00	19.91	50.50	--	--	--	--	--	--	
56	40.20	2.11	5.32	96.00	5.28	13.30	188.00	10.56	26.61	373.00	21.12	53.21	--	--	--	--	--	--	
57	41.90	2.22	5.59	100.25	5.54	13.98	196.50	11.08	27.96	390.00	22.15	55.92	--	--	--	--	--	--	
58	43.70	2.30	5.86	104.75	5.76	14.66	205.50	11.51	29.32	408.00	23.02	58.63	--	--	--	--	--	--	
59	45.50	2.37	6.13	109.25	5.93	15.34	214.50	11.86	30.67	426.00	23.72	61.34	--	--	--	--	--	--	
60	47.50	2.43	6.40	114.25	6.06	16.01	224.50	12.13	32.02	446.00	24.25	64.03	--	--	--	--	--	--	
61	48.60	2.69	6.57	117.00	6.71	16.41	230.00	13.43	32.83	457.00	26.85	65.65	--	--	--	--	--	--	
62	49.80	2.91	6.73	120.00	7.27	16.82	236.00	14.53	33.64	469.00	29.06	67.27	--	--	--	--	--	--	
63	51.10	3.09	6.89	123.25	7.71	17.22	242.00	15.43	34.45	481.00	30.85	68.89	--	--	--	--	--	--	
64	52.30	3.22	7.05	126.25	8.06	17.63	248.00	16.12	35.26	493.00	32.24	70.51	--	--	--	--	--	--	
65	53.60	3.32	7.21	129.50	8.31	18.04	254.50	16.62	36.07	506.00	33.23	72.14	--	--	--	--	--	--	
66	56.10	3.56	7.61	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
67	58.70	3.72	8.00	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
68	61.50	4.15	8.40	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
69	64.40	4.57	8.79	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
70	67.50	4.99	9.19	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse Coverage Available¹

Child/Grandchild Coverage Available^{1,2}

RIDER RATES

ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI): Add the rate shown in the ABLTI column to the base rate.

ACCELERATED BENEFIT FOR CRITICAL ILLNESS RIDER (ABCI): Add the rate shown in the ABCI column to the base rate.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19 (17 in MI and PA, 14 in MA and WA). Subject to the overall child maximum of \$50,000 (\$15,000 in WA). Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

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No Surrender Charges Apply

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Convenient Premium Payments
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Accidental Death Benefit
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As an employee, you can apply for valuable life insurance protection on you and your family under eligibility guidelines established for your employer. Your employer has conveniently agreed to permit you to pay premiums through payroll deduction. This is a summary only. Policy provisions prevail. This brochure is not a contract or an offer to contract.

Minimal Cash Values Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

Permanent Life Insurance Coverage Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

Guaranteed Period Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period shown. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium (described below).

Guaranteed Limited Right to Partial Refund of Premium If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to:

- a. Pay the higher premium(s) required to continue coverage; or,
- b. Surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (ten years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders.

Portable Once issued, continued employment is not a condition to continue coverage. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment. When employment ends, you can pay equivalent monthly premiums directly or by bank draft (for monthly direct payments we add a monthly fee not to exceed \$2.00). Other modes are available.

Accelerated Death Benefit Due to Terminal Illness Rider This policy includes, at no additional premium, an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICCo7-ULABR-07). See details on next page.

Individual and Family Coverage is Easy to Apply For Subject to age and amount restrictions, you may apply for an individual policy on your life or your spouse's life (see chart next page for spouse's minimum/maximum amounts). An individual policy for \$25,000 is

also available on each of your children ages 15 days — 26, and even on each of your grandchildren ages 15 days — 18. Proof of insurability is required. Most policies are issued based upon the answers to three work and health related application questions.

Optional Benefits According to the guidelines established for your employer, your application will include the following benefit for an additional cost depending upon your issue age.

Accidental Death Benefit This benefit to age 65 (Issue Ages 17-59) doubles the coverage when death occurs by accidental bodily injury within 180 days of an accident. Maximum in-force limits and exclusions apply. (Form ICCo7-ULCL-ADB-07).

Accelerated Death Benefit Rider For Chronic Illness For Employee Only This benefit provides an accelerated death benefit if an insured becomes chronically ill as defined in the rider. (Form ICC15-ULABR-CI-15). See details on next page.

Interim Insurance: Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction; (2) the Salary Deduction Authorization is signed; and, (3) the proposed insured is insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date.

Policy Mechanics and Other Important Details Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited at the guaranteed interest rate of 3.00% per year. We may, at any time, credit higher than the guaranteed interest rate. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 10.00% of premium, \$2.03 per month and monthly administrative loads. Two year suicide and contestable clauses apply. The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.

TEXASLIFE INSURANCE COMPANY

A Summary of the Accelerated Death Benefit Rider

Terminal Illness - included at no additional cost

The policy includes an Accelerated Death Benefit Due to Terminal Illness Rider. If the Insured has a terminal illness, in lieu of the insurance proceeds otherwise payable at death, you may elect to claim an accelerated benefit while the Insured is still alive. The single sum benefit is 92% of the insurance proceeds less an administrative fee of the lesser of \$150 or 7% of the insurance proceeds. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite the appropriate medical care, is reasonably expected to result in death within 12 months. This benefit is intended to qualify for favorable income tax treatment and may not be subject to federal income tax. (See Important Notices below.)

Chronic Illness - included with an additional premium, for employee only

For an additional premium of 10% of the base policy premium, this policy may include an Accelerated Death Benefit Due to Chronic Illness Rider. If the Insured has a chronic illness, in lieu of the insurance proceeds otherwise payable at death, you may elect to claim an accelerated benefit while the Insured is still alive. The single sum benefit is 92% of the insurance proceeds less an administrative fee of the lesser of \$150 or 7% of the insurance proceeds. Chronic Illness means the Insured permanently: (a) is unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living due to a loss of functional capacity and will need services for the rest of his or her life; or (b) requires substantial supervision to protect the Insured from threats to health and safety due to severe cognitive impairment and will need services for the rest of his or her life. Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe cognitive impairment means deterioration or loss of intellectual capacity that: (1) places the Insured in jeopardy of harming himself or herself or others, and therefore, the Insured requires substantial supervision by another person; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

This benefit will be calculated and paid as a lump sum only. This lump sum is intended to serve as a per diem accelerated death benefit as described under Section 101(g) of the Internal Revenue Code. You may be able to exclude certain portions of this accelerated death benefit (specifically, the greater of: (a) the lump sum equivalent of the per diem amount; or (b) the actual cost incurred for Services provided in the year the Accelerated Death Benefit is paid) from your taxable income. Your benefit for Chronic Illness will be calculated in accordance with the rider and you may, in some circumstances, be paid more than the excludable per diem amount.

Important Notices

Tax laws related to the acceleration of life insurance benefits are complex. The information presented in this Summary is general in nature. You should consult a qualified tax or legal advisor to determine the effect of receiving this benefit. Texas Life Insurance Company and its agents do not provide tax or legal advice.

Receipt of any accelerated death benefit under your policy may affect your, your spouse's and your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplemental Social Security Income (SSI), and drug assistance programs. You should consult with a qualified tax or legal advisor and the relevant social service agencies to determine how receiving the benefit may affect you, your spouse's, and your family's eligibility for public assistance.

An accelerated death benefit is not long term care insurance. This summary provides a general description of any accelerated death benefit under your policy. Your policy and riders contain certain exclusions, limitations, and exceptions. Please refer to your policy and rider for details. The right to accelerate benefits under any accelerated death benefit does not extend to any Child Term Life Insurance Rider. However, if the accelerated death benefit under any rider is paid, any coverage provided under the Child Term Life Insurance Rider attached to this policy becomes a paid up term insurance policy on each covered child.

This paid up coverage on each child will terminate on each covered child's 25th birthday. Payment under any accelerated death benefit rider terminates the policy and all other optional benefits/riders and reduces all insurance proceeds, cash values and loan values to zero.

Representation of benefit payable - Terminal or Chronic Illness

The following chart shows the effect of exercising an accelerated benefit on the base policy. This example is using a \$50,000 policy with a \$2,000 policy loan balance and all premiums are current. This chart is for representation purposes only. Your benefits may be higher or lower, depending on your face amount of coverage, any unpaid policy loan balance, and any overdue premiums.

	Terminal Illness	Chronic Illness
Death Benefit	\$50,000	\$50,000
Policy Loan Balance	- \$2,000	- \$2,000
Available for Acceleration	= \$48,000	= \$48,000
Acceleration Percentage	x 92%	x 92%
Gross Benefit	= \$44,160	= \$44,160
Administration Fee	- \$150	- \$150
Overdue Premiums	- \$0	- \$0
Accelerated Benefit Payable	= \$44,010	= \$44,010

Note: The benefit will be paid for either Terminal Illness or Chronic Illness. In no instance will benefits be paid under both riders.

Sample For Review

OPTIONAL BENEFITS MONTHLY COST:

Accidental Death Benefit \$0.08 per \$1,000 of Face Amount
Accelerated Death Benefit Rider For Chronic Illness 10% of Base Plan Table Premium

EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE

Spouse's Issue Age	Minimum Face Amount	Maximum Face Amount
17-34	\$25,000	\$50,000
35-39	15,000	50,000
40-49	10,000	50,000
50-60	10,000	25,000
61 & Older	N/A	N/A

Sample For Review

**MONTHLY ADMINISTRATIVE LOADS PER \$1,000 OF FACE AMOUNT FOR ISSUE AGES SHOWN
(NON-TOBACCO CLASS)**

Issue Age →	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Highest Load	0.1975	0.1975	0.2067	0.2067	0.2167	0.2167	0.2167	0.2167	0.2167	0.2159	0.2150	0.2225	0.2184	0.2117	0.2017
Lowest Load	0.0292	0.0234	0.1892	0.1950	0.1642	0.1717	0.1792	0.1884	0.1992	0.0009	0.0250	0.0142	0.0609	0.1192	0.0009
Zero After Year	6	6	5	5	5	5	5	5	5	6	6	6	6	6	7

Issue Age →	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Highest Load	0.1917	0.1792	0.1742	0.1734	0.1734	0.1750	0.1917	0.1959	0.2050	0.2067	0.2084	0.2175	0.2267	0.2267	0.2359
Lowest Load	0.0534	0.0959	0.1250	0.1392	0.1525	0.1617	0.1109	0.1100	0.0600	0.0600	0.0584	0.0084	0.1984	0.2134	0.2067
Zero After Year	7	7	7	7	7	7	7	7	7	7	7	7	6	6	6

Issue Age →	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
Highest Load	0.2417	0.2384	0.2500	0.2600	0.2675	0.2850	0.2909	0.3000	0.3209	0.3534	0.3825	0.4209	0.4767	0.5359	0.5950
Lowest Load	0.2034	0.0467	0.0167	0.2184	0.2084	0.1475	0.1317	0.1075	0.0392	0.2684	0.1859	0.0684	0.3667	0.2350	0.1042
Zero After Year	6	7	7	6	6	6	6	6	6	5	5	5	4	4	4

Issue Age →	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
Highest Load	0.6617	0.7275	0.7834	0.8467	0.9184	1.0067	1.1084	1.2342	1.3567	1.4350	1.5042	1.5750	1.6542	1.7417	1.8142
Lowest Load	0.6300	0.5509	0.4942	0.4267	0.3450	0.2417	0.1125	1.1984	1.1592	1.1684	1.1934	1.2217	1.2484	1.2742	1.3225
Zero After Year	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2

Issue Age →	60	61	62	63	64	65	66	67	68	69	70
Highest Load	1.9175	2.0117	2.1084	2.2075	2.3109	2.4184	2.5400	2.6734	2.8159	2.9534	3.0742
Lowest Load	1.3500	1.3950	1.4484	1.5092	1.5767	1.6525	1.7284	1.8067	1.8934	1.8875	1.7592
Zero After Year	2	2	2	2	2	2	2	2	2	2	2

**MONTHLY ADMINISTRATIVE LOADS PER \$1,000 OF FACE AMOUNT FOR ISSUE AGES SHOWN
(TOBACCO CLASS)**

Issue Age →	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Highest Load	0.3267	0.3242	0.3225	0.3209	0.3367	0.3342	0.3575	0.3575	0.3584	0.3675	0.3767	0.3850	0.3925	0.4600	0.4542
Lowest Load	0.3092	0.0067	0.0342	0.0625	0.0200	0.0517	0.3392	0.0017	0.0259	0.0150	0.0067	0.0059	0.0134	0.2392	0.2917
Zero After Year	4	5	5	5	5	5	4	5	5	5	5	5	5	4	4

Issue Age →	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
Highest Load	0.4659	0.4659	0.4650	0.5000	0.5159	0.5484	0.5600	0.5950	0.6567	0.7009	0.7625	0.8725	0.9317	1.0159	1.0875
Lowest Load	0.2959	0.3359	0.3800	0.3242	0.3267	0.2875	0.3125	0.2609	0.1325	0.0550	0.6934	0.5359	0.4892	0.3984	0.3342
Zero After Year	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3

Issue Age →	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
Highest Load	1.1575	1.2250	1.3442	1.4142	1.5342	1.6867	1.8000	1.8800	1.9542	2.0392	2.1075	2.1942	2.2434	2.3075	2.4300
Lowest Load	0.2800	0.2350	0.0942	0.0559	1.4884	1.4517	1.4617	1.5125	1.5775	1.6409	1.7309	1.8117	1.9417	2.0675	2.1467
Zero After Year	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2

Issue Age →	62	63	64	65	66	67	68	69	70
Highest Load	2.5217	2.5917	2.6484	2.7000	2.7609	2.8300	2.8967	2.9625	3.0192
Lowest Load	2.2692	2.2692	2.2084	2.1534	2.0884	2.0150	1.9434	1.8725	1.8117
Zero After Year	2	2	2	2	2	2	2	2	2

TEXASLIFE INSURANCE COMPANY **EMPLOYEE MONTHLY PREMIUMS**

PureLife-plus – Standard Risk Table Premiums – Non-Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$200,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20			11.40	20.55	29.70	38.85	48.00	57.15	75.45	73
21-22			11.68	21.10	30.53	39.95	49.38	58.80	77.65	73
23-25			11.95	21.65	31.35	41.05	50.75	60.45	79.85	71
26			12.23	22.20	32.18	42.15	52.13	62.10	82.05	72
27			12.50	22.75	33.00	43.25	53.50	63.75	84.25	72
28			12.50	22.75	33.00	43.25	53.50	63.75	84.25	71
29			12.78	23.30	33.83	44.35	54.88	65.40	86.45	71
30-31			13.05	23.85	34.65	45.45	56.25	67.05	88.65	70
32			13.60	24.95	36.30	47.65	59.00	70.35	93.05	70
33			14.15	26.05	37.95	49.85	61.75	73.65	97.45	71
34			14.70	27.15	39.60	52.05	64.50	76.95	101.85	72
35		10.22	15.53	28.80	42.08	55.35	68.63	81.90	108.45	73
36		10.55	16.08	29.90	43.73	57.55	71.38	85.20	112.85	73
37		10.88	16.63	31.00	45.38	59.75	74.13	88.50	117.25	73
38		11.37	17.45	32.65	47.85	63.05	78.25	93.45	123.85	74
39		12.03	18.55	34.85	51.15	67.45	83.75	100.05	132.65	75
40	9.21	12.69	19.65	37.05	54.45	71.85	89.25	106.65	141.45	76
41	9.76	13.52	21.03	39.80	58.58	77.35	96.13	114.90	152.45	77
42	10.53	14.67	22.95	43.65	64.35	85.05	105.75	126.45	167.85	78
43	11.30	15.83	24.88	47.50	70.13	92.75	115.38	138.00	183.25	80
44	12.07	16.98	26.80	51.35	75.90	100.45	125.00	149.55	198.65	81
45	12.95	18.30	29.00	55.75	82.50	109.25	136.00	162.75	216.25	82
46	13.83	19.62	31.20	60.45	89.10	118.05	147.00	175.95	233.85	83
47	14.60	20.78	33.13	64.00	94.88	125.75	156.63	187.50	249.25	83
48	15.48	22.10	35.33	68.40	101.48	134.55	167.63	200.70	266.85	84
49	16.47	23.58	37.80	73.35	108.90	144.45	180.00	215.55	286.65	85
50	17.68	25.40	40.83	79.40	117.98	156.55				86
51	19.11	27.54	44.40	86.55	128.70	170.85				87
52	20.87	30.18	48.80	95.35	141.90	188.45				88
53	22.63	32.82	53.20	104.15	155.10	206.05				90
54	23.84	34.64	56.23	110.20	164.18	218.15				90
55	24.94	36.29	58.98	115.70	172.43	229.15				91
56	26.04	37.94	61.73	121.20	180.68	240.15				91
57	27.25	39.75	64.75	127.25	189.75	252.25				91
58	28.57	41.73	68.05	133.85	199.65	265.45				91
59	29.78	43.55	71.08	139.90	208.73	277.55				91
60	30.63	44.82	73.20	144.15	215.10	286.05				91
61	32.28	47.30	77.33	152.40	227.48	302.55				91
62	34.04	49.94	81.73	161.20	240.68	320.15				92
63	35.91	52.74	86.40	170.55	254.70	338.85				92
64	37.89	55.71	91.35	180.45	269.55	358.65				92
65	39.98	58.85	96.58	190.90	285.23	379.55				92
66	42.29									92
67	44.82									92
68	47.57									92
69	50.43									93
70	53.29									93

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

TEXASLIFE INSURANCE COMPANY EMPLOYEE MONTHLY PREMIUMS

PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$200,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20			16.08	29.90	43.73	57.55	71.38	85.20	112.85	70
21-22			16.63	31.00	45.38	59.75	74.13	88.50	117.25	70
23-25			17.45	32.65	47.85	63.05	78.25	93.45	123.85	69
26			17.73	33.20	48.68	64.15	79.63	95.10	126.05	69
27			18.00	33.75	49.50	65.25	81.00	96.75	128.25	68
28			18.28	34.30	50.33	66.35	82.38	98.40	130.45	68
29			18.55	34.85	51.15	67.45	83.75	100.05	132.65	68
30-31			20.75	39.25	57.75	76.25	94.75	113.25	150.25	69
32			21.30	40.35	59.40	78.45	97.50	116.55	154.65	69
33			21.58	40.90	60.23	79.55	98.88	118.20	156.85	69
34			21.85	41.45	61.05	80.65	100.25	119.85	159.05	68
35		14.84	23.23	44.20	65.18	86.15	107.13	128.10	170.05	69
36		15.33	24.05	45.85	67.65	89.45	111.25	133.05	176.65	69
37		16.16	25.43	48.60	71.78	94.95	118.13	141.30	187.65	70
38		16.65	26.25	50.25	74.25	98.25	122.25	146.25	194.25	70
39		17.64	27.90	53.55	79.20	104.85	130.50	156.15	207.45	70
40	13.50	19.13	30.38	58.50	86.63	114.75	142.88	171.00	227.25	72
41	14.27	20.28	32.30	62.35	92.40	122.45	152.50	182.55	242.65	73
42	15.26	21.77	34.78	67.30	99.83	132.35	164.88	197.40	262.45	74
43	16.80	24.08	38.63	75.00	111.38	147.75	184.13	220.50	293.25	76
44	17.68	25.40	40.83	79.40	117.98	156.55	195.13	233.70	310.85	77
45	18.89	27.21	43.85	85.45	127.05	168.65	210.25	251.85	335.05	78
46	19.99	28.86	46.60	90.95	135.30	179.65	224.00	268.35	357.05	79
47	21.09	30.51	49.35	96.45	143.55	190.65	237.75	284.85	379.05	79
48	22.19	32.16	52.10	101.95	151.80	201.65	251.50	301.35	401.05	80
49	23.95	34.80	56.50	110.75	165.00	219.25	273.50	327.75	436.25	82
50	25.16	36.62	59.53	116.80	174.08	231.35				82
51	27.03	39.42	64.20	126.15	188.10	250.05				83
52	29.34	42.89	69.98	137.70	205.43	273.15				85
53	31.21	45.69	74.65	147.05	219.45	291.85				87
54	32.75	48.00	78.50	154.75	231.00	307.25				87
55	34.29	50.31	82.35	162.45	242.55	322.65				87
56	36.05	52.95	86.75	171.25	255.75	340.25				87
57	37.70	55.43	90.88	179.50	268.13	356.75				87
58	39.68	58.40	95.83	189.40	282.98	376.55				87
59	41.33	60.87	99.95	197.65	295.35	393.05				87
60	42.51	62.64	102.90	203.55	304.20	404.85				87
61	45.37	66.93	110.05	217.85	325.65	433.45				88
62	48.01	70.89	116.65	231.05	345.45	459.85				88
63	50.54	74.69	122.98	243.70	364.43	485.15				88
64	53.07	78.48	129.30	256.35	383.40	510.45				89
65	55.71	82.44	135.90	269.55	403.20	536.85				89
66	58.57									89
67	61.65									89
68	64.84									89
69	68.25									89
70	71.88									90

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus – Standard Risk Table Premiums – Non-Tobacco – Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)								
		\$18.00	\$20.00	\$24.00	\$28.00	\$30.00	\$32.00	\$35.00	\$40.00	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		43,033	48,498	59,427	70,356	75,820	81,289	89,480	103,143	73
21-22		41,778	47,083	57,687	68,313	73,608	78,913	86,870	100,133	73
23-25		40,589	45,748	56,057	66,366	71,521	76,676	84,411	97,304	71
26		39,474	44,487	54,512	64,537	69,549	74,563	82,081	94,612	72
27		38,417	43,293	53,050	62,813	67,684	72,561	79,879	92,074	72
28		38,417	43,293	53,050	62,813	67,684	72,561	79,879	92,074	71
29		37,411	42,162	51,663	61,164	65,920	70,666	77,791	89,668	71
30-31		36,453	41,088	50,348	59,607	64,234	68,866	75,811	87,385	70
32		34,691	39,097	47,908	56,719	61,124	65,529	72,137	83,150	70
33		33,089	37,292	45,694	54,097	58,299	62,500	68,803	79,307	71
34		31,627	35,645	43,675	51,707	55,723	59,739	65,764	75,804	72
35		29,662	33,428	40,961	48,494	52,260	56,027	61,677	71,093	73
36		28,482	32,098	39,331	46,565	50,181	53,803	59,220	68,265	73
37		27,392	30,870	37,827	44,783	48,261	51,740	56,957	65,656	73
38		25,907	29,195	35,774	42,352	45,642	48,931	53,864	62,089	74
39		24,157	27,221	33,359	39,494	42,563	45,629	50,231	57,899	75
40	9.21	22,630	25,503	31,250	36,998	39,871	42,745	47,055	54,239	76
41	9.76	20,973	23,636	28,959	34,288	36,951	39,614	43,609	50,267	77
42	10.53	19,023	21,437	26,269	31,100	33,515	35,934	39,554	45,592	78
43	11.30	17,404	19,614	24,034	28,454	30,663	32,873	36,188	41,713	80
44	12.07	16,039	18,076	22,149	26,222	28,259	30,299	33,351	38,442	81
45	12.95	14,720	16,589	20,327	24,062	25,938	27,806	30,608	35,281	82
46	13.83	13,602	15,329	18,783	22,237	23,964	25,688	28,282	32,600	83
47	14.60	12,754	14,373	17,612	20,851	22,470	24,090	26,520	30,566	83
48	15.48	11,905	13,417	16,438	19,464	20,976	22,487	24,755	28,536	84
49	16.47	11,076	12,483	15,296	18,109	19,515	20,923	23,031	26,548	85
50	17.68	10,206	11,504	14,096	16,687	17,985	19,282	21,225	24,466	86
51	19.11		10,528	12,901	15,273	16,460	17,646	19,425	22,391	87
52	20.87		11,683	13,830	14,905	15,978	17,589	20,275		88
53	22.63		10,673	12,635	13,617	14,598	16,070	18,524		90
54	23.84		10,075	11,929	12,854	13,781	15,170	17,485		90
55	24.94			11,349	12,231	13,112	14,435	16,638		91
56	26.04			10,824	11,665	12,506	13,767	15,868		91
57	27.25			10,300	11,100	11,900	13,100	15,100		91
58	28.57				10,544	11,304	12,441	14,342		91
59	29.78					10,080	10,807	11,897		91
60	30.63						10,483	11,540		91
61	32.28							10,906		91
62	34.04							10,302		92
63	35.91								11,875	92
64	37.89								11,216	92
65	39.98								10,593	92
66	42.29								10,006	92
67	44.82									92
68	47.57									92
69	50.43									93
70	53.29									93

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)								
		\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		42,941	46,565	50,181	59,220	68,265	77,313	86,348	95,389	70
21-22		41,305	44,783	48,261	56,957	65,656	74,344	83,044	91,740	70
23-25		39,063	42,352	45,642	53,864	62,089	70,313	78,537	86,761	69
26		38,369	41,600	44,826	52,909	60,986	69,064	77,141	85,214	69
27		37,699	40,874	44,050	51,985	59,921	67,858	75,794	83,729	68
28		37,052	40,172	43,292	51,088	58,893	66,693	74,493	82,294	68
29		36,433	39,494	42,563	50,231	57,899	65,567	73,237	80,905	68
30-31		32,091	34,798	37,501	44,257	51,014	57,771	64,528	71,284	69
32		31,170	33,793	36,418	42,980	49,541	56,103	62,665	69,226	69
33		30,722	33,312	35,900	42,368	48,833	55,310	61,773	68,241	69
34		30,294	32,845	35,396	41,774	48,151	54,529	60,906	67,284	68
35		28,312	30,688	33,076	39,037	44,995	50,949	56,913	62,873	69
36		27,237	29,530	31,824	37,562	43,292	49,026	54,760	60,493	69
37		25,621	27,778	29,936	35,330	40,720	46,117	51,511	56,904	70
38		24,740	26,818	28,907	34,115	39,318	44,532	49,740	54,943	70
39		23,149	25,098	27,047	31,921	36,797	41,669	46,541	51,414	70
40	13.50	21,110	22,890	24,669	29,110	33,556	38,001	42,445	46,890	72
41	14.27	19,759	21,423	23,087	27,247	31,407	35,563	39,726	43,886	73
42	15.26	18,256	19,793	21,328	25,176	29,017	32,860	36,703	40,546	74
43	16.80	16,323	17,698	19,073	22,509	25,946	29,382	32,818	36,255	76
44	17.68	15,393	16,687	17,985	21,225	24,466	27,706	30,943	34,187	77
45	18.89	14,273	15,475	16,678	19,685	22,687	25,690	28,696	31,701	78
46	19.99	13,388	14,516	15,643	18,462	21,280	24,099	26,917	29,736	79
47	21.09	12,606	13,668	14,728	17,384	20,038	22,692	25,344	27,999	79
48	22.19	11,911	12,914	13,917	16,425	18,934	21,439	23,945	26,455	80
49	23.95	10,944	11,867	12,789	15,092	17,397	19,701	22,005	24,309	82
50	25.16	10,367	11,240	12,113	14,297	16,478	18,660	20,843	23,025	82
51	27.03		10,392	11,199	13,217	15,235	17,252	19,270	21,288	83
52	29.34			10,244	12,089	13,936	15,781	17,627	19,473	85
53	31.21				11,309	13,036	14,762	16,489	18,215	87
54	32.75				10,738	12,378	14,017	15,656	17,296	87
55	34.29				10,222	11,783	13,343	14,904	16,463	87
56	36.05					11,169	12,649	14,128	15,607	87
57	37.70					10,650	12,060	13,470	14,880	87
58	39.68					10,085	11,422	12,758	14,093	87
59	41.33						10,938	12,219	13,498	87
60	42.51						10,618	11,861	13,102	87
61	45.37							11,074	12,233	88
62	48.01							10,435	11,527	88
63	50.54								10,923	88
64	53.07								10,379	89
65	55.71									89
66	58.57									89
67	61.65									89
68	64.84									89
69	68.25									89
70	71.88									90

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

TEXASLIFE INSURANCE COMPANY **EMPLOYEE/SPOUSE/CHILD** **MONTHLY PREMIUMS**

PureLife-plus – Standard Risk Table Premiums – Non-Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59)									
	\$10,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$200,000	
15D-1			8.00							83
2-3			8.25							83
4-10			8.50							79
11-16			8.75							75
17-20			10.75	19.25	27.75	36.25	44.75	53.25	70.25	73
21-22			11.00	19.75	28.50	37.25	46.00	54.75	72.25	73
23-25			11.25	20.25	29.25	38.25	47.25	56.25	74.25	71
26			11.50	20.75	30.00	39.25	48.50	57.75	76.25	72
27			11.75	21.25	30.75	40.25	49.75	59.25	78.25	72
28			11.75	21.25	30.75	40.25	49.75	59.25	78.25	71
29			12.00	21.75	31.50	41.25	51.00	60.75	80.25	71
30-31			12.25	22.25	32.25	42.25	52.25	62.25	82.25	70
32			12.75	23.25	33.75	44.25	54.75	65.25	86.25	70
33			13.25	24.25	35.25	46.25	57.25	68.25	90.25	71
34			13.75	25.25	36.75	48.25	59.75	71.25	94.25	72
35		9.60	14.50	26.75	39.00	51.25	63.50	75.75	100.25	73
36		9.90	15.00	27.75	40.50	53.25	66.00	78.75	104.25	73
37		10.20	15.50	28.75	42.00	55.25	68.50	81.75	108.25	73
38		10.65	16.25	30.25	44.25	58.25	72.25	86.25	114.25	74
39		11.25	17.25	32.25	47.25	62.25	77.25	92.25	122.25	75
40	8.65	11.85	18.25	34.25	50.25	66.25	82.25	98.25	130.25	76
41	9.15	12.60	19.50	36.75	54.00	71.25	88.50	105.75	140.25	77
42	9.85	13.65	21.25	40.25	59.25	78.25	97.25	116.25	154.25	78
43	10.55	14.70	23.00	43.75	64.50	85.25	106.00	126.75	168.25	80
44	11.25	15.75	24.75	47.25	69.75	92.25	114.75	137.25	182.25	81
45	12.05	16.95	26.75	51.25	75.75	100.25	124.75	149.25	198.25	82
46	12.85	18.15	28.75	55.25	81.75	108.25	134.75	161.25	214.25	83
47	13.55	19.20	30.50	58.75	87.00	115.25	143.50	171.75	228.25	83
48	14.35	20.40	32.50	62.75	93.00	123.25	153.50	183.75	244.25	84
49	15.25	21.75	34.75	67.25	99.75	132.25	164.75	197.25	262.25	85
50	16.35	23.40	37.50	72.75	108.00	143.25				86
51	17.65	25.35	40.75	79.25	117.75	156.25				87
52	19.25	27.75	44.75	87.25	129.75	172.25				88
53	20.85	30.15	48.75	95.25	141.75	188.25				90
54	21.95	31.80	51.50	100.75	150.00	199.25				90
55	22.95	33.30	54.00	105.75	157.50	209.25				91
56	23.95	34.80	56.50	110.75	165.00	219.25				91
57	25.05	36.45	59.25	116.25	173.25	230.25				91
58	26.25	38.25	62.25	122.25	182.25	242.25				91
59	27.35	39.90	65.00	127.75	190.50	253.25				91
60	28.05	40.95	66.75	131.25	195.75	260.25				91
61	29.55	43.20	70.50	138.75	207.00	275.25				91
62	31.15	45.60	74.50	146.75	219.00	291.25				92
63	32.85	48.15	78.75	155.25	231.75	308.25				92
64	34.65	50.85	83.25	164.25	245.25	326.25				92
65	36.55	53.70	88.00	173.75	259.50	345.25				92
66	38.65									92
67	40.95									92
68	43.45									92
69	46.05									93
70	48.65									93

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$200,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20			15.00	27.75	40.50	53.25	66.00	78.75	104.25	70
21-22			15.50	28.75	42.00	55.25	68.50	81.75	108.25	70
23-25			16.25	30.25	44.25	58.25	72.25	86.25	114.25	69
26			16.50	30.75	45.00	59.25	73.50	87.75	116.25	69
27			16.75	31.25	45.75	60.25	74.75	89.25	118.25	68
28			17.00	31.75	46.50	61.25	76.00	90.75	120.25	68
29			17.25	32.25	47.25	62.25	77.25	92.25	122.25	68
30-31			19.25	36.25	53.25	70.25	87.25	104.25	138.25	69
32			19.75	37.25	54.75	72.25	89.75	107.25	142.25	69
33			20.00	37.75	55.50	73.25	91.00	108.75	144.25	69
34			20.25	38.25	56.25	74.25	92.25	110.25	146.25	68
35		13.80	21.50	40.75	60.00	79.25	98.50	117.75	156.25	69
36		14.25	22.25	42.25	62.25	82.25	102.25	122.25	162.25	69
37		15.00	23.50	44.75	66.00	87.25	108.50	129.75	172.25	70
38		15.45	24.25	46.25	68.25	90.25	112.25	134.25	178.25	70
39		16.35	25.75	49.25	72.75	96.25	119.75	143.25	190.25	70
40	12.55	17.70	28.00	53.75	79.50	105.25	131.00	156.75	208.25	72
41	13.25	18.75	29.75	57.25	84.75	112.25	139.75	167.25	222.25	73
42	14.15	20.10	32.00	61.75	91.50	121.25	151.00	180.75	240.25	74
43	15.55	22.20	35.50	68.75	102.00	135.25	168.50	201.75	268.25	76
44	16.35	23.40	37.50	72.75	108.00	143.25	178.50	213.75	284.25	77
45	17.45	25.05	40.25	78.25	116.25	154.25	192.25	230.25	306.25	78
46	18.45	26.55	42.75	83.25	123.75	164.25	204.75	245.25	326.25	79
47	19.45	28.05	45.25	88.25	131.25	174.25	217.25	260.25	346.25	79
48	20.45	29.55	47.75	93.25	138.75	184.25	229.75	275.25	366.25	80
49	22.05	31.95	51.75	101.25	150.75	200.25	249.75	299.25	398.25	82
50	23.15	33.60	54.50	106.75	159.00	211.25				82
51	24.85	36.15	58.75	115.25	171.75	228.25				83
52	26.95	39.30	64.00	125.75	187.50	249.25				85
53	28.65	41.85	68.25	134.25	200.25	266.25				87
54	30.05	43.95	71.75	141.25	210.75	280.25				87
55	31.45	46.05	75.25	148.25	221.25	294.25				87
56	33.05	48.45	79.25	156.25	233.25	310.25				87
57	34.55	50.70	83.00	163.75	244.50	325.25				87
58	36.35	53.40	87.50	172.75	258.00	343.25				87
59	37.85	55.65	91.25	180.25	269.25	358.25				87
60	38.85	57.15	93.75	185.25	276.75	368.25				87
61	41.45	61.05	100.25	198.25	296.25	394.25				88
62	43.85	64.65	106.25	210.25	314.25	418.25				88
63	46.15	68.10	112.00	221.75	331.50	441.25				88
64	48.45	71.55	117.75	233.25	348.75	464.25				89
65	50.85	75.15	123.75	245.25	366.75	488.25				89
66	53.45									89
67	56.25									89
68	59.15									89
69	62.25									89
70	65.55									90

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

TEXASLIFE INSURANCE COMPANY **EMPLOYEE/SPOUSE/CHILD** **MONTHLY PREMIUMS**

PureLife-plus – Standard Risk Table Premiums – Non-Tobacco – Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		Includes Added Cost for Accidental Death Benefit (Ages 17-59)								
		\$18.00	\$20.00	\$24.00	\$28.00	\$30.00	\$32.00	\$35.00	\$40.00	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		46,324	52,206	63,971	75,736	81,618	87,500	96,324	111,030	73
21-22		45,000	50,715	62,143	73,572	79,286	85,001	93,572	107,858	73
23-25		43,750	49,306	60,417	71,528	77,084	82,639	90,973	104,862	71
26		42,568	47,973	58,784	69,595	75,000	80,406	88,514	102,028	72
27		41,448	46,711	57,237	67,764	73,027	78,290	86,185	99,343	72
28		41,448	46,711	57,237	67,764	73,027	78,290	86,185	99,343	71
29		40,385	45,513	55,770	66,026	71,154	76,283	83,975	96,795	71
30-31		39,375	44,375	54,375	64,375	69,375	74,375	81,875	94,375	70
32		37,500	42,262	51,786	61,310	66,072	70,834	77,977	89,881	70
33		35,796	40,341	49,432	58,523	63,069	67,614	74,432	85,796	71
34		34,240	38,587	47,283	55,979	60,327	64,674	71,196	82,065	72
35		32,143	36,225	44,388	52,552	56,633	60,715	66,837	77,041	73
36		30,883	34,804	42,648	50,491	54,412	58,334	64,216	74,020	73
37		29,717	33,491	41,038	48,585	52,359	56,133	61,793	71,227	73
38		28,125	31,697	38,840	45,983	49,554	53,125	58,483	67,411	74
39		26,250	29,584	36,250	42,917	46,250	49,584	54,584	62,917	75
40	8.65	24,610	27,735	33,985	40,235	43,360	46,485	51,172	58,985	76
41	9.15	22,827	25,725	31,522	37,319	40,218	43,116	47,464	54,711	77
42	9.85	20,724	23,356	28,619	33,882	36,514	39,145	43,093	49,672	78
43	10.55	18,976	21,386	26,205	31,025	33,434	35,844	39,458	45,482	80
44	11.25	17,500	19,723	24,167	28,612	30,834	33,056	36,389	41,945	81
45	12.05	16,072	18,113	22,194	26,276	28,316	30,358	33,419	38,521	82
46	12.85	14,859	16,746	20,519	24,293	26,180	28,066	30,897	35,614	83
47	13.55	13,938	15,708	19,248	22,788	24,558	26,328	28,983	33,408	83
48	14.35	13,017	14,670	17,976	21,281	22,934	24,587	27,066	31,199	84
49	15.25	12,116	13,654	16,731	19,808	21,347	22,885	25,192	29,039	85
50	16.35	11,171	12,589	15,426	18,263	19,681	21,100	23,227	26,774	86
51	17.65	10,228	11,526	14,124	16,721	18,020	19,318	21,267	24,513	87
52	19.25		10,438	12,795	15,148	16,324	17,500	19,265	22,206	88
53	20.85			11,693	13,845	14,920	15,995	17,608	20,296	90
54	21.95			11,041	13,071	14,087	15,102	16,625	19,163	90
55	22.95			10,508	12,439	13,406	14,372	15,821	18,237	91
56	23.95			10,024	11,867	12,789	13,710	15,093	17,397	91
57	25.05				11,294	12,172	13,049	14,365	16,558	91
58	26.25				10,730	11,563	12,396	13,646	15,730	91
59	27.35				10,259	11,056	11,853	13,048	15,040	91
60	28.05					10,756	11,532	12,694	14,632	91
61	29.55					10,165	10,898	11,997	13,828	91
62	31.15						10,295	11,333	13,063	92
63	32.85							10,703	12,337	92
64	34.65							10,109	11,652	92
65	36.55								11,006	92
66	38.65									92
67	40.95									92
68	43.45									92
69	46.05									93
70	48.65									93

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

TEXASLIFE INSURANCE COMPANY **EMPLOYEE/SPOUSE/CHILD MONTHLY PREMIUMS**

PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		Includes Added Cost for Accidental Death Benefit (Ages 17-59)								
		\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		46,569	50,491	54,412	64,216	74,020	83,824	93,628	103,432	70
21-22		44,812	48,585	52,359	61,793	71,227	80,661	90,095	99,529	70
23-25		42,411	45,983	49,554	58,483	67,411	76,340	85,268	94,197	69
26		41,667	45,176	48,685	57,457	66,229	75,000	83,772	92,544	69
27		40,949	44,397	47,845	56,466	65,087	73,707	82,328	90,949	68
28		40,255	43,645	47,034	55,509	63,984	72,458	80,933	89,407	68
29		39,584	42,917	46,250	54,584	62,917	71,250	79,584	87,917	68
30-31		34,927	37,868	40,809	48,162	55,515	62,868	70,221	77,574	69
32		33,929	36,786	39,643	46,786	53,929	61,072	68,215	75,358	69
33		33,451	36,268	39,085	46,127	53,170	60,212	67,254	74,296	69
34		32,987	35,764	38,542	45,487	52,431	59,375	66,320	73,264	68
35		30,845	33,442	36,039	42,533	49,026	55,520	62,013	68,507	69
36		29,688	32,188	34,688	40,938	47,188	53,438	59,688	65,938	69
37		27,941	30,295	32,648	38,530	44,412	50,295	56,177	62,059	70
38		26,989	29,262	31,535	37,216	42,898	48,580	54,262	59,943	70
39		25,266	27,394	29,522	34,841	40,160	45,479	50,798	56,118	70
40	12.55	23,059	25,001	26,942	31,797	36,651	41,505	46,360	51,214	72
41	13.25	21,591	23,410	25,228	29,773	34,318	38,864	43,410	47,955	73
42	14.15	19,958	21,639	23,319	27,522	31,723	35,925	40,127	44,328	74
43	15.55	17,858	19,361	20,865	24,625	28,384	32,143	35,903	39,662	76
44	16.35	16,844	18,263	19,681	23,227	26,774	30,319	33,866	37,412	77
45	17.45	15,625	16,940	18,257	21,547	24,836	28,125	31,415	34,704	78
46	18.45	14,661	15,896	17,130	20,217	23,303	26,389	29,476	32,562	79
47	19.45	13,809	14,971	16,134	19,041	21,948	24,855	27,762	30,669	79
48	20.45	13,050	14,149	15,248	17,995	20,742	23,490	26,237	28,984	80
49	22.05	11,995	13,006	14,016	16,541	19,065	21,591	24,117	26,642	82
50	23.15	11,364	12,320	13,278	15,670	18,063	20,455	22,847	25,240	82
51	24.85	10,509	11,394	12,279	14,492	16,704	18,916	21,129	23,341	83
52	26.95		10,426	11,235	13,260	15,284	17,308	19,332	21,357	85
53	28.65			10,512	12,406	14,300	16,193	18,087	19,982	87
54	30.05				11,781	13,579	15,378	17,177	18,975	87
55	31.45				11,216	12,929	14,641	16,353	18,065	87
56	33.05				10,634	12,257	13,880	15,504	17,127	87
57	34.55				10,140	11,688	13,236	14,784	16,331	87
58	36.35					11,070	12,537	14,003	15,469	87
59	37.85					10,604	12,009	13,413	14,817	87
60	38.85					10,315	11,681	13,047	14,413	87
61	41.45						10,906	12,182	13,457	88
62	43.85						10,277	11,479	12,681	88
63	46.15							10,877	12,016	88
64	48.45							10,336	11,418	89
65	50.85								10,854	89
66	53.45									89
67	56.25									89
68	59.15									89
69	62.25									89
70	65.55									90

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

APPENDIX I

REFERENCES

Include below four references:

Reference #1

Company Name: Pinal County
Address: 31 N Pinal St., Bldg A (POB 1590), Florence, AZ 85132
Contact Person: Kathleen Markham, IPMA-SCP HR, CWPC
Telephone: 520-866-6245
Email Address: kathleen.markham@pinalcountyz.gov
Group Size: 1,883 employees
Number of Years Under Contract: 2017

Reference #2

Company Name: City of Oklahoma City
Address: 420 West Main Oklahoma City, OK 73102
Contact Person: Christian York
Telephone: 405-297-3375
Email Address: chris.york@okc.gov
Group Size: 4,128 employees
Number of Years Under Contract : 2011

Reference #3

Company Name: Wayne County
Address: 500 Griswold St. 9th Floor Detroit, MI 48226
Contact Person: Claire Mason Lee
Telephone: 313-224-0571
Email Address: cmlee@waynecounty.com
Group Size: 3,500 employees
Number of Years Under Contract: 2016

Reference #4

Company Name: Classic Auto Group
Address: 8020 Broadway Glaveston, TX 77554
Contact Person: Mark Escamilla, CFO
Telephone: 817-421-7206
Email Address: marke@classicchevrolet.com
Group Size: 306 employees
Number of Years Under Contract: 2002

E

Compliance

1. Briefly state your understanding of the services being requested, and your ability to comply with the requirements within. The County will assume that your proposal complies with all aspects of the proposal specifications except in those areas which are specifically listed as deficiencies and deviations. Therefore, it is important to specifically itemize all areas of deficiency and deviations. If your company's underwriting rules do not permit full compliance, any deviations not noted in your proposal will be offered to the County at no additional cost.

Our goal is to shift the focus from providing benefits plan information to motivating employees to make decisions about how to best utilize their benefits in a way that is economical to both their plan sponsor and the employees' families.

Many counties are in search of a better way to manage their enrollment without adding costs to their bottom line. Our model helps streamline enrollments and improve efficiencies, while providing individual support and education.

A Single Benefits System

- Central location to store your core and voluntary benefits information.
- Year-round functionality
- EDI file feeds including new hire and qualifying event changes are sent to carriers directly.
- Available at no additional charge in exchange for offering voluntary benefits.

Customized Communication Strategy

Along with technology, we'll deliver a customized communication strategy for your organization. Through group meetings and individual education sessions, supported by our extensive collection of educational material, we help employees understand their options and enroll in the benefits that make the most sense for them and their families.

[See a Sample Enrollment Site](#)

Solutions for Bell County

We are confident that our approach to providing benefits and services will enhance your program.

- Comprehensive, customized benefits solution.
- Complete web-based enrollment, communication, and administration platform, including EDI feeds.
- Employee education and one-on-one benefit reviews prior to enrollment.
- Year-round service from a dedicated salaried account manager.

To the extent the proposal specifications have been explicitly provided as part of the RFP, by responding to the RFP, American Fidelity can comply with those specifications. To the extent that a requirement is not explicitly noted, American Fidelity's plan offerings are as described in the brochures included in the submission.

2. Clearly define your responsibilities as well as the County's participation and responsibilities.

In order to plan and execute a seamless enrollment, we need to lay a solid foundation. That's where the Discovery Phase comes in. The checklist below outlines the tasks we will be working on together in the weeks leading up to enrollment.

Session One: Planning

- Plan Your Communications Campaign  
- Plan Your Enrollment  
- Gather Information and Preferences  
- Review Key Dates Timeline and Session Two Activities  

Session Two: Data Review

- Complete the Benefit Blueprint  
- Coordinate with Employee Benefit Plan Carriers  
- Upload Census and Benefit File 

Key	American Fidelity 	Bell County 	Both  
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Forms

- W9 - Appendix C
- Texas Public Information Act – Appendix D
- Conflict of Interest – Appendix E
- Debarment Certification – Appendix F
- House Bill 89 Verification Form – Appendix H
- References – Appendix I

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. American Fidelity Assurance Company		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. PO Box 25523		Requester's name and address (optional)
6 City, state, and ZIP code Oklahoma City, OK 73125-0523			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
7	3		-	0	7	1	4	5

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 01/07/21
------------------	----------------------------	------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

APPENDIX D



Texas Public Information Act Steps To Assert Information Confidential or Proprietary

All Proposals or proposals, data, and information submitted to the Bell County are subject to release under the Texas Public Information Act ("Act") unless exempt from release under the Act. You are not encouraged to submit data and/or information that you consider to be confidential or proprietary unless it is absolutely required to understand and evaluate your submission.

On each page where confidential or proprietary information appears, you must label the confidential or proprietary information. Do not label every page of your submission as confidential as there are pages (such as the certification forms and Proposal sheet with pricing) that are not confidential. It is recommended that each page that contains either confidential or proprietary information be printed on colored paper (such as yellow or pink paper). At a minimum the pages where the confidential information appears should be labeled and the information you consider confidential or proprietary clearly marked.

Failure to label the actual pages on which information considered confidential appears will be considered as a waiver of confidential or proprietary rights in the information.

In the event a request for public information is filed with the County which involves your submission, you will be notified by the County of the request so that you have an opportunity to present your reasons for claims of confidentiality to the Texas Attorney General.

In signing this form, I acknowledge that I have read the above and further state:

The proposal/Proposal submitted to the County contains NO confidential information and may be released to the public if required under the Texas Public Information Act.

The proposal/Proposal submitted contains confidential information which is labeled and which may be found on the following pages:

_____ and any information contained on page numbers not listed above may be released to the public if required under the Texas Public Information Act.

Vendor/Proposer Submitting: American Fidelity Assurance Company

Signature:  Date: 2/15/2021

Print Name: Jason Pledger Print Title: VP, Marketing Operations

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

OFFICE USE ONLY

Date Received

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

1 Name of vendor who has a business relationship with local governmental entity.

American Fidelity Assurance Company
Oklahoma City, OK 73114-3701

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

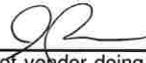
Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7


Signature of vendor doing business with the governmental entity

2/15/2021

Date

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
 2021-717395

Date Filed:
 02/15/2021

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

American Fidelity Assurance Company
 Oklahoma City, OK United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Bell County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

07-22
 Voluntary Supplemental Benefits

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Cameron Enterprises	Oklahoma City, OK United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Jason Pledger, and my date of birth is December 14th.

My address is 9000 Camerpn Parkway, Oklahoma City, OK, 73114, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Oklahoma County, State of Oklahoma, on the 15th day of Feb, 20 21.
(month) (year)



 Signature of authorized agent of contracting business entity
(Declarant)

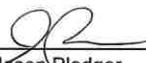
APPENDIX F



Certification Regarding Debarment, Suspension and Ineligibility

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this Proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein and;
- d. Have not within a three-year period preceding this Proposal and/or application had one or more public transactions terminated for cause or default.

Signature: 
Print Name: Jason Pledger
Title: VP, Marketing Operations
Telephone Number: 800-654-8489
Date: February 15, 2021

If the Respondent is unable to certify to all of the statements in this Certification, such Respondent should attach an explanation to this proposal.

APPENDIX H



House Bill 89 Verification Form

I, Jason Pledger (Person name), the undersigned representative of American Fidelity Assurance Company

(hereafter referred to as company) being an adult over the age of eighteen (18) years of age, do hereby depose and verify under oath that the company named-above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

- 1. Does not boycott Israel currently; and
- 2. Will not boycott Israel during the term of the contract the above-named Company, business or individual with Bell County, Texas.

Pursuant to Section 2270.001, Texas Government Code:

- 1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and
- 2. "Company" means a for-profit organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.
- 3. Section only applies to a contract that is between a governmental entity and a company with 10 or more full-time employees; and has a value of \$100,000 or more that is to be paid wholly or partly from public funds of the governmental entity.

2/15/2021
DATE

[Signature]
SIGNATURE OF COMPANY REPRESENTATIVE

ATTACHMENT B
Enrollment Support Services and Business
Associate Addendum

**ATTACHMENT B
TO MASTER SERVICE AGREEMENT
(ENROLLMENT SUPPORT SERVICES)**

This Attachment B to Master Service Agreement relating to Enrollment Support Services ("Enrollment Agreement") is attached to and made a part of the Master Service Agreement by and between American Fidelity Assurance Company, located at 9000 Cameron Parkway, Oklahoma City, OK 73114 ("Company") and Bell County, Texas, located at 101 E. Central Avenue, Belton, TX 76513 ("Employer"). Company and Employer may be referred to herein as a "Party" or the "Parties" as the context requires.

1. ENROLLMENT SERVICES.

a. Company will provide its experienced and salaried account managers to Employer and Employer's employees during Employer's open enrollment period and new-hire enrollments, as applicable. Company will assist employees to enroll in their core insurance benefits, and will offer employees its voluntary insurance products and services.

b. Company shall use the data provided by Employer to provide enrollment support and shall use such data in accordance with the terms of this Enrollment Agreement.

2. ENROLLMENT PROCESS.

a. Company will individually see all benefit-eligible employees to educate them and introduce them to the enrollment system, as well as walk them through their enrollment in the time frame Employer deems acceptable. Company will assist employees to enroll in Employer's core insurance products selected by the employee.

b. The online system will be accessible via an internet connection, and Company representatives are able to log on to AFEnroll via an authentication protocol.

c. Company will re-enroll employees for Employer's Section 125 plan, and concurrently Company will be able to offer employees its voluntary insurance programs that are currently available.

d. Company will be allowed to conduct group meetings at each site relating to enrollment and to assist employees who may need help in answering questions and/or to help enroll in the system. Meetings will be conducted according to Employer's protocols.

e. Employer shall cooperate with Company in providing information requested by Company in connection with providing services hereunder. Such information shall be provided at least 45 days in advance of the enrollment period.

f. Employer acknowledges and agrees that if, at any time during the term of this Agreement, it elects to utilize any of Company's other enrollment options or other services, additional documentation may be required at the time of such election.

g. Employer further agrees that to the extent specialized support is required to perform the Services, Company shall notify Employer of any potential expenses for additional staffing or other resources (beyond those allotted to provide Services for the standard case).

3. CLIENT DATA AND DATA SECURITY.

a. Under this Agreement, Company may access, receive, transmit, or maintain non-public data from or on behalf of Employer and its employees (collectively, "Employer Data"). Employer Data shall be treated as confidential and protected as provided herein. Employer is and will remain the owner of Employer Data.

b. Employer hereby authorizes Company to use the Employer Data to provide the Services; direct access to Employer Data shall be limited to those representatives of Company who have a need to access Employer Data in order to provide the Services.

c. In connection with the Services, Company will provide certain data back to Employer, which data will be based on the Employer Data, but will contain updates based on information gathered from employees during Company's provision of Services.

d. If Employer's employees purchase Benefits from Company, Company will maintain certain fields of the Employer Data necessary for the Benefits, along with some fields of Employer Data for the provision of Section 125 services (this data shall be referred to herein as the "Service Data"; where applicable, Employer Data and Service Data may be referred to collectively as "Data"). Employer acknowledges that Company shall own the Service Data and shall be entitled to retain and use such Service Data in order to provide Benefits to Employer employees. Company shall be entitled to use Service Data pursuant to the underlying agreements relating to the Benefits.

e. Data shall be shared between Company and Employer at agreed-upon times, and via agreed-upon secured file transfer protocol (SFTP). Under no circumstance will Data be shared via non-secure email.

f. Company shall not share any Employer Data with third Parties without written direction from Employer, but may share Service Data where necessary to provide the Services or Benefits, provided that Company has entered into written agreements with any direct service provider (e.g., a third-party administrator) relating to data security that are no less stringent than this Agreement.

g. Company shall utilize appropriate administrative, physical and technical security measures to protect the confidentiality and integrity of the Data, including, without limitation, securing its facilities, utilizing industry-accepted and modern security and network appliances, encryption of Data, current and applicable security patches, application scanning, vulnerability testing, virus protection measures, network and endpoint protection measures, intrusion detection and prevention, and access controls.

h. Company agrees that it will require individuals or entities working on behalf of Company in the provision of Services to comply with the provisions of this Agreement and shall provide training consistent with paragraph (g) to promote such compliance.

i. Company and Employer have either executed a Business Associate Agreement further addressing protections of Protected Health Information (as defined therein) (the "Business Associate Agreement") prior to the date hereof, or if they haven't executed a Business Associate Agreement, hereby incorporate the terms of the attached Business Associate Addendum attached hereto.

4. **CLIENT RESPONSIBILITY FOR ACCURACY OF INFORMATION.**

COMPANY MAY RELY ON THE ACCURACY OF SUCH CLIENT DATA IN THE PERFORMANCE OF SERVICES HEREUNDER. COMPANY SHALL HAVE NO LIABILITY FOR CLAIMS, DAMAGES OR LOSSES ARISING FROM OR RELATING TO CLIENT'S PROVISION OF CLIENT DATA TO COMPANY.

5. **RELEASE OF DATA TO THIRD PARTIES.**

IN THE EVENT THAT CLIENT INSTRUCTS COMPANY TO RELEASE ANY CLIENT DATA TO THIRD PARTIES (TO CLIENT'S CONSULTANT OR OTHER INSURANCE CARRIERS, FOR EXAMPLE), CLIENT SHALL BE RESPONSIBLE FOR ANY COMPLIANCE MATTERS WITH THE THIRD PARTY, INCLUDING BUT NOT LIMITED TO PUTTING IN PLACE APPROPRIATE AGREEMENTS REQUIRING THE THIRD PARTIES TO ADEQUATELY SAFEGUARD CLIENT DATA. COMPANY SHALL NOT BE LIABLE FOR ACTIONS OF THIRD PARTIES AFTER COMPANY DELIVERS EMPLOYER DATA TO SUCH THIRD PARTY.

6. **CONFIDENTIALITY.**

Both Parties acknowledge that they will have access to and receive disclosure of certain confidential or proprietary information about each other, including, but not limited to business discussions and deliberations, marketing strategy and business plans, compliance-related information, network transmissions and other trade secrets (collectively, the "Proprietary Information"). Company shall use Proprietary Information only to provide the Services, and Company shall not disclose Proprietary Information to unauthorized third parties, and shall not use or disclose the Proprietary Information after the termination of the business relationship between Company and Employer. Company shall return or destroy any Proprietary Information in its possession within thirty (30) days of the termination of the relationship between Employer and Company. The obligations in this Section 6 are in addition to the obligations relating to Protected Health Information (as defined by HIPAA) set forth in the Business Associate Agreement executed by Company and Employer. Employer shall maintain the confidentiality of Company's Proprietary Information, and shall not disclose such Proprietary Information to any third party. Notwithstanding the foregoing, Proprietary Information shall not include any information that is or becomes generally available to the public or any information that is lawfully obtained by the disclosing party from a third party with the right to disclose such information. In the event of a breach or threatened breach of this provision, the provisions of this paragraph may be enforced by an injunction restraining the breaching party from the commission of such breach to the full extent thereof, or to such extent as a court of competent jurisdiction may deem just and proper for the reasonable protection of the rights and interest of the non-breaching party. Nothing contained herein shall be construed as prohibiting either Party from pursuing any remedy available to it for a breach or threatened breach of this section. This provision shall survive the termination of this Agreement.

**BUSINESS ASSOCIATE ADDENDUM
(ENROLLMENT SUPPORT)**

THIS BUSINESS ASSOCIATE ADDENDUM (the "Addendum") supplements and is made a part of, as applicable, the Enrollment Services Agreement (the "Agreement") by and between **AMERICAN FIDELITY ASSURANCE COMPANY**, with a principal place of business at 9000 Cameron Parkway, Oklahoma City, OK 73114 (hereafter "Business Associate") and **EMPLOYER** (hereafter "Covered Entity") and is effective as of the date of the Agreement.

WHEREAS, Business Associate may have access to, create or receive Protected Health Information, as hereinafter defined, on behalf of the Covered Entity in connection with services to be provided by Business Associate to Covered Entity under the Agreement from time to time; and

WHEREAS, Covered Entity wants to satisfy the applicable requirements of the Privacy Rule, Security Rule and Standard Transactions Rule, as those terms are hereinafter defined, by obtaining satisfactory assurances from Business Associate concerning Business Associate's use, disclosure, requests for, and safeguarding of Protected Health Information, and Business Associate wants to provide such assurances, as more particularly set forth in this Addendum, in order to continue to provide the services; and

WHEREAS, Business Associate agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (as may be amended from time to time, "HIPAA") (Public Law 104-191) and the Health Information Technology for Economic and Clinical Health Act (as may be amended from time to time, the "HITECH Act") (Division A, Title XIII and Division B, Title IV of Public Law 111-5) and implementing regulations (Title 45, Parts 160, 162 and 164 of the Code of Federal Regulations) dealing with the confidentiality, security and standardized transmission of health or health-related information, as applicable to Business Associate;

NOW THEREFORE, for and in consideration of the foregoing premises, which are incorporated into and made a part of this Addendum, the parties agree as follows:

1. **REFERENCES.** A reference in this Addendum to any HIPAA Rule means such rule as interpreted under applicable regulations and guidance of general application or published by HHS, including all amendments thereto for which compliance is required, as amended by the HITECH Act.
2. **DEFINITIONS.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the HIPAA Rules.

Specific definitions:

- a) *Breach.* "Breach" means the acquisition, access, use, or disclosure, or possibility of acquisition, access, use, or disclosure of Protected Health Information in a manner not permitted by the Privacy Rule.
- b) *Designated Record Set.* "Designated Record Set" shall have the same meaning as set forth in 45 CFR § 164.501 and refers to an item, collection, or storing of information that contains Protected Health Information that is used, in whole or in part, to make decisions about individuals, their treatment or billing for services rendered, including medical records and billing records, enrollment, payment, claims adjudication and case or medical management record systems.
- c) *Electronic Health Record.* "Electronic Health Record" shall have the same meaning as set forth in section 13400(5) of Public Law 111-5 and any implementing regulations.
- d) *HHS.* "HHS" means the U.S. Department of Health and Human Services.
- e) *HIPAA Rules.* "HIPAA Rules" means the Privacy Rule, Security Rule and Standard Transactions Rule, collectively, as they exist now or as they may be amended
- f) *HITECH Act.* "HITECH Act" shall mean the Health Information Technology for Economic and Clinical Health Act included in the American Recovery and Reinvestment Act of 2009, Public Law 111-5.
- g) *Limited Data Set.* "Limited Data Set" shall have the same meaning as set forth in 45 CFR § 164.514(e)(2).

- h) *Privacy Rule.* "Privacy Rule" means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E, as they exist now or as they may be amended.
- i) *Protected Health Information.* "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR § 160.103, but for purposes of this Addendum shall be limited to such information created or received by Business Associate from or on behalf of Covered Entity.
- j) *Required By Law.* "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR § 164.103. In general, "Required by Law" means a mandate contained in law that compels a person to make a use or disclosure of Protected Health Information and that is enforceable in a court of law.
- k) *Secretary.* "Secretary" means the Secretary of the U.S. Department of Health and Human Services or his designee.
- l) *Security Incident.* "Security Incident" means the attempted or successful unauthorized access, acquisition, use, disclosure, modification, or destruction of Protected Health Information (whether electronic or non-electronic) or interference with system operations of an information system involving Protected Health Information.
- m) *Security Rule.* "Security Rule" means the Security Standards set forth at 45 CFR Parts 160 and 164, as they exist now or as they may be amended.
- n) *Standard Transactions Rule.* "Standard Transactions Rule" means the Standards for Electronic Transactions set forth at 45 CFR, Parts 160 and 162, as they exist now or as they may be amended.
- o) *Unsecured Protected Health Information.* "Unsecured Protected Health Information" means Protected Health Information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in guidance issued under section 13402(h)(2) of Public Law 111-5 on the HHS Web site.

3. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

- a) Business Associate agrees not to use or disclose Protected Health Information other than as permitted by the Agreement and this Addendum.
- b) Business Associate agrees to use appropriate safeguards to prevent any use or disclosure of Protected Health Information for any purpose other than as permitted by this Addendum.
- c) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information agrees to the same restrictions and conditions applicable, as set forth in this Addendum, to Business Associate, with respect to Protected Health Information and agrees to implement reasonable and appropriate administrative, technical and physical safeguards to protect the confidentiality and security of Protected Health Information.
- d) Business Associate agrees to make its internal practices (including policies and procedures), books, records, and services relating to the use and disclosure of Protected Health Information and the safeguards established with respect to such information available:
 - 1. to Covered Entity within thirty (30) business days of the date Business Associate receives a request from Covered Entity; and
 - 2. to the Secretary in the time and manner as directed by the Secretary.

Notwithstanding the above, no attorney-client, account-client, or other legal privilege shall be deemed waived by Covered Entity or Business Associate by virtue of this provision.

- e) Business Associate acknowledges that the Privacy Rule requires Covered Entity to provide individuals with a number of privacy rights, including the right to inspect and copy Protected Health Information within the possession or control of Covered Entity and its business associates, the right to amend such Protected Health Information, and the right to obtain an accounting of disclosures of Protected Health Information to third parties for certain purposes. To assist Covered Entity in complying with these requirements, Business Associate agrees to the following:
 - 1. Within ten (10) days of a request by Covered Entity, Business Associate shall, as directed by Covered Entity, either (a) provide a copy of such Protected Health Information as is specified by Covered Entity to Covered Entity or to an individual specified by Covered Entity or (b) make such Protected Health Information available for inspection and copying by an individual specified by Covered Entity. To the extent that Business Associate uses or maintains an Electronic Health Record with respect to Protected Health Information, Business Associate shall comply with the

requirement of this Section to provide a copy of Protected Health Information upon request by providing an electronic copy of such information to Covered Entity, the individual or a third party designated by the individual, as directed by Covered Entity. Business Associate shall maintain a record of any access to Protected Health Information provided under this Section in such form as may be specified by Covered Entity and shall provide a copy of such record to Covered Entity promptly upon request. If any individual requests access to Protected Health Information directly from Business Associate, Business Associate shall notify the individual that the request will be forwarded to Covered Entity and shall promptly forward such request to Covered Entity.

2. Within a reasonable time after request by Covered Entity, Business Associate agrees to amend or correct Protected Health Information as directed by Covered Entity.
3. Business Associate agrees to record each disclosure made to a third party of Protected Health Information as would be required by Covered Entity to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528, with the exception of disclosures made for any of the following purposes:
 - i. treatment, payment, or Covered Entity's health care operations;
 - ii. in response to a request from the individual who is the subject of the disclosed Protected Health Information or that individual's personal representative;
 - iii. to persons involved in that individual's health care or payment for health care;
 - iv. for national security or intelligence purposes;
 - v. to law enforcement officials or correctional institutions regarding inmates; or
 - vi. that are part of a Limited Data Set.

At a minimum, Business Associate shall track the following information regarding each disclosure:

- i. Date of the disclosure;
- ii. Name of the third party to whom Protected Health Information was disclosed and if known, the address of the third party;
- iii. A brief description of the disclosed information; and
- iv. A brief description of the purpose and basis for disclosure.

Business Associate shall maintain a record of such information for no less than six (6) years from the date of disclosure and shall provide such information to Covered Entity within ten (10) days of a request by Covered Entity or, if directed to do so by Covered Entity, shall respond to requests for an accounting of disclosures on behalf of Covered Entity in a manner and timeframe that will allow Covered Entity to comply with the Privacy Rule.

It is not anticipated that Business Associate will use or maintain Electronic Health Records on behalf of Covered Entity. However, to the extent that Business Associate does use or maintain any Electronic Health Records on behalf of Covered Entity, Business Associate shall maintain such records of its disclosures of Protected Health Information to third parties with respect to such Electronic Health Records as necessary for Covered Entity to comply with section 13405 of Public Law 111-5 and any implementing regulations. Business Associate shall provide such records of disclosure to Covered Entity upon request or, if directed to do so by Covered Entity, shall respond to requests for an accounting of disclosures on behalf of Covered Entity in a manner and timeframe that will allow Covered Entity to comply with applicable law.

- f) Business Associate agrees to implement administrative, physical and technical safeguards and security policies and procedures and documentation standards to protect the confidentiality, integrity and availability of Protected Health Information in compliance with 45 CFR §§ 164.308, 164.310, 164.312 and 164.316 in the same manner as such sections apply to Covered Entity.
- g) Business Associate agrees to report any Security Incident to the individual or department designated by Covered Entity on the signature page hereto or otherwise so designated in writing (the "Compliance Contact"). Business Associate shall make such report promptly in writing but in no case more than thirty (30) business days after Business Associate learns of a Security Incident. Such report shall include the following:

1. A description of what happened, including the date of the Security Incident and the date of discovery of the Security Incident;
 2. A description of the types of Protected Health Information that were involved in the Security Incident (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved) and whether any such information was Unsecured Protected Health Information;
 3. Identification of each individual whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been, accessed, acquired, used, disclosed, modified or destroyed during such Security Incident;
 4. Business Associate's assessment of whether the Security Incident constitutes a Breach, including Business Associate's reasons for concluding that the Security Incident is, or is not, a Breach. This assessment should address, at minimum, information as to the likelihood of reidentification of the information, the person(s) who acquired the information, whether the PHI was actually acquired or viewed, and the extent to which the risk has been mitigated;
 5. Such other information as Covered Entity may request.
- h) Business Associate agrees to cooperate fully with Covered Entity in investigating any Security Incident and implementing such measures to mitigate any harmful or potentially harmful effects of such Security Incident, as deemed appropriate by Covered Entity in its sole and absolute discretion, including, but not limited to, notifying affected individuals, appropriate authorities and media of the Security Incident, regardless of whether the Security Incident constitutes a Breach and regardless of whether notification is Required by Law, and providing affected individuals with services to protect themselves against identity theft.
- i) Until such time as the Secretary issues guidance on what constitutes "minimum necessary" for purposes of the Privacy Rule and such guidance becomes effective, Business Associate agrees to limit the use, disclosure or request for Protected Health Information, to the extent practicable, to the Limited Data Set or, if needed by Business Associate, to the minimum necessary to accomplish the intended purpose of such use, disclosure or request in accordance with 45 CFR § 164.502(b). On and after the effective date of guidance first issued by the Secretary on what constitutes "minimum necessary," Business Associate shall limit the use, disclosure or request for Protected Health Information to the minimum necessary in accordance with such guidance. In the case of the disclosure of Protected Health Information by Business Associate, Business Associate shall determine what constitutes the minimum necessary to accomplish the intended purpose of such disclosure, consistent with performance of the services for which Business Associate has been retained by Covered Entity and any directives or guidelines Covered Entity may specify.
- j) Business Associate agrees that it shall not directly or indirectly receive remuneration in exchange for any Protected Health Information; *provided, however*, that this provision shall not prohibit Business Associate from (a) accepting remuneration from Covered Entity in consideration for the services performed by Business Associate for Covered Entity or (b) charging individuals a reasonable, cost-based fee approved by Covered Entity for providing a Copy of Protected Health Information pursuant to Section 3(e)(1) of this Addendum.
- k) If and to the extent that Business Associate conducts any transaction subject the Standard Transactions Rule for or on behalf of Covered Entity, Business Associate shall comply, and shall require any agent or subcontractor conducting such transaction to comply, with each applicable requirement of the Standard Transactions Rule in the same manner as such requirement applies to Covered Entity. Business Associate shall not enter into, or permit its agents or subcontractors to enter into, any agreement in connection with the conduct of any transaction for or on behalf of Covered Entity that:
1. changes any definition, data condition, or use of a data element or segment as described in the Standard Transactions Rule (45 CFR § 162.915(a));
 2. adds any data elements or segments to the maximum defined data set as described in the Standard Transactions Rule (45 CFR § 162.915(b));
 3. uses any code or data elements that are either marked "not used" in the Standard Transactions Rule's implementation specifications or are not in the Standard Transaction Rule's implementation specifications (45 CFR § 162.915 (c)); and
 4. changes the meaning or intent of any of the Standard Transactions Rule's implementation specifications (45 CFR § 162.915(d)).
- l) To the extent required by law, Business Associate shall defend, indemnify and hold harmless Covered Entity from and against any penalties, attorneys' fees, costs, expenses, losses, claims, damages or

liabilities (or actions in respect thereof) to which Covered Entity may become subject insofar as such penalties, attorneys' fees, costs, expenses, losses, claims, damages or liabilities (or actions in respect thereof) arise out of or are based upon any Security Incident, breach of this Agreement or any unauthorized use or disclosure of Protected Health Information by Business Associate and/or agents or subcontractors acting or accessing PHI on behalf of Business Associate.

- m) Business Associate agrees to execute an appropriate Business Associate Agreement with any agent, subcontractor, or other such party accessing Protected Health Information on behalf of Business Associate.
- n) Business Associate shall complete a periodic assessment of Business Associate's privacy practices and provide a summary regarding same to Covered Entity upon request.

4. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE

- a) Except as otherwise limited in this Addendum, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as necessary to perform any written agreement for services between Covered Entity and Business Associate, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity.
- b) Except as otherwise limited in this Addendum, Business Associate may use or disclose Protected Health Information to the extent necessary for Business Associate's proper management and administration, or to carry out Business Associate's legal responsibilities if:
 - 1. The disclosure is Required by Law; or
 - 2. Business Associate obtains reasonable assurances, evidenced by written contract, from any person or organization to which Business Associate shall disclose such Protected Health Information that such person or organization shall:
 - i. hold such Protected Health Information in confidence and use or further disclose it only for the purpose for which Business Associate disclosed it to the person or organization or as Required by Law; and
 - ii. notify Business Associate, who shall in turn promptly notify the Compliance Contact, of any instance which the person or organization becomes aware of in which the confidentiality of such Protected Health Information was breached.
- c) Except as otherwise limited in this Addendum, Business Associate may use Protected Health Information to provide data aggregation services to Covered Entity as permitted by 45 CFR § 164.504(e)(2)(i)(B).

5. OBLIGATIONS OF COVERED ENTITY

- a) Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.
- b) Covered Entity shall notify Business Associate of any limitation(s) in Covered Entity's notice of privacy practices in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.
- c) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by an individual to use or disclose Protected Health Information to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.
- d) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information requested by an individual to which Covered Entity has agreed in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

6. TERM AND TERMINATION

- a) *Term.* This Addendum shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is not feasible or permitted by law to return or destroy Protected Health Information, protections are extended to such information in accordance with the termination provisions in this Section.
- b) *Termination for Cause.* Upon Covered Entity's knowledge of a material breach of this Addendum by Business Associate, Covered Entity shall either:

1. Provide an opportunity for Business Associate to cure the breach and terminate the Agreement and this Addendum and any service agreement between the parties if Business Associate does not cure the breach within such reasonable time period specified by Covered Entity (not less than thirty (30) days) after Covered Entity notifies Business Associate in writing of the breach; or
2. Immediately terminate the Agreement and this Addendum and any service agreement between the parties if Business Associate has breached a material term of the Agreement or this Addendum and cure is not possible; or
3. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

Covered Entity's remedies under this Section shall be cumulative and the exercise of any remedy shall not preclude the exercise of any other. Before exercising any of these options, Covered Entity shall provide reasonable written notice to Business Associate describing the violation and the action it intends to take.

c) *Effect of Termination.*

1. Except as provided in paragraph 2 herein below, upon termination of the Agreement and/or this Addendum for any reason, upon direction of Covered Entity, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall also apply to Protected Health Information that is in the possession of agents or subcontractors of Business Associate. Business Associate shall retain no copies of Protected Health Information, unless Required by Law.
2. In the event Business Associate reasonably determines that returning or destroying Protected Health Information is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible and shall extend the protections of the Agreement and this Addendum to such Protected Health Information and limit further uses and disclosures of such Protected Health Information for so long as Business Associate maintains such Protected Health Information.

7. MISCELLANEOUS

- a) *Regulatory References.* All references to the HIPAA Rules codified in 45 CFR shall mean the referenced sections as in effect or as amended by the HITECH Act and as may be further amended by law or regulation.
- b) *Amendment.* The Parties agree to take such action as is necessary to modify the Agreement and/or this Addendum from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule, the Security Rule, the Standard Transactions Rule, the Health Insurance Portability and Accountability Act of 1996, and any other applicable law.
- c) *HITECH Act Compliance.* The parties acknowledge that the HITECH Act includes several provisions impacting the health care industry, including significant changes to the HIPAA Rules. The Privacy Subtitle of the HITECH Act sets forth provisions that significantly change the requirements for business associates and the agreements between business associates and covered entities under the HIPAA Rules and many of these changes will be clarified in forthcoming regulations. Each party agrees to comply with the applicable provisions of the HITECH Act and any implementing regulations issued thereunder and agree to take such action to modify this Addendum as reasonably necessary to comply with the HITECH Act and its implementing regulations, guidance, and interpretations as they become effective.
- d) *Audit.* Covered Entity may, at any time upon reasonable prior notice, examine the use, disclosure and maintenance of Protected Health Information by Business Associate and Business Associate's employees, officers, directors, agents, auditors, attorneys and independent contractors, including the safeguards employed to protect the confidentiality of Protected Health Information. Business Associate shall cooperate fully in any such examination and shall require Business Associate's employees, officers, directors, agents, auditors, attorneys and independent contractors to cooperate fully.
- e) *Ownership of Information.* As between Covered Entity and Business Associate, Covered Entity shall retain all right, title and interest in and to all Protected Health Information. Subject to the terms and conditions of this Addendum, Covered Entity grants Business Associate a limited, non-exclusive and non-transferable license to use Protected Health Information as necessary to perform the services specified in the written agreement(s) for services between Covered Entity and Business Associate.

- f) *Expenses.* Business Associate's compliance with this Addendum, including without limitation, providing access to Protected Health Information; accounting for disclosures of Protected Health Information; correction or Addendum of Protected Health Information; cooperation with the implementation of mitigating measures deemed appropriate by Covered Entity following a Security Incident; the return or destruction of Protected Health Information; and cooperation with any examination of the use, disclosure or maintenance of Protected Health Information by Business Associate, shall be at Business Associate's sole expense.
- g) *Irreparable Harm.* Business Associate acknowledges and agrees that any use, disclosure or maintenance of any Protected Health Information in a manner inconsistent with this Addendum may give rise to irreparable injury to Covered Entity for which damages would not be an adequate remedy. Accordingly, in addition to any other legal remedies which may be available at law or in equity, Covered Entity shall be entitled to equitable or injunctive relief against the unauthorized use or disclosure of Protected Health Information or failure to maintain the security of Protected Health Information as required by this Addendum.
- h) *Severability.* To the greatest extent possible, each provision under this Addendum shall be interpreted in such a manner as to be valid under applicable law, but if any provision of this Addendum is found to be invalid, it shall be to that extent deemed omitted, and the balance of the Addendum shall remain enforceable.
- i) *Survival.* The rights and obligations of the parties under Section 3(l) and Section 6(c) ("Effect of Termination") of this Addendum shall survive the termination of the Agreement and this Addendum.
- j) *Interpretation.* Any ambiguity in this Addendum shall be resolved to permit Covered Entity to comply with the Privacy Rule, the Security Rule, the Standard Transactions Rule, the Health Insurance Portability and Accountability Act of 1996, the HITECH Act and any other applicable law.
- k) *No Third Party Beneficiaries.* Nothing express or implied in this Addendum is intended to confer, nor shall anything confer, upon any person other than the Covered Entity and Business Associate, and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- l) *No Agency Relationship.* Nothing express or implied in this Addendum is intended to establish, nor shall anything establish, an agency relationship between the Covered Entity and Business Associate, and their respective successors or assigns.
- m) *Entire Agreement; No Waiver.* This Addendum constitutes the entire agreement between the parties relating to the use and disclosure of Protected Health Information. There are no understandings or agreements relating to the use and disclosure of Protected Health Information which are not fully expressed in the Agreement and this Addendum and no change, waiver or discharge of obligations arising under the Agreement and this Addendum shall be valid unless executed in writing by the party to whom such change, waiver or discharge is sought to be enforced.

ATTACHMENT C
Service Exchange Agreement

SERVICE EXCHANGE AGREEMENT

This Service Exchange Agreement is entered into by and between American Fidelity Assurance Company ("American Fidelity") and Bell County ("Customer"), who in consideration of the mutual agreements and promises contained herein, agree to work together as described in this Service Exchange Agreement. This Service Exchange Agreement shall be effective with the execution of the County of Bell Master Service Agreement and shall continue until the Master Service Agreement expires or is terminated.

American Fidelity will provide to Customer the following services (the "Services"):

- Section 125 Plan Administrative Services
- Annual Enrollment (on American Fidelity's or Customer's platform)
- Year-Round Support from a dedicated Account Manager

In exchange for the Services, Customer shall:

Products

- Allow American Fidelity to be the primary provider for supplemental insurance products; and
- Give American Fidelity the opportunity to offer insurance products to all eligible employees.

Communication

- Permit American Fidelity opportunities to present to employees or employee groups prior to enrollment;
- Facilitate one-on-one meetings of employees with American Fidelity to discuss employee benefit options and as applicable, to make their annual Section 125 Plan enrollment elections; and
- Provide working space for American Fidelity during enrollment meetings.

Administration

- Provide a complete employee census to American Fidelity each year;
- Provide other administrative services to American Fidelity as may be mutually agreed to by the parties; and
- Provide payroll deduction for American Fidelity products and services.

By agreeing to the Services, Customer acknowledges its understanding of the following:

- The Services described above will be provided to the extent allowed by law;
- American Fidelity does not provide tax or legal advice;
- American Fidelity reserves the right to change the delivery of Services and cost associated with them, but only with advanced written communication to Customer.

ATTACHMENT D
Subscription Agreement

SUBSCRIPTION AGREEMENT

The Employer hereby subscribes to one or more of the following trusts and makes application for coverage issued by American Fidelity Assurance Company (the "Underwriter") based on the following:

- Higher Education Insurance Trust
- National Business Insurance Trust
- National Education Association Insurance Trust
- National Employers Insurance Trust (Group Life Insurance not available)
- National Public Employees Insurance Trust
- National Service Industry Insurance Trust
- National School Employees Insurance Trust
- U.S. Business Insurance Trust

We have reviewed the eligibility rules and understand and agree that:

1. All eligible Employees who enroll must comply with the participation requirements established by the Underwriter.
2. Coverage is not in force until: the Underwriter and Trustee have approved this agreement, individual applications have been approved by the Underwriter, and the first premium for the insurance provided under the plan is paid. Premiums are due each month thereafter based upon the Employer's mode of payment.
3. The Underwriter will issue a certificate of insurance on behalf of the Employer to each Employee participating in the plan.

Upon approval by the Underwriter, it is requested that the agreement become effective at 12:01 AM Standard Time on the Group Effective Date indicated below. It is agreed that the coverage of an eligible person will not take effect until the first premium has been paid on the application's behalf.

ERISA Acknowledgment: The Employer named below acknowledges that the Employee Retirement Income Security Act of 1974 (ERISA), as amended or other laws, if applicable, may require that certain Employers be responsible for certain duties or obligations with respect to the Employer or Employer's Employees and dependents under any certificate under such group policy or policies subject to this law.

Dated this ___ day of __, 20 __

BELL COUNTY

Name of Master Contract Participant (Employer)

37346

MCP Number

101 E. CENTRAL AVE, 3RD FLOOR

Address

BELTON, TX 76513

City, State and Zip



Signature - (Must be signed by a person authorized to make a legally binding decision for the Employer)

David Blackburn

Print Signature

County Judge

Title

November 1, 2021

Group Effective Date

Only one Subscription Agreement is necessary for Common Ownership Groups. Please list groups in common ownership.

Common Ownership Groups are controlled groups defined by the IRS as a parent-subsiary group, brother-sister controlled group, combined group or a life insurance controlled group. Please list all businesses under Common Ownership to be covered under this Agreement.

Re-Do: Master Agreement - Voluntary Supplement Benefits (Bell County) 6.22.2021

Final Audit Report

2021-06-24

Created:	2021-06-24
By:	Helen Nicholson (Anne.Nicholson@camgenpartners.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAIBzNY6T1ekoj5TKNJS-zXW3I3rb_ptOI

"Re-Do: Master Agreement - Voluntary Supplement Benefits (Bell County) 6.22.2021" History

-  Document created by Helen Nicholson (Anne.Nicholson@camgenpartners.com)
2021-06-24 - 1:39:13 PM GMT- IP address: 12.178.57.5
-  Document emailed to Christopher Rodriguez (chris.rodriguez@americanfidelity.com) for signature
2021-06-24 - 1:40:29 PM GMT
-  Email viewed by Christopher Rodriguez (chris.rodriguez@americanfidelity.com)
2021-06-24 - 4:21:20 PM GMT- IP address: 12.165.154.132
-  Document e-signed by Christopher Rodriguez (chris.rodriguez@americanfidelity.com)
Signature Date: 2021-06-24 - 4:21:39 PM GMT - Time Source: server- IP address: 12.165.154.132
-  Agreement completed.
2021-06-24 - 4:21:39 PM GMT

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

PLEASE INCLUDE AN EXTRA ORIGINAL FOR CONTRACTS AND AGREEMENTS IF YOU REQUIRE AN ORIGINAL COPY RETURNED FOR YOUR FILES.

The **deadline** for submitting an agenda request with the supporting information is **12:00 noon on the Wednesday immediately preceding Commissioners Court.** This will give ample time for preparation of the agenda.

If you are not representing an organization, board, elected or appointed official, your agenda request must be filed through your respective Commissioner.

***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners Court Agenda.**

Please fill out this form completely:

DATE: 06/29/2021 SUPPORTING DOCUMENT(S) ATTACHED? (/ N)

NAME: Theresa Taylor, Director of Human Resources

PHONE: 972.825.5292 FAX: 972.825.5162

DEPARTMENT OR ASSOCIATION: Human Resources

ADDRESS: 101 W. Main Street, Ste B103, Waxahachie, TX 75165

PREFERRED DATE TO BE PLACED ON AGENDA: 07/13/2021

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

Consideration and action to renew or modify the current County and Retiree Health Insurance coverage and premiums through the Texas Association of Counties and Employee Benefits Pool for the Fiscal Year 2021-2022 with approval for County Judge to sign renewal.

* _____
County Attorney Approval



2022 - 2023 Renewal Notice and Benefit Confirmation

Group: 38840 - Ellis County

Anniversary Date: 10/01/2022

Return to TAC by: 06/30/2022

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels. Fax to 1-512-481-8481 or email to karenb@county.org.

For any plan or funding changes other than those listed below, please contact Karen Bowers at 1-800-456-5974.

MEDICAL

Medical: Custom Medical Plan

RX Plan: Option Custom RX Plan

Your % rate increase is: 10.50%

Your payroll deductions for medical benefits are:

Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2022	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$970.48	\$1,072.38	\$	\$	\$
Employee + Child	\$1,239.82	\$1,370.00	\$	\$	\$
Employee + Child(ren)	\$1,563.06	\$1,727.18	\$	\$	\$
Employee + Spouse	\$2,154.52	\$2,380.74	\$	\$	\$
Employee + Family	\$2,594.66	\$2,867.10	\$	\$	\$

_____ Initial to accept Medical Plan and New Rates.

DENTAL

Dental: Plan II w/Ortho - 100% Prevent., \$50 Ded, 80% Basic, 50% Major

Your % rate increase is: -0.60%

Your payroll deductions for dental benefits are: **Pre Tax**

Tier	Current Rates	New Rates Effective 10/1/2022	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$33.10	\$32.90	\$	\$	\$
Employee + Child(ren)	\$72.88	\$72.44	\$	\$	\$
Employee + Spouse	\$66.30	\$65.90	\$	\$	\$
Employee + Family	\$106.02	\$105.38	\$	\$	\$

_____ Initial to accept Dental Plan and New Rates.

VISION

Vision: Plan I

Your % rate increase is: 0.00%

Your payroll deductions for vision benefits are: **Pre Tax**

Tier	Current Rates	New Rates Effective 10/1/2022	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$6.20	\$6.20	\$	\$	\$
Employee + Child(ren)	\$12.44	\$12.44	\$	\$	\$
Employee + Spouse	\$11.80	\$11.80	\$	\$	\$
Employee + Family	\$18.28	\$18.28	\$	\$	\$

_____ Initial to accept Vision Plan and New Rates.

RETIREE

Please circle one for each benefit that applies.

Your group allows retiree coverage for:

Medical Pre 65 Post 65
Dental Pre 65 Post 65

_____ Initial to confirm.

WAITING PERIOD

Waiting period applies to all benefits.

Employees

60 days - 1st of the month following date of
hire but first of the month

Elected Officials

60 days - 1st of the month following date of hire
but first of the month

_____ Initial to confirm.

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

- County/Group processes COBRA on OASYS
**County/Group is responsible for fulfilling COBRA notification process and requirements.*
- BCBS COBRA Department processes COBRA
**BCBS COBRA Department administers via COBRA contract with the County/Group*
- County/Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)
**County/Group is responsible for fulfilling notification process and requirements*

_____ Initial to confirm COBRA Administration.

PLAN INFORMATION

Broker or Consultant Information

Please confirm your broker or consultant's name, if applicable:

Agency Name _____
Agency Address _____
Number and Street _____
City _____
State _____
Zip _____
Broker _____
Representative or _____
Consultant's Name _____
Contact Phone _____
Number _____
Contact Email _____
Address _____

_____ Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- If applicable, broker commissions are included in rates listed on page 1.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.

- Form must be received by **06/30/2022** in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

TAC HEBP Member Contact Designation Ellis County

CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, each Member Group hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that TAC HEBP shall NOT be required to contact or provide notices to ANY OTHER person. Further, any notice to, or agreement by, a Member Group's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member Group reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP.

Please list changes and/or corrections below.

Name/Title Honorable Todd Little/Judge

Address 101 West Main Street
Waxahachie, TX 75165-0405

Phone 972-825-5011

Fax 972-825-5012

Email countyjudge@co.ellis.tx.us

BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

Name/Title Theresa Taylor/HR Director

Address 101 West Main Street B103
Waxahachie, TX 75165-0405

Phone 972-825-5292

Fax 972-825-5162

Email theresa.taylor@co.ellis.tx.us

HIPAA Secured Fax

COUNTY REPRESENTATIVE

HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

Name/Title Theresa Taylor/HR Director

Address 101 West Main Street, Suite B103
Waxahachie, TX 75165-0405

Phone 972-825-5292

Fax 972-825-5162

Email theresa.taylor@co.ellis.tx.us

Date: _____

Signature of County Judge or Contracting Authority

Please PRINT Name and Title

The Texas Association of Counties would like to thank you for your membership in the only all county-owned and county directed Health and Employee Benefits Pool in Texas.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY WELLNESS CONTACT DESIGNATION

Ellis County

WELLNESS COORDINATOR

The Wellness Coordinator is the primary contact regarding the Healthy County wellness program. The wellness coordinator is responsible for administrating Healthy County components and informing employees of all wellness resources available.

Current Wellness Coordinator

Name: Charlotte Wallace

Title: HR Specialist

Address: 101 W Main St, Ste B103
Waxahachie, TX 75165-0405

Email: c.wallace@co.ellis.tx.us

Phone Number: (972) 937-8620

Fax Number:

Please list changes and/or corrections:

WELLNESS SPONSOR

The Wellness Sponsor is responsible for supporting the coordinator in administrating Healthy County components and encouraging county employees to access all Healthy County wellness resources available. An elected official in this role is preferred to illustrate management support for wellness.

Current Wellness Sponsor

Name: Ms. Theresa Taylor

Title:

Address: 101 W Main St, Ste 103
Waxahachie, TX 75165-0405

Email: theresa.taylor@co.ellis.tx.us

Phone Number: (972) 825-5292

Fax Number:

Please list changes and/or corrections:

Contracting Authority Signature: _____

Date: _____



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

Ellis County

A County Specific Incentive (CSI) is a wellness program that rewards employees and/or spouses for healthy behaviors such as completing an annual exam, tobacco affidavit, or participating in a physical activity program in exchange for avoiding a premium contribution, a lower monthly premium, earn additional days of PTO, or other rewards decided on by the County or District. Penalties and Rewards are administered at the county or district level.

Healthy County is available to assist in the process of designing, communicating, and tracking a CSI. Employees will be able to view their progress and completion of the incentive on the Healthy County energized by Sonic Boom portal.

YOUR COUNTY OR DISTRICT'S CSI

Our records indicate that Ellis County currently has a County Specific Incentive program in place. Please make a selection below to let us know if you would like to keep your current design in place for the 2022-2023 plan year, or if you would like to make modifications to your current design. If you select "Yes," your county or district's Wellness Consultant will reach out to you to confirm reward and penalty options for the upcoming plan year. Please also feel free to contact your consultant at any time to begin this process. If you decide to make changes to your CSI, there is a six week waiting period before employees can view the program online.

- Yes, we would like to continue with the same CSI program for the 2022-2023 plan year.

Current CSI >

Annual Physical: Avoid the \$24 Monthly Health Benefits Contribution
Tobacco Certification: Avoid the \$24 Monthly Tobacco Contribution

- We are interested in making changes to our CSI program.

County or District Name: Ellis County

Printed Name and Title: _____

Contracting Authority Signature: _____

Date: _____

COMMISSIONERS COURT AGENDA REQUEST

The Commissioners Court convenes in regular session at **2:00 p.m. every other Tuesday** (for full list of dates, please visit <http://co.ellis.tx.us/DocumentCenter/View/7543/FY-2018-2019-Amended-Commissioners-Court-Schedule>). The Commissioners Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

PLEASE INCLUDE AN EXTRA ORIGINAL FOR CONTRACTS AND AGREEMENTS IF YOU REQUIRE AN ORIGINAL COPY RETURNED FOR YOUR FILES.

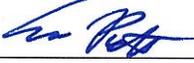
The **deadline** for submitting an agenda request with the supporting information is **12:00 noon on the Wednesday immediately preceding Commissioners Court.** This will give ample time for preparation of the agenda.

If you are not representing an organization, board, elected or appointed official, your agenda request must be filed through your respective Commissioner.

***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners Court Agenda.**

Please fill out this form completely:

DATE: 06.22.2022 SUPPORTING DOCUMENT(S) ATTACHED? (**Y** / N)

NAME: Samantha Pickett 

PHONE: 972-825-5199 FAX: 972-825-5551

DEPARTMENT OR ASSOCIATION; **Ellis County Office of Emergency Management:** _____

ADDRESS: 101 W. Main Street, Waxahachie, TX 75165

PREFERRED DATE TO BE PLACED ON AGENDA: 06.28.2022

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):

Presentation, consideration and action to approve the Ellis County Office of Emergency Management applying for a Grant with Hazard Mitigation Grant Program (HMGP) DR-4485 Covid-19 (closing on June 30, 2022) for Generator Backup of the new Administration Building. Samantha Pickett, Ellis County Emergency Management Coordinator.

* _____
County Attorney Approval



TDEM
THE TEXAS A&M UNIVERSITY SYSTEM

SUMMARY

Governor Abbott and the Texas Division of Emergency Management (TDEM) announce the open application period for the FEMA Hazard Mitigation Grant Program (HMGP) related to FEMA-DR-4485 (COVID-19 Pandemic). The application period will be open from December 10, 2021 through **June 30, 2022** (extended from April 29, 2022).

All entities seeking funding under this opportunity must have a FEMA approved Hazard Mitigation Plan at the time the project is submitted to FEMA for consideration and at the time an award is made except for projects to develop or update mitigation plans. An exception to this requirement may be requested on a case-by-case basis in accordance with [FEMA's 2015 Hazard Mitigation Assistance Guidance](#).

All applications must be received by TDEM through the [Grants Management System \(GMS\)](#) no later than **June 30, 2022 at 5:00 PM** to be considered for funding.

NOTICE OF FUNDING OPPORTUNITY (NOFO)

Hazard Mitigation Grant Program (HMGP) DR-4485 | COVID-19 Pandemic

APPLICANT ELIGIBILITY AND STATE PRIORITIES

Eligibility

- Eligible subapplicants include local governments and communities, state agencies, and private nonprofit organizations providing essential governmental services.

State Priorities and Considerations (not in priority order)

- Eligible jurisdictions within the declared counties for the disaster declaration.
- Projects that address the principal hazards associated with the disaster declaration (including requests made for assistance from the Texas State Operations Center).
- Projects that demonstrate the greatest community benefit including high Benefit-Cost-Analysis (BCA) and verifiable population directly served or benefiting from the proposed projects.
- Projects that clearly link to the subapplicants hazard mitigation plan.
- Projects that focus on multi-jurisdictional/regional/watershed/COG levels.

TIPS FOR APPLICATION DEVELOPMENT

- Develop applications in a modular format with scaled deliverables and costs so that partial funding may be considered if the full project amount is not approved.
- Be sure to submit your application to all open HMGP application opportunities and select the "share my application" section of the application to increase the opportunities for project award.
- If you have applied for other HMGP or BRIC grants but have not received an award, it is strongly suggested that you submit quality applications to every available grant opportunity.
- Demonstrate experience in managing grants as part of submission including understanding federal procurement processes and experience with FEMA's Hazard Mitigation Grant Program (HMGP).
- Contact your TDEM regional hazard mitigation grant coordinator/specialist early to assist with preparing a quality application.
- Review your Local Hazard Mitigation Plan and focus on the projects that mitigate the worst hazards in your community.

ELIGIBLE ACTIVITIES

- ✓ Property Acquisition & Structure Demolition/Relocation
- ✓ Structure Elevation
- ✓ Mitigation Reconstruction
- ✓ Dry Floodproofing Historical Structures
- ✓ Generators
- ✓ Flood Risk Reduction Projects
- ✓ Retrofitting of Existing Buildings & Structures
- ✓ Safe Room Construction
- ✓ Wind Retrofit for Family Residences
- ✓ Infrastructure Retrofit
- ✓ Soil Stabilization
- ✓ Wildfire Mitigation
- ✓ Post-Disaster Code Enforcement
- ✓ Hazard Mitigation Plans

TRAINING AND FEMA PROGRAM INFORMATION

Click on the links below to be redirected for information.

Hazard Mitigation Grant Program Information (FEMA) (Reference)

<https://www.fema.gov/grants/mitigation/hazard-mitigation>

Federal Procurement Training (Highly Recommended)

<https://bit.ly/TDEMProcurement>

Required Grant Terms and Conditions (Review Only)

<https://bit.ly/3dFpMG6>

FEMA Declared Counties Map (Reference)

<https://bit.ly/4485Counties>

CONTACT INFORMATION

Contact Information – Regional Hazard Mitigation Staff

<https://bit.ly/3EObkal>

COMMISSIONERS' COURT AGENDA REQUEST

The Commissioners' Court convenes in regular session at 2:00 a.m. on the second (2nd) TUESDAY of each month and 2:00 p.m. on the fourth (4th) TUESDAY of each month. If that Monday falls on a County holiday, Commissioners' Court will convene on the following Tuesday at 10:00 a.m. The Commissioners' Court is located at 101 West Main St., Waxahachie, Texas, on the 2nd floor of the Historic Courthouse. Special sessions may convene as deemed necessary to conduct the business of the County.

IF YOU REQUIRE AN ORIGINAL RETURNED FOR YOUR FILES, PLEASE INCLUDE AN EXTRA ORIGINAL REQUESTING THAT IT BE RETURNED TO YOU.

The **deadline** for submitting an agenda request with the supporting information is the 1st and 3rd Tuesday at 5:00 p.m. of each month. This will give ample time for preparation of the agenda and circulation for approval.

If you are not representing an organization, board, elected or appointed official your agenda request must be filed through your respective Commissioner.

***All agreements, contracts and instruments, that otherwise bind the County, must first be approved in form and content by the County Attorney before submitting to the County Judge for the Commissioners' Court Agenda.**

Please fill out this form completely:

DATE: June 14, 2022

NAME: Commissioner Randy Stinson

PHONE: 972-825-5330

DEPARTMENT OR ASSOCIATION: Ellis County Commissioner, Pct. 1

ADDRESS: 600 N. Dallas Palmer, Texas 75152

PREFERRED DATE TO BE PLACE ON AGENDA: June 28, 2022 Consent Agenda

DESCRIPTION OF AGENDA REQUEST: Discussion, consideration and approval of Interlocal work between County of Ellis and the City of Pecan Hill. Work includes blade road shoulders, clean ditches, open blocked culverts. patch potholes, and provide a 2-course chip seal over existing .627 10ths of a mile road surface, on Carol Lane. In addition, culvert replacements will be quoted on an as needed basis for the City of Pecan Hill to approve, if replacement is necessary due to failure. - Ellis County Commissioner Pct.1, Randy Stinson

County Attorney Approval

WORK ORDER UNDER INTERLOCAL AGREEMENT

Service Provider: Ellis County Texas

Department to Provide Service: Road and Bridge, Pct. 1

Basis of Authority to Provide Service:

Interlocal Agreement dated 03/08/2022

Per Commissioner's Court Minute Order No. _____

Local Government Requesting Services: Pecan Hill

Description of Project to be undertaken: Resurface Carol Lane and clean out ditches .

Location of Project to be undertaken:

Carol Lane, Pecan Hill TX

Commissioner Precinct 1, Texas

Department: Road and Bridge Pct. 1

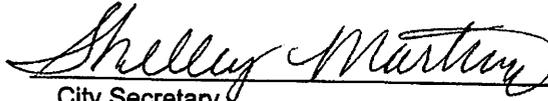
APPROVED in Open Commissioner's Court per Minute Order No. _____

On the _____ day of _____, 2022.

County Judge
Ellis County, Texas

ACCEPTED AND AGREED TO this _____ day of _____, 2022.

Signature:



Title:

City Secretary

On Behalf of:

City of Pecan Hill

WORK ORDER UNDER INTERLOCAL AGREEMENT

Service Provider: Ellis County Texas

Department to Provide Service: Road and Bridge, Pct. 1

Basis of Authority to Provide Service:

Interlocal Agreement dated 03/08/2022

Per Commissioner's Court Minute Order No. _____

Local Government Requesting Services: Pecan Hill

Description of Project to be undertaken: Fill pot holes on South Lowrance, Rockett Lane,
Randy Road and Becky Lane, Schley, Burkett

Location of Project to be undertaken:

Various roads throughout , Pecan Hill TX

Commissioner Precinct 1, Texas

Department: Road and Bridge Pct. 1

APPROVED in Open Commissioner's Court per Minute Order No. _____

On the _____ day of _____, 2022.

County Judge
Ellis County, Texas

ACCEPTED AND AGREED TO this _____ day of _____ 2022.

Signature:



Title:

City Secretary

On Behalf of:

City of Pecan Hill



MAILING ADDRESS
P.O. Box 536
Palmer, Tx. 75152

OFFICE OF
RANDY STINSON
COMMISSIONER, PRECINCT 1
(972) 825-5330
Email: Randy.Stinson@co.ellis.tx.us

PHYSICAL ADDRESS
600 N. Business I-45
Palmer, Tx 75152

City of Pecan Hill
1094 South Lowrance
Pecan Hill, Texas 75154

March 31, 2022

ATTN: Shelley Martinez, City Secretary

QUOTE

Re: Carol Lane

Blade road shoulders, clean ditches, open blocked culverts. Patch potholes, and provide a 2-course chipseal over existing .627 10ths of a mile road surface.

Total Cost \$39,698.00

Amendment: Culvert replacements will be quoted on an as needed basis for the City of Pecan Hill to approve, if replacement is necessary due to failure.

Quotation prepared by Ellis County Precinct 1
To accept this quote sign here:

Shelley Martinez
per Mayor Don Schmerser
and
Council

COMMISSIONERS COURT AGENDA REQUEST

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Please fill out this form completely:

DATE: 06/22/2022 SUPPORTING DOCUMENT(S) ATTACHED? (/ N)

NAME: Theresa Taylor

PHONE: 972.825.5292 FAX: _____

DEPARTMENT OR ASSOCIATION: Human Resources

ADDRESS: 101 W. Main Street, Ste B103, Waxahachie, TX 75165

PREFERRED DATE TO BE PLACED ON AGENDA: 06/22/2022

DESCRIPTION OF AGENDA REQUEST (please use exact desired wording for agenda):
Consideration and approval for County Judge to sign agreement with American Fidelity for ancillary insurance coverages pending legal review.

* _____
County Attorney Approval

EMPLOYER BENEFIT SOLUTIONS FOR
THE PUBLIC SECTOR

PROPOSAL FOR
Ellis County



Brent Rempe
Account Development Executive

405-523-5183
brent.rempe@americanfidelity.com

americanfidelity.com

AMERICAN FIDELITY 
a different opinion

PROPOSAL FOR

Ellis County

American Fidelity is your benefits partner who understands your unique needs and can provide a customized solution for both you and your employees. For 30 years, we have been providing top-notch benefits administration for the public sector.

We offer benefits strategies that empower you to make benefits decisions to help your organization and your employees. Our goal is to act as an extension of your human resources department by providing employee education, enrollment, year-round administration, and compliance support.

Within this proposal you will find supporting information establishing our ability to be the solution you have been looking for. **The following is a quick summary of the solutions we are offering:**

- A comprehensive, customized benefits solution.
- Implementation and maintenance of your Section 125 Plan.
- Year-round service from a dedicated salaried account manager.
- Employee education and one-on-one benefit reviews prior to enrollment.
- Our complete web-based enrollment, communication, and administration platform.

We are confident our approach to providing benefits and services will be an asset to your Group and help manage costs. Thank you for considering American Fidelity Assurance Company and we look forward to the next step in the process of helping you transition into a new benefits program.

Regards,

Brent Rempe

Account Development Executive

405-523-5183

brent.rempe@americanfidelity.com

PROPOSED SERVICE FEES FOR

Ellis County

VALUE ADDED PLAN SERVICES	Your Cost
Section 125 Services*	
Section 125 Sample Plan Document, Implementation and Annual Review	\$0.00
Annual Non-Discrimination Testing Worksheets	\$0.00
Employee Election Form/Salary Reduction Agreement Assistance	\$0.00
Flexible Spending Account Administrative Services*	
Healthcare Flexible Spending Account (HCFSAs) Administration	\$0.00
Dependent Care Account Administration	\$0.00
HCFSAs Benefits Debit Card and Dependent Card(s)	\$0.00
Upfront HCFSAs Funding Assistance	\$0.00
Insured HCFSAs Risk Premium up to \$2,850	\$0.00
Health Savings Account Administrative Services*	
Health Savings Account Administration	\$0.00
HSA Benefits Debit Cards and Dependent Card(s)	\$0.00
Enrollment Solutions*	
Online Enrollment Platform	\$0.00
Employee Communication & Education	\$0.00
New Hire Enrollment & Year-Round Support	\$0.00
Additional Services	
Dependent Verification Reviews	\$0.00
Major Medical Plan Waivers	\$0.00
	\$0.00

**American Fidelity Assurance Company is providing these services at no additional charge to the County where permitted by law. Please refer to the Service Exchange Agreement for details.*

The public sector faces unique challenges that can make it difficult to manage an employee benefits program. Whether it's dealing with tight budgets or departments that are stretched too thin, you need a benefits partner who understands your unique needs and can provide a customized benefits solution.

American Fidelity has 30 years of experience serving public sector employers. Our goal is to remove the burden of benefits administration on your staff and be the single resource for your entire benefits program.

We Have the Expertise



30 Years Serving the Public Sector



5,100+ Public Sector Employers Served



39 Public Sector Association Relationships



Benefits Strategy

American Fidelity works with you to develop a benefits strategy to help you retain employees, save money, and free up your time so you can focus on what's important to you. We'll help you with the following:

- **Customize** employee benefits based on your major medical plan, sick leave policy, and pay modes.
- Create a **benefits communication and education strategy** to ensure your employees understand the benefits being offered to them prior to enrollment.
- **Enrollment and administration** support, including in-person enrollments with employees.
- **HR assistance** to help relieve the burden of benefits administration.
- **Compliance support** to help you stay on top of changes in the law that could affect your plan.

It's my duty to find the best sources of insurance for the city and our employees. To have American Fidelity as an option is a great tool because I can get the best cost and the best coverage for our employees.

*Mayor Chuck Fewell
City of Greenfield, IN*



Communication and Education

American Fidelity utilizes salaried account managers that are highly trained to be your strategic partner and help you achieve your benefits goals year after year.

Our account management team will provide the following resources:

- Group Meetings
- One-on-One Reviews
- Pre-Enrollment Materials
- Educational Videos



American Fidelity's salaried benefit representatives took the time to meet with every employee and review their personalized options for benefits in an environment that was free from pressure and intensity. The representatives' professionalism and organization made what is typically a challenging experience for our Human Resources Department an easy one.

*Rosalia Gonzalez, Personnel Director
City of Vineland, NJ*



Enrollment Support

The way employees enroll in their benefits can have a strong effect on benefits participation. Participation means your employees are adequately covered, but it also leads to valuable tax savings.

We offer multiple enrollment options, all paired with our web-based enrollment software, AFenroll®. Our platform can streamline the enrollment and administration for your entire benefits program.



Benefits Compliance

From Section 125 Plan regulations to the Patient Protection and Affordable Care Act (ACA), staying compliant with employee benefits laws is a constantly-moving target. And with serious penalties on the line, why should you handle that responsibility alone?

- Section 125 Plan Administration
- ACA Reporting
- Nondiscrimination Testing

It's Time for a Different Opinion

Discover how we have helped more than 5,100 public sector employers implement their entire benefits program including employee education, enrollment, year-round administration, and compliance support.

We're ready to create a custom benefits strategy for your organization!

Enrollment Strategy and Education

01

- Strategic Partnership
- Enrollment Planning
- Employee Education
- Enrollment Options and Platform

Products and Services

02

- Section 125 Plan Administration
- Reimbursement Accounts
- Supplemental Benefits
- Additional Employee Benefits
- Dependent Verification Reviews

Resources and Tools

03

- Employer Administration and Billing
- Hands-free Billing Option
- Policyholder Service and Support
- Hassle-Free Claims
- Data Security

About American Fidelity

04

- Company Culture
- Awards and Industry Recognition
- Industry Focus

Enrollment Strategy and Education

American Fidelity works with you to develop and execute **your benefits enrollment strategy**. This removes much of the administrative burden placed on your organization and also ensures your employees are well educated on their benefits options.

We believe our approach to enrollment and education sets us apart from our competition:

- Strategic Partnership
- Enrollment Planning
- Employee Education
- Enrollment Options and Platform

American Fidelity's account managers offer our customers **a different opinion**. We hire experienced professionals that are salaried employees, not brokers or commissioned sales people. Our account managers are trained to be your strategic partner in helping you achieve your benefits goals.

Selective Hiring

We seek professionals with a pattern of success, demonstrated by career growth and leadership skills. Each candidate has at minimum a one-month interview process which includes several formal interviews and shadowing, and because we value your organization's security and safety, all our account managers undergo an extensive background check.



8 Years

Average tenure
for sales colleagues



500+

Total sales colleagues
in the U.S.



100+

Hours of training for
new sales colleagues

Highly Trained

Our account managers are required to attend training year-round to help ensure they are up-to-date on benefits management trends. New account managers are required to attend over 100 hours of training, both in person and online, and must pass multiple exams within the first six months.

Annually, all our account managers are trained on:

- Industry benefit trends
- Compliance requirements
- Section 125 Plan regulations
- Reimbursement account regulations
- Patient Protection and Affordable Care Act (ACA)
- Data security
- Fraud detection
- HIPAA regulations

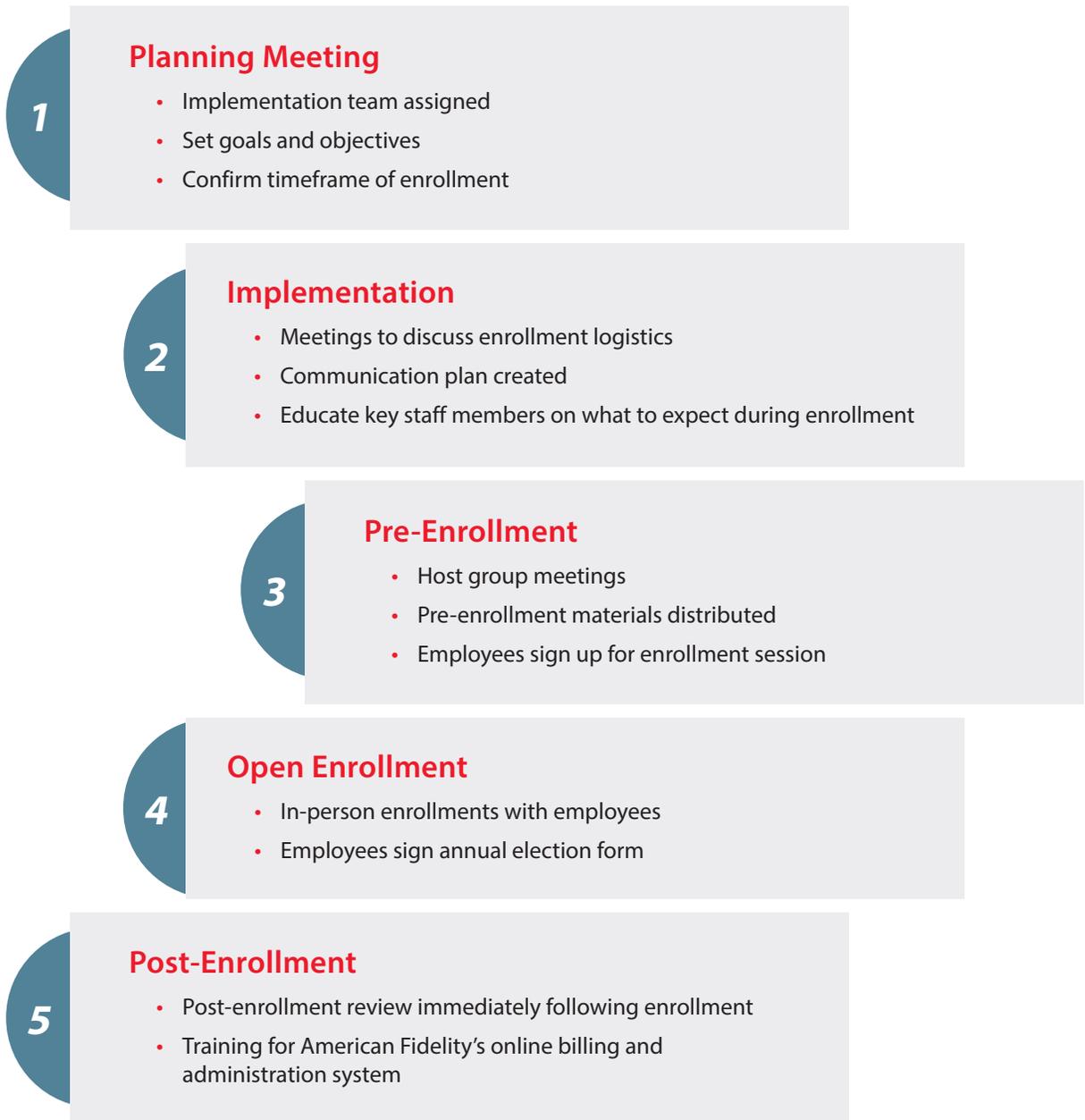
Dedicated to You Year-Round

Our account managers are available year-round to support you and your employees and help you make the most of your benefits. For employers, we help create a benefits strategy to accomplish your goals, whether that means moving to a High Deductible Health Plan, reducing costs, or implementing a new benefit. For employees, we offer one-on-one benefit reviews to help ensure they are choosing the right benefits for their individual needs, specifically focusing on benefits that complement your medical plan.

Implementing your benefits program is one of the most important steps in ensuring a smooth and successful enrollment. We work with you to develop a strategy centered around the needs of your organization and your employees.

Our team of highly trained account managers will meet with your staff prior to each plan year's enrollment to develop an implementation plan based on your needs.

Sample Implementation Plan



Without a true benefits communication strategy, your employees may feel uninformed and unprepared to make decisions during their enrollment. This leads to missed tax savings, gaps in coverage, and financial risks.

American Fidelity specializes in employee benefits education. We will work with you to develop and execute a plan that ensures your employees are prepared for their enrollment.

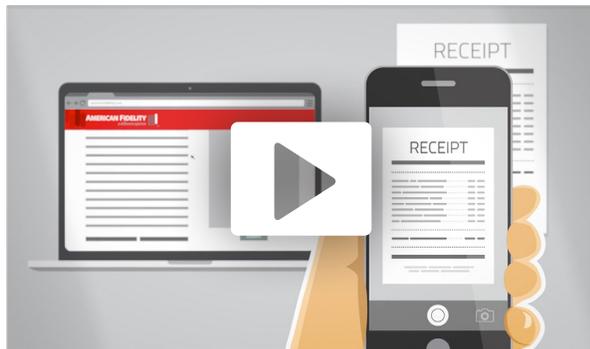
Group Meetings

We educate your employees on their benefit options in a group setting to prepare them for their annual enrollment.

Benefits Websites

We can work with you to create a custom benefits website with enrollment preparation information and an enrollment appointment scheduler.

View a sample at <https://americanfidelity.com/abcemployer>



Educational Videos

We have an expansive video library that includes product information, testimonials, and self-service support options.

Visit our video library at <https://americanfidelity.com/videos>



Pre-Enrollment Materials

We provide emails, posters, flyers, postcards, and brochures to ensure your employees understand their benefits and know when it's time to enroll. We also provide electronic communications that can be distributed via email or on your website.

With multiple options available, American Fidelity can customize your enrollment process to help ensure your employees can enroll in the benefits they want, how they want, while decreasing your administrative workload.

Guided Enrollment Experience



One-on-One In-Person Enrollment

Employees can meet individually with one of our experienced account managers onsite.



Virtual Enrollment

Employees can meet with an account manager to complete their enrollment virtually, ask questions, and confirm their benefit selections.



Benefits Enrollment Center

Employees can discuss their options and enroll in their benefits at their convenience by calling our benefits enrollment center.

Self-Enrollment



Online Enrollment

With AFenroll®, employees can enroll through our secure online system. The site contains educational videos to help answer their questions.



Kiosk Enrollment

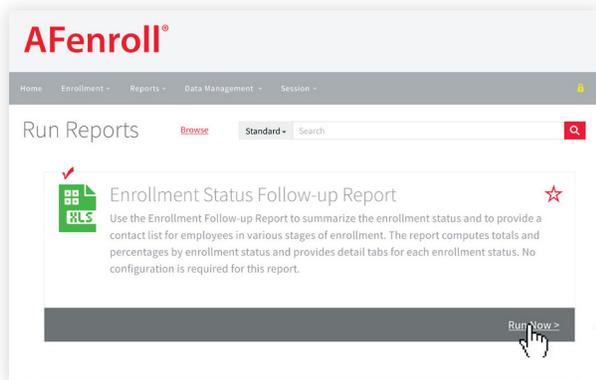
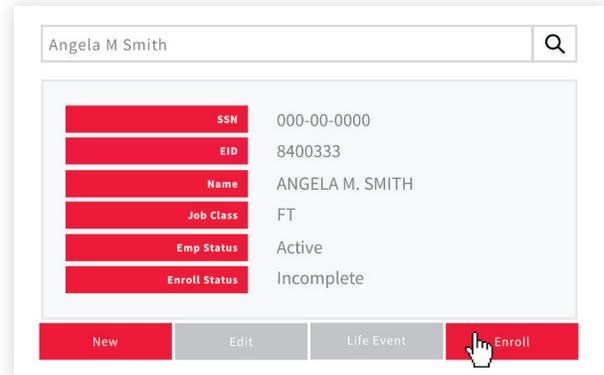
Employees can enroll on their schedule at a designated location in their workplace. If requested, an account manager will be available to answer questions about your benefits or the enrollment process.

Benefits Enrollment Platform: AFenroll®

AFenroll®, American Fidelity's online enrollment platform, provides automated data uploads to help ensure fast and efficient transfer of benefits and billing information before and after enrollment. Our platform also allows employees to enroll in their core benefits while they are enrolling in their American Fidelity benefits. We can work with your health plan providers to incorporate their application processes into our web-based platform.

Built for Employers

- Administrative changes, including terminations, leaves of absence, and retirements
- Historic record of employee data
- Employee beneficiary information
- Electronic payroll deduction upload



Customized System

- New hire enrollments and life status event changes year-round
- Data and census analysis, pre-load, and setup
- Administrative tools (reports, enrollment monitoring, etc.)
- Post-enrollment data transfer to employer and carriers

Tailored to Employees

- Benefit confirmation statements
- Benefit materials, brochures, and summary plan descriptions
- Educational benefit and enrollment preparation videos
- Benefit calculators and Section 125 Plan worksheets

Home	You & Your Family	My Benefits	Sign & Submit
	Whole Life		\$0.00
	Accident		\$59.90
	Cancer		\$0.00
	Group Critical Illness		\$0.00
	Group Hospital Indemnity		\$0.00
	Texas Life		\$0.00
	Employer Cost		\$339.00
	Pre-tax cost		\$187.90
	Post-tax cost		\$0.00
	Total Cost		\$187⁹⁰
	Per Pay Period		

Products and Services

We believe your benefits package should be customized for your market and your employees' needs. We create solutions for your employees to help maximize their coverage without affecting your bottom line.

Reasons to Offer Employee Benefits Through American Fidelity

- Create a custom benefits plan designed to help manage healthcare costs.
- Offer your employees additional benefits at little or no direct effect to your bottom line.
- Streamline your enrollment process with our highly trained account managers.
- Utilize our robust enrollment platform for your entire benefits enrollment process.

Section 125 Plan Administration

With nearly 40 years of experience helping organizations like yours with Section 125 Plan administration, American Fidelity is the partner you are looking for. As your Plan provider, we will help you create your Section 125 Plan Document, manage election changes, and assist with reporting, all while helping you maintain compliance year-round.

Why Choose American Fidelity for Section 125 Plan Administration



Expertise

40 years of experience providing Section 125 Plan administration to organizations like yours.



Plan Setup

We work with you to capture all the details in your benefits offering and help you implement and maintain your Section 125 Plan, including the Plan Document.



Compliance

Our in-house employee benefits experts can assist your HR department by helping track plan changes and new regulations.



Employee Education

Provide year-round education to help your employees understand their benefits, leading to better participation in your Section 125 Plan.

American Fidelity was able to help the City's budget by reducing the administrative costs for our FSA program.

Kathy Rhineheimer, HR Manager, City of Nicholasville, KY

Reimbursement Accounts

We offer a variety of tax-advantaged reimbursement accounts that can be included under your Section 125 Plan. These accounts allow money to be set aside on a pre-tax basis to cover eligible expenses for things like medical, dental, vision, and dependent care.

Reimbursement Account Options:



Healthcare Flexible Spending Account (HCFSFA)

Allows employees to pay for eligible medical expenses, including deductibles, copays, and prescription drugs.

We assist with upfront funding and offer optional protection to cover the risk associated with required upfront reimbursement.



Dependent Care Account (DCA)

Reimburses expenses associated with dependent daycare for either a dependent child under the age of 13 or an adult dependent who is incapable of self-care.



Health Savings Account (HSA)

Combined with a qualified High Deductible Health Plan, it offers tax savings and investment options to pay for current and future medical expenses.



Limited Purpose FSA (LPFSA)

Reimburses employees for eligible dental and vision expenses. Most commonly offered with a Health Savings Account and a qualified High Deductible Health Plan.



Health Reimbursement Arrangement (HRA)

Accounts are 100% funded by employers to help offset a portion of their employees' healthcare expenses.

American Fidelity offers a full suite of supplemental benefits that can help your employees fill the gaps in their individual coverage. Benefits are paid directly to your employees and can be used to pay for whatever health insurance doesn't cover—including lost income, deductibles, copayments, aftercare, everyday living expenses.

Supplemental Benefit Options:



Disability Income Insurance

Provides a percentage of your employees' monthly income if they are unable to work due to a covered illness or injury. Our disability products can be customized to meet the needs of each employee and complement your benefit offerings.



Life Insurance

Offers term and whole life insurance policies to meet the immediate and long-term life insurance needs of your employees.



Accident Insurance

May help your employees cover out-of-pocket treatment costs for injuries resulting from unexpected covered accidents. Our accident policy covers more than 25 treatments—including fractures, lacerations, physical therapy, and more.



Cancer Insurance

Includes individual and group plans with 30 benefits specifically designed to help your employees and their families with the financial aspect of being diagnosed with cancer, allowing them to focus on treatment.



Critical Illness Insurance

Pays a lump-sum benefit directly to your employees if they're diagnosed with a covered critical illness, such as a heart attack or stroke.



Hospital Indemnity Insurance

Helps offset the expenses of deductibles, copayments, and all the out-of-pocket expenses not covered by major medical insurance.

Dependent Verification Reviews

As healthcare costs continue to increase, it is important to ensure that you are only offering medical, dental, and vision plans to those dependents who are eligible to participate according to your plan design. Covering ineligible dependents may mean you are spending money on people you don't intend to cover. Additionally, employees who cover ineligible dependents may be at risk for bearing the total cost of healthcare claims for those dependents.

American Fidelity conducts complimentary Dependent Verification Reviews (DVR) to provide cost savings by eliminating non-qualified dependents and helping to ensure that employers are meeting carrier eligibility requirements.

Why We Perform In-Person Reviews

Some dependent verification companies offer electronic-only or mail-in reviews, but this can cause delays in validation as well as pose a potential privacy or security risk. We exclusively perform DVRs in-person because they:

- Don't require the transfer of sensitive data, making them more secure.
- Save time by completing the review during annual enrollment.
- Allow us to assist employees with questions and concerns.
- Offer immediate results instead of waiting for processing and mail time.

Benefits of a Third-Party Provider

While some employers choose to complete the reviews themselves, there are many reasons why using a third party is beneficial:



Confidentiality

Because of the sensitive nature of these reviews, employees may feel more comfortable speaking honestly with someone they don't work with every day.



Trained Staff

Our account managers are required to attend data security and HIPAA security training every year.



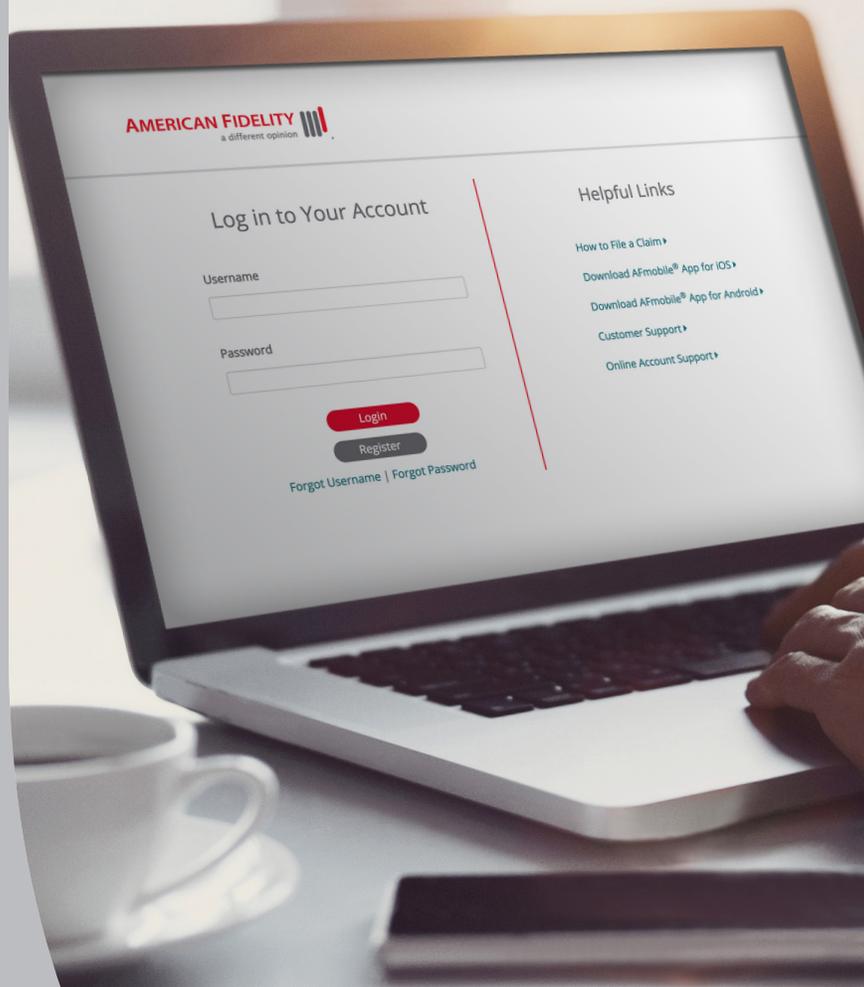
Immediate Results

Our account managers review your employees' verification documents in person, providing immediate results to you.



Save Time

DVRs take time, effort, and focus. We can help with the heavy lifting, so all you must worry about is removing ineligible dependents from your plan.



Resources and Tools

We work hard to exceed your expectations by providing excellent customer service and claims processing for your employees, and efficient plan administration tools and support for your Human Resources department. From our secured website and our convenient mobile app, to our local account managers and dedicated customer service team, American Fidelity is truly a different opinion.

- Employer Administration and Billing
- Policyholder Service and Support
- Hassle-Free Claims
- Data Security

Employer Administration and Billing

The administration of your benefits program may seem daunting without the proper resources. We have the resources and systems in place to handle all your administrative needs.

Employer Online Accounts

Our secure online system allows you to manage your entire benefits program and manage your bill in one place. Employers can:

- Review or terminate employees from their plan.
- Update contact information.
- Download sick pay reports.
- Create and manage employer account logins.
- Access employee election forms.
- Upload census data.
- Download reports.

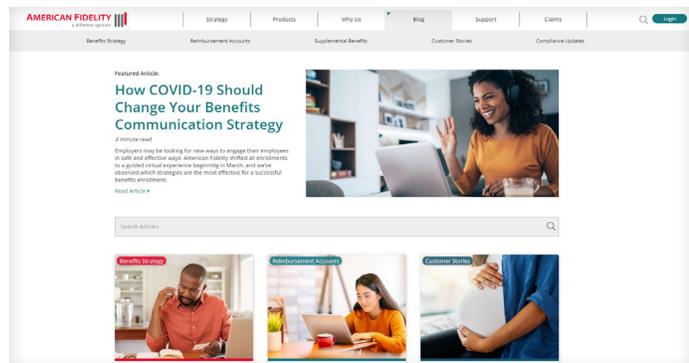
Billing and Reconciliation

American Fidelity provides multiple ways to meet the billing needs of our customers. Let us help you determine what option is best for you.

- **Hands-Free Bill Reconciliation**
Provide American Fidelity with a report of your premium deductions and we'll handle the reconciliation for you.
- **Employer Bill Reconciliation**
American Fidelity provides an itemized bill listing the premium due for each employee's coverage.

Employer Solutions Blog

We provide resources for employers to gain helpful insights about benefits management each month on our blog. Topics include tips on benefits compliance, reimbursement account management, how to get the most out of supplemental insurance, and more. Every month we email new articles to our Section 125 bookkeeper contacts. Employers can also access the articles anytime at <https://americanfidelity.com/blog/>.



Billing Paths to Meet Your Needs

Below are the three recommended billing paths. Start by logging into your American Fidelity online account at americanfidelity.com/myaccount

Hands-Free Bill Reconciliation

Premium Deduction
File Upload



Provide documentation to American Fidelity outlining the amount you deducted from each employee's pay per coverage type.

Employer Bill Reconciliation

Online
Bill Reconciliation



Make changes to your bill online so the bill reflects the premium deductions made.

Offline
Bill Reconciliation



Download your bill in excel from your online account, make changes, and then upload back to your online account.

Submit matching payment.

American Fidelity compares what was billed to the information received from you.

American Fidelity sends discrepancies to **you** and **your account manager**. You work with your dedicated billing specialist and account manager to resolve before the following month's bill.



For detailed instructions on how to reconcile and pay your bills online, visit americanfidelity.com/billing-tutorials.

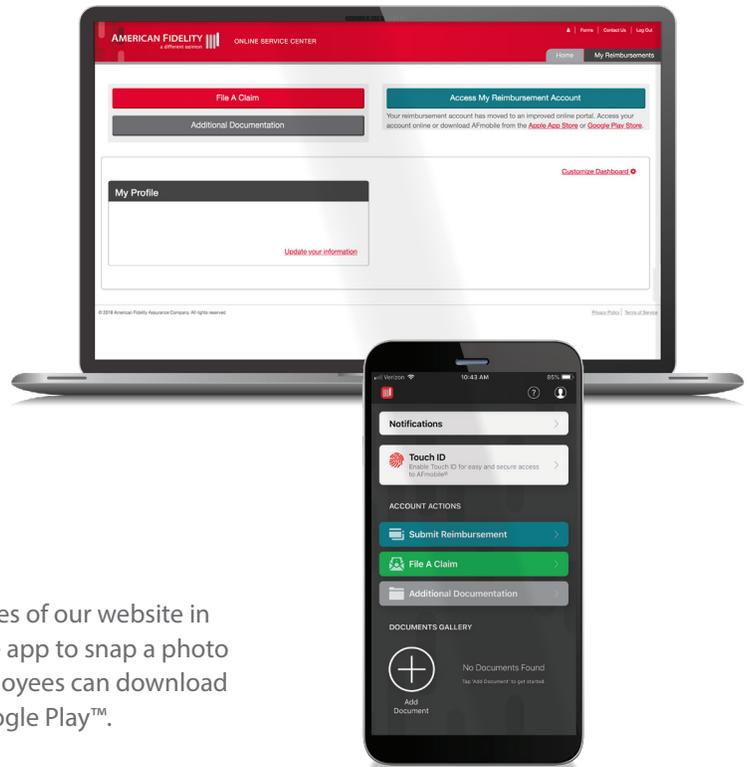
Policyholder Service and Support

We want to ensure your employees have the resources necessary to effectively utilize their benefits throughout the year. That's why we designed a variety of tools to help your employees file a claim, access account information, and get the support they need.

americanfidelity.com

Our website allows your employees to easily manage their benefits in one secure place. Employees can:

- File claims online.
- Check the status of an existing claim.
- Check reimbursement account balance and track account activity.
- Update account information.
- Download and print insurance policies.
- Set up account notifications and view statements.



AFmobile®

Our mobile app gives your employees all the features of our website in the palm of their hand. Employees may also use the app to snap a photo of documentation to conveniently file a claim. Employees can download AFmobile for free from the Apple App Store® or Google Play™.

Customer Support

There will be times when your employees need to speak to someone about their benefits. You will have a local account manager available to answer employee questions directly. In addition, we have a dedicated team of customer service representatives and participants have 24/7 access to our toll-free automated phone system to check their reimbursement account and annuity balances. Customers can also receive account support and answers to frequently asked questions at <https://americanfidelity.com/support>.

AFQuickClaims® - Paid in as little as one day!

When participants submit their annual wellness, diagnostic testing, or health screening claim online or through AFmobile®, they can receive their benefit in as little as one business day when enrolled in direct deposit, without the need to upload documentation.

Your employees' personal information is valuable. We understand you may have security concerns regarding sharing your information with others. That's why we want to tell you about some of the ways we are protecting your data.

Security measures we take to protect your private information:

Network Security

For enhanced security, our data servers are divided into multiple zones. Each zone is protected by security devices. Our network security permits only authorized traffic to access the system from the outside or between zones. Administrative traffic is restricted to authorized Virtual Private Network (VPN) users whose access is controlled via two-factor authentication. In addition to hardware firewalls, our servers are protected by anti-virus software.

Role-Based User Access

User access to the system is governed by roles, or groupings of permissions that specify which users have access to certain sets of features. Users log in with unique usernames and strong passwords. This means only trained, authorized, and necessary colleagues within American Fidelity have access to your private information.

Data Encryption

Our platform uses 256-bit encryption and Transport Layer Security (TLS) for all personal information transmitted over the Internet. The system also encrypts all backups before transmission off-site.

Secure Data Centers

All data is stored and managed on secure systems. Access to systems in these facilities is restricted to a limited number of authorized personnel. Physical access is monitored and controlled by proximity readers and authorized escorts. Security updates are applied on a recurring basis based on level of criticality and applicability.

Committed to Privacy

We understand that the protection of customer information and private health information is critical. It is our policy to keep any information that is collected secure and confidential. We respect the privacy of our customers and treat all personal information responsibly in accordance with privacy laws and regulations.

A photograph of the American Fidelity building, a modern structure with a grid of brown panels. The company name "AMERICAN FIDELITY" is mounted in large, red, 3D letters. Below it, the slogan "a different opinion" is written in smaller, white letters. To the right of the slogan is a logo consisting of three vertical bars of varying heights. In the foreground, a fountain sprays water into the air over a pond. The sky is blue with light clouds.

AMERICAN FIDELITY
a different opinion

About American Fidelity

American Fidelity Assurance Company was founded in 1960 with the mission of making insurance more available to the working class. For 60 years, we have continued that mission by providing top-notch benefits administration to the public sector.

We are a private, family-owned, American company, with more than 1,800 employees nationally.

Company Culture

We strive for five core principles when serving each other and our customers:



These five principals help us make things easy for our customers and empower us to offer a different opinion in benefits administration.

American Fidelity values a positive and rewarding company culture because we believe this directly impacts our customer experience. Of our more than 1,800 colleagues, 33% have been with the company for 10 or more years and 14% of colleagues have been with the company over 20 years.¹ We believe this long tenure represents our company's commitment to excellence in all areas, especially customer service. American Fidelity is listed on Fortune Magazine's "100 Best Companies to Work For" in 2020.²

Along with our commitment to our colleagues, we are committed to our community. Aligned with communities in our niche markets, American Fidelity and the American Fidelity Foundation focus on supporting education initiatives, health and human services, arts and culture, and civic projects.

Financial Stability

When you partner with American Fidelity, you can be assured we have the financial strength to be there when you need us most. Since 1982, we have been rated "A+" (Superior)¹ by A.M. Best Company, one of the nation's leading insurance company rating services.



A.M. Best bases its ratings on an analysis of the financial condition and operating performance of insurance companies in such vital areas as: Competency of Underwriting, Control of Expenses, Adequacy of Reserves, Soundness of Investments, and Capital Sufficiency.

¹ Staffistics: American Fidelity by the Numbers, June 2019

² Fortune's Best Companies to Work For, Feb. 18, 2020 (53 out of 100, with 1 being the highest)

³ A.M. Best Notice, August 12, 2020 (A+ is the 2nd highest out of 16 with 1 being the highest)

Awards and Industry Recognition

We are passionate about creating a work environment conducive to growth and excellence. We believe a positive company culture directly affects customer experience.

Learn more about the awards and industry recognition American Fidelity has earned below.

Life Health Ward's 50[®] Companies

American Fidelity was named on the 2020 list of Ward's 50[®] top performing life-health insurance companies. The honor recognizes the 50 companies that have achieved outstanding financial results in the areas of safety, consistency, and performance over the past five years.¹

Fortune Magazine's "Best Workplaces Lists"

American Fidelity has been rated as one of the 2020 Fortune Best Companies to Work For by Fortune magazine and the consulting company Great Place to Work.² American Fidelity has been on this list 14 times.

Additional Fortune magazine/Great Place to Work lists that recognize American Fidelity include:

- Best Workplaces in Finance and Insurance
- Best Workplaces for Women
- Best Workplaces for Millennials
- PEOPLE 2019 Companies that Care



Computerworld's Best Places to Work in IT

American Fidelity ranks No. 25 among mid-sized companies on Insider Pro and IDG's Computerworld 2020 Best Places to Work in IT.³

¹ Ward's 50[®] Companies, July 16, 2020 (Top 50 life and health insurance companies, unranked within list)

² Fortune's Best Companies to Work For, Feb. 18, 2020 (53rd out of 100, with 1 being the highest)

- Best Workplaces in Financial Services and Insurance, March 26, 2020 (Large companies rating, 13th out of 30, with 1 being the highest)
- Best Workplaces for Women, Sept. 18, 2020 (Large companies rating: 46th out of 75, with 1 being the highest)
- Best Workplaces for Millennials, June 25, 2019 (Large companies rating: 47th out of 75, with 1 being the highest)
- PEOPLE 2019 Companies that Care[®], July 24, 2019 (50th out of 50, with 1 being the highest)

³ Computerworld's Best Places to Work in IT, 2020 (Mid-sized organizations rating, 25th out of 25, with 1 being the highest)

Plan Benefit Highlights and Riders

COBRA Funding Rider (not available on plans with less than a 1 year benefit period)

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

In order to receive benefits under this Rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$600.00	\$9.00

Survivor Funding Rider (not available on plans with less than a 1 year benefit period)

This rider is designed to provide a benefit to your beneficiary or estate if you die while receiving Disability Benefits.

Benefits are payable if you have been disabled and not working for at least 90 days, and die while receiving Disability Benefits. A monthly benefit up to one year or until the maximum disability benefit period is exhausted, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
\$2,000.00	\$9.00

Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit upon diagnosis of a certain critical illness.

Benefits are payable at a one-time lump sum upon diagnosis of the following conditions: Kidney Failure, Paralysis, or Major Organ Transplant. A physician must make the diagnosis and the diagnosis must occur within 72 hours of the onset of the illness.

Monthly Benefit Amount	Monthly Premium
\$10,000.00	\$9.00
\$15,000.00	\$9.00
\$20,000.00	\$9.00
\$25,000.00	\$9.00

AF™ Long-Term Disability Income Insurance



EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Product Information

- Disability
- Term Life
- Whole Life
- Accident
- Cancer
- Critical Illness
- Hospital Indemnity

SHORT-TERM DISABILITY

Eligibility Requirements

All permanent employees are eligible for coverage.

Disability Plan Features

Benefit Schedule	Choice of benefit amount in increments of \$100 — ranging from \$500 to \$10,000
Maximum Monthly Benefit	Up to 60% of monthly earnings less deductible sources of income
Minimum Monthly Benefit	\$100 or 10%, whichever is greater
Elimination Period Injury/Sickness	Choice of 7 or 14 days
Maximum Benefit Period	Choice of 90 days, 180 days or 1 year
Guarantee Issue Amount	\$10,000
Minimum Participation	Greater of 20% or 10 lives
Own Occupation Period	Same as the benefit period
Pre-Existing Condition Period	12 month lookback/12 months continuous coverage
Mental & Nervous Limitation	Same as any other Sickness
Drug & Alcohol Limitation	15 days
Physician Expense Benefit	Up to \$150 for Injury — up to 8 times per year
Accidental Death Benefit	\$10,000 Flat Amount if within 90 days of Covered Disability
Conversion Option	Available

Plan Rates (per \$100 of covered monthly benefit)

Benefit Period - 90 Days				
Elimination Period	Under Age 40	Ages 40-49	Ages 50-59	Ages 60 & Over
7 days	\$2.30	\$2.30	\$2.50	\$3.08
14 days	\$1.96	\$2.06	\$2.22	\$2.80
Benefit Period - 180 Days				
7 days	\$2.60	\$2.60	\$2.84	\$3.50
14 days	\$2.26	\$2.34	\$2.54	\$3.18
Benefit Period - 1 year				
7 days	\$3.02	\$3.02	\$3.28	\$4.04
14 days	\$2.60	\$2.68	\$2.92	\$3.66

60 day notice of rate change

SHORT-TERM DISABILITY

Disability Plan Highlights

- Benefits provided for Pregnancy and Organ Donors
- Benefits provided for covered non-occupational Injuries and/or Sickness
- Worksite Accommodation Benefit Evaluation
- Benefits are paid directly to the insured, not to a doctor or employer
- Convenient payroll deduction
- Benefit payments may be directly deposited into banking account
- Benefits are payable year-round
- Secure online billing system available for your convenience
- Employees can file a claim, track the status of a claim, upload documentation, and setup push notifications within the AFMobile app — available in the iTunes App store or Google Play store

Disability Plan Riders

- A critical illness rider can help fill holes left by high deductible medical plans and does not require the insured to satisfy their disability elimination period to qualify for benefits.
- The hospital indemnity rider can pay a benefit of up to \$150 a day, and does not require the insured to satisfy their disability elimination period to qualify for benefits.
- We also offer optional disability coverage for an insured's spouse.
- An optional survivor benefit rider and COBRA rider to help cover the cost of medical COBRA premiums are available for the one year benefit plans.

Underwriting Guidelines

- Takeover credit for coverage with a prior carrier is available upon request and approval.
- If approved for the group, the pre-existing condition limitation will be waived for insureds who replace the prior carrier's plan with American Fidelity as of the new plan effective date.
- Coverage for Insureds not actively at work on the policy effective date will begin upon return to active work, and the pre-existing condition limitation will be waived.
- All new issue coverage or increase in benefit amount is subject to a Pre-Existing Limitation.
- Applications for existing insureds to move to a shorter elimination period or a longer benefit period will be subject to a new pre-existing condition limitation.

Learn More

For additional information about American Fidelity Assurance Company, click here: <https://americanfidelity.com/why-us/>

LONG-TERM DISABILITY

Eligibility Requirements

All permanent employees are eligible for coverage.

Disability Plan Features

Benefit Schedule	Choice of benefit amount in increments of \$100 – ranging from \$500 to \$10,000
Maximum Monthly Benefit	Up to 60% of monthly earnings less deductible sources of income
Minimum Monthly Benefit	\$100 or 10%, whichever is greater
Elimination Period Injury/Sickness	Choice of 7, 14, 30, 60, 90 & 180 days
Maximum Benefit Period	Up to Social Security Normal Retirement Age (SSNRA) for Injury and Sickness
Guarantee Issue Amount	\$10,000
Minimum Participation	Greater of 20% or 10 lives
Own Occupation Period	24 months
Disabled and Working	Included
Pre-Existing Condition Period	12 month lookback/12 months continuous coverage
Mental & Nervous Limitation	2 years
Drug & Alcohol Limitation	15 days
Special Conditions Limitations	1 year
Physician Expense Benefit	Up to \$150 for Injury and \$50 for Sickness – up to 8 times per year
Accidental Death Benefit	\$25,000 Flat Amount if within 90 days of Covered Disability
Waiver of Premium	First of the month following 180 days of disability
Conversion Option	Available

Plan Rates (per \$100 of covered monthly benefit)

Elimination Period	Rate
7 days	\$3.74
14 days	\$3.42
30 days	\$2.72
60 days	\$2.22
90 days	\$1.84
180 days	\$1.34

60 day notice of rate change

LONG-TERM DISABILITY

Disability Plan Highlights

- All plans pay in addition to Sick Leave for the first 180 days of disability
- Benefits provided for Pregnancy and Organ Donors
- Benefits provided for covered non-occupational Injuries and/or Sicknesses
- Worksite Accommodation Benefit Evaluation
- Social Security Filing Assistance
- Benefits are paid directly to the insured, not to a doctor or employer
- Convenient payroll deduction
- Benefit payments may be directly deposited into banking account
- Benefits are paid due to covered Injury or Sickness
- Benefits are payable year-round
- Secure online billing system available for your convenience
- Employees can file a claim, track the status of a claim, upload documentation, and setup push notifications within the AFMobile app — available in the iTunes App store or Google Play store

Disability Plan Riders

- A critical illness rider can help fill holes left by high deductible medical plans and does not require the insured to satisfy their disability elimination period to qualify for benefits.
- The hospital indemnity rider can pay a benefit of up to \$150 a day, and does not require the insured to satisfy their disability elimination period to qualify for benefits.
- We also offer optional disability coverage for an insured's spouse, a survivor benefit rider, and a COBRA rider which can help cover the cost of medical COBRA premiums.

Underwriting Guidelines

- Takeover credit for coverage with a prior carrier is available upon request and approval.
- If approved for the group, the pre-existing condition limitation will be waived for insureds who replace the prior carrier's plan with American Fidelity as of the new plan effective date.
- Coverage for Insureds not actively at work on the policy effective date will begin upon return to active work, and the pre-existing condition limitation will be waived.
- All new issue coverage or increase in benefit amount is subject to a Pre-Existing Limitation.
- Applications for existing insureds to move to a shorter elimination period or a longer benefit period will be subject to a new pre-existing condition limitation.

Learn More

For additional information about American Fidelity Assurance Company, click here: <https://americanfidelity.com/why-us/>



AF™ Term Life Insurance

10, 20 & 30 Year
Renewable & Convertible
Term Life Insurance

Strengthen Your Family's Financial Plan

Life insurance is an important piece of a strong financial plan. While there is no replacement for the loss of a loved one, AF™ **Term Life Insurance** can help protect your family in your absence. It supplies short-term coverage at a competitive price. For those on a limited budget, Term Life Insurance can help fill temporary needs.



Life insurance provided by your employer is an important benefit. However, it may not be enough protection to provide for your loved ones.

A term life policy can help supplement your existing coverage should you need it. Plus, this is an individual policy which means you own it and can take it with you to a different job or in retirement.

Why You Need Life Insurance

Consider the following expenses when choosing the right life insurance plan for you.

-  **Final Expenses**
Funeral Costs • Unpaid Medical Bills
-  **Income Replacement**
Mortgage/Rent • Other Loans
-  **Nest Egg**
Estate Planning • Ongoing Income

Financial Protection for You

AF™ **Term Life Insurance** is a great option for your working and earning years when costs are usually at their highest.

Premiums will remain the same for the initial term period selected.² The death benefit will not change for the life of the policy, and death benefits are generally paid tax free.



¹LIMRA: 2019 Insurance Barometer Study; March 29, 2019, p25. ²Rates will be adjusted on each renewed term period. ³LIMRA: The Facts of Life and Annuities - 2019 Update; January 7, 2020, p5.

Three Easy Steps to Get Covered

1

Select a Term Period

Choose from a 10, 20, or 30 year term.

2

Answer Three Health Questions⁴

Only three health questions are required to issue coverage. You do not have to take part in any invasive medical exams.

3

Get Death Benefit Coverage Immediately⁵

Your death benefit coverage starts when you sign the application.

SAMPLE 20-YEAR TERM NON-TOBACCO MONTHLY PREMIUM RATES⁶

	\$25K ⁺	\$50K ⁺	\$100K	\$150K
25	\$8.25	\$11.00	\$20.00	\$24.50
35	\$9.25	\$13.00	\$24.00	\$30.50
45	\$14.50	\$24.00	\$46.00	\$63.50
55	\$30.25	\$55.50	\$109.00	n/a

⁺Shaded amounts available for spouse base policy purchases.

EMPLOYEE ISSUE AGES

10 Year Term: 17-65
20 Year Term: 17-60
30 Year Term: 17-50

EMPLOYEE ISSUE MAXIMUM

Ages 17-49: \$200,000
Ages 50-65: \$100,000

GUARANTEED LEVEL DEATH BENEFIT

Receive the full face amount of your policy provided no accelerated benefits are paid.

SPOUSE ISSUE AGES AND MAXIMUMS

Ages 17-49: \$50,000
Ages 50-60: \$25,000

RATES BASED ON ISSUE AGE AND TOBACCO STATUS

Premiums will be based on your age on the date your policy becomes effective. You may be eligible for reduced rates if you are a non-tobacco user.

RENEWABLE AND CONVERTIBLE⁷

Renew your coverage to age 90. You may convert to a whole life policy prior to age 70.

⁴Issuance of the policy may depend on the answer to these questions. ⁵Interim coverage for death will be in force from the date your application is signed if on such date the proposed insured is insurable per our underwriting guidelines for the requested coverage in accordance with the terms of the policy. This interim coverage for death will remain in force until the earlier of: 1) the date a policy becomes effective; 2) the date we decline the application; or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness. ⁶Example is based on a 20-year term, monthly, non-tobacco, base policy with no attached riders. For specific ages, rates, term periods or face amounts, see your American Fidelity account manager. ⁷Premiums remain level for the initial term period selected. If you choose the 10 or 20 Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60 respectively. Thereafter, premiums are renewable annually. The 30 Year Term Life Plan is renewable annually after the initial term period. All term plans expire on the policy anniversary following age 90. Rates will be adjusted on each renewed term period.

Enhance Your Plan

Waiver of Premium Rider

This rider waives the premium if the base Insured becomes totally disabled, as defined in the rider, for at least six consecutive months. Premiums are waived for the base policy and any attached riders. Issue age is 17-60. The rider terminates at age 65.

Accidental Death and Dismemberment Rider

This rider provides coverage upon death, dismemberment, or paralysis of the base Insured prior to age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seatbelt benefit, if the police accident report certifies the base Insured was wearing a properly fastened seatbelt at time of death. Benefits are payable once per covered Accident.

Spouse Term Rider

This rider provides level Term Life Insurance coverage on your spouse. The premiums for this rider are based on the spouse's age and tobacco usage. Coverage may be renewed for each additional renewal period up to the spouse's age 90, while the base policy is in force.⁷ Premiums adjust upon renewal. Face amount must be equal to or less than the base policy.

Children's Term Rider

This rider provides level Term Life Insurance protection for all your eligible children who are between the ages of one month through age 19. Coverage remains on each child until age 26 or marriage of the child prior to age 26. Your covered child may also convert this rider for up to five times the amount of coverage (subject to a \$100,000 limit overall) to any form of permanent insurance offered by American Fidelity for conversions. One premium covers all eligible children. Three benefit levels are available: \$10,000, \$20,000, and \$30,000.

Accelerated Benefit Rider for Long Term Illness (Available with 30-Year Term Life Only)

This rider provides for two equal advances of a portion of the base policy's death benefit due to a Long Term Illness if we receive satisfactory proof of Long Term Illness prior to each annual payment. Coverage is available on the base Insured only.

Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Third Party Notice: The owner has the right to designate a third party to receive notice of lapse or termination of an individual life insurance policy due to nonpayment of premium. Such notice will be sent to the policy owner and the third party at least 30 calendar days before cancellation. This designation may be done at this time, or at any time the policy is in force. Please contact us to request a form to designate, change or update this information at a later date. M3437.R118

Accelerated Benefit Summary and Disclosure Notice

Accelerated Benefit Summary and Disclosure Notice

THIS DOCUMENT SERVES ONLY AS A SUMMARY AND A DISCLOSURE NOTICE. PLEASE REFER TO YOUR POLICY OR RIDER FOR ACTUAL CONTRACT PROVISIONS.

THE POLICY/RIDER PROVIDES AN ACCELERATED BENEFIT OPTION. YOU SHOULD CONSULT WITH A PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING PAYMENT UNDER AN ACCELERATED BENEFIT PROVISION. BENEFITS AS SPECIFIED IN THE POLICY/RIDER WILL BE REDUCED UPON RECEIPT OF AN ACCELERATED BENEFIT PAYMENT. RECEIPT OF ACCELERATED BENEFIT PAYMENTS: 1) MAY BE TAXABLE; 2) MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW; AND, 3) DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

The policy and/or rider you are applying for has an Accelerated Benefit provision. The provision allows a portion of the death benefits to be advanced if certain conditions are met. Please see policy/rider for conditions and definitions, as applicable.

Prior to the payment of any Accelerated Benefit, the following conditions must be met:

- The maximum Accelerated Benefit varies by policy/rider (see specific information below) and shall not exceed the Benefit Amount for the policy shown on the Policy Schedule.
- Only one Accelerated Benefit election will be made under the policy and/or each rider even if the Owner does not elect the full acceleration amount.
- If two or more Accelerated Benefits are payable on behalf of the Insured/Covered Person under the policy or any attached riders for the same or related sickness, injury or loss, benefits will be paid in the following order:
 - 1) Accelerated Benefit for Long Term Illness, if this optional rider is attached to the policy; and
 - 2) Accelerated Benefit for Terminal Condition.
- Additional limitations and exclusions may apply, please read your policy/rider carefully.

Upon request to accelerate the policy/rider proceeds, and upon the payment of the accelerated benefit, the Owner and any irrevocable beneficiary shall be given a statement demonstrating the effect of the acceleration on the payment of policy proceeds, cash value, death benefit, premium, and policy loans, as applicable.

Accelerated Benefit for Terminal Condition

Prior to the payment of any Accelerated Benefit, the Insured/Covered Person must have a Terminal Condition, defined as an imminent death expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of the Insured/Covered Person of 12 months or less. The maximum payable is the lesser of: 50% of the eligible proceeds as defined in the policy/rider, or \$100,000. There is no premium associated with this provision.

Payment of an Accelerated Benefit, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option, any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.
- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.
- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.

Accelerated Benefit for Long Term Illness (optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Long Term Illness, which means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as permanently unable to perform, without Substantial Assistance from another individual, at least two out of five Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision due to permanent Severe Cognitive Impairment. The maximum payable is the lesser of 50% of the Eligible Proceeds available at the time of claim payable in two equal annual payments up to a maximum of 25% of the Eligible Proceeds per year for two consecutive years; or \$100,000 payable in two equal annual payments up to a maximum of \$50,000 per year for two consecutive years. Premium is required to keep this rider in force.

Payment of an Accelerated Benefit for Long Term Illness, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the rider will terminate and no additional benefits will be due under the rider, even for recurrence. The policy will remain in force and premiums will continue to be billed and payable as due.
- Policy proceeds which are payable on the death of the Insured will be reduced by the amount of the Accelerated Benefit.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. The cash values will be adjusted proportionally by the percent accelerated.
- Any outstanding policy loan, including interest, will be proportionally reduced by the percent accelerated and will be deducted from the Accelerated Benefit payment.
- The Accelerated Benefit will reduce the Benefit Amount and will be applied immediately upon acceleration.

ICC14 DN111

The acceleration of life insurance benefits offered under this policy are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration of life insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor under circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law.

Receipt of acceleration of life insurance benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

This brochure does not constitute the full policy and is intended to provide basic information about American Fidelity Assurance Company's Renewable and Convertible Term Life Insurance product, ICC14 RCTL14 / RCTL14 Series. For specific details, limitations and exclusions, please refer to your policy, riders. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125. Rider availability may vary by state.

We will not pay the policy proceeds if the insured commits suicide, while sane or insane for the period of time as described in the insured's policy, from the Effective date. Instead, we will return all premiums paid.



American Fidelity Assurance Company
800-662-1113 • americanfidelity.com



Term Life Monthly Rate Sheets

AMERICAN FIDELITY
a different opinion



ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee								
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
17	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
18	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
19	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
20	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
21	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
22	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
23	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
24	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
25	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
26	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
27	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
28	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
29	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
30	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
31	8.25	9.50	11.50	16.25	21.00	20.75	24.50	28.25	32.00
32	8.50	9.80	12.00	17.00	22.00	22.00	26.00	30.00	34.00
33	8.50	9.80	12.00	17.00	22.00	22.00	26.00	30.00	34.00
34	8.75	10.10	12.50	17.75	23.00	23.25	27.50	31.75	36.00
35	8.75	10.10	12.50	17.75	23.00	23.25	27.50	31.75	36.00
36	9.00	10.40	13.00	18.50	24.00	24.50	29.00	33.50	38.00
37	9.25	10.70	13.50	19.25	25.00	25.75	30.50	35.25	40.00
38	9.50	11.00	14.00	20.00	26.00	27.00	32.00	37.00	42.00
39	10.00	11.60	15.00	21.50	28.00	29.50	35.00	40.50	46.00
40	10.25	11.90	15.50	22.25	29.00	30.75	36.50	42.25	48.00
41	10.75	12.50	16.50	23.75	31.00	33.25	39.50	45.75	52.00
42	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
43	11.50	13.40	18.00	26.00	34.00	37.00	44.00	51.00	58.00
44	12.00	14.00	19.00	27.50	36.00	39.50	47.00	54.50	62.00
45	12.50	14.60	20.00	29.00	38.00	42.00	50.00	58.00	66.00
46	13.25	15.50	21.50	31.25	41.00	44.50	53.00	61.50	70.00
47	13.75	16.10	22.50	32.75	43.00	48.25	57.50	66.75	76.00
48	14.50	17.00	24.00	35.00	46.00	52.00	62.00	72.00	82.00
49	15.50	18.20	26.00	38.00	50.00	55.75	66.50	77.25	88.00
50	16.25	19.10	27.50	40.25	53.00	--	--	--	--
51	17.00	20.00	29.50	43.25	57.00	--	--	--	--
52	17.75	20.90	31.50	46.25	61.00	--	--	--	--
53	18.75	22.10	34.00	50.00	66.00	--	--	--	--
54	19.50	23.00	36.50	53.75	71.00	--	--	--	--
55	20.50	24.20	39.00	57.50	76.00	--	--	--	--
56	22.50	26.60	43.00	63.50	84.00	--	--	--	--
57	25.00	29.60	48.00	71.00	94.00	--	--	--	--
58	27.50	32.60	53.00	78.50	104.00	--	--	--	--
59	30.25	35.90	58.50	86.75	115.00	--	--	--	--
60	33.50	39.80	65.00	96.50	128.00	--	--	--	--
61	36.50	43.40	71.00	105.50	140.00	--	--	--	--
62	39.75	47.30	77.50	115.25	153.00	--	--	--	--
63	43.50	51.80	85.00	126.50	168.00	--	--	--	--
64	47.50	56.60	93.00	138.50	184.00	--	--	--	--
65	51.75	61.70	101.50	151.25	201.00	--	--	--	--

Spouse Coverage Available¹

This insert must be used in conjunction with SB-30355 and any state specific deviations thereof. This is a brief description of the coverage and does not constitute the actual policy. For complete benefits, limitations, exclusions and other provisions, please refer to the policy. Not generally qualified Benefits under Section 125 plans. ¹Maximum face amount available is \$50,000.

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee								
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
17	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
18	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
19	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
20	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
21	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
22	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
23	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
24	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
25	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
26	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
27	11.00	12.80	17.00	24.50	32.00	34.50	41.00	47.50	54.00
28	11.25	13.10	17.50	25.25	33.00	35.75	42.50	49.25	56.00
29	11.25	13.10	17.50	25.25	33.00	35.75	42.50	49.25	56.00
30	11.25	13.10	17.50	25.25	33.00	35.75	42.50	49.25	56.00
31	11.50	13.40	18.00	26.00	34.00	37.00	44.00	51.00	58.00
32	11.75	13.70	18.50	26.75	35.00	38.25	45.50	52.75	60.00
33	12.00	14.00	19.00	27.50	36.00	39.50	47.00	54.50	62.00
34	12.25	14.30	19.50	28.25	37.00	40.75	48.50	56.25	64.00
35	12.50	14.60	20.00	29.00	38.00	42.00	50.00	58.00	66.00
36	13.00	15.20	21.00	30.50	40.00	44.50	53.00	61.50	70.00
37	13.50	15.80	22.00	32.00	42.00	47.00	56.00	65.00	74.00
38	14.00	16.40	23.00	33.50	44.00	49.50	59.00	68.50	78.00
39	14.75	17.30	24.50	35.75	47.00	53.25	63.50	73.75	84.00
40	15.25	17.90	25.50	37.25	49.00	55.75	66.50	77.25	88.00
41	16.25	19.10	27.50	40.25	53.00	60.75	72.50	84.25	96.00
42	17.50	20.60	30.00	44.00	58.00	67.00	80.00	93.00	106.00
43	18.75	22.10	32.50	47.75	63.00	73.25	87.50	101.75	116.00
44	20.25	23.90	35.50	52.25	69.00	80.75	96.50	112.25	128.00
45	21.75	25.70	38.50	56.75	75.00	88.25	105.50	122.75	140.00
46	23.25	27.50	41.50	61.25	81.00	95.75	114.50	133.25	152.00
47	25.00	29.60	44.50	65.75	87.00	103.25	123.50	143.75	164.00
48	27.00	32.00	48.00	71.00	94.00	112.00	134.00	156.00	178.00
49	29.00	34.40	51.50	76.25	101.00	120.75	144.50	168.25	192.00
50	31.25	37.10	55.50	82.25	109.00	--	--	--	--
51	33.50	39.80	60.50	89.75	119.00	--	--	--	--
52	36.25	43.10	65.50	97.25	129.00	--	--	--	--
53	39.00	46.40	71.50	106.25	141.00	--	--	--	--
54	42.00	50.00	78.00	116.00	154.00	--	--	--	--
55	45.25	53.90	85.00	126.50	168.00	--	--	--	--
56	49.75	59.30	94.00	140.00	186.00	--	--	--	--
57	54.50	65.00	104.50	155.75	207.00	--	--	--	--
58	60.00	71.60	116.00	173.00	230.00	--	--	--	--
59	66.00	78.80	128.50	191.75	255.00	--	--	--	--
60	72.50	86.60	143.00	213.50	284.00	--	--	--	--
61	77.50	92.60	153.00	228.50	304.00	--	--	--	--
62	82.75	98.90	163.50	244.25	325.00	--	--	--	--
63	88.50	105.80	175.00	261.50	348.00	--	--	--	--
64	94.75	113.30	187.50	280.25	373.00	--	--	--	--
65	101.25	121.10	200.50	299.75	399.00	--	--	--	--

Spouse
Coverage
Available!

RIDER RATES

SPOUSE TERM RIDER: Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19 (17 in MI and PA, 14 in MA and WA). Subject to the overall child maximum of \$50,000 (\$15,000 in WA). Grandchildren are not eligible for this rider.
ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.
WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

ISSUE AGE	Death Benefit								
	Monthly Premium Including Policy Fee								
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
17	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
18	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
19	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
20	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
21	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
22	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
23	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
24	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
25	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
26	8.25	9.50	11.00	15.50	20.00	20.75	24.50	28.25	32.00
27	8.50	9.80	11.50	16.25	21.00	22.00	26.00	30.00	34.00
28	8.50	9.80	11.50	16.25	21.00	22.00	26.00	30.00	34.00
29	8.75	10.10	12.00	17.00	22.00	23.25	27.50	31.75	36.00
30	8.75	10.10	12.00	17.00	22.00	23.25	27.50	31.75	36.00
31	8.75	10.10	12.00	17.00	22.00	23.25	27.50	31.75	36.00
32	9.00	10.40	12.50	17.75	23.00	24.50	29.00	33.50	38.00
33	9.00	10.40	12.50	17.75	23.00	24.50	29.00	33.50	38.00
34	9.25	10.70	13.00	18.50	24.00	25.75	30.50	35.25	40.00
35	9.25	10.70	13.00	18.50	24.00	25.75	30.50	35.25	40.00
36	9.50	11.00	13.50	19.25	25.00	27.00	32.00	37.00	42.00
37	10.00	11.60	14.50	20.75	27.00	29.50	35.00	40.50	46.00
38	10.25	11.90	15.00	21.50	28.00	30.75	36.50	42.25	48.00
39	10.50	12.20	16.00	23.00	30.00	33.25	39.50	45.75	52.00
40	11.00	12.80	17.00	24.50	32.00	35.75	42.50	49.25	56.00
41	11.50	13.40	18.00	26.00	34.00	38.25	45.50	52.75	60.00
42	12.25	14.30	19.50	28.25	37.00	42.00	50.00	58.00	66.00
43	13.00	15.20	21.00	30.50	40.00	45.75	54.50	63.25	72.00
44	13.75	16.10	22.50	32.75	43.00	49.50	59.00	68.50	78.00
45	14.50	17.00	24.00	35.00	46.00	53.25	63.50	73.75	84.00
46	15.50	18.20	26.00	38.00	50.00	58.25	69.50	80.75	92.00
47	16.50	19.40	28.00	41.00	54.00	63.25	75.50	87.75	100.00
48	17.75	20.90	30.00	44.00	58.00	68.25	81.50	94.75	108.00
49	19.00	22.40	32.50	47.75	63.00	74.50	89.00	103.50	118.00
50	20.25	23.90	35.00	51.50	68.00	--	--	--	--
51	22.00	26.00	38.50	56.75	75.00	--	--	--	--
52	23.75	28.10	42.00	62.00	82.00	--	--	--	--
53	25.75	30.50	46.00	68.00	90.00	--	--	--	--
54	28.00	33.20	50.50	74.75	99.00	--	--	--	--
55	30.25	35.90	55.50	82.25	109.00	--	--	--	--
56	32.25	38.30	59.50	88.25	117.00	--	--	--	--
57	34.50	41.00	64.00	95.00	126.00	--	--	--	--
58	37.00	44.00	69.00	102.50	136.00	--	--	--	--
59	39.50	47.00	74.00	110.00	146.00	--	--	--	--
60	42.25	50.30	79.50	118.25	157.00	--	--	--	--

Spouse Coverage Available¹

This insert must be used in conjunction with SB-30355 and any state specific deviations thereof. This is a brief description of the coverage and does not constitute the actual policy. For complete benefits, limitations, exclusions and other provisions, please refer to the policy. Not generally qualified Benefits under Section 125 plans. ¹Maximum face amount available is \$50,000.

ISSUE AGE	Death Benefit								
	Monthly Premium Including Policy Fee								
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
17	11.00	12.80	16.00	23.00	30.00	33.25	39.50	45.75	52.00
18	11.00	12.80	16.00	23.00	30.00	33.25	39.50	45.75	52.00
19	11.00	12.80	16.00	23.00	30.00	33.25	39.50	45.75	52.00
20	11.00	12.80	16.00	23.00	30.00	33.25	39.50	45.75	52.00
21	11.00	12.80	16.00	23.00	30.00	33.25	39.50	45.75	52.00
22	11.00	12.80	16.00	23.00	30.00	33.25	39.50	45.75	52.00
23	11.25	13.10	16.50	23.75	31.00	34.50	41.00	47.50	54.00
24	11.25	13.10	16.50	23.75	31.00	34.50	41.00	47.50	54.00
25	11.25	13.10	16.50	23.75	31.00	34.50	41.00	47.50	54.00
26	11.25	13.10	16.50	23.75	31.00	34.50	41.00	47.50	54.00
27	11.25	13.10	16.50	23.75	31.00	34.50	41.00	47.50	54.00
28	11.50	13.40	17.00	24.50	32.00	35.75	42.50	49.25	56.00
29	11.50	13.40	17.00	24.50	32.00	35.75	42.50	49.25	56.00
30	11.50	13.40	17.00	24.50	32.00	35.75	42.50	49.25	56.00
31	12.00	14.00	18.00	26.00	34.00	38.25	45.50	52.75	60.00
32	12.25	14.30	18.50	26.75	35.00	39.50	47.00	54.50	62.00
33	12.75	14.90	19.50	28.25	37.00	42.00	50.00	58.00	66.00
34	13.25	15.50	20.50	29.75	39.00	44.50	53.00	61.50	70.00
35	13.75	16.10	21.50	31.25	41.00	47.00	56.00	65.00	74.00
36	14.50	17.00	23.00	33.50	44.00	50.75	60.50	70.25	80.00
37	15.25	17.90	24.50	35.75	47.00	54.50	65.00	75.50	86.00
38	16.25	19.10	26.00	38.00	50.00	58.25	69.50	80.75	92.00
39	17.00	20.00	28.00	41.00	54.00	63.25	75.50	87.75	100.00
40	18.00	21.20	30.00	44.00	58.00	68.25	81.50	94.75	108.00
41	19.25	22.70	32.50	47.75	63.00	74.50	89.00	103.50	118.00
42	20.75	24.50	35.50	52.25	69.00	82.00	98.00	114.00	130.00
43	22.25	26.30	38.50	56.75	75.00	89.50	107.00	124.50	142.00
44	24.00	28.40	42.00	62.00	82.00	98.25	117.50	136.75	156.00
45	25.75	30.50	45.50	67.25	89.00	107.00	128.00	149.00	170.00
46	27.50	32.60	49.00	72.50	96.00	115.75	138.50	161.25	184.00
47	29.50	35.00	53.00	78.50	104.00	125.75	150.50	175.25	200.00
48	31.50	37.40	57.00	84.50	112.00	135.75	162.50	189.25	216.00
49	33.75	40.10	61.50	91.25	121.00	147.00	176.00	205.00	234.00
50	36.25	43.10	66.50	98.75	131.00	--	--	--	--
51	39.00	46.40	72.00	107.00	142.00	--	--	--	--
52	42.00	50.00	78.00	116.00	154.00	--	--	--	--
53	45.25	53.90	84.50	125.75	167.00	--	--	--	--
54	48.75	58.10	91.50	136.25	181.00	--	--	--	--
55	52.50	62.60	99.00	147.50	196.00	--	--	--	--
56	57.00	68.00	108.00	161.00	214.00	--	--	--	--
57	62.00	74.00	118.00	176.00	234.00	--	--	--	--
58	67.50	80.60	129.00	192.50	256.00	--	--	--	--
59	73.75	88.10	141.00	210.50	280.00	--	--	--	--
60	80.25	95.90	154.50	230.75	307.00	--	--	--	--

Spouse
Coverage
Available!

RIDER RATES

SPOUSE TERM RIDER: Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19 (17 in MI and PA, 14 in MA and WA). Subject to the overall child maximum of \$50,000 (\$15,000 in WA). Grandchildren are not eligible for this rider.
ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.
WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

ISSUE AGE	Death Benefit													
	Monthly Premium Including Policy Fee													
	\$25,000		\$50,000		\$75,000		\$100,000		\$150,000		\$175,000		\$200,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	8.50	0.29	11.50	0.59	16.25	0.88	21.00	1.17	26.00	1.76	30.00	2.05	34.00	2.34
18	8.50	0.29	11.50	0.59	16.25	0.88	21.00	1.17	26.00	1.76	30.00	2.05	34.00	2.34
19	8.50	0.29	11.50	0.59	16.25	0.88	21.00	1.17	26.00	1.76	30.00	2.05	34.00	2.34
20	8.50	0.29	11.50	0.59	16.25	0.88	21.00	1.17	26.00	1.76	30.00	2.05	34.00	2.34
21	8.50	0.31	12.00	0.61	17.00	0.92	22.00	1.22	27.50	1.83	31.75	2.14	36.00	2.44
22	8.75	0.32	12.00	0.63	17.00	0.95	22.00	1.26	27.50	1.89	31.75	2.21	36.00	2.52
23	8.75	0.33	12.50	0.66	17.75	0.98	23.00	1.31	29.00	1.97	33.50	2.29	38.00	2.62
24	9.00	0.34	12.50	0.68	17.75	1.01	23.00	1.35	29.00	2.03	33.50	2.36	38.00	2.70
25	9.00	0.35	13.00	0.70	18.50	1.05	24.00	1.40	30.50	2.10	35.25	2.45	40.00	2.80
26	9.00	0.38	13.00	0.77	18.50	1.15	24.00	1.53	30.50	2.30	35.25	2.68	40.00	3.06
27	9.25	0.42	13.50	0.84	19.25	1.25	25.00	1.67	32.00	2.51	37.00	2.92	42.00	3.34
28	9.25	0.45	13.50	0.90	19.25	1.35	25.00	1.80	32.00	2.70	37.00	3.15	42.00	3.60
29	9.50	0.49	14.00	0.97	20.00	1.46	26.00	1.94	33.50	2.91	38.75	3.40	44.00	3.88
30	9.50	0.51	14.00	1.02	20.00	1.52	26.00	2.03	33.50	3.05	38.75	3.55	44.00	4.06
31	9.75	0.54	14.50	1.08	20.75	1.62	27.00	2.16	35.00	3.24	40.50	3.78	46.00	4.32
32	10.00	0.58	15.00	1.15	21.50	1.73	28.00	2.30	36.50	3.45	42.25	4.03	48.00	4.60
33	10.25	0.61	15.00	1.22	21.50	1.82	28.00	2.43	36.50	3.65	42.25	4.25	48.00	4.86
34	10.50	0.64	15.50	1.29	22.25	1.93	29.00	2.57	38.00	3.86	44.00	4.50	50.00	5.14
35	10.75	0.70	16.00	1.40	23.00	2.09	30.00	2.79	39.50	4.19	45.75	4.88	52.00	5.58
36	11.25	0.74	17.00	1.49	24.50	2.23	32.00	2.97	42.50	4.46	49.25	5.20	56.00	5.94
37	11.75	0.79	18.00	1.58	26.00	2.36	34.00	3.15	47.00	4.73	54.50	5.51	62.00	6.30
38	12.50	0.83	19.50	1.67	28.25	2.50	37.00	3.33	50.00	5.00	58.00	5.83	66.00	6.66
39	13.00	0.88	20.50	1.76	29.75	2.63	39.00	3.51	54.50	5.27	63.25	6.14	72.00	7.02
40	13.75	0.93	22.00	1.86	32.00	2.78	42.00	3.71	59.00	5.57	68.50	6.49	78.00	7.42
41	14.50	0.99	23.50	1.98	34.25	2.96	45.00	3.95	63.50	5.93	73.75	6.91	84.00	7.90
42	15.25	1.05	25.00	2.09	36.50	3.14	48.00	4.18	68.00	6.27	79.00	7.32	90.00	8.36
43	16.00	1.10	26.50	2.20	38.75	3.30	51.00	4.40	72.50	6.60	84.25	7.70	96.00	8.80
44	16.75	1.15	28.50	2.30	41.75	3.45	55.00	4.60	78.50	6.90	91.25	8.05	104.00	9.20
45	17.75	1.18	30.50	2.36	44.75	3.54	59.00	4.72	84.50	7.08	98.25	8.26	112.00	9.44
46	19.25	1.25	33.50	2.49	49.25	3.74	65.00	4.98	93.50	7.47	108.75	8.72	124.00	9.96
47	20.75	1.31	36.50	2.62	53.75	3.93	71.00	5.24	102.50	7.86	119.25	9.17	136.00	10.48
48	22.50	1.37	40.00	2.74	59.00	4.10	78.00	5.47	113.00	8.21	131.50	9.57	150.00	10.94
49	24.25	1.43	44.00	2.85	65.00	4.28	86.00	5.70	123.50	8.55	143.75	9.98	164.00	11.40
50	26.25	1.48	48.00	2.95	71.00	4.43	94.00	5.90	--	--	--	--	--	--

Spouse Coverage Available¹

This insert must be used in conjunction with SB-30355 and any state specific deviations thereof. This is a brief description of the coverage and does not constitute the actual policy. For complete benefits, limitations, exclusions and other provisions, please refer to the policy. Not generally qualified Benefits under Section 125 plans. ¹Maximum face amount available is \$50,000.

ISSUE AGE	Death Benefit													
	Monthly Premium Including Policy Fee													
	\$25,000		\$50,000		\$75,000		\$100,000		\$150,000		\$175,000		\$200,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	11.00	0.44	17.00	0.88	24.50	1.32	32.00	1.76	42.50	2.64	49.25	3.08	56.00	3.52
18	11.00	0.44	17.00	0.88	24.50	1.32	32.00	1.76	42.50	2.64	49.25	3.08	56.00	3.52
19	11.00	0.44	17.00	0.88	24.50	1.32	32.00	1.76	42.50	2.64	49.25	3.08	56.00	3.52
20	11.00	0.44	17.00	0.88	24.50	1.32	32.00	1.76	42.50	2.64	49.25	3.08	56.00	3.52
21	11.00	0.46	17.00	0.93	24.50	1.39	32.00	1.85	42.50	2.78	49.25	3.24	56.00	3.70
22	11.00	0.49	17.00	0.97	24.50	1.46	32.00	1.94	42.50	2.91	49.25	3.40	56.00	3.88
23	11.25	0.51	17.50	1.02	25.25	1.52	33.00	2.03	44.00	3.05	51.00	3.55	58.00	4.06
24	11.25	0.53	17.50	1.06	25.25	1.59	33.00	2.12	44.00	3.18	51.00	3.71	58.00	4.24
25	11.25	0.53	17.50	1.06	25.25	1.59	33.00	2.12	44.00	3.18	51.00	3.71	58.00	4.24
26	11.50	0.58	18.00	1.15	26.00	1.73	34.00	2.30	45.50	3.45	52.75	4.03	60.00	4.60
27	12.00	0.62	19.00	1.24	27.50	1.86	36.00	2.48	48.50	3.72	56.25	4.34	64.00	4.96
28	12.50	0.67	19.50	1.33	28.25	2.00	37.00	2.66	50.00	3.99	58.00	4.66	66.00	5.32
29	12.75	0.71	20.00	1.42	29.00	2.13	38.00	2.84	51.50	4.26	59.75	4.97	68.00	5.68
30	13.25	0.74	21.00	1.49	30.50	2.23	40.00	2.97	54.50	4.46	63.25	5.20	72.00	5.94
31	14.00	0.80	22.50	1.60	32.75	2.40	43.00	3.20	59.00	4.80	68.50	5.60	78.00	6.40
32	14.50	0.86	23.50	1.71	34.25	2.57	45.00	3.42	62.00	5.13	72.00	5.99	82.00	6.84
33	15.25	0.91	25.00	1.83	36.50	2.74	48.00	3.65	66.50	5.48	77.25	6.39	88.00	7.30
34	16.25	0.97	27.00	1.94	39.50	2.90	52.00	3.87	72.50	5.81	84.25	6.77	96.00	7.74
35	17.00	1.04	28.50	2.07	41.75	3.11	55.00	4.14	77.00	6.21	89.50	7.25	102.00	8.28
36	18.25	1.12	31.00	2.23	45.50	3.35	60.00	4.46	84.50	6.69	98.25	7.81	112.00	8.92
37	19.50	1.19	33.50	2.39	49.25	3.58	65.00	4.77	92.00	7.16	107.00	8.35	122.00	9.54
38	20.75	1.27	36.00	2.55	53.00	3.82	70.00	5.09	99.50	7.64	115.75	8.91	132.00	10.18
39	22.50	1.35	39.00	2.70	57.50	4.05	76.00	5.40	108.50	8.10	126.25	9.45	144.00	10.80
40	24.00	1.38	42.50	2.77	62.75	4.15	83.00	5.53	119.00	8.30	138.50	9.68	158.00	11.06
41	25.50	1.48	45.50	2.96	67.25	4.43	89.00	5.91	128.00	8.87	149.00	10.34	170.00	11.82
42	27.25	1.57	49.00	3.14	72.50	4.70	96.00	6.27	138.50	9.41	161.25	10.97	184.00	12.54
43	29.00	1.66	52.50	3.31	77.75	4.97	103.00	6.62	149.00	9.93	173.50	11.59	198.00	13.24
44	31.00	1.74	56.50	3.48	83.75	5.21	111.00	6.95	161.00	10.43	187.50	12.16	214.00	13.90
45	33.00	1.80	60.50	3.59	89.75	5.39	119.00	7.18	173.00	10.77	201.50	12.57	230.00	14.36
46	36.00	1.92	66.50	3.84	98.75	5.75	131.00	7.67	191.00	11.51	222.50	13.42	254.00	15.34
47	39.25	2.04	73.00	4.07	108.50	6.11	144.00	8.14	209.00	12.21	243.50	14.25	278.00	16.28
48	43.00	2.15	80.00	4.30	119.00	6.44	158.00	8.59	231.50	12.89	269.75	15.03	308.00	17.18
49	47.00	2.25	88.00	4.51	131.00	6.76	174.00	9.01	255.50	13.52	297.75	15.77	340.00	18.02
50	51.25	2.36	96.50	4.72	143.75	7.08	191.00	9.44	--	--	--	--	--	--

Spouse
Coverage
Available¹

RIDER RATES

SPOUSE TERM RIDER: Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI): Add the rate shown in the ABLTI column to the base rate.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19 (17 in MI and PA, 14 in MA and WA). Subject to the overall child maximum of \$50,000 (\$15,000 in WA). Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

American Fidelity Assurance Company
9000 Cameron Parkway • Oklahoma City, OK 73114
800-654-8489 • americanfidelity.com

AMERICAN FIDELITY 
a different opinion



AF™ Whole Life Insurance

A Lifetime of Protection

Ensuring your family has protection in the event of a tragedy may be uncomfortable, but it's important to prepare for the unexpected. Your life insurance benefit can help replace your income to use for expenses like funeral costs, daily expenses, and college.

AF™ **Whole Life Insurance** provides protection for your entire life. You can take it with you to a new job and into retirement up to age 121. The premium and amount of protection stay the same as long as the policy is active, provided premiums are paid as required.



Final Expenses

Funeral Costs • Unpaid Medical Bills



Income Replacement

Mortgage/Rent • Other Loans



Nest Egg

Estate Planning • Ongoing Income

Flexibility When You Need It

By choosing a Whole Life Policy, you have flexibility to adjust your benefits when needed.

- **Cash Surrender:** You can end your policy and receive a check in the amount of your plan's current cash value. In many situations, cash surrenders may be paid tax free.¹
- **Partial Surrender:** You can withdraw a small portion of your policy's cash value in the form of cash. In exchange, the available cash value and face amount of your policy will be reduced.
- **Loans:** You can borrow against your cash value at a competitive 8% loan interest rate.

Discontinue Your Premium While Keeping Your Coverage Active

- **Same Amount of Coverage - Shorter Length of Time:** Under the **Extended Term Insurance** provision, your policy's original face amount (minus outstanding loans or accelerated benefit payments) will be guaranteed for a specific term of time. In addition, your premium is "paid in full" until your new extended term period expires, terminating your policy.
- **Coverage to Age 121 - Smaller Guaranteed Benefit Amount:** The **Reduced Paid-Up Provision** will reduce your original death benefit to a smaller amount. You will have lifetime coverage at a reduced benefit with no premiums. Your cash value will continue to accumulate.



¹As long as the cash surrender does not exceed the total premiums received under the policy since inception. Please consult your tax consultant for your specific situation.

Three Easy Steps to Get Covered

1

Select a Whole Life Plan

Add riders to cover you and your family!

2

Answer Three Health Questions²

There's no worry of participating in any invasive medical exams.

3

Get Death Benefit Coverage Immediately³

Your death benefit coverage starts when you sign the application.

SAMPLE NON-TOBACCO MONTHLY PREMIUM RATES FOR BASE WHOLE LIFE PLAN⁴

	\$10K+	\$50K+	\$100K	\$150K
25	\$11.40	\$39.00	\$75.00	\$105.00
35	\$14.50	\$56.50	\$110.00	\$157.50
45	\$20.30	\$84.00	\$165.00	\$246.00
55	\$30.60	\$134.00	\$265.00	n/a

*Shaded amounts available for spouse base policy purchases.

EMPLOYEE ISSUE AGE AND MAXIMUM⁵

Ages 17-49: \$200,000
Ages 50-65: \$100,000
Ages 66-70: \$10,000

CHILD/GRANDCHILD ISSUE AGE AND MAXIMUM⁵

Ages 1 month - 26: \$50,000

RATES BASED ON ISSUE AGE AND TOBACCO STATUS

Your premiums will be based on your age on the date your policy becomes effective. You may be eligible for reduced rates if you are a non-tobacco user.

SPOUSE ISSUE AGE AND MAXIMUM⁵

Ages 17-49: \$50,000
Ages 50-60: \$25,000

ACCELERATED BENEFIT FOR TERMINAL CONDITION

You can receive a portion of the chosen death benefit if you are diagnosed with a Terminal Condition, as defined in the policy.

LEVEL PREMIUM AND DEATH BENEFIT⁶

Premiums and the death benefit are guaranteed to remain level for the life of the policy to age 121. Death benefits are generally paid tax free⁷.

²Issuance of the policy may depend on the answer to these questions. ³Interim coverage for death will be in force from the date your application is signed if on such date the proposed insured is insurable per our underwriting guidelines for the requested coverage in accordance with the terms of the policy. This interim coverage for death will remain in force until the earlier of: 1) the date a policy becomes effective; 2) the date we decline the application; or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy and Children's Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, Accelerated Benefit Rider for Long Term Illness or Accelerated Benefit for Critical Illness Rider. ⁴Example is based on monthly non-tobacco rates for a WL14 base plan only. For specific ages, rates or face amounts, contact your American Fidelity account manager. ⁵Face amounts vary based on issue age. Issuance of coverage may be subject to responses received to a few medical questions. ⁶Provided no partial surrenders or accelerated benefits are taken. ⁷Please consult your tax advisor for your specific situation.

Enhance Your Plan

Waiver of Premium Rider

This rider waives the premium if the base Insured becomes totally disabled, as defined in the rider, for at least six consecutive months. Premiums are waived for the base policy and any attached riders. Issue age is 17-60. The rider terminates at age 65.

Accidental Death and Dismemberment Rider

This rider provides coverage upon death, dismemberment or paralysis of the base Insured prior to age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seatbelt benefit, if the police accident report certifies the base Insured was wearing a properly fastened seatbelt at time of death. Benefits are payable once per covered Accident.

Children's Term Rider

This rider provides level term life insurance protection for all your eligible children who are between the ages of one month through age 19. Coverage remains on each child until age 26 or marriage of the child prior to age 26. Your covered child may also convert this rider for up to five times the amount of coverage (subject to a \$100,000 limit overall) to any form of permanent insurance offered by American Fidelity for conversions. One premium covers all eligible children. Three benefit levels are available: \$10,000, \$20,000, and \$30,000.

Accelerated Benefit for Long Term Illness Rider

This rider provides for two equal advances of a portion of the base policy's death benefit due to a Long Term Illness if we receive satisfactory proof of a Long Term Illness prior to each annual payment. Coverage is available on the base Insured only.

Accelerated Benefit for Critical Illness Rider

This rider provides for an advance of a portion of the base policy's death benefit due to a Critical Illness, defined as a Heart Attack, Permanent Damage Due to Stroke, Invasive Cancer, Major Organ Failure, or End Stage Renal Disease. The rider is designed to provide for only one acceleration for one of the Critical Illnesses shown. Rider terminates upon acceleration.

The acceleration of life insurance benefits offered under this policy are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration of life insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor under circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law.

Receipt of acceleration of life insurance benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability varies by state.

Third Party Notice: The owner has the right to designate a third party to receive notice of lapse or termination of an individual life insurance policy due to nonpayment of premium. Such notice will be sent to the policy owner and the third party at least 30 calendar days before cancellation. This designation may be done at this time, or at any time the policy is in force. Please contact us to request a form to designate, change or update this information at a later date. M3437.R118

Accelerated Benefit Summary and Disclosure Notice

Accelerated Benefit Summary and Disclosure Notice

THIS DOCUMENT SERVES ONLY AS A SUMMARY AND A DISCLOSURE NOTICE. PLEASE REFER TO YOUR POLICY OR RIDER FOR ACTUAL CONTRACT PROVISIONS.

THE POLICY/RIDER PROVIDES AN ACCELERATED BENEFIT OPTION. YOU SHOULD CONSULT WITH A PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING PAYMENT UNDER AN ACCELERATED BENEFIT PROVISION. BENEFITS AS SPECIFIED IN THE POLICY/RIDER WILL BE REDUCED UPON RECEIPT OF AN ACCELERATED BENEFIT PAYMENT. RECEIPT OF ACCELERATED BENEFIT PAYMENTS: 1) MAY BE TAXABLE; 2) MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW; AND, 3) DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

The policy and/or rider you are applying for has an Accelerated Benefit provision. The provision allows a portion of the death benefits to be advanced if certain conditions are met. Please see policy/rider for conditions and definitions, as applicable.

Prior to the payment of any Accelerated Benefit, the following conditions must be met:

- The maximum Accelerated Benefit varies by policy/rider (see specific information below) and shall not exceed the Benefit Amount for the policy shown on the Policy Schedule.
- Only one Accelerated Benefit election will be made under the policy and/or each rider even if the Owner does not elect the full acceleration amount.
- If two or more Accelerated Benefits are payable on behalf of the Insured/Covered Person under the policy or any attached riders for the same or related sickness, injury or loss, benefits will be paid in the following order:
 - 1) Accelerated Benefit for Critical Illness, if this optional rider is attached to the policy;
 - 2) Accelerated Benefit for Long Term Illness, if this optional rider is attached to the policy; and
 - 3) Accelerated Benefit for Terminal Condition.
- Additional limitations and exclusions may apply, please read your policy/rider carefully.

Upon request to accelerate the policy/rider proceeds, and upon the payment of the accelerated benefit, the Owner and any irrevocable beneficiary shall be given a statement demonstrating the effect of the acceleration on the payment of policy proceeds, cash value, death benefit, premium, and policy loans, as applicable.

Accelerated Benefit for Terminal Condition

Prior to the payment of any Accelerated Benefit, the Insured/Covered Person must have a Terminal Condition, defined as an imminent death expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of the Insured/Covered Person of 12 months or less. The maximum payable is the lesser of: 50% of the eligible proceeds as defined in the policy/rider, or \$100,000. There is no premium associated with this provision.

Payment of an Accelerated Benefit, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option, any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.
- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.

- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.
- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.

Accelerated Benefit for Critical Illness (optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Critical Illness, which means a Heart Attack, Permanent Damage Due To A Stroke, Invasive Cancer, Major Organ Failure, or End State Renal Failure for which an Occurrence Date is confirmed by a Physician. The maximum payable is the lesser of 25% of the Eligible Proceeds, or \$50,000 if you are under age 65; or 15% of the eligible proceeds, or \$25,000 if you are age 65 or older. Premium is required to keep this rider in force.

Accelerated Benefit for Long Term Illness (optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Long Term Illness, which means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as permanently unable to perform, without Substantial Assistance from another individual, at least two out of five Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision due to permanent Severe Cognitive Impairment. The maximum payable is the lesser of 50% of the Eligible Proceeds available at the time of claim payable in two equal annual payments up to a maximum of 25% of the Eligible Proceeds per year for two consecutive years; or \$100,000 payable in two equal annual payments up to a maximum of \$50,000 per year for two consecutive years. Premium is required to keep this rider in force.

Payment of an Accelerated Benefit for Long Term Illness, if elected and/or Critical Illness, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the rider will terminate and no additional benefits will be due under the rider, even for recurrence. The policy will remain in force and premiums will continue to be billed and payable as due.
- Policy proceeds which are payable on the death of the Insured will be reduced by the amount of the Accelerated Benefit.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. The cash values will be adjusted proportionally by the percent accelerated.
- Any outstanding policy loan, including interest, will be proportionally reduced by the percent accelerated and will be deducted from the Accelerated Benefit payment.
- The Accelerated Benefit will reduce the Benefit Amount and will be applied immediately upon acceleration.

ICC14 DN111

This brochure does not constitute the full policy and is intended to provide basic information about American Fidelity Assurance Company's Whole Life Insurance product, ICC14 WL14 / WL14 series. For specific details, limitations and exclusions, please consult a complete policy, riders, and its provisions. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125.

We will not pay the policy proceeds if the insured commits suicide, while sane or insane for the period of time as described in the insured's policy, from the Effective date. Instead, we will return all premiums paid.



American Fidelity Assurance Company
800-662-1113 • americanfidelity.com

ISSUE AGE	Death Benefit																		
	Monthly Premium Including Policy Fee																		
	\$10,000			\$25,000			\$50,000			\$100,000			\$150,000			\$200,000			
	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	
1 mo	8.10	0.23	0.23	15.75	0.59	0.58	24.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
1	8.10	0.23	0.23	15.75	0.59	0.58	24.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
2	8.20	0.23	0.23	16.00	0.59	0.58	25.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
3	8.20	0.23	0.23	16.00	0.59	0.58	25.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
4	8.30	0.23	0.23	16.25	0.59	0.58	25.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
5	8.30	0.23	0.23	16.25	0.59	0.58	26.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
6	8.50	0.23	0.23	16.75	0.59	0.58	26.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
7	8.60	0.23	0.23	17.00	0.59	0.58	27.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
8	8.80	0.23	0.23	17.50	0.59	0.58	28.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
9	8.90	0.23	0.23	17.75	0.59	0.58	29.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
10	9.10	0.23	0.23	18.25	0.59	0.58	29.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
11	9.30	0.23	0.23	18.75	0.59	0.58	30.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
12	9.50	0.23	0.23	19.25	0.59	0.58	31.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
13	9.70	0.23	0.23	19.75	0.59	0.58	32.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
14	10.00	0.23	0.23	20.50	0.59	0.58	34.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
15	10.20	0.23	0.23	21.00	0.59	0.58	35.00	1.17	1.15	--	--	--	--	--	--	--	--	--	
16	10.40	0.23	0.23	21.50	0.59	0.58	35.50	1.17	1.15	--	--	--	--	--	--	--	--	--	
17	10.50	0.23	0.23	21.75	0.59	0.58	36.00	1.17	1.15	69.00	2.34	2.30	96.00	3.51	3.45	127.00	4.68	4.60	
18	10.70	0.23	0.23	22.25	0.59	0.58	36.50	1.17	1.15	70.00	2.34	2.30	96.00	3.51	3.45	127.00	4.68	4.60	
19	10.80	0.23	0.23	22.50	0.59	0.58	37.00	1.17	1.15	71.00	2.34	2.30	96.00	3.51	3.45	127.00	4.68	4.60	
20	11.00	0.23	0.23	23.00	0.59	0.58	37.50	1.17	1.15	72.00	2.34	2.30	96.00	3.51	3.45	127.00	4.68	4.60	
21	11.10	0.24	0.25	23.25	0.61	0.62	38.00	1.22	1.24	73.00	2.43	2.48	97.50	3.65	3.72	129.00	4.86	4.96	
22	11.20	0.25	0.27	23.50	0.63	0.67	38.00	1.26	1.33	73.00	2.52	2.66	99.00	3.78	3.99	131.00	5.04	5.32	
23	11.20	0.26	0.28	23.50	0.64	0.71	38.50	1.28	1.42	74.00	2.56	2.84	102.00	3.84	4.26	135.00	5.12	5.68	
24	11.30	0.26	0.30	23.75	0.65	0.76	38.50	1.31	1.51	74.00	2.61	3.02	103.50	3.92	4.53	137.00	5.22	6.04	
25	11.40	0.27	0.32	24.00	0.66	0.80	39.00	1.33	1.61	75.00	2.65	3.21	105.00	3.98	4.82	139.00	5.30	6.42	
26	11.60	0.28	0.35	24.50	0.70	0.88	40.50	1.41	1.75	78.00	2.81	3.50	109.50	4.22	5.25	145.00	5.62	7.00	
27	11.90	0.30	0.38	25.25	0.74	0.95	42.00	1.48	1.90	81.00	2.96	3.79	114.00	4.44	5.69	151.00	5.92	7.58	
28	12.10	0.31	0.41	25.75	0.78	1.02	43.50	1.56	2.04	84.00	3.11	4.08	120.00	4.67	6.12	159.00	6.22	8.16	
29	12.30	0.32	0.44	26.25	0.81	1.09	45.50	1.62	2.19	88.00	3.24	4.37	124.50	4.86	6.56	165.00	6.48	8.74	
30	12.60	0.35	0.46	27.00	0.86	1.16	47.00	1.73	2.32	91.00	3.45	4.64	130.50	5.18	6.96	173.00	6.90	9.28	
31	13.00	0.37	0.50	28.00	0.91	1.25	49.00	1.83	2.50	95.00	3.65	5.00	135.00	5.48	7.50	179.00	7.30	10.00	
32	13.30	0.38	0.54	28.75	0.96	1.34	50.50	1.92	2.68	98.00	3.83	5.36	141.00	5.75	8.04	187.00	7.66	10.72	
33	13.70	0.40	0.57	29.75	1.00	1.43	52.50	2.01	2.86	102.00	4.01	5.72	145.50	6.02	8.58	193.00	8.02	11.44	
34	14.10	0.42	0.61	30.75	1.04	1.52	54.50	2.09	3.04	106.00	4.17	6.08	151.50	6.26	9.12	201.00	8.34	12.16	
35	14.50	0.43	0.65	31.75	1.07	1.62	56.50	2.15	3.23	110.00	4.29	6.46	157.50	6.44	9.69	209.00	8.58	12.92	
36	14.90	0.45	0.70	32.75	1.13	1.75	58.50	2.25	3.49	114.00	4.50	6.98	163.50	6.75	10.47	217.00	9.00	13.96	
37	15.40	0.47	0.75	34.00	1.18	1.88	61.00	2.35	3.75	119.00	4.70	7.50	171.00	7.05	11.25	227.00	9.40	15.00	
38	15.90	0.49	0.80	35.25	1.22	2.01	63.50	2.44	4.01	124.00	4.88	8.02	177.00	7.32	12.03	235.00	9.76	16.04	
39	16.40	0.51	0.85	36.50	1.26	2.14	66.00	2.53	4.27	129.00	5.05	8.54	184.50	7.58	12.81	245.00	10.10	17.08	
40	16.90	0.52	0.90	37.75	1.31	2.26	68.50	2.62	4.52	134.00	5.24	9.04	192.00	7.86	13.56	255.00	10.48	18.08	
41	17.50	0.56	0.97	39.25	1.39	2.43	71.50	2.78	4.87	140.00	5.56	9.73	201.00	8.34	14.60	267.00	11.12	19.46	
42	18.20	0.59	1.04	41.00	1.47	2.61	74.50	2.93	5.21	146.00	5.86	10.42	211.50	8.79	15.63	281.00	11.72	20.84	
43	18.80	0.61	1.11	42.50	1.53	2.78	77.50	3.07	5.56	152.00	6.13	11.11	222.00	9.20	16.67	295.00	12.26	22.22	
44	19.60	0.64	1.18	44.50	1.60	2.95	80.50	3.20	5.90	158.00	6.39	11.80	234.00	9.59	17.70	311.00	12.78	23.60	
45	20.30	0.66	1.25	46.25	1.66	3.13	84.00	3.31	6.26	165.00	6.62	12.51	246.00	9.93	18.77	327.00	13.24	25.02	
46	21.10	0.70	1.33	48.25	1.75	3.33	88.00	3.49	6.67	173.00	6.98	13.33	256.50	10.47	20.00	341.00	13.96	26.66	
47	22.00	0.73	1.42	50.50	1.83	3.54	92.00	3.66	7.08	181.00	7.31	14.15	268.50	10.97	21.23	357.00	14.62	28.30	
48	22.90	0.76	1.50	52.75	1.90	3.74	96.50	3.81	7.49	190.00	7.61	14.97	280.50	11.42	22.46	373.00	15.22	29.94	
49	23.80	0.79	1.58	55.00	1.97	3.95	101.00	3.94	7.90	199.00	7.87	15.79	294.00	11.81	23.69	391.00	15.74	31.58	
50	24.80	0.81	1.66	57.50	2.03	4.16	106.00	4.05	8.32	209.00	8.10	16.63	--	--	--	--	--	--	
51	25.90	0.89	1.76	60.25	2.23	4.39	111.00	4.47	8.78	219.00	8.93	17.55	--	--	--	--	--	--	
52	27.00	0.97	1.85	63.00	2.42	4.62	116.50	4.85	9.24	230.00	9.69	18.47	--	--	--	--	--	--	
53	28.10	1.04	1.94	65.75	2.59	4.85	122.00	5.18	9.70	241.00	10.36	19.39	--	--	--	--	--	--	
54	29.30	1.10	2.03	68.75	2.74	5.08	128.00	5.48	10.16	253.00	10.96	20.31	--	--	--	--	--	--	
55	30.60	1.15	2.12	72.00	2.88	5.31	134.00	5.76	10.61	265.00	11.52	21.22	--	--	--	--	--	--	
56	32.00	1.21	2.19	75.50	3.03	5.47	142.00	6.05	10.93	281.00	12.10	21.86	--	--	--	--	--	--	
57	33.40	1.26	2.25	79.00	3.15	5.63	150.00	6.30	11.25	297.00	12.59	22.50	--	--	--	--	--	--	
58	35.00	1.30	2.31	83.00	3.25	5.79	159.00	6.50	11.57	315.00	12.99	23.14	--	--	--	--	--	--	
59	36.60	1.33	2.38	87.00	3.33	5.95	168.00	6.65	11.89	333.00	13.30	23.78	--	--	--	--	--	--	
60	38.30	1.35	2.44	91.25	3.38	6.11	178.00	6.77	12.21	353.00	13.53	24.42	--	--	--	--	--	--	
61	40.20	1.48	2.46	96.00	3.70	6.15	187.50	7.41	12.31	372.00	14.81	24.61	--	--	--	--	--	--	
62	42.20	1.59	2.48	101.00	3.97	6.20	197.50	7.95	12.40	392.00	15.89	24.80	--	--	--	--	--	--	
63	44.30	1.68	2.50	106.25	4.19	6.25	208.50	8.38	12.50	414.00	16.76	24.99	--	--	--	--	--	--	
64	46.50	1.74	2.52	111.75	4.35	6.30	219.50	8.71	12.59	436.00	17.41	25.18	--	--	--	--	--	--	
65	48.80	1.79	2.54	117.50	4.47	6.35	231.50	8.95	12.69	460.00	17.89	25.38	--	--	--	--	--	--	
66	51.90	1.87	2.65	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
67	55.20	1.92	2.76	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
68	58.80	2.11	2.87	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
69	62.60	2.30	2.98	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
70	66.70	2.49	3.09	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse Coverage Available¹
 Child/Grandchild Coverage Available^{1,2}

This insert must be used in conjunction with SB-33202 and any state specific deviations thereof. This is a brief description of the coverage and does not constitute the actual policy. For complete benefits, limitations, exclusions and other provisions, please refer to the policy. Not generally qualified Benefits under Section 125 plans. ¹Maximum face amount available is \$50,000 (In WA \$15,000 for child/grandchild coverage). ²Child/grandchild coverage may be purchased through age 26 for base Whole Life coverage (In MI and PA 17. In MA and WA 14.)

ISSUE AGE	Death Benefit																		
	Monthly Premium Including Policy Fee																		
	\$10,000			\$25,000			\$50,000			\$100,000			\$150,000			\$200,000			
	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	
17	10.80	0.36	0.37	22.50	0.89	0.91	36.50	1.78	1.83	70.00	3.56	3.65	102.00	5.34	5.48	135.00	7.12	7.30	
18	11.30	0.36	0.37	23.75	0.89	0.91	38.00	1.78	1.83	73.00	3.56	3.65	105.00	5.34	5.48	139.00	7.12	7.30	
19	11.80	0.36	0.37	25.00	0.89	0.91	39.50	1.78	1.83	76.00	3.56	3.65	108.00	5.34	5.48	143.00	7.12	7.30	
20	12.30	0.36	0.37	26.25	0.89	0.91	41.00	1.78	1.83	79.00	3.56	3.65	111.00	5.34	5.48	147.00	7.12	7.30	
21	12.30	0.37	0.39	26.25	0.92	0.99	42.00	1.85	1.97	81.00	3.69	3.94	112.50	5.54	5.91	149.00	7.38	7.88	
22	12.30	0.38	0.42	26.25	0.96	1.06	43.00	1.92	2.12	83.00	3.83	4.23	115.00	5.75	6.35	153.00	7.66	8.46	
23	12.20	0.39	0.45	26.00	0.97	1.13	44.00	1.95	2.26	85.00	3.89	4.52	117.00	5.84	6.78	155.00	7.78	9.04	
24	12.20	0.40	0.48	26.00	0.99	1.20	45.50	1.98	2.41	88.00	3.95	4.81	120.00	5.93	7.22	159.00	7.90	9.62	
25	12.20	0.40	0.51	26.00	0.99	1.28	46.50	1.99	2.56	90.00	3.97	5.11	121.50	5.96	7.67	161.00	7.94	10.22	
26	12.50	0.42	0.56	26.75	1.06	1.41	48.50	2.12	2.82	94.00	4.23	5.64	126.00	6.35	8.46	167.00	8.46	11.28	
27	12.90	0.45	0.62	27.75	1.12	1.54	50.50	2.24	3.09	98.00	4.48	6.17	132.00	6.72	9.26	175.00	8.96	12.34	
28	13.20	0.47	0.67	28.50	1.18	1.68	52.50	2.36	3.35	102.00	4.72	6.70	138.00	7.08	10.05	183.00	9.44	13.40	
29	13.60	0.49	0.72	29.50	1.24	1.81	54.50	2.47	3.62	106.00	4.94	7.23	144.00	7.41	10.85	191.00	9.88	14.46	
30	14.00	0.52	0.77	30.50	1.30	1.94	56.50	2.60	3.87	110.00	5.20	7.74	150.00	7.80	11.61	199.00	10.40	15.48	
31	14.50	0.55	0.85	31.75	1.38	2.12	59.00	2.76	4.23	115.00	5.51	8.46	157.50	8.27	12.69	209.00	11.02	16.92	
32	15.00	0.58	0.92	33.00	1.45	2.30	61.50	2.91	4.59	120.00	5.81	9.18	166.50	8.72	13.77	221.00	11.62	18.36	
33	15.50	0.61	0.99	34.25	1.52	2.48	64.00	3.05	4.95	125.00	6.09	9.90	174.00	9.14	14.85	231.00	12.18	19.80	
34	16.10	0.64	1.06	35.75	1.59	2.66	66.50	3.18	5.31	130.00	6.35	10.62	184.50	9.53	15.93	245.00	12.70	21.24	
35	16.70	0.65	1.13	37.25	1.63	2.83	69.50	3.26	5.67	136.00	6.52	11.33	193.50	9.78	17.00	257.00	13.04	22.66	
36	17.30	0.69	1.24	38.75	1.72	3.11	72.00	3.45	6.21	141.00	6.89	12.42	201.00	10.34	18.63	267.00	13.78	24.84	
37	17.90	0.72	1.35	40.25	1.81	3.38	75.00	3.62	6.76	147.00	7.23	13.51	210.00	10.85	20.27	279.00	14.46	27.02	
38	18.50	0.76	1.46	41.75	1.89	3.65	78.00	3.78	7.30	153.00	7.55	14.60	219.00	11.33	21.90	291.00	15.10	29.20	
39	19.10	0.79	1.57	43.25	1.96	3.92	81.00	3.93	7.85	159.00	7.85	15.69	228.00	11.78	23.54	303.00	15.70	31.38	
40	19.80	0.81	1.68	45.00	2.02	4.20	84.00	4.05	8.40	165.00	8.09	16.79	238.50	12.14	25.19	317.00	16.18	33.58	
41	20.60	0.86	1.84	47.00	2.16	4.61	88.50	4.32	9.21	174.00	8.64	18.42	247.50	12.96	27.63	329.00	17.28	36.84	
42	21.50	0.92	2.01	49.25	2.29	5.01	93.00	4.58	10.03	183.00	9.16	20.05	255.00	13.74	30.08	339.00	18.32	40.10	
43	22.50	0.96	2.17	51.75	2.41	5.42	98.00	4.82	10.84	193.00	9.63	21.68	264.00	14.45	32.52	351.00	19.26	43.36	
44	23.50	1.01	2.33	54.25	2.52	5.83	103.50	5.04	11.66	204.00	10.07	23.31	274.50	15.11	34.97	365.00	20.14	46.62	
45	24.50	1.05	2.50	56.75	2.62	6.24	109.00	5.25	12.48	215.00	10.49	24.95	283.50	15.74	37.43	377.00	20.98	49.90	
46	25.70	1.12	2.71	59.75	2.80	6.79	115.00	5.60	13.57	227.00	11.19	27.14	306.00	16.79	40.71	407.00	22.38	54.28	
47	27.00	1.18	2.93	63.00	2.96	7.33	121.50	5.92	14.67	240.00	11.83	29.33	330.00	17.75	44.00	439.00	23.66	58.66	
48	28.40	1.24	3.15	66.50	3.10	7.88	128.00	6.21	15.76	253.00	12.41	31.52	355.50	18.62	47.28	473.00	24.82	63.04	
49	29.90	1.29	3.37	70.25	3.24	8.43	135.00	6.47	16.86	267.00	12.94	33.71	384.00	19.41	50.57	511.00	25.88	67.42	
50	31.40	1.34	3.59	74.00	3.35	8.97	142.50	6.70	17.95	282.00	13.40	35.89	--	--	--	--	--	--	
51	32.80	1.50	3.88	77.50	3.75	9.70	148.50	7.50	19.41	294.00	14.99	38.81	--	--	--	--	--	--	
52	34.30	1.65	4.17	81.25	4.11	10.43	155.00	8.23	20.87	307.00	16.45	41.73	--	--	--	--	--	--	
53	35.80	1.78	4.47	85.00	4.44	11.16	161.50	8.88	22.33	320.00	17.76	44.65	--	--	--	--	--	--	
54	37.40	1.89	4.76	89.00	4.73	11.89	168.50	9.46	23.79	334.00	18.92	47.57	--	--	--	--	--	--	
55	39.10	1.99	5.05	93.25	4.98	12.63	175.50	9.96	25.25	348.00	19.91	50.50	--	--	--	--	--	--	
56	41.40	2.11	5.32	99.00	5.28	13.30	186.50	10.56	26.61	370.00	21.12	53.21	--	--	--	--	--	--	
57	43.80	2.22	5.59	105.00	5.54	13.98	198.50	11.08	27.96	394.00	22.15	55.92	--	--	--	--	--	--	
58	46.30	2.30	5.86	111.25	5.76	14.66	211.50	11.51	29.32	420.00	23.02	58.63	--	--	--	--	--	--	
59	49.10	2.37	6.13	118.25	5.93	15.34	225.50	11.86	30.67	448.00	23.72	61.34	--	--	--	--	--	--	
60	52.00	2.43	6.40	125.50	6.06	16.01	240.00	12.13	32.02	477.00	24.25	64.03	--	--	--	--	--	--	
61	54.80	2.69	6.57	132.50	6.71	16.41	250.00	13.43	32.83	497.00	26.85	65.65	--	--	--	--	--	--	
62	57.80	2.91	6.73	140.00	7.27	16.82	260.00	14.53	33.64	517.00	29.06	67.27	--	--	--	--	--	--	
63	60.90	3.09	6.89	147.75	7.71	17.22	271.00	15.43	34.45	539.00	30.85	68.89	--	--	--	--	--	--	
64	64.30	3.22	7.05	156.25	8.06	17.63	282.00	16.12	35.26	561.00	32.24	70.51	--	--	--	--	--	--	
65	67.80	3.32	7.21	165.00	8.31	18.04	294.00	16.62	36.07	585.00	33.23	72.14	--	--	--	--	--	--	
66	70.70	3.56	7.61	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
67	73.80	3.72	8.00	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
68	77.00	4.15	8.40	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
69	80.40	4.57	8.79	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
70	83.90	4.99	9.19	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse Coverage Available¹

Child/Grandchild Coverage Available^{1,2}

RIDER RATES

ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI): Add the rate shown in the ABLTI column to the base rate.

ACCELERATED BENEFIT FOR CRITICAL ILLNESS RIDER (ABCI): Add the rate shown in the ABCI column to the base rate.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19 (17 in MI and PA, 14 in MA and WA). Subject to the overall child maximum of \$50,000 (\$15,000 in WA). Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

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AMERICAN FIDELITY 
a different opinion



AF™ Limited Benefit Accident Only Insurance

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

Prepare for the unexpected.

Accidents* can happen to anyone. And even though you can't plan for an accident, you can help prepare for unexpected medical costs. AF™ **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses.

EMERGENCY ACCIDENT

Hypothetical Example ¹

Twisted knee in the parking lot, resulting in a torn meniscus and treatment is received within 72 hours.

	ENHANCED	ENHANCED PLUS
Accident Emergency Treatment	\$200	\$250
Accident Follow-up Treatment (4 visits)	\$200	\$200
Physical Therapy (8 treatments)	\$200	\$200
Medical Imaging	\$200	\$200
X-Ray	\$100	\$150
Appliances	\$100	\$100
Surgical Facility	\$250	\$350
Torn Knee Cartilage Repair	\$500	\$500
Anesthesia	\$200	\$250
TOTAL	\$1,950	\$2,200

Annual Wellness Benefit

ENHANCED

\$75

ENHANCED PLUS

\$75

Paid directly to you!

Benefits for Policy and Enhancement Rider

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

BASIC	PRIMARY	SPOUSE	CHILD
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
ENHANCED	PRIMARY	SPOUSE	CHILD
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000
ENHANCED PLUS	PRIMARY	SPOUSE	CHILD
Common Carrier	\$200,000	\$200,000	\$100,000
Other Accident	\$60,000	\$60,000	\$30,000
Dismemberment	\$2,000 to \$60,000	\$2,000 to \$60,000	\$1,000 to \$30,000

¹Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.

***Accident** is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause.



Benefits

ACCIDENT BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
EMERGENCY ACCIDENT TREATMENT			
Accident Emergency Treatment	\$150	\$200	\$250
Emergency Accident Follow-up Treatment (up to four treatments)	\$50	\$50	\$50
NON-EMERGENCY ACCIDENT TREATMENT			
Non-Emergency Accident Initial Treatment	\$75	\$100	\$125
Non-Emergency Accident Follow-up Treatment (up to two treatments)	\$50	\$50	\$50
MEDICAL IMAGING			
MRI, CT, CAT, PET, US	\$200	\$200	\$200
X-Rays	\$50	\$100	\$150
HOSPITAL CONFINEMENT			
Hospital Admission	\$500	\$1,000	\$1,500
Intensive Care Unit (up to 15 days)	\$300	\$600	\$900
Hospital Confinement (up to 365 days)	\$100	\$200	\$300
AMBULANCE			
Ground	\$300	\$300	\$300
Air	\$1,500	\$1,500	\$1,500
TREATMENT			
Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250	\$350
Anesthesia	\$150	\$200	\$250
TRANSPORTATION BENEFITS			
Transportation Patient only, per round trip for up to 3 round trips per calendar year	\$300	\$300	\$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	\$100	\$100	\$100
MONTHLY PREMIUMS For Policy And Benefit Enhancement Rider**			
Individual	\$19.90	\$26.10	\$33.40
Individual & Spouse	\$28.30	\$34.90	\$41.90
Individual & Child(ren)	\$31.50	\$41.00	\$51.30
Family	\$39.90	\$49.80	\$59.90

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS
INJURY TREATMENT	
Fractures Benefit Depending on open or closed reduction, bone involved, or chip fracture	\$25 to \$3,000
Dislocations Benefit Depending on open or closed reduction, with or without anesthesia and joint involved	\$25 to \$3,000
Internal Injuries Benefit Resulting in open abdominal or thoracic surgery	\$1,000
Tendons, Ligaments, and Rotator Cuff Benefit One tendon, ligament, or rotator cuff More than one tendon, ligament, or rotator cuff	\$500 \$750
2nd & 3rd Degree Burns Skin grafts are 25% of benefit	\$100 to \$10,000
Torn Knee Cartilage or Ruptured Disc Benefit	\$500
Eye Injury Benefit Injury with surgical repair, for one or both eyes Removal of foreign body by a physician, for one or both eyes	\$250 \$50
Emergency Dental Work Benefit Broken teeth repaired with crown Extraction of broken teeth (regardless of number)	\$150 \$50
Concussion Benefit	\$200
Lacerations Benefit Not requiring sutures Sutured lacerations up to two inches Sutured lacerations totaling two to six inches Sutured lacerations totaling over six inches	\$25 \$100 \$200 \$400
Appliances Benefit Crutches, leg braces, etc.	\$100
Physical Therapy Benefit Per treatment up to eight treatments	\$25
Prosthesis Benefit	\$500
Blood, Plasma, and Platelets Benefit	\$250
Exploratory Surgery without Surgical Repair Benefit	\$250
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000

WELLNESS BENEFIT	BASIC	ENHANCED	ENHANCED PLUS
WELLNESS			
Annual Routine Physical Exam Requires a 30 day waiting period before use. One exam per policy per calendar year	\$50	\$75	\$75

**The premium and amount of benefits provided vary based upon the plan selected.

A Covered Person (hereafter referred to as "Person") under AF™ **Limited Benefit Accident Only Insurance** Policy can expect the following benefits when a Covered Accident (hereafter referred to as "Accident") happens. All benefits are paid once per Person per Accident unless otherwise specified. All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. These references are not intended to change or modify any definitions in the AO-03 policy series.

Accident Emergency Treatment Benefit Payable for receiving emergency treatment in a Physician's office or emergency room within 72 hours, including physician fees and emergency services.

Accident Follow-Up Treatment Benefit Payable for necessary follow-up treatment of Injuries in addition to the emergency treatment administered within 72 hours for up to four treatments. Not payable for a visit in which a Physical Therapy Benefit or Non-Emergency Follow-up Benefit is paid.

Accidental Death and Dismemberment Benefit The applicable benefits apply when an Accidental Death or Dismemberment occurs within 90 days of an Accident. In the event that Accidental Death and Dismemberment result from the same Accident, only the Accidental Death Benefit will be paid.

Ambulance Benefit If air and ground ambulance transportation is required for the same Accident, only the highest benefit will be paid.

Anesthesia Benefit Pays the amount shown in the Schedule of Benefits for the services of an anesthesiologist for a surgery performed due to an Accident. Hospital Confinement is not required to receive this benefit. We will only pay one Anesthesia Benefit per Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.

Appliances Benefit Payable for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. Not payable for Prosthetic Devices.

Blood, Plasma and Platelets Benefit Payable for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins.

Burns Benefit Payable for 2nd and 3rd degree burns when treated by a Physician within 72 hours.

Concussion Benefit Payable for a Person who sustains a concussion and is diagnosed by a Physician within 72 hours using any type of medical imaging.

Dislocations Benefit Amount payable varies by the joint involved, type of treatment, and type of anesthesia. If a Person receives more than one Dislocation in an Accident, we will pay for all Dislocations up to two times the amount shown in the Schedule of Benefits for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit. Benefits are payable only for the first dislocation of a joint which occurs while this policy is in force.

Emergency Dental Work Benefit Payable for repair to natural teeth when treated by a Physician or dentist. Initial dental treatment must be received within 72 hours.

Exploratory Surgery without Surgical Repair Benefit Payable when an exploratory surgical operation without surgical repair is performed.

Eye Injury Benefit Payable for one or both eyes requiring treatment by a Physician due to an Accident.

Family Member Lodging and Meals Benefit Payable for lodging and meals for a family member to be near a Person who is Hospital Confined in a non-local Hospital. The Hospital must be at least 50 miles away, one way from closer of the Covered Person's residence or site of the Accident.

Fractures Benefit Varies based on the bone involved, type of fracture and type of treatment. If the Person fractures more than one bone, payment is made for all fractures up to two times the amount for the bone involved that has the highest benefit amount.

Hospital Admission Benefit Pays per admission for confinement to a Hospital. This benefit does not pay for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

Hospital Confinement Benefit Pays a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days.

Intensive Care Unit Benefit Payable for each day of confinement in an Intensive Care Unit, as defined in the policy, up to 15 days. This benefit is paid in addition to the Hospital Confinement Benefit amount.

Internal Injuries Benefit Payable for an open abdominal or thoracic surgery performed within 72 hours.

Lacerations Benefit This benefit varies based on the severity of the laceration due to an Accident.

Medical Imaging Benefit Payable for a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, a Positron Emission Tomography (PET) scan or an ultrasound due to an Accident.

Non-Emergency Accident Initial Treatment Benefit Payable for initial medical treatment when treatment is received more than 72 hours after the Accident. Initial medical treatment must: (1) be received in a Physician's office or emergency room; and (2) be the first treatment; and (3) occur within 30 days.

Non-Emergency Accident Follow-Up Treatment Benefit Payable only if the Non-Emergency Accident Initial Treatment Benefit is payable and later requires additional follow-up treatment. We will pay for up to two follow-up treatments. Not payable for the same visit that the Physical Therapy Benefit or the Accident Follow-up Benefit is paid.

Outpatient Hospital or Ambulatory Surgical Center Benefit When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center, we will pay the indemnity amount shown in the Schedule of Benefits for the facility fee charged by such Hospital or Ambulatory Surgical Center. We will only pay one Outpatient Hospital or Ambulatory Surgical Center Benefit in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be paid for surgery performed in a Hospital emergency room or in a Physician's office.

Paralysis Benefit The duration of the Paralysis must be a minimum of 3 consecutive months. Paid once per lifetime per Person.

Physical Therapy Benefit Payable for one treatment per day for up to eight treatments by a caregiver licensed in physical therapy. This benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit or Non-Emergency Follow-up Benefit is paid.

Prosthesis Benefit Payable for the use of a Prosthesis. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; cosmetic aids such as wigs; or joint replacements such as artificial hips or knees.

Plan Benefit Highlights (cont.)

Tendons, Ligaments and Rotator Cuff Benefit Payable for the repair of one or more tendons, ligaments, or rotator cuffs. The tendons, ligaments, or rotator cuff must be repaired through surgery performed by a Physician, as a result of an Accident.

Torn Knee Cartilage or Ruptured Disc Benefit Payable for surgical repair as a result of an Accident.

Transportation Benefit Payable for the transportation when specialized treatment and Hospital Confinement in a non-local Hospital is required. A non-local Hospital must be at least 50 miles away, one way, using the most direct route, from the closer of the Person's residence or site of the Accident. Travel must be by scheduled bus, plane, train, or by car. Ambulance service does not qualify for this benefit. The treatment must be prescribed by a Physician and not be available locally. This benefit is payable up to three round trips per Calendar Year.

Wellness Benefit After coverage is in force for the waiting period shown, you can receive a benefit for an annual routine physical exam, including immunizations and preventive testing. Services must be supervised by a Physician and a charge must be incurred for the service. The benefit does not apply to dental or eye exams and is payable once per policy per calendar year.

X-Ray Benefit Payable when an x-ray is performed due to Injuries sustained in a Covered Accident. The x-ray must be done at the request of a Physician. This benefit does not cover any tests payable under the Medical Imaging Benefit or any other screening or medical imaging tests.

Limitations and Exclusions For Policy and Benefit Enhancement Rider

No benefits will be provided for an Accident that is caused by or occurs as a result of:

- (1) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (2) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (3) any act that was caused by war, declared or undeclared, or service in any of the armed forces;

- (4) participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions;
- (5) participation in, or attempting to participate in, a felony, riot or insurrection. (A felony is as defined by the law of the jurisdiction in which the activity takes place.)
- (6) participation in any sport for pay or profit;
- (7) participation in any contest of speed in a power driven vehicle for pay or profit;
- (8) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

An Accident is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. The policy will not pay benefits for injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date.

A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Eligibility includes you, your lawful spouse and each natural, adopted or step child who is under 26 years of age.

Guaranteed Renewable

You cannot be singled out for a rate increase for any reason. The Insurer has the right to increase premium rates only if rates for all policies in this class change.

Termination Notice

Policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than Individual the remaining Covered Persons may have the right to continue or convert their coverage. Coverage for any Covered Person will terminate when they no longer meet the eligibility requirements.

Refer to Plan Benefit Highlights section for more Benefit Descriptions on the Accident Only Insurance Policy and Benefit Enhancement Rider.

Underwritten by American Fidelity Assurance Company. This is a brief description of the coverage. This product contains limitations and exclusions. For complete benefits and other provisions, please refer to your policy/certificate, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258 series. This coverage does NOT replace Workers' compensation Insurance. Availability of riders may vary by employer. **This product is inappropriate for people who are eligible for Medicaid coverage.**



American Fidelity Assurance Company
800-662-1113 • americanfidelity.com



AF™ Cancer C11 Individual Insurance

Focus on the fight.

A Cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat Cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of Cancer treatment.

AF™ **Limited Benefit Individual Cancer Insurance** offers a solution to help you and your family focus on fighting the disease.

Plan Highlights

- **Helps cover expenses**
for the treatment of Cancer, transportation, hospitalization, and more.
- **Benefits paid directly to you**
to be used however you see fit.
- **Portable to take with you**
even if you leave employment.
- **Coverage options available**
for you, your spouse, and your children under age 26.

Cancer Insurance Benefits

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, **Individual Cancer Insurance** may help pay for expenses not covered by your major medical insurance.

Example Cancer insurance benefits include:



Experimental Treatment

This benefit may help pay for experimental treatment to give you alternatives in your healing. These treatment types may not be covered by major medical plans.



Transportation and Lodging

This benefit may help pay for qualified transportation and lodging for the patient and family.

SCREENING BENEFIT⁺

Receive a benefit for your annual internal Cancer screening test, including but not limited to mammogram, pap, prostate-specific antigen blood test (PSA), chest x-ray, flexible sigmoidoscopy, thinprep pap test, and colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT <i>(per calendar year)</i>		
BASIC	ENHANCED	ENHANCED PLUS
\$45	\$60	\$75

⁺The premium and amount of benefits provided vary based upon the plan selected.



Benefits

BENEFITS ⁺	BASIC	ENHANCED	ENHANCED PLUS
SCREENING			
Diagnostic and Prevention Benefit (one per calendar year)	\$45	\$60	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$45	\$60	\$75
TREATMENT			
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (Actual Charges)	up to \$10,000	up to \$15,000	up to \$20,000
Medical Imaging Benefit (per image - max 2 per calendar year)	\$100	\$200	\$300
Hormone Therapy Benefit (per treatment - max 12 treatments/ calendar year)	\$50	\$50	\$50
Administrative/Lab Work Benefit (per calendar month)	\$50	\$75	\$100
Blood, Plasma, and Platelets Benefit (per day) (per calendar year max)	\$100 \$5,000	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit		
Bone Marrow/Stem Cell Transplant Benefit			
Autologous (patient provided) (per calendar year)	\$500	\$1,000	\$1,500
Non-autologous (donor provided) (per calendar year)	\$1,500	\$3,000	\$4,500
Donor Benefit	\$1,000 per donation		
Inpatient Special Nursing Services Benefit (per day)	\$150	\$150	\$150
Dread Disease Benefit (per day for the first 30 days per Hospital confinement) (per day thereafter)	\$100 \$200	\$200 \$400	\$300 \$600
HOSPITALIZATION			
Hospital Confinement Benefit* (per day for the first 30 days) (per day thereafter)	\$100 \$200	\$200 \$400	\$300 \$600
Drugs & Medicine Benefit			
Hospital Confinement (per confinement)	\$100	\$200	\$300
Outpatient (per prescription - \$50 monthly max for basic; \$100 for enhanced; \$150 for enhanced plus per calendar month)	\$50	\$50	\$50
Attending Physician Benefit (per day)	\$30	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits)			
Hospital Confinement	\$100	\$200	\$300
Outpatient Services	\$100	\$200	\$300

BENEFITS ⁺	BASIC	ENHANCED	ENHANCED PLUS
AMBULANCE, TRANSPORTATION, & LODGING			
Ambulance Benefit (per trip - max 2 trips any combination per confinement)			
Ground	\$200	\$200	\$200
Air	\$2,000	\$2,000	\$2,000
Transportation & Lodging Benefit (Patient and/or Family)			
Transportation ((\$1,500 max per round trip; max 12 trips/calendar year)	Coach fare or \$.50/mile by car		
Outpatient Lodging (per day up to 90 days per calendar year)	\$40	\$60	\$80
SURGICAL TREATMENT			
Surgical Benefit unit dollar amount (per surgical unit) maximum per operation	\$20 \$2,000	\$30 \$3,000	\$40 \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery		
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	\$200	\$400	\$600
Second & Third Surgical Opinion Benefit (per diagnosis)	\$300	\$300	\$300
CONTINUING CARE			
Prosthesis Benefit			
Non-Surgical (per device - 1 per site, lifetime max of 3)	\$100	\$150	\$200
Surgical Implantation (per device, includes surgical fee - 1 per site, lifetime max of 2)	\$1,000	\$1,500	\$2,000
Hair Prosthesis (once per life)	\$100	\$150	\$200
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital confinement)	\$50	\$75	\$100
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$25	\$25	\$25
Hospice Care Benefit (per day - \$9,000 lifetime max for basic; \$13,500 lifetime max for enhanced; \$18,000 lifetime max for enhanced plus)	\$50	\$75	\$100
Home Health Care Benefit (per day for up to the same number of days of paid Hospital confinement)	\$50	\$75	\$100
Waiver of Premium (as long as the primary insured remains disabled)	after 90 continuous days of disability		

Refer to Plan Benefit Highlights for more complete benefit descriptions and limits on the Individual Cancer insurance plan.

+The premium and amount of benefits provided vary based upon the plan selected.

Plan Benefit Highlights

MONTHLY PREMIUMS⁺

BASIC	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$11.80	\$16.70	\$23.00	\$31.30
Single Parent Family	\$17.60	\$24.80	\$34.30	\$46.80
Family	\$22.80	\$32.20	\$44.70	\$60.90

ENHANCED	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$16.30	\$23.60	\$32.60	\$44.20
Single Parent Family	\$24.40	\$35.20	\$48.70	\$65.90
Family	\$31.80	\$45.70	\$63.30	\$85.80

ENHANCED PLUS	Age 18-40	Age 41-50	Age 51-60	Age 61+
Individual	\$21.00	\$30.80	\$42.40	\$57.30
Single Parent Family	\$31.40	\$45.80	\$63.30	\$85.60
Family	\$40.80	\$59.50	\$82.30	\$111.30

Medical Imaging Benefit Pays the indemnity amount for either an MRI; CT scan; CAT scan; or PET scan when performed at the request of a physician.

Hormone Therapy Benefit Drugs and medicines covered under the drugs and medicine benefit or the radiation/chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

Administrative/Lab Work Benefit Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/immunotherapy benefit.

Blood, Plasma and Platelets Benefit Benefits for blood, plasma and platelets are only provided under this benefit. Laboratory processes and colony stimulating factors are not covered.

Bone Marrow/Stem Cell Transplant Benefit Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Hospital Confinement Benefit Payable while confined to a Hospital for at least 18 continuous hours. *A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. This benefit is not payable for outpatient treatment.

Drugs and Medicine Benefit Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/immunotherapy, a covered surgery, or a bone marrow/stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/chemotherapy/immunotherapy benefit or the hormone therapy benefit.

Attending Physician Benefit Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

U.S. Government/Charity Hospital /HMO Benefit Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

Ambulance Benefit If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. The covered person must be admitted as an inpatient and Hospital confined for at least 18 consecutive hours.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging to receive radiation therapy, chemotherapy, or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. Travel must be within the United States or its Territories.

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, are not covered under this benefit. This benefit is payable for reconstructive breast surgery performed on a nondiseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this policy. Reconstructive surgery to the nondiseased breast must occur within 24 months of the reconstructive surgery of the diseased breast.

Plan Benefit Highlights

Only loss for Cancer The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pays the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

Diagnostic, Prevention and Cancer Screening Benefit Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy, and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. This benefit is available without a diagnosis of Cancer.

Cancer Screening Follow-Up Benefit Payable for one invasive follow-up screening test needed due to an abnormal result from a covered screening test. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the surgical benefit.

Radiation/Chemotherapy/Immunotherapy Benefit Pays the Actual Charges up to the maximum amount shown when radiation therapy, chemotherapy, or immunotherapy is received as defined in the policy, per 12-month period. The 12-month period begins on the first day the covered radiation therapy, chemotherapy, or immunotherapy is received. This benefit does not cover other procedures related to radiation/ chemotherapy/ immunotherapy. This benefit does not include any drugs/ medicines covered under the drugs and medicine benefit or the hormone therapy benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

Plan Benefit Highlights (cont.)

Anesthesia Benefit Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit Surgical procedures for skin Cancer are not covered.

Second and Third Surgical Opinion Benefit Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, skin Cancer, or prosthesis surgeries are not covered.

Prosthesis Benefit Payable for a prosthetic device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. **Hair Prosthesis Benefit** is payable once per covered person per lifetime when a hair prosthesis is needed.

Extended Care Facility Benefit Pays for physician authorized confinement that begins within 14 days after a Hospital confinement.

Physical or Speech Therapy Benefit Therapy must be provided by a caregiver licensed in physical or speech therapy.

Hospice Care Benefit Payable when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

Home Health Care Benefit Pays for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy. The service must be provided by a nurse or home health nurse's aid and can not be a family member.

Waiver of Premium Benefit If the primary insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums for policy and rider(s) due after the 90th day so long as the primary insured remains disabled. "Disabled" means the primary insured's inability because of Cancer: to work at any job for which (s)he is qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a physician for the treatment of Cancer. The policy must be in force at the time disability begins and the primary insured must be under age 65.

Experimental Treatment Benefit Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

Donor Benefit Pays if a donor incurs expenses on behalf of a covered person for a covered surgery due to organ transplant or a bone marrow/stem cell transplant. Blood donor expenses are not covered under this benefit.

Dread Disease Benefit Covered dread diseases are: addison's disease; amyotrophic lateral sclerosis; cystic fibrosis; diphtheria; encephalitis; grand mal epilepsy; legionnaire's disease; meningitis; multiple sclerosis; muscular dystrophy; myasthenia gravis; niemann-pick disease; osteomyelitis; poliomyelitis; reye's syndrome; rheumatic fever; rocky mountain spotted fever; sickle cell anemia; systemic lupus erythematosus; tay-sach's disease; tetanus; toxic epidermal; toxic shock syndrome; tuberculosis; tularemia; typhoid fever; whipple's disease.

Inpatient Special Nursing Services Benefit Pays when Hospital confined and receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

See your policy for more information regarding the benefits listed above.

This product may contain limitations, exclusions, and waiting periods. This product is inappropriate for people who are eligible for Medicaid coverage.

Eligibility The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted or step child who is under 26 years of age are eligible to apply for coverage.

Limitations and Exclusions This policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. This policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

Pre-Existing Condition A Pre-Existing Condition is a Cancer or dread disease for which, within 12 months prior to the effective date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession; or which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice, or treatment. Pre-Existing Conditions specifically named or described as excluded in any part of the policy are never covered. No benefits are payable for any covered person for any loss incurred during the first year of the policy as a result of a Pre-Existing Condition.

Waiting Period The policy contains a 30-day waiting period during which no benefits will be paid under the policy. If any Cancer or dread disease is diagnosed before the end of the 30-day period immediately following the effective date, coverage will apply only to loss that is incurred after one year from the effective date. If any covered person is diagnosed as having a Cancer or dread disease during the 30-day period immediately following the effective date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits are payable only up to the maximum amount listed in the schedule of benefits in the policy.

Termination of Insurance Policy/rider(s) will terminate and coverage will end on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the policy/rider(s) month in which we receive a written request from you to terminate the policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than individual the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements.

For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the spouse from the policy/rider(s); the end of the premium term in which a divorce, annulment, legal separation is obtained; or upon their death.

For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the child(ren) from the policy/rider(s); or upon their death.

Guaranteed Renewable You are guaranteed the right to renew your policy/rider(s) during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.



American Fidelity Assurance Company
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800-662-1113 • americanfidelity.com



Surviving a critical illness may come at a high price.

If you experience a critical illness—like a heart attack or stroke—you shouldn't have to worry about the financial impact. But co-pays, transportation expenses, out-of-pocket medical costs, and lost income can add up quickly.

AF™ Limited Benefit Critical Illness Insurance can help provide financial protection so you can focus on recovery.



Approximately every 39 seconds, an American will have a heart attack.¹

How It Works

If you're diagnosed with a covered critical illness, this plan is designed to pay a lump sum benefit amount to help cover expenses. In addition, certain specified critical illnesses that reoccur will allow for an additional benefit.

Features:

- Benefits paid directly to you, to be used however you see fit
- No required medical exams as part of the application process
- Guaranteed issue benefit amounts may be available for first-time eligible employees and spouse
- Coverage extended to dependent children at no additional cost*
- Compatible with a Health Savings Account
- Option to add an infectious disease rider in select states

Coverage is available for you, your children, and your lawful spouse at determined benefit amounts.

AF™ Limited Benefit Critical Illness Insurance



HEALTH SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to:

- Stress Test
- Blood Glucose Testing
- Echocardiogram
- Neuroimaging Studies
- Electrocardiogram (EKG)

SCREENING BENEFIT

(per calendar year per covered employee and covered spouse)

\$50

If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

¹AHA 2021 Heart Disease and Stroke Statistics Update Fact Sheet At-a-Glance; January 26, 2021, p2

Group Critical Illness Insurance

Schedule of Benefits

Depending on the plan selected by your employer, the following benefit amounts may be available. The employee benefit amounts can range from \$10,000, \$20,000 or \$30,000. Eligible children will be automatically covered at 25% of the employee's benefit amount at no additional cost.* If elected, spousal benefit amounts will be 50% of the employee benefit amount.

CRITICAL ILLNESS BENEFITS		
Pays once per covered person for each critical illness shown below.		
	Benefit Percentage	Recurrent Diagnosis Benefit
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%
Coronary Artery Bypass Surgery Pays 25% of benefit amount. Payment will reduce the Heart Attack benefit.	25%	-
Stroke Benefit (Permanent damage due to a stroke) Pays full lump sum benefit amount.	100%	50%
Paralysis Benefit (Permanent due to a covered accident) Pays full lump sum benefit amount.	100%	-
Major Organ Failure Benefit Pays full lump sum benefit amount.	100%	50%
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	100%	-

EMPLOYEE MONTHLY RATES**

AGE	\$10,000		\$20,000		\$30,000	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$3.98	\$6.30	\$6.46	\$11.10	\$8.94	\$15.90
30-39	\$6.26	\$9.90	\$11.02	\$18.30	\$15.78	\$26.70
40-49	\$11.38	\$17.98	\$21.26	\$34.46	\$31.14	\$50.94
50-59	\$18.74	\$29.66	\$35.98	\$57.82	\$53.22	\$85.98
60 & Over	\$30.66	\$48.58	\$59.82	\$95.66	\$88.98	\$142.74

SPOUSE MONTHLY RATES**

AGE	\$5,000		\$10,000		\$15,000	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$2.40	\$4.18	\$3.30	\$6.86	\$4.20	\$9.54
30-39	\$3.76	\$6.58	\$6.02	\$11.66	\$8.28	\$16.74
40-49	\$6.84	\$11.96	\$12.18	\$22.42	\$17.52	\$32.88
50-59	\$11.30	\$19.74	\$21.10	\$37.98	\$30.90	\$56.22
60-69	\$18.50	\$32.32	\$35.50	\$63.14	\$52.50	\$93.96

**The premium and amount of benefits vary dependent upon the amount selected at time of application.

Group Critical Illness Insurance

Plan Benefit Highlights

Health Screening Benefit

Pays \$50 when a covered employee or covered spouse receives a covered health screening test. This benefit covers several qualified tests, including, but not limited to: blood test for triglycerides, doppler ultrasound, echocardiogram, electrocardiogram (EKG), fasting blood glucose test, serum cholesterol test to determine HDL and LDL levels, exercise or pharmacologic stress test, and neuroimaging studies. This policy pays for one test per covered employee and one test per covered spouse per calendar year regardless of the number of tests received during the calendar year. This benefit is available without a diagnosis of a critical illness. This benefit does not reduce the critical illness lump sum benefit amount.

Critical Illness Benefit

Pays once per covered person for each critical illness. Each critical illness must be separated by at least 90 days following the first critical illness occurrence date.

Heart Attack

Pays following a Heart Attack due to coronary artery disease. Any previous amounts paid for a coronary artery bypass surgery will be deducted from the amount payable under this benefit. A Heart Attack is not congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

Coronary Artery Bypass Surgery

Pays following open heart surgery performed by a physician to correct coronary artery disease with bypass grafts. Coronary artery bypass surgery does not include balloon angioplasty, laser angioplasty, stenting, valve replacement surgery, or procedures other than coronary artery bypass surgery.

Stroke (Permanent Damage Due To A Stroke)

Pays following permanent neurological damage to the brain due to a stroke which results from an acute or sub-acute interruption of blood flow to brain tissue as defined in the policy. Permanent damage due to a stroke does not include transient ischemic attacks (TIA).

Paralysis (Permanent Due To A Covered Accident)

Injuries to the spinal cord due to a covered accident, which result in the loss of use of two or more limbs. Paralysis must be diagnosed as permanent, total, and irreversible.

Major Organ Failure

Pays following the date the covered person is placed on the United Network for Organ Sharing (UNOS) list for a transplant of the heart, liver, lung, or entire pancreas.

End Stage Renal Failure

Pays following the occurrence date of end stage renal failure resulting in irreversible failure of both kidneys to function and which requires regular dialysis or renal transplantation to sustain life.

Effective Date

Certificates will become effective on the requested effective date following the date we approve the application, providing you are on active employment and premium has been paid.

Recurrent Diagnosis Benefit

Upon a second occurrence of certain specified critical illnesses, this benefit pays 50% of the amount previously paid under the policy. Covered critical illness events include Heart Attack, permanent damage due to a stroke, and major organ failure. The second occurrence date must be separated by at least 180 days following the first occurrence date of that same critical illness. Once a recurrent diagnosis benefit has been paid for a critical illness, no further benefits for that same critical illness will be payable.

Portability

Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may continue your coverage provided in this certificate upon leaving employment until the earliest of these dates: a) your 75th birthday, b) 10 years from the portability effective date, c) the date the policy is terminated, or d) the date you fail to pay the required premium. You must have been continuously covered for 12 consecutive months prior to the date your coverage under the policy ends.

Limitations and Exclusions

Pre-Existing Condition Limitation

No critical illness benefit will be payable for a critical illness which is caused by or resulting from a Pre-Existing Condition when the critical illness occurrence date occurs before a covered person has been continuously covered under the policy for 12 consecutive months. Pre-Existing Condition means a disease, accident, sickness, physical condition or mental illness for which a covered person has experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advice from a physician, during the 12-month period immediately before the covered person's effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, accident, sickness, physical condition or mental illness.

A Heart Attack is an acute myocardial infarction due to coronary artery disease resulting in death of a portion of the heart muscle. Diagnosis must be supported by onset of new symptoms and any of the following: EKG changes, elevation of biochemical markers, or imaging studies, consistent with an acute myocardial infarction. In the event of death, an autopsy, medical examiner's confirmation or death certificate identifying Heart Attack will be acceptable. Heart attack does not include congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

Exclusions

We will not pay benefits for any critical illness resulting from or caused, whether directly or indirectly, by: (a) An intentionally self-inflicted accident or sickness. (b) Suicide or attempted suicide, while sane or insane. (c) Participating in a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority. (d) Being Intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions. Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the critical illness occurred. (e) Committing, or attempting to commit a felony. (f) Being incarcerated in any type of penal institution. (g) Alcoholism or drug addiction. (h) A diagnosis received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States.

Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated or premiums may be increased on any premium due date with 31 (45-AK), (60-NV & WI) days advance notice.

*This product may contain limitations, exclusions, and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** This brochure highlights important features of the policy. Please refer to your certificate for complete details.*



American Fidelity Assurance Company
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Protection for the Unexpected

Being diagnosed with an infectious disease is likely unsettling, but you might rest a little easier knowing you have coverage in place. Benefit payments are made directly to you and may help ease the financial pressures from a diagnosis.

How It Works

If diagnosed with one of the infectious diseases below, the following benefits may be payable:

- Benefits are payable up to **50%** of your critical illness benefit amount based on an approved diagnosis. Your coverage extends to eligible children at **25%** of the insured's infectious disease benefit amount.
- Your spouse's benefit, if covered, will be **50%** of their critical illness benefit amount.

What's Covered

This benefit is paid to you based on a diagnosis of any of the following infectious diseases:

- | | | | |
|--|--------------------------------|--------------------|--------------------------------------|
| • Anthrax | • Cholera | • Encephalitis | • Human Immunodeficiency Virus (HIV) |
| • Methicillin-Resistant Staphylococcus Aureus (MRSA) | • Poliomyelitis | • Sepsis | • Tularemia |
| • Bacterial Cerebrospinal Meningitis | • COVID-19 | • Hansen's Disease | • Legionnaire's Disease |
| • Osteomyelitis | • Q Fever | • Tetanus | • Typhoid Fever |
| • Botulism | • Dengue Fever | • Hepatitis B or C | • Malaria |
| • Pertussis (Whooping Cough) | • Rabies | • Trichinosis | |
| | • Diphtheria | • Histoplasmosis | |
| | • Rocky Mountain Spotted Fever | • Tuberculosis | |

Did you know?



There were **15,662** reported pertussis cases in 2019.¹

¹ Center for Disease Control, www.cdc.gov/pertussis/downloads/pertuss-surv-report-2019-508.pdf, Accessed on Feb. 10, 2021.

Availability of this rider may vary by state. Refer to your policy for complete details. **This flyer must be used in conjunction with a G925 brochure.** The rider will terminate on the same date as the policy or certificate to which it is attached.



AF Hospital Assist[®]

Help pay for your stay.

If you experienced a medical emergency, would you be able to cover the out-of-pocket medical expenses? What about life's other expenses—like bills, groceries, and housing?

With rising deductibles and copays, major medical insurance may not be enough to keep you financially protected.

AF[™] Limited Benefit Hospital Indemnity Insurance, or AF Hospital Assist[®], can help.

Hospital indemnity insurance is designed to help pay for eligible out-of-pocket expenses, like a hospital stay.

The unexpected can happen to anyone.

From major accidents to sudden diagnoses, hospital stays aren't uncommon. In fact, about 1 in 13 Americans visited a hospital emergency room due to an unintentional injury in 2019.¹

Did you know?

The average cost of a 3-day hospital stay is around \$30,000.²



Plan Highlights

- No health questions required to apply
- Benefits paid directly to you
- You can take the policy with you even if you leave employment
- Coverage available for you, your spouse, and your children up to age 26
- Routine Screening Benefit

Health Savings Account Qualified Plan

Help offset high deductibles and copays while protecting yourself from the unexpected. This plan is Health Savings Account (HSA) qualified, allowing you to get the tax benefit and potential savings from an HSA while helping pay for large, out-of-pocket expenses—like a hospital stay.



AMERICAN FIDELITY 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

This brochure highlights important features of the policy. Please refer to your certificate for complete details. If you reside in a state other than your employers state domicile, where required by law, policy provisions and benefits may vary.

Benefits

Choose Your Coverage

Coverage in a Calendar Year	Basic	Enhanced	Enhanced Plus
 Routine Screening Benefit 1 day/Covered Person	\$50	\$50	\$50
 Hospital Admission 1 day/Covered Person	\$500	\$500	\$500
Hospital Confinement Pays up to 30 days/ Covered Person	\$150	\$150	\$150
ICU 10 days/Covered Person	\$300	\$300	\$300
Rehab 10 days/Covered Person	\$75	\$75	\$75
 Accident Treatment - ER 3 days/Covered Person	-	\$500	\$500
Accident Treatment - Physician's Office or Urgent Care 6 days/Covered Person	-	\$100	\$100
Accident Surgery - Hospital or Ambulatory Surgical Center 3 days/Covered Person	-	\$2,000	\$2,000
Accident Surgery - Physician's Office or Urgent Care 6 days/Covered Person	-	\$250	\$250
 Critical Illness Benefit 1 payment/Covered Person	-	-	\$5,000

Routine Screening Benefit

With the \$50, built-in routine screening benefit, you get rewarded for taking care of yourself. Covered screenings include:



- ✓ Colonoscopy
- ✓ Electrocardiogram
- ✓ Routine Skin Check for Cancer
- ✓ Pap Smear



Hospital Benefits

If hospitalized, you can get paid directly for the costs.

Hypothetical Example with Enhanced Plan After feeling ill, you are rushed to the ER and diagnosed with Pertussis (Whooping Cough). You're admitted and stay 3 days for treatment. Then, you complete 10 days of rehabilitation.

Cost of Care	Your Deductible ⁸ \$2,800	Payable Plan Benefits
Confinement ³ \$11,728		Admission \$500
Rehab ⁴ \$1,620		Confinement \$450
		Rehab \$750
Total Cost of Care \$13,348	Total Out-of-Pocket Cost⁷ \$4,909	Total benefit payment to you \$1,700



Accident Benefits

No matter your situation, accidents happen.

Hypothetical Example with Enhanced Plan You are traveling in your car and are hit by a driver running a red light. Your arm is broken and requires an ER visit, surgery, hospital admission, and two nights' stay.

Cost of Care	Your Deductible ⁸ \$2,800	Payable Plan Benefits
ER Visit ⁵ \$2,200		ER Visit \$500
Surgery ⁶ \$16,000		Surgery \$2,000
		Hospital Admission \$500
		Hospital Confinement \$300
Total Cost of Care \$18,200	Total Out-of-Pocket Cost⁷ \$5,880	Total benefit payment to you \$3,300

Critical Illness Benefit

While no family history of an illness can be a factor, it's not a guarantee. Critical illnesses strike people of all ages and health types, regardless of family history. If diagnosed with cancer, heart attack, or stroke, you could help protect yourself with a lump sum for certain high-dollar illnesses.

AF Hospital Assist® Premiums*

Monthly Premium	Basic	Enhanced	Enhanced Plus
Employee	\$16.12	\$24.14	\$31.12
Employee + Spouse	\$31.26	\$46.58	\$65.32
Employee + Child	\$29.56	\$50.84	\$58.34
Family	\$44.70	\$73.28	\$92.54

* The premium and amount of benefits provided vary based upon the plan selected.

Plan Benefit Highlights

Hospital Admission Benefit: We will not pay this benefit for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

Hospital Confinement Benefit: We will not pay this benefit for outpatient treatment or a hospital stay of less than 18 hours.

Hospital shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Rehabilitation Facility Confinement Benefit: Confinement to the facility must be physician authorized for at least 18 continuous hours and begin immediately following a hospital confinement. Successive rehabilitation facility stays will be considered as one admission if they are due to the same or related accident or sickness and separated by less than 30 days.

Outpatient Accident Treatment Benefit: Pays a benefit when any covered person incurs an expense and receives treatment by a physician in an emergency room, physician's office or urgent care facility due to a covered Accident. **Accident** means an event which results in bodily injury that is independent of disease or bodily infirmity or any other cause and occurs while coverage is in force.

Routine Screening Benefit: Pays a benefit when any covered person has and incurs charges for one of the following eligible Routine Screening Benefit tests while this Policy is in force: Blood Test for Triglycerides, Fasting Blood Glucose Test, Breast Thermography, Flexible Sigmoidoscopy, Breast Ultrasound, Hemocult Stool Analysis, CA 125 (ovarian cancer blood test), Pap Smear (including ThinPrep Pap Test), CA 19-9 (pancreatic cancer blood test), CA 15-3 (breast cancer blood test), Mammography (including breast ultrasound), PSA (prostate cancer blood test), CEA (colon cancer blood test), Routine Skin Check for Cancer, Chest X-Ray, Serum Cholesterol Test to Determine HDL and LDL Levels, Colonoscopy, Serum Protein Electrophoresis (myeloma test), Doppler Ultrasound, Skin Biopsy, Echocardiogram, Testicular Ultrasound, Electrocardiogram (EKG), Thermography, and Exercise or Pharmacologic Stress Tests.

Accident Surgical Procedure Benefit: Pays a benefit when any covered person incurs an expense and requires a surgical procedure due to a covered Accident. The procedure must be performed by a physician in a Hospital, ambulatory surgical center, urgent care facility, or physician's office. We will pay for only one accident surgical procedure performed on the same day even if caused by more than one Accident. We will not pay this benefit for colonoscopy or flexible sigmoidoscopy.

Critical Illness Benefit: Pays a benefit when any covered person is diagnosed with a covered Critical Illness. Benefits for a new occurrence of the same Critical Illness will only be provided if the Critical Illness is newly diagnosed during the calendar year in which a Critical Illness benefit hasn't been paid. **Critical Illness** means end stage renal failure, heart attack, major organ failure, permanent damage due to a stroke, permanent paralysis, due to a covered accident, carcinoma in situ or invasive cancer, as defined in the policy, for which a positive diagnosis is made by a physician. Metastasis of a previously diagnosed cancer will not be considered a new diagnosis of cancer.

Exclusions: We will not pay benefits resulting from or caused by:

- (a) suicide or any attempt, while sane or insane;
- (b) any intentionally self-inflicted injury or sickness;
- (c) voluntary abortion except, with respect to you or your covered dependent spouse;
 - (1) where you or your dependent spouse's life would be endangered if the fetus were carried to term; or
 - (2) where medical complications have arisen from abortion;
- (d) pregnancy of a dependent child;
- (e) participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
- (f) commission of a felony;
- (g) participation in a contest of speed in power driven vehicles, parachuting, or hang gliding;
- (h) air travel, except:
 - (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - (2) as a passenger for transportation only and not as a pilot or crew member;
- (i) elective procedures or cosmetic surgery, including complications of elective procedures or cosmetic surgery;
- (j) experimental treatment, drugs, or surgery, except in connection with an approved cancer clinical trial;
- (k) performance of military, naval, or air force service of any country;
- (l) dental or routine vision services, unless:
 - (1) resulting from an Accident occurring while the covered person's coverage is in force and if performed within 12 months of the date of such Accident; or
 - (2) due to congenital disease or anomaly of a covered newborn child;
- (m) immunizations, sports and routine annual physicals;
- (n) artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation, or vasectomy, and reversal thereof;
- (o) loss that takes place outside of North America;
- (p) participation in any sport for pay or profit;
- (q) alcoholism or drug use, unless such drugs were taken on the advice of a physician and taken as prescribed;
- (r) mental or emotional disorders without demonstrable organic disease;
- (s) air or ground ambulance;

Plan Benefit Highlights (cont.)

(t) Pre-Existing Conditions, unless the covered person has satisfied the Pre-Existing Condition Exclusion period of 12 months.

Pre-Existing Condition means a disease, sickness, Accident, or physical condition for which you: had treatment; incurred expense; took medication; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, sickness, Accident, or physical condition.

Pregnancy Limitation: For the pregnancy limitation period, 10 months, the company will not pay benefits due to any covered person giving birth as a result of a normal pregnancy, including cesarean section. Complications of pregnancy will be covered to the same extent as any other covered benefit. Complications of pregnancy includes but is not limited to, conditions requiring confinement (when pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, eclampsia and toxemia.

Complications of pregnancy shall not include false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a classifiable or distinct complication of pregnancy.

Portability

Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may continue your coverage provided in this certificate upon leaving employment until: the date the policy is terminated or the date you fail to pay the required premium, whichever date is earlier. You must have been continuously covered for 12 consecutive months prior to the date your coverage under the policy ends.

Termination of Insurance

Coverage for you and your covered dependent(s) may be continued during a layoff or leave of absence for up to a maximum period of 3 months. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days advance notice.

This product may contain limitations, exclusions and waiting periods. This may not be HSA qualified if optional benefits or riders for this coverage are selected.

This product is inappropriate for people who are eligible for Medicaid coverage.

¹National Safety Council, Injury Facts, 2021 Web. ²HealthCare.gov: Protection from High Medical Costs; Accessed April 9, 2021 from HealthCare.gov. ³AHRQ Healthcare Cost and Utilization Project, National Inpatient Sample as of February 5, 2019. ⁴MD Save: Procedures A to Z; accessed 6/3/2021 from MDsave.com. ⁵TalktoMira: How Much an ER Visit Costs Without Insurance in 2021; July 7, 2021 from talktomira.com/post/how-much-does-an-er-visit-cost, accessed July 20, 2021. ⁶CostHelper: How Much Does a Broken Arm Cost?; accessed 6/3/2021 from health.costhelper.com. CostHelper: How Much Does a Broken Arm Cost? ⁷Total out of pocket costs assumes a 20% coinsurance amount. ⁸Deductible amount based on an average High Deductible Health Plan.



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RECEIVED
JUN 09 2022
COUNTY JUDGE

2728 N. Harwood Street
Suite 500
Dallas, Texas 75201

214.745.5400 OFFICE
214.745.5390 FAX
winstead.com

Ross Martin
direct dial: 214.745.5353
rmartin@winstead.com

June 9, 2022

VIA HAND DELIVERY

Ellis County Commissioners' Court
101 W. Main Street
Suite 203
Waxahachie, TX 75165

Re: Ellis County Fresh Water Supply District No. 3 – Request for Appointment of Supervisors

Dear Sir or Madam:

We represent GRBK Edgewood, LLC (“Landowner”), the majority landowner of property within the Ellis County Fresh Water Supply District No. 3 (“District”), which was created by order of the Ellis County Commissioner’s Court on March 5, 2007. The terms of the Supervisors originally appointed to the Board of Supervisors have expired or the previously appointed supervisors are unable to serve; therefore, the Landowner requests that the Commissioners Court appoint the following individuals to the Board of Supervisors pursuant to Section 49.105(c), Texas Water Code:

1. Ron Brown
2. Dane Brock
3. Jill Sulak
4. Matthew Cade Hancock
5. Michelle Gross

Enclosed please find executed Affidavits of Supervisors from the above-referenced proposed supervisors. Each of these Supervisors is qualified for service in all respects pursuant to Section 53.063, Texas Water Code. Should you have any questions regarding this request, please contact us.

Best regards,



Ross Martin

RSM:arb
Enclosures

COPY

AFFIDAVIT OF SUPERVISOR

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JUN 09 2022

COUNTY JUDGE

THE STATE OF TEXAS §
 §
COUNTY OF ELLIS §

BEFORE ME, the undersigned duly constituted authority of the State and County aforesaid, on this day personally appeared Jill Sulak, who expressed a desire to be appointed a Supervisor of Ellis County Fresh Water Supply District No. 3 (hereinafter the "District"), and who on oath did state:

1. I am at least eighteen (18) years of age, a resident citizen of the State of Texas, and own land subject to taxation within the District. I am a resident of Dallas County, a county adjacent to the county in which the District is located.

2. I am not now and have no present plans to be a developer of property in the District as defined in Section 49.052(d), Texas Water Code, as amended (a person who owns land located within the District who has divided or proposes to divide the land into two or more parts for the purpose of laying out any subdivision or any tract of land or any addition to any town or city, or for laying out suburban lots or building lots, or any lots, streets, alleys or parks or other portions intended for public use or the use of purchasers or owners of lots fronting thereon or adjacent thereto).

3. I am not, to the best of my knowledge, related within the third degree of affinity (marriage) or consanguinity (blood) to a developer of property within the District; or to any of the other proposed Supervisors of the District; or to the attorney, engineer or manager of the District or other person providing professional services to the District.

4. I am not an employee of any developer of property within the District or any other Supervisor or any attorney, engineer or manager of the District, or other person providing professional services to the District or a developer of property in the District in connection with the District or property located in the District.

5. I am not serving as an attorney, consultant, engineer, manager, architect, or in some other professional capacity for the District or a developer of property within the District.

6. Neither my employer nor I have any business or other connection with the developer of the District, the attorney representing the District, or any consulting engineer for the District in regard to the District and the development therein.

7. I am not a party to a contract with or along with the District (except, possibly, for the purchase of public services furnished by the District to the public generally) or a contract

with or along with a developer of property in the District relating to the District or property within the District (except, possibly, a contract related solely to the purpose of purchasing or conveying real property in the District for the purpose of qualifying as a director).

8. I do not, at the present time, plan to live in the District. I do plan to retain ownership of my land in the District for the indefinite future, but I anticipate that I will eventually offer it for resale.

9. I am generally familiar with the responsibilities of a director of a municipal utility district. I realize that as a ~~Supervisor~~ I will be a public official charged with the responsibility of serving the best interests of the present and future property owners, taxpayers and residents of the District.

10. I am aware that the District is a public agency, that by law notice of its meetings must be posted, and that, subject to certain exceptions, its meetings must be open to the public and its records must be available for inspection by the public at all reasonable times.

11. I am aware that the District is subject to the continuing supervision of the Texas Commission on Environmental Quality, and I will fully cooperate with said Commission.

12. I am not presently an officer, director or official of the State of Texas or any other district, city, county, school district or political subdivision of this State.

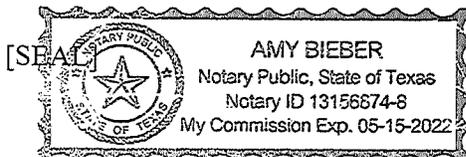
13. I hereby affirm that I will faithfully execute the duties of the office of ~~Supervisor~~ of the District and will to the best of my ability preserve, protect and defend the Constitution and laws of the United States and of the State of Texas; and I hereby affirm that I have not directly or indirectly paid, offered or promised to pay, contributed or promised to contribute any money or valuable thing, or promised any public office or employment as a reward to secure this appointment.

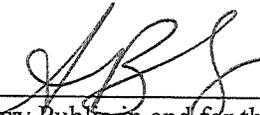
AFFIANT:



Jill Sulak

SWORN AND SUBSCRIBED BEFORE ME this 6th day of May, 2022.





Notary Public in and for the State of Texas

COPY

AFFIDAVIT OF SUPERVISOR

RECEIVED

JUN 09 2022

COUNTY JUDGE

THE STATE OF TEXAS §
 §
COUNTY OF ELLIS §

BEFORE ME, the undersigned duly constituted authority of the State and County aforesaid, on this day personally appeared Ron Brown, who expressed a desire to be appointed a Supervisor of Ellis County Fresh Water Supply District No. 3 (hereinafter the "District"), and who on oath did state:

1. I am at least eighteen (18) years of age, a resident citizen of the State of Texas, and own land subject to taxation within the District. I am a resident of Ellis County, a county adjacent to the county in which the District is located.

2. I am not now and have no present plans to be a developer of property in the District as defined in Section 49.052(d), Texas Water Code, as amended (a person who owns land located within the District who has divided or proposes to divide the land into two or more parts for the purpose of laying out any subdivision or any tract of land or any addition to any town or city, or for laying out suburban lots or building lots, or any lots, streets, alleys or parks or other portions intended for public use or the use of purchasers or owners of lots fronting thereon or adjacent thereto).

3. I am not, to the best of my knowledge, related within the third degree of affinity (marriage) or consanguinity (blood) to a developer of property within the District; or to any of the other proposed Supervisors of the District; or to the attorney, engineer or manager of the District or other person providing professional services to the District.

4. I am not an employee of any developer of property within the District or any other Supervisor or any attorney, engineer or manager of the District, or other person providing professional services to the District or a developer of property in the District in connection with the District or property located in the District.

5. I am not serving as an attorney, consultant, engineer, manager, architect, or in some other professional capacity for the District or a developer of property within the District.

6. Neither my employer nor I have any business or other connection with the developer of the District, the attorney representing the District, or any consulting engineer for the District in regard to the District and the development therein.

7. I am not a party to a contract with or along with the District (except, possibly, for the purchase of public services furnished by the District to the public generally) or a contract

with or along with a developer of property in the District relating to the District or property within the District (except, possibly, a contract related solely to the purpose of purchasing or conveying real property in the District for the purpose of qualifying as a Supervisor).

8. I do not, at the present time, plan to live in the District. I do plan to retain ownership of my land in the District for the indefinite future, but I anticipate that I will eventually offer it for resale.

9. I am generally familiar with the responsibilities of a Supervisor of a municipal utility district. I realize that as a Supervisor I will be a public official charged with the responsibility of serving the best interests of the present and future property owners, taxpayers and residents of the District.

10. I am aware that the District is a public agency, that by law notice of its meetings must be posted, and that, subject to certain exceptions, its meetings must be open to the public and its records must be available for inspection by the public at all reasonable times.

11. I am aware that the District is subject to the continuing supervision of the Texas Commission on Environmental Quality, and I will fully cooperate with said Commission.

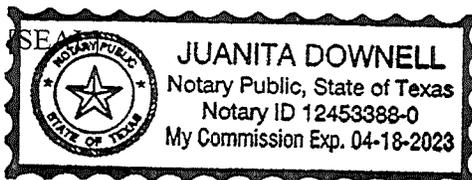
12. I am not presently an officer, Supervisor or official of the State of Texas or any other district, city, county, school district or political subdivision of this State.

13. I hereby affirm that I will faithfully execute the duties of the office of Supervisor of the District and will to the best of my ability preserve, protect and defend the Constitution and laws of the United States and of the State of Texas; and I hereby affirm that I have not directly or indirectly paid, offered or promised to pay, contributed or promised to contribute any money or valuable thing, or promised any public office or employment as a reward to secure this appointment.

AFFIANT:


Ron Brown

SWORN AND SUBSCRIBED BEFORE ME this 20th day of May, 2022.




Notary Public in and for the State of Texas

COPY

AFFIDAVIT OF SUPERVISOR

RECEIVED

JUN 09 2022

COUNTY JUDGE

THE STATE OF TEXAS §
 §
COUNTY OF ELLIS §

BEFORE ME, the undersigned duly constituted authority of the State and County aforesaid, on this day personally appeared Michelle Gross, who expressed a desire to be appointed a Supervisor of Ellis County Fresh Water Supply District No. 3 (hereinafter the "District"), and who on oath did state:

1. I am at least eighteen (18) years of age, a resident citizen of the State of Texas, and own land subject to taxation within the District. I am a resident of Dallas County, a county adjacent to the county in which the District is located.

2. I am not now and have no present plans to be a developer of property in the District as defined in Section 49.052(d), Texas Water Code, as amended (a person who owns land located within the District who has divided or proposes to divide the land into two or more parts for the purpose of laying out any subdivision or any tract of land or any addition to any town or city, or for laying out suburban lots or building lots, or any lots, streets, alleys or parks or other portions intended for public use or the use of purchasers or owners of lots fronting thereon or adjacent thereto).

3. I am not, to the best of my knowledge, related within the third degree of affinity (marriage) or consanguinity (blood) to a developer of property within the District; or to any of the other proposed Supervisors of the District; or to the attorney, engineer or manager of the District or other person providing professional services to the District.

4. I am not an employee of any developer of property within the District or any other Supervisor or any attorney, engineer or manager of the District, or other person providing professional services to the District or a developer of property in the District in connection with the District or property located in the District.

5. I am not serving as an attorney, consultant, engineer, manager, architect, or in some other professional capacity for the District or a developer of property within the District.

6. Neither my employer nor I have any business or other connection with the developer of the District, the attorney representing the District, or any consulting engineer for the District in regard to the District and the development therein.

7. I am not a party to a contract with or along with the District (except, possibly, for the purchase of public services furnished by the District to the public generally) or a contract

with or along with a developer of property in the District relating to the District or property within the District (except, possibly, a contract related solely to the purpose of purchasing or conveying real property in the District for the purpose of qualifying as a director).

8. I do not, at the present time, plan to live in the District. I do plan to retain ownership of my land in the District for the indefinite future, but I anticipate that I will eventually offer it for resale.

9. I am generally familiar with the responsibilities of a director of a municipal utility district. I realize that as a ~~Supervisor~~ I will be a public official charged with the responsibility of serving the best interests of the present and future property owners, taxpayers and residents of the District.

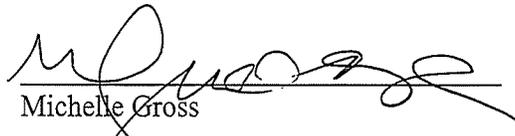
10. I am aware that the District is a public agency, that by law notice of its meetings must be posted, and that, subject to certain exceptions, its meetings must be open to the public and its records must be available for inspection by the public at all reasonable times.

11. I am aware that the District is subject to the continuing supervision of the Texas Commission on Environmental Quality, and I will fully cooperate with said Commission.

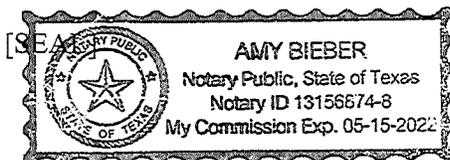
12. I am not presently an officer, director or official of the State of Texas or any other district, city, county, school district or political subdivision of this State.

13. I hereby affirm that I will faithfully execute the duties of the office of ~~Supervisor~~ of the District and will to the best of my ability preserve, protect and defend the Constitution and laws of the United States and of the State of Texas; and I hereby affirm that I have not directly or indirectly paid, offered or promised to pay, contributed or promised to contribute any money or valuable thing, or promised any public office or employment as a reward to secure this appointment.

AFFIANT:


Michelle Gross

SWORN AND SUBSCRIBED BEFORE ME this 6th day of May, 2022.




Notary Public in and for the State of Texas

COPY

RECEIVED

JUN 09 2022

COUNTY JUDGE

AFFIDAVIT OF SUPERVISOR

THE STATE OF TEXAS §
 §
COUNTY OF ELLIS §

BEFORE ME, the undersigned duly constituted authority of the State and County aforesaid, on this day personally appeared Matthew Cade Hancock, who expressed a desire to be appointed a Supervisor of Ellis County Fresh Water Supply District No. 3 (hereinafter the "District"), and who on oath did state:

1. I am at least eighteen (18) years of age, a resident citizen of the State of Texas, and own land subject to taxation within the District. I am a resident of Dallas County, a county adjacent to the county in which the District is located.

2. I am not now and have no present plans to be a developer of property in the District as defined in Section 49.052(d), Texas Water Code, as amended (a person who owns land located within the District who has divided or proposes to divide the land into two or more parts for the purpose of laying out any subdivision or any tract of land or any addition to any town or city, or for laying out suburban lots or building lots, or any lots, streets, alleys or parks or other portions intended for public use or the use of purchasers or owners of lots fronting thereon or adjacent thereto).

3. I am not, to the best of my knowledge, related within the third degree of affinity (marriage) or consanguinity (blood) to a developer of property within the District; or to any of the other proposed Supervisors of the District; or to the attorney, engineer or manager of the District or other person providing professional services to the District.

4. I am not an employee of any developer of property within the District or any other Supervisor or any attorney, engineer or manager of the District, or other person providing professional services to the District or a developer of property in the District in connection with the District or property located in the District.

5. I am not serving as an attorney, consultant, engineer, manager, architect, or in some other professional capacity for the District or a developer of property within the District.

6. Neither my employer nor I have any business or other connection with the developer of the District, the attorney representing the District, or any consulting engineer for the District in regard to the District and the development therein.

7. I am not a party to a contract with or along with the District (except, possibly, for the purchase of public services furnished by the District to the public generally) or a contract

with or along with a developer of property in the District relating to the District or property within the District (except, possibly, a contract related solely to the purpose of purchasing or conveying real property in the District for the purpose of qualifying as a director).

8. I do not, at the present time, plan to live in the District. I do plan to retain ownership of my land in the District for the indefinite future, but I anticipate that I will eventually offer it for resale.

9. I am generally familiar with the responsibilities of a director of a municipal utility district. I realize that as a ~~Supervisor~~ I will be a public official charged with the responsibility of serving the best interests of the present and future property owners, taxpayers and residents of the District.

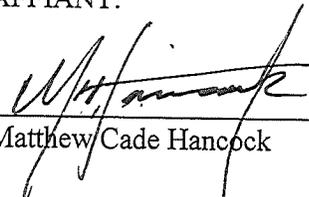
10. I am aware that the District is a public agency, that by law notice of its meetings must be posted, and that, subject to certain exceptions, its meetings must be open to the public and its records must be available for inspection by the public at all reasonable times.

11. I am aware that the District is subject to the continuing supervision of the Texas Commission on Environmental Quality, and I will fully cooperate with said Commission.

12. I am not presently an officer, director or official of the State of Texas or any other district, city, county, school district or political subdivision of this State.

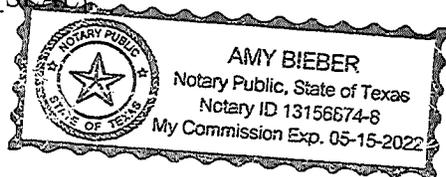
13. I hereby affirm that I will faithfully execute the duties of the office of ~~Supervisor~~ of the District and will to the best of my ability preserve, protect and defend the Constitution and laws of the United States and of the State of Texas; and I hereby affirm that I have not directly or indirectly paid, offered or promised to pay, contributed or promised to contribute any money or valuable thing, or promised any public office or employment as a reward to secure this appointment.

AFFIANT:


Matthew Cade Hancock

SWORN AND SUBSCRIBED BEFORE ME this 6th day of May, 2022.

[SEAL]




Notary Public in and for the State of Texas

COPY

AFFIDAVIT OF SUPERVISOR

RECEIVED

JUN 09 2022

COUNTY JUDGE

THE STATE OF TEXAS

§
§
§

COUNTY OF ELLIS

BEFORE ME, the undersigned duly constituted authority of the State and County aforesaid, on this day personally appeared Dane Brock, who expressed a desire to be appointed a Supervisor of Ellis County Fresh Water Supply District No. 3 (hereinafter the "District"), and who on oath did state:

1. I am at least eighteen (18) years of age, a resident citizen of the State of Texas, and own land subject to taxation within the District. I am a resident of Ellis County, a county adjacent to the county in which the District is located.

2. I am not now and have no present plans to be a developer of property in the District as defined in Section 49.052(d), Texas Water Code, as amended (a person who owns land located within the District who has divided or proposes to divide the land into two or more parts for the purpose of laying out any subdivision or any tract of land or any addition to any town or city, or for laying out suburban lots or building lots, or any lots, streets, alleys or parks or other portions intended for public use or the use of purchasers or owners of lots fronting thereon or adjacent thereto).

3. I am not, to the best of my knowledge, related within the third degree of affinity (marriage) or consanguinity (blood) to a developer of property within the District; or to any of the other proposed Supervisors of the District; or to the attorney, engineer or manager of the District or other person providing professional services to the District.

4. I am not an employee of any developer of property within the District or any other Supervisor or any attorney, engineer or manager of the District, or other person providing professional services to the District or a developer of property in the District in connection with the District or property located in the District.

5. I am not serving as an attorney, consultant, engineer, manager, architect, or in some other professional capacity for the District or a developer of property within the District.

6. Neither my employer nor I have any business or other connection with the developer of the District, the attorney representing the District, or any consulting engineer for the District in regard to the District and the development therein.

7. I am not a party to a contract with or along with the District (except, possibly, for the purchase of public services furnished by the District to the public generally) or a contract

with or along with a developer of property in the District relating to the District or property within the District (except, possibly, a contract related solely to the purpose of purchasing or conveying real property in the District for the purpose of qualifying as a director).

8. I do not, at the present time, plan to live in the District. I do plan to retain ownership of my land in the District for the indefinite future, but I anticipate that I will eventually offer it for resale.

9. I am generally familiar with the responsibilities of a director of a municipal utility district. I realize that as a ~~Supervisor~~ I will be a public official charged with the responsibility of serving the best interests of the present and future property owners, taxpayers and residents of the District.

10. I am aware that the District is a public agency, that by law notice of its meetings must be posted, and that, subject to certain exceptions, its meetings must be open to the public and its records must be available for inspection by the public at all reasonable times.

11. I am aware that the District is subject to the continuing supervision of the Texas Commission on Environmental Quality, and I will fully cooperate with said Commission.

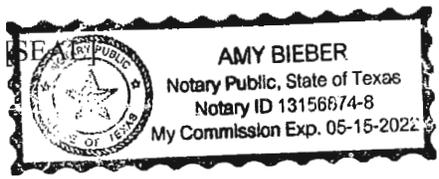
12. I am not presently an officer, director or official of the State of Texas or any other district, city, county, school district or political subdivision of this State.

13. I hereby affirm that I will faithfully execute the duties of the office of ~~Supervisor~~ of the District and will to the best of my ability preserve, protect and defend the Constitution and laws of the United States and of the State of Texas; and I hereby affirm that I have not directly or indirectly paid, offered or promised to pay, contributed or promised to contribute any money or valuable thing, or promised any public office or employment as a reward to secure this appointment.

AFFIANT:


Dane Brock

SWORN AND SUBSCRIBED BEFORE ME this 6th day of may, 2022.




Notary Public in and for the State of Texas

Waxahachie Civic Center

P.O. Box 757, 2000 Civic Center Lane, Waxahachie, Texas 75168
(469) 309-4040



THE STATE OF TEXAS
COUNTY OF ELLIS
CITY OF WAXAHACHIE

This agreement, made and entered into this _____ day of _____, _____, by and between the City of Waxahachie, acting by and through its Civic Center Director, hereinafter called Lessor, and _____, hereinafter called Lessee, witness:

I. That upon the terms and conditions herein expressed and in consideration of the covenants and agreements herein expressed and of the faithful performance by the Lessee of all such covenants and agreements, the Lessor does hereby grant unto the Lessee the right to use and occupy the following described space, facilities and premises located in the Waxahachie Civic Center and grounds, City of Waxahachie, County of Ellis, Texas, to wit:

to be used for the purpose of _____ and for no other purpose without the written consent of the Lessor for a term commencing at _____ o'clock _____ m. on the _____ day of _____, _____, and terminating at _____ o'clock _____ m. on the _____ day of _____, _____, together with the further right of access to, and a limited use thereof for _____ hours prior to the hour first stated and _____ hours after the last stated, for the purpose of putting in equipment, preparing the premises and equipment for use, and packing up and removing equipment afterwards.

II. Lessee hereby covenants and agrees to pay to Lessor, at its office, for use of said premises:

a. The sum of _____ dollars (\$ _____), or _____ % of the gross receipts of such performance or event, whichever amount is greater.

b. And charges as follows:

- Space _____
- Early move in _____
- Late move out _____
- Security officers _____
- Misc. _____
- Misc. _____

TOTAL _____

c. The balance due, if any, on a percentage basis for a ticketed event, shall be paid immediately after the holding of the performance or event. Such payment to be supported by a detailed box office statement; and Lessee further covenants and agrees to pay to Lessor on demand any and all sums which may be due to Lessor for additional services, accommodations or materials furnished to or loaned to Lessee, a copy of the request by Lessee for additional services, if any, is attached hereto and made a part hereof for all purposes, and Lessee agrees to permit the Civic Center Director, in case of failure to pay any sum due to Lessor, to take from the box office receipts belonging to Lessee, a sufficient amount to pay said sums to Lessor.

III. The Civic Center Director reserves the right to refuse rental and facilities of the Waxahachie Civic Center unless full payment is made as stipulated in this contractual agreement.

IV. This agreement is made and entered into upon the following covenants and conditions, all and every one of which the Lessee hereby covenants and agrees to and with the Lessor to keep and perform:

1. Indemnities and Insurance:

(a) Lessee hereby covenants and agrees to hold harmless and relieve and discharge the City of Waxahachie, its officers and employees, from any and all liability for loss, injury, or damages to any person or persons for personal injuries or death of any person or persons, or loss or damage to property occasioned by or sustained by reason of the occupancy and use of the Waxahachie Civic Center and/or the facilities thereof.

(b) Lessee hereby covenants and agrees to pay for any and all damage to the Civic Center building and damage to or loss of any of the property or equipment of the Civic Center or for any other City property, resulting **either directly or indirectly** from such occupancy or use of the Civic Center, by or through the negligence and/or the acts of Lessee, his agents, employees or any person or persons participating in or attending the performance, attraction, event or affair in connection with or during said use and occupancy.

(c) Lessee at the discretion of Lessor, shall secure at its own expense and provide Lessor with evidence that it has comprehensive general liability insurance, including products and liquor liability, in the amount of One Million and No/100 (\$1,000,000.00) Dollars written and issued by an insurance company authorized by the State Board of Insurance at Austin, Texas, to do business in the State of Texas (see also Policies and Procedures). **Lessor shall be named as certificate holder or as additionally insured in said policy of insurance.**

_____ INITIALS

(d) Lessee shall at the discretion of the Civic Center Director procure Workmen's Compensation Insurance protecting the agents and/or employees of Lessee as required by the laws of the State of Texas. Lessee agrees to pay or cause to be paid all compensation, medical, or hospital bills which may become due or payable thereunder, and to protect and indemnify Lessor from and against any and all liability by reason of injury to the agents and/or employees of Lessee.

2. PREMISES

(a) Lessor shall permit Lessee to peaceably and quietly have and enjoy the use of the premises hereinabove specifically described for the purpose and for the term aforesaid, including corridors necessary to accommodate patrons, and restroom conveniences customarily open to the general public.

(b) Neither the halls nor ramps of said building or premises, nor the sidewalks, entrances or lobby thereof shall be obstructed by Lessee nor used for any other purposes than **ingress or egress**, and Lessee will not permit any chairs or moveable seats to be or remain in the passageways, and will keep such passageways clear at all times.

(c) Lessor, through its Civic Center Director, police officers, firemen and other designated representatives, shall have the right at any time to enter any portion of the premises hereinbefore described for any purpose whatsoever and the entire Civic Center building and facilities, including the premises expressly covered by this agreement, shall at all times be under the charge and control of the Civic Center Director, or his authorized agent. The keys to the premises shall remain in possession of Lessor or its Civic Center Director, but during the period covered by this agreement, the entrances and exits of the premises shall be locked under the direction of Lessee in accordance with the terms of this contract.

(d) Lessee shall not assign this agreement or any part thereof, nor suffer any use of said premises other than herein specified, without the written consent of Lessor.

(e) If the Lessee, being entitled to possession hereunder shall fail for any reason to take possession of or use the premises **without the written** consent of Lessor, **no rent refund** shall be made and any payment made to Lessor shall be taken by Lessor and the full rent called for by this agreement, including any disbursements or expenses incurred by Lessor in connection therewith, shall be payable by the Lessee to the Lessor.

(f) In case the premises covered by this agreement, or the building of which such premises are a part be destroyed or damaged by fire or any other cause, or if any other casualty or unforeseen occurrence or other cause herein specified shall render the fulfillment of this contract by Lessor impossible, then the term of this contract shall end and Lessee shall be liable to pay rent only up to the time of such termination and Lessee hereby waives and releases any claim for damages or compensation on account of such termination.

(g) The Lessee accepts such premises as suitable for the purposes for which same are leased and accepts the building and each and every appurtenance thereof, and waives defects therein and agrees to hold Lessor harmless from all claims for any such damage.

(h) The lessee shall return the facility as closed to the condition it was received. Any major repair or outside cleaning cost will be passed on to the lessee. All trash must be bagged and removed after the event is completed in the civic centers outside dumpster. Bags will be provided by the center. The time it takes to clean is part of the event time and if more time is needed additional cost will occur.

(i) **Cancellation, Rescheduling and Optional Terms:** Upon completion of the initial 12 month rental term and with prior approval of Lessor, the Lessee may exercise a second 12 month optional rental term. Upon completion of the second 12 month optional rental term and with prior approval of Lessor, the Lessee may exercise a third 12 month optional rental term. Rental rates for each optional rental term must be mutually agreed upon by Lessee and Lessor prior to the commencement of the optional rental term(s). Lessee shall provide written notice of intention to exercise or not exercise the optional rental term to Lessor no later than 180 days prior to the termination of the current rental term. Optional rental term dates are subject to availability; submit optional term dates 8-12 months prior to end of current rental term is suggested.

3. EXPIRATION OF LEASE:

(a) At the expiration of this lease, as herein before set forth, Lessee shall quit the premises and return to the Civic Center Director all equipment and facilities procured in as good condition and repair as when acquired except for ordinary wear and use.

(b) Lessor reserves the right after the termination of the time for which the said premises are rented by this agreement to remove from the building all effects remaining therein and to store the same wherever it sees fit in its name, or at its option, in the name of Lessee but at the **cost, expense and risk of Lessee**, and Lessor shall not be liable in any way to Lessees on account of so removing and storing any such effects. For such additional period beyond the term of this agreement as any effects of Lessee may so remain in the building Lessor shall be entitled to charge a sum per day.

4. UTILITIES:

(a) Lessor shall furnish at Lessor's expense, heat, water, lights and air conditioning necessary for Lessee's use during the term of this contract deemed necessary by the Civic Center Director, and all necessary janitor service deemed necessary by the Civic Center Director and cause the premises hereinabove described to be kept clean and generally cared for during the term of this contract, except that Lessor shall not be responsible for or liable to Lessee for any loss resulting from any lack of heat, water, lights or air conditioning due to an act of God or the failure of equipment to operate or function properly through no fault or act of Lessor. All utilities will be furnished from present openings on the premises covered by this agreement, and no gasoline, oil flashlights or any other artificial lighting or light plants or electrical equipment shall be permitted. No engine, motor or machinery shall be operated on the premises without the written consent of the Civic Center Director.

(b) Unless otherwise authorized by the Civic Center Director, all plumbing, electricity, or carpenter work to be done on

INITIALS _____

the premises in connection with the use authorized herein and all electrical current or domestic gas required shall be done or furnished by Lessor, or its approved representative, for which Lessee shall pay Lessor for on the basis of the rates set forth in the schedule of rates on file in the office of the Civic Center Director. Any connection or disconnection to the above systems must be completed by the Waxahachie Civic Center's technician. All electrical equipment must be U.L. and City of Waxahachie approved. Access to equipment rooms or utility boxes are prohibited without authorization from a facility staff member.

5. CONCESSION SALES. Lessor reserves unto itself for its assigned agents the sole right to: (a) Sell or dispense programs, librettos, periodicals, books, magazines, newspapers, soft drinks flowers, tobaccos, candies, foods, phonograph records, clothing articles, snack foods, novelties, or any related merchandise commonly sold or dispensed in the Civic Center. (b) Lessor or its assigned agents shall allow the Lessee or its authorized representative to dispense or sell the said items only on written consent of the Civic Center Director or Lessor's agent. Lessee agrees to pay to Lessor or its agent a percentage of the gross sales receipts on the basis of the rates set forth in the schedule of rates on file in the office of the Civic Center Director.

6. PARKING LOTS. Lessor reserves the right to maintain and operate the Civic Center parking lots located within the area under the supervision and control of the Civic Center Director.

7. PERSONNEL.

(a) Rental of the premises herein above described at the rates provided shall not entitle the Lessee to any personal service in connection with the staging of the event or attraction for which the permit is issued, provided, however, that the Civic Center Director may in his discretion, furnish at no extra cost, the services of those employees of the City of Waxahachie who are regularly employed as a part of the Civic Center Staff, but such service shall not include extra services not normally provided by the Civic Center and not normally performed by the Civic Center Staff. Lessee shall hire and pay the salaries of all other employees required in connection with the event of attraction including the salaries of all stage employees, front lamp operators, projectionists, ticket takers, ushers, doormen and off duty Waxahachie Police, County Deputies or State Troopers.

(b) Lessor reserves the right at all times to control the ushers, gatemen, ticket takers and all other employees of Lessee and the right to remove from the premises any and all such employees of Lessee and the right, with its officers and agents, including police officers, to eject any objectionable person or persons from the building and premises. Lessee hereby releases, relinquishes and discharges, and agrees to indemnify, protect and save harmless Lessor, of and from any and all claims, demands and liability for any loss, damage or injury to said ushers, gatemen, ticket takers, invitees and all other employees of Lessee arising out of the exercise of this authority; and in the event of the exercise of this authority, Lessee hereby waives any and all claims for damages against the City of Waxahachie and its officers and employees on account thereof.

8. PROGRAM REQUIREMENT. Lessee shall file with the Civic Center Director, at least ten (10) days prior to holding the performance or attraction authorized herein, a full and detailed outline of all facilities required, all stage requirements, the corridor, public address system, spotlight requirements, estimated attendance and chair set-up and such other information as may be required by the Civic Center Director concerning such event or attraction.

9. SCHEDULING. Unless otherwise specified in writing, the Civic Center Director shall be privileged to schedule other similar events both before and after the dates of this contract without notice to Lessee. All reservations made for the purpose of rehearsing shall be subject to cancellation by the Civic Center Director with 24-hour notice when it is in the best interest of the Civic Center Director and the City of Waxahachie.

10. Lessee shall not sell or distribute or permit to be sold or distributed, tickets or passes in excess of the seating capacity of the facility or facilities hereinabove described.

11. TICKET PRICES. Lessee is required to sell all tickets at the prices advertised, and no deviation will be allowed unless approved by the Civic Center Director, when said sales are subject to a percentage.

12. OPENING HOURS. Lessee must open the doors of his attraction as advertised unless otherwise agreed upon as necessity indicates.

13. INTERMISSION. Lessee agrees that for all programs lasting two hours or more, excepting religious services or other engagements specifically excluded, an intermission of not less than twenty (20) minutes shall be held, subject to modification by the Civic Center Director when necessary to meet unusual conditions.

14. CONDUCT OF ENTERTAINERS AND SHOW MANAGERS WITH YOUNG PEOPLE'S ATTRACTION.

(a) Entertainers are to sign no autographs or leave the backstage and dressing room areas except to appear on stage for performance.

(b) No souvenirs or novelty items should be sold that lend themselves to being thrown.

(c) Conduct of entertainers while giving their performance should not be such as to deliberately indicate or entice patrons to leave their seats, or tend to create hazardous, uncontrollable crowd situation. Examples of conduct to avoid should be physical contact with members of the audience; throwing of items and souvenirs to audience or picking up items thrown by audience.

(d) Emcees are instructed to admonish crowd and make appeals for good conduct indicating consequence to those who leave their seats.

(e) Level of illumination in seating area must be sufficient to allow surveillance of the crowd and to readily detect disturbances.

15. EXHIBIT ENTRANCES. All articles, exhibits, fixtures, materials, displays, etc. shall be brought into or out of the hereinabove described premises only at such entrances as may be designated by the City Center Director.

16. MOVIE PROJECTORS. No moving picture machines or films in excess of 16mm. size or any nitro-cellulose film will be permitted in the Civic Center Building unless same shall have been first approved by the Civic Center Director and the fire marshal for the City of Waxahachie.

INITIALS _____

17. **TICKET AND ACCOUNT CONTROL OF LESSEE.** In connection with any use of the Civic Center facilities upon a percentage basis, the Civic Center Director shall have the right, whether such right is expressly mentioned in the lease or not, to prescribe the form of tickets, accounts, records, and reports that shall be used by Lessee in staging the event or attraction and in accounting for the gross receipts thereof, and at any and all times make, by himself or by his authorized representative such investigation or inspection of any or all of Lessee's tickets, accounts, records, and reports as may, in his opinion, be required for the purpose of verifying the amount of such gross receipts. Whether provided in this lease, or not, the Lessee shall secure all admission or other tickets from a bonded ticket printing company with the approval of the Waxahachie Civic Center Director, and Lessee shall direct that said ticket company transmit the ticket manifest directly to the Civic Center Director, and samples of all passes and the number of passes which may be issued must meet with the approval of the Civic Center Director, Lessee shall be required to account for the unpaid admission in excess of the approved number of passes, as though the full admission charge had been paid therefor. Lessee shall pay all taxes on tickets used in connection with the performance, exhibition or entertainment.

18. **HANDLING OF FUNDS.** In the handling, control, custody and keeping of funds, whether the same are received through the box office or otherwise, the Civic Center Director is acting for the accommodation of Lessee, and as to such funds the Civic Center Director and/or the City of Waxahachie shall not be liable to Lessee or to any other person for any loss, theft or defalcation thereof, whether such loss, theft or defalcation is caused or done by employees of the City of Waxahachie or otherwise; nor shall any officer or employee of the City of Waxahachie be liable for any loss, theft or defalcation of such funds unless he willfully caused or permitted the same or unless it was proximately caused by his own gross negligence.

19. **FIRE HAZARDS.** Lessee shall not bring or permit anyone to bring into said building or premises or keep therein anything that will increase the fire hazard or the rate of insurance on the said building or premises therein. Lessee shall not bring or permit any person to bring into said building or premises any animals or any other property of any kind, without the consent of the Civic Center Director and shall not place or put up any decorations without the consent of the Civic Center Director. Lessor reserves the right at any time to require Lessee to remove from the premises any animals, furniture, fixtures, wiring, exhibits, equipment or other things placed therein without the consent of Lessee.

20. **FIRST AID** Any event that estimates 1000 or more participants, lessee is to provide certified first aid personnel during the event time. An approved list of EMT's is available or the lessee can choose an outside source as long as a 30-day written notice is given (See Contractors Requirements). Lessee assumes total responsibility for the qualifications and actions of first aid personnel. Any accidents or incidents requiring first aid treatment must have a written report and a copy filed with the Waxahachie Civic Center before close of business day.

21. **HANDING OR POSTERING.**

(a) Lessee will not cause or permit any nails or other things to be driven into any portion of any building in the Civic Center, nor any signs to be affixed either to the exterior or interior thereof or to any property thereof, nor cause or permit any changes, alterations, repairs, painting or staining of any part of the Civic Center or the furnishings or equipment thereof, or the adjoining city owned parking areas, nor do, nor permit to be done anything which will damage or change the appearance of any building or the furnishings thereof. Lessee shall pay the cost of repairing any and all injury and damage which may be done to the said buildings or any of the fixtures, or furnishings, or equipment thereof by any act of Lessee or any of its employees or agents or anyone visiting the premises upon the invitation of the Lessee including all patrons of the attraction or function for which Lessee is hereby renting the premises hereinabove described. It is expressly agreed that the Civic Center Director shall determine whether any such damage has been done, the amount thereof and the reasonable cost of repairing the same, and whether it is one for which, under the terms of this agreement, Lessee is to be held responsible. The decision of the Civic Center Manager shall be final.

(b) If in connection with the purpose or use for which Lessee is renting the premises any of the permanent seats, any portion of the stage, or floor, or ceiling tiles, or other furnishings or fixtures are moved or removed, Lessee agrees to pay the cost of replacing the same and putting them back in the same condition and place as they were before such removal.

(c) Lessee will not post or exhibit, nor allow to be posted or exhibited, signs, advertisements, show bills, lithographs, posters or cards, or printing of any description, inside or in front, or on any part of any Civic Center Building, except upon any regular billboard or similar area provided by the Lessor therefor, and will use, post or exhibit only such signs, advertisements, showbills, lithographs, posters, or cards, or printing of any description upon said billboards or similar areas as relate to the performance or exhibition to be given in the said premises; and Lessee shall take down and remove forthwith all signs, advertisements, show bills, lithographs, posters, or card or printing of any description objected to by said Lessor or its Civic Center Director.

22. **LICENSES AND LAWS.** Lessee shall comply with all laws of the United States, and the State of Texas, all ordinances of the City of Waxahachie and all rules and requirements of the Ellis County Sheriff's Department, City Police and Fire Departments, or other county or municipal authorities in Ellis County and the City of Waxahachie, and will obtain and pay for all necessary permits and licenses, and will not do, nor suffer to be done, anything on the hereinabove described premises during the term of this agreement in violation of any such laws, ordinances, rules or requirements, and if the attention of Lessee is called to any such violation on the part of said Lessee, or of any person employed by or admitted to said premises by said Lessee, such Lessee will immediately desist from and correct such violations.

23. **BROADCASTING.** No Lessee shall broadcast or telecast or authorize or permit to be broadcast or telecast from the hereinabove described premises or any Civic Center property or the adjoining city owned parking lots over any radio or television system any part of any event or program or speech of whatsoever nature, until and unless the Civic Center Director shall grant his written permission therefor. Written permission will not be required for radio or television stations to tape or film segments of the performance, event, program or speech for news reporting purposes.

24. **POLICE PROTECTION.** Lessee shall furnish salaried security personnel for such police protection as may be required by the Civic Center Director during the occupancy of such Lessee, and if any Lessee fails or refuses to furnish salaried security guards for police protection satisfactory to the Civic Center Director, the Civic Center Director may furnish same and charge the cost thereof to Lessee.

INITIALS _____

25. LOST ARTICLES. The Civic Center Manager or his representative shall have the sole right to collect and have the custody of articles left in the premises hereinabove described by persons attending any performance, exhibition, or entertainment given or held in the premises, and the Lessee or any person in the Lessee's employ shall not collect nor interfere with the collection or custody of such articles.

26. STORAGE. Lessor assumes no responsibility whatsoever for any property placed in or on said premises, and said Lessor is hereby expressly released and discharged from any and all liabilities for any loss, injury or damages to persons or property that may be sustained by reason of the occupancy of said premises under this agreement; and all watchmen or other protective service desired by the Lessee must be arranged for by special arrangement with the Civic Center Director.

27. ILLEGAL PERFORMANCE. Lessee hereby agrees that no performance, exhibition or entertainment shall be given or held in the premises herein described which is illegal, indecent, obscene or immoral, and should any such exhibition or performance or any part thereof be deemed by the Civic Center Director to be illegal, or indecent, obscene, lewd, immoral or in any manner offensive to persons of ordinary sensibilities then the said Civic Center Director on the part of the Lessor, shall have the right to demand of Lessee that he immediately delete such portions of the production as have received such criticism, or to rewrite or have changed the said attractions so that it will not be publicly offensive and the Lessee agrees immediately upon receipt by it of such notice to make such changes.

28. ADVERTISEMENTS. Lessee shall not circulate or publish or cause to be published or circulated any advertisement, tickets, placard, or other written or printed matter wherein Lessor's name or the Civic Center is mentioned or referred to without first having obtained written consent and approval of the Civic Center Director.

29. Lessee will not sell or allow beer, wine, or any liquors of alcoholic content to be sold, given away or used upon said premises without the prior written consent of Lessor, and then only in accordance with the rules and regulations promulgated by Lessor or its Civic Center Director and in compliance with the laws of the State of Texas regulating the sale and use of alcoholic beverages.

30. POLICIES AND PROCEDURES. Lessee and its agents, employees and contractors shall abide by and conform with all of the provisions of the City of Waxahachie, and all Federal, State or County laws, statutes ordinances, resolutions or regulations which are applicable to the use and occupancy of the premises under this lease or the conduct by Lessee of its operations hereunder.

31. ALCOHOL. **At any time alcoholic beverages are being consumed in the Civic Center, Lessee will be required to have Waxahachie Police officers on duty from the start of the event and until lessee's event time expires. One officer per every 100 guests at Lessee's expense. See also alcohol policy for specific requirements.**

32. DEFAULT, CURE, ACCELERATION. The Lessee covenants that if it shall fail to pay any installment of rent or any part thereof at the times above specified or fails to perform any other covenant contained herein, or if Lessee shall make an assignment for the benefit of creditor or if a petition shall be filed to have it adjudicated a bankrupt, whether voluntary or involuntary, or if an execution issue against Lessee and it shall fail to procure a stay thereof within thirty (30) days after the entry of same or otherwise fail to satisfy a judgment against it then and in such event this lease, at the option of the Lessor, shall cease and terminate and Lessor may, but shall not be required to, lease the premises to others. In the event of such termination, the entire unpaid portion of the total rental as set forth in Article II of this lease shall thereupon immediately become due and payable. It is specifically provided and agreed, however, that the failure of Lessor to enforce any or all of its remedies in the event of one breach or repeated breaches by Lessee of any of the provisions of this lease shall not constitute or be deemed to be a waiver by Lessor of any such remedies in the event of additional breaches or violations by Lessee.

33. ATTORNEYS' FEES. Lessee agrees to pay ten (10) percent attorneys' fees on any amount payable by it under any part of this entire agreement which may be collected by suit.

IN WITNESS WHEREOF, said City of Waxahachie, a city in the State of Texas, acting through its Civic Center Director, Lessor, and _____, Lessee have caused these presents to be signed in duplicate this _____ day of _____, _____.

CITY OF WAXAHACHIE, LESSOR

Lessee

By April Ortiz
Waxahachie Civic Center Director

by _____

Service Contract

With



For

Ambulance Services





Ambulance Services Agreement

This Ambulance Services Contract (“Agreement”) is made and entered into this 3rd day of January, 2016, at 7:00a.m. by and between the City of Waxahachie, a public entity (“City of Waxahachie”), and American Medical Response Ambulance Service, Inc., a Delaware corporation (“AMR”).

- A. The City of Waxahachie is a political subdivision of the State of Texas (the “State”) with authority over the delivery of pre-hospital emergency medical services (“EMS”) within its jurisdiction.
- B. AMR is a licensed provider of high quality EMS with the capability to provide EMS within the City of Waxahachie’s jurisdiction.
- C. In order to ensure that residents and visitors within the City of Waxahachie’s jurisdiction receive appropriate EMS when required as a result of injury or illness, the City of Waxahachie’s Governing Body (the “Governing Body”) desires to grant AMR the exclusive right to provide the specific EMS described herein, and AMR desires to provide such EMS, subject to the terms and conditions specified herein.

NOW, THEREFORE, in consideration of their mutual promises, the parties hereby agree as follows:

1. Exclusive Operating Area.

- 1.1 The City of Waxahachie hereby grants AMR the exclusive right to provide the Services described on Appendix B (the “Services”) within the service area specified in such Appendix A (the “City of Waxahachie EMS Service Area”). The City of Waxahachie shall require all public safety answering points and communications facilities authorized to receive emergency medical calls and/or to dispatch emergency ambulances within the Service Area (“Communications Centers”) to direct such calls to AMR in accordance with the dispatch protocols agreed upon by AMR and the City of Waxahachie (“Dispatch Protocols”). Subject to Section 1.2, The City of Waxahachie shall not permit any other provider of ambulance services to respond to medical calls within the Service Area requiring emergency or non-emergency dispatch, regardless of whether such calls are placed through the 911 system or to a ten (10) digit number. The City of Waxahachie shall require that all such emergency and non-emergency calls, including those received on ten (10) digit numbers, be routed to AMR.
- 1.2 Notwithstanding the foregoing, AMR may enter into subcontracts and mutual aid agreements with licensed ambulance providers, as deemed necessary by AMR to insure adequate coverage throughout the Service Area. All subcontractors (“Subcontractors”) shall meet the applicable requirements of this Agreement. The local EMS Administrator or Designee shall have the ability to approve or disapprove subcontractors as mutual aid partners.

2. Ambulance Services.

- 2.1 AMR shall respond, or request that a mutual aid provider or Subcontractor respond, to all requests for Services within the Service Area from a Communications Center.



Ambulance Services Agreement

- 2.2 AMR shall respond to all requests for Services from a Communications Center using an MICU Ambulance. Each MICU Ambulance shall be staffed with two personnel, at least one of whom shall be licensed or certified as an Emergency Medical Technician—Paramedic (“Paramedic”) and at least one of whom shall be licensed or certified at the level of EMT-Basic.
- 2.3 All ambulances used to provide Services (the “Ambulances”) shall be licensed and equipped with all supplies and equipment required by State law and by City of Waxahachie policies and procedures agreed upon by AMR (“City of Waxahachie Policies”), and shall be maintained in good working order in accordance with AMR’s maintenance policies and procedures. The Ambulances shall also comply with the vehicle specifications set forth on Appendix F.
- 2.4 AMR will perform its own dispatching. Calls received by the PSAPs (Primary Safety Answering Points) within the City of Waxahachie shall be immediately transferred to AMR in accordance with the Dispatch Protocols as agreed upon by all parties. The City of Waxahachie agrees to allow AMR access to the established radio system utilized by the City of Waxahachie in order to complete EMS radio dispatch services for the City of Waxahachie. AMR will provide all radio and connectivity equipment to ensure appropriate use of established radio system(s). AMR will work collaboratively with City officials in the development of appropriate radio dispatch protocols.
- 2.5 AMR, its Ambulances and AMR Personnel shall comply with all federal, State and local laws, and with all the City of Waxahachie Policies. Without limiting the foregoing, all AMR personnel and Ambulances shall be fully licensed or certified as required by law and shall comply with all licensing, certification or other laws.
- 2.6 AMR shall perform the Services in accordance with prevailing standards of care in the ambulance industry. To help ensure maintenance of such standards, AMR shall operate a quality improvement program consistent with industry standards.
- 2.7 AMR shall perform the additional services specified in Appendix B.

3. Response Time Standards; Deployment.

This is a PERFORMANCE BASED agreement. AMR shall deploy a sufficient number of Ambulances necessary for it to substantially comply with the Response Time Standards set forth in Appendix G (“Response Time Compliance”). In the event AMR’s overall response time compliance in the aggregate, is below ninety percent (90%) for any two (2) consecutive months, AMR shall deploy sufficient additional Ambulances to meet or exceed that level.

4. Term.

- 4.1 AMR shall commence providing services hereunder effective at 7:00 a.m. on January 3rd, 2016, and this Agreement shall continue in full force and effect for three (3) years, through 7:00 a.m. on January 3rd, 2019 (the “Initial Term”).



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- 4.2 There will be two (2) optional two (2) year renewal periods following the Initial Term.
- a. Renewal(s) shall only be exercised if AMR is successful in meeting the Response Time Compliance standards in Appendix G and the City of Waxahachie is satisfied with the services provided by AMR.
 - b. Renewals shall only occur with written approval from the City of Waxahachie which shall occur at least ninety (90) days prior to the end of the present term. Failure of the City of Waxahachie to provide a renewal letter shall serve as Notice of Nonrenewal.

5. City of Waxahachie's Consideration.

As part of the consideration of AMR's undertakings hereunder, the City of Waxahachie shall provide the following to AMR:

- 5.1 The City of Waxahachie shall pay AMR a subsidy in the amount of \$169,233.00 per year, payable in four (4) equal payments of \$42,305.75, which shall be made no later than the tenth (10th) day of the month following the end of the quarter.
- a. A price redetermination may be considered by the City of Waxahachie only on October 1st of each year of the Agreement. All requests for price redetermination shall be in written form, shall be submitted at least ninety (90) days prior to October 1st of each year and shall include supporting documentation.
 - b. Requests for price redetermination shall be based on the percentage increase for the previous twelve (12) month period in the medical component of the Consumer Price Index (CPI) calculated to the next 1/19th of one percent (1%) of the South region for All Urban Consumers as published by the United State Department of Labor. For purposes of this Agreement, the Medical CPI shall not exceed an annual increase of three percent (3%).
 - c. In order to receive consideration for a price redetermination, the Offeror must be in good standing, meet the minimum requirements of the Agreement, and be performing at or above the 90% level of the Response Time Compliance standards.
- 5.2 If desired by AMR, terms and conditions in the form of a lease agreement for the City's EMS Station shall be in a separate agreement from this service agreement. The City of Waxahachie may in the future permit AMR to utilize the fire stations and/or other facilities specified in Appendix I to house the Ambulances and AMR Personnel. If applicable, AMR and Waxahachie Fire-Rescue (WFR) officials shall work collaboratively to develop policy and protocols regarding cohabitation of Fire and EMS personnel.
- 5.3 Subject to Section 2.4, the City of Waxahachie shall perform, or assist AMR in performing, dispatching services by accepting and processing call in its Communications Centers, in accordance with the Dispatch Policies.



Ambulance Services Agreement

5.4 The WFR shall provide medical first response at the BLS level with the local option to coordinate with the medical director to provide ALS (“First Responder Services”). The City of Waxahachie and its medical first responder personnel (“City of Waxahachie Personnel”) shall comply with the requirements set forth in Appendix J.

6. Termination.

6.1 Notwithstanding Section 4, the City of Waxahachie may terminate this Agreement in the event of material breach (“Material Breach”) by AMR of this Agreement. Material Breach shall include:

- a. Failure to operate the system in a manner consistent with Federal, State and Local laws, rules and regulations;
- b. Failure to provide Services consistent with the prevailing standards of care in the ambulance industry, such that the continued delivery of such Services would pose a serious and imminent threat to the health and safety to the residents of the Service Area;
- c. Failure to provide the data or access to records as required by this Agreement within ten days of written notice by the City of Waxahachie citing the relevant section of this Agreement;
- d. Intentionally supplying misleading information with regard to records, documents, dates or time kept for the purpose of determining AMR’s performance under the terms of this Agreement. Upon detection of accidental or unintentional error, AMR shall notify the City of Waxahachie immediately;
- e. Continued failure of AMR, its employees, its agents, or its representatives to conduct themselves in a professional and courteous manner including professional appearance;
- f. Failure to substantially and consistently meet or exceed the response time standards and/or the various clinical standards provided for in the Agreement;
- g. Failure to maintain equipment in accordance with manufacturer or industry maintenance practices as outline in the Agreement;
- h. Failure to furnish key personnel of quality and experience;
- i. Failure to submit scheduled or ad hoc reports, or other information;
- j. Making an assignment for the benefit of creditors; filing a petition for bankruptcy; being adjudicated insolvent or bankrupt; petitioning by custodian, receiver or trustee for a substantial part of its property; or commencing any proceeding relating to it under the bankruptcy, reorganization arrangements, readjustment of debt, dissolution or liquidation law or statute;



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- k. Failure to maintain insurance requirements or provide timely notification of policy changes;
 - l. Any other failure of performance required in the Agreement which is determined to constitute an endangerment to public health and safety, or not be in the best interest of the City of Waxahachie;
 - m. Failure to pay penalties within the requirements of the Agreement;
 - n. Failure to maintain any type of license, permit, or certification required by law in order to fulfill the requirements of the Agreement or in order to avoid fines and penalties imposed by law;
 - o. Persistent and repeated failures of AMR to comply with any of the performance requirements;
 - p. Continued failure to comply with any other material provision of this Agreement.
- 6.2 As a condition precedent to termination by the City of Waxahachie, the City of Waxahachie shall provide AMR with no less than thirty (30) days' advance written notice citing, with specificity, the basis for the Material Breach (the "Breach Notice"). In the event AMR shall have cured the Material Breach within such thirty (30) days period, or such longer period as may be specified in the Breach Notice, this Agreement shall remain in full force and effect. In the event the City of Waxahachie reasonably deems AMR to remain in Material Breach as of the end of the notice period specified in the Breach Notice, the City of Waxahachie shall provide AMR with a notice of termination ("Termination Notice"), setting forth the specific reasons the City of Waxahachie believes AMR remains in Material Breach and the effective date of termination ("Termination Date"), which shall be no less than thirty (30) days from the date of the Termination Notice.
- 6.3 AMR may appeal the City of Waxahachie's Breach Notice or Termination Notice, by filing a notice of appeal ("Appeal Notice") with the City of Waxahachie's Governing Body at least twenty days prior to the Termination Date. Following receipt of such Appeal Notice, the Governing Body shall hold a hearing as soon as reasonably practicable, in which AMR shall be entitled to contest the Breach Notice and/or Termination Notice, as the case may be. The City of Waxahachie's Governing Body may affirm or reverse the Breach or Termination Notice, or may provide AMR with additional time within which to cure the Material Breach. Notwithstanding Section 6.2, this Agreement shall remain in effect until the City of Waxahachie's Governing Body has issued a written decision following the appeal. The written decision of the City of Waxahachie's Governing Body shall be binding on the parties. Notwithstanding the foregoing, nothing herein shall impair the rights of either party to seek damages or such other relief as may be available under applicable law in a court of competent jurisdiction.



Ambulance Services Agreement

- 6.4 AMR shall post a performance bond in the amount of five hundred thousand (\$500,000.00) to secure its performance hereunder. Such performance bond may consist of either a surety bond issued by a licensed insurer or surety or a letter of credit issued by a licensed bank. In the event of termination by the City of Waxahachie due to Material Breach by AMR, the City of Waxahachie shall be entitled to draw on such performance bond.
- 6.5 AMR may terminate this Agreement with or without cause upon one hundred eighty (180) days' written notice to the City of Waxahachie. Termination with a shorter period of notification shall result in reimbursement of one hundred thousand dollars (\$100,000) of the subsidy from AMR to the City of Waxahachie.
- 6.6 In the event of termination by either party for any reason, or of expiration of this Agreement, AMR shall cooperate with the City of Waxahachie and with the successor provider to help ensure a smooth transition.

7. Billing and Payment.

- 7.1 AMR shall be solely entitled to perform, and responsible for performing, billing of patients and third party payers for EMS Transport Services provided hereunder. The City of Waxahachie shall not bill, or permit any other party to bill patients or third party payers, for EMS, including but not limited to transport, first response or dispatch services provided in connection with an Emergency Call.
- 7.2 AMR shall comply with all applicable laws governing billing and collection, including but not limited to laws and regulations applicable to patients covered by Medicare, Medicaid, Tricare and other public or private reimbursement programs.
- 7.3 AMR shall further comply with the rate requirements set forth in the City of Waxahachie Policy or ordinance set forth in Appendix K. The City of Waxahachie agrees that it shall increase such rates on an annual basis in an amount equal to any increase in the Consumer Price Index for All Urban Consumers (CPI-U) for the U.S. City Average, average of "Medical Care" and "Transportation" Major Groups (or any successor indices). Further, AMR may request an additional increase based on cost factors such as unexpected or unusual increases in the cost of fuel, supplies or labor, or new regulatory or patient care standards, and the City of Waxahachie shall grant any such request if supported by credible documentation.

8. Records.

- 8.1 AMR shall maintain accurate books, documents and records reflecting the Services provided and all bills or claims submitted to patients or third party payers. All such records should be prepared and maintained in accordance with applicable law, including but not limited to the Health Insurance Portability and Accountability Act of 1996 and applicable regulations promulgated thereunder ("HIPAA").



Ambulance Services Agreement

8.2 Subject to all applicable laws and regulations, the City of Waxahachie shall be entitled to review and inspect such records to the extent necessary to ensure compliance with the terms of this Agreement. Any such review or inspection shall occur at AMR's premises, during regular business hours, upon not less than two full business days' advanced written notice.

9. Mutual Cooperation.

9.1 The parties shall fully cooperate with each other to assist AMR in the performance of this Agreement.

9.2 Each party shall designate a primary liaison who shall be the primary point of contact for the other party in connection with the performance of this Agreement. In the event either party is dissatisfied with the other party's conduct or performance related to this Agreement, the primary liaison for each party shall meet and confer, with such other personnel as they may deem appropriate, in order to informally resolve such issue, if possible.

9.3 AMR will transport any City of Waxahachie Fire Department or Police Department personnel who are injured in the line of duty at no charge to either the City of Waxahachie or the injured person.

10. Insurance.

Each party shall maintain, throughout the term of this Agreement, the insurance coverage specified in Appendix L. Each party shall furnish to the other certificates evidencing such coverage prior to the effective date hereof, and each party shall endeavor to provide no less than thirty (30) days advance written notice to the other party prior to the diminution or cancellation of such coverage.

11. Indemnification.

Each party (the "Indemnitor") shall indemnify, defend and hold the other, and its employees and agents (collectively the "Indemnitee") harmless against any claims, liability, losses or damages (collectively "Claims"), incurred by the Indemnitee which arise from any breach of this Agreement or any negligent, intentional or other tortious act or failure to act of the Indemnitor related to the performance of this Agreement. This provision shall survive the termination of this Agreement. The Indemnitee agrees to promptly notify the Indemnitor of any Claim against it which it expects to give rise to a duty of indemnity by the Indemnitor.

12. Dispute Resolution.

12.1 All disputes which in any manner arise out of or relate to this Agreement or the subject matter thereof, shall be resolved exclusively by binding arbitration in accordance with the provisions of this section and the Commercial Arbitration Rules of the American Arbitration Association.

12.2 There shall be one arbitrator.



Ambulance Services Agreement

- 12.3 If the parties shall fail to select a mutually acceptable arbitrator within ten (10) days after the demand for arbitration is mailed, a single arbitrator shall be selected in accordance with the Commercial Arbitration rules of the American Arbitration Association.
- 12.4 The parties shall have the rights of discovery as provided for by applicable Texas law.
- 12.5 Arbitration shall take place in Texas, unless the parties otherwise agree.
- 12.6 Notwithstanding the foregoing, because time is of the essence of this Agreement, the parties specifically reserve the right to seek a judicial temporary restraining order, preliminary injunction, or other similar short term equitable relief, and grant the arbitrator the right to make a final determination of the parties' rights, including whether to make permanent or dissolve such court order. Further, nothing herein shall be construed as requiring arbitration of claims brought by patients or other third parties.

13. Miscellaneous Provisions.

- 13.1 Any notice required or permitted by this Agreement shall be in writing and shall be delivered as follows, with notice deemed given as indicated: (a) by personal delivery, when delivered personally; (b) by overnight courier, upon written verification of receipt; (c) by facsimile transmission, upon acknowledgment of receipt of electronic transmission; or (d) by certified or registered mail, return receipt requested, upon verification of receipt. Notice shall be sent to the following addresses:

If to City of Waxahachie:

Paul Stevens, City Manager
Ricky Boyd, Fire Chief
City of Waxahachie, Texas
401 S. Rogers Street
Waxahachie, Texas 75165

If to AMR:

General Manager
American Medical Response
4099 McEwen Avenue, Suite 200
Farmers Branch, Texas 75244

With Mandatory Copy to:

Legal Department
American Medical Response, Inc.
6200 South Syracuse Way, Suite 200
Greenwood Village, Colorado 80111

- 13.2 AMR shall maintain compliance with the Texas Administrative Code, Chapter 157 Emergency Medical Care.



Ambulance Services Agreement

- 13.3 This Agreement shall be governed by and construed in accordance with the laws of the State of Texas.
- 13.4 This Agreement (including the Appendixes and any attachments thereto, which are incorporated herein by this reference) constitutes the entire Agreement between the parties with respect to the subject matter hereof, superseding all prior oral and written agreements with respect thereto, and no amendment shall be valid unless it is documented in a written instrument duly executed by the party or parties making such amendment. Notwithstanding the foregoing, the parts of AMR's proposal to the City of Waxahachie listed in Exhibit 13.4 are deemed incorporated into this Agreement; provided, however, that in the event of any conflict between the other provisions of this Agreement and the parts of such Proposal incorporated herein, the other provisions of this Agreement shall be deemed to control.
- 13.5 AMR agrees not to differentiate or discriminate in its provision of Services to patients because of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, disability or age.
- 13.6 Nothing in this Agreement shall be construed to confer upon any person, any remedy or claim as third-party beneficiaries or otherwise. No waiver of any breach of any provision of this Agreement shall be deemed a waiver of any preceding or succeeding breach. No extension of time for performance of any obligations or acts shall be deemed an extension of the time for performance of any other obligations or acts.
- 13.7 Neither party may assign this Agreement nor any rights hereunder, nor may they delegate any of the duties to be performed hereunder without the prior written consent of the other party, except as provided in Section 1.2 herein. This Agreement shall be binding upon, and shall inure to the benefit of, the parties to it and their respective legal representatives, successors and assigns.
- 13.8 The prevailing party in any arbitration or other action arising from this Agreement shall be awarded attorneys' fees and costs of all such arbitration or action.
- 13.9 It is not the intent of either party to this Agreement that any remuneration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either party of patients to the other party or its affiliated providers, if any, or the purchasing, leasing, or ordering of any services other than specific services described in this Agreement. Any payments or other consideration specified in this Agreement are consistent with what the parties reasonably believe to be the fair market value for the services provided.
- 13.10 In the performance of this Agreement, each party hereto shall be, as to the other, an independent contractor and neither party shall have the right or authority, express or implied, to bind or otherwise legally obligate the other. Nothing contained in this Agreement shall be construed to constitute either party assuming or undertaking control or direction of the operations, activities or medical care rendered by the other. AMR and the City of Waxahachie administrative staff shall meet on a monthly basis to address issues of mutual concern related to the provision of Services and the parties' respective rights and obligations hereunder.



Ambulance Services Agreement

- 13.11 Each party shall comply with the privacy and security provisions of the Health Insurance Portability and Accountability Act of 1996 and the regulations thereunder (“HIPAA”). All Patient medical records shall be treated as confidential so as to comply with all state and federal laws.
- 13.12 AMR has made available to the City of Waxahachie a copy of its Code of Conduct, Anti-kickback policies and other compliance policies, as may be changed from time-to-time, at AMR’s web site, located at: www.amr.net, and the City of Waxahachie acknowledges receipt of such documents. AMR warrants that its personnel shall comply with AMR’s compliance policies, including training related to the Anti-kickback Statute.
- 13.13 Each party represents and certifies that neither it nor any practitioner who orders or provide Services on its behalf hereunder has been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C. § 1320a-7(a). Each party further represents and certifies that it is not ineligible to participate in Federal health care programs or in any other state or federal government payment program. Each party agrees that if DHHS/OIG excludes it, or any of its practitioners or employees who order or provide Services, from participation in Federal health care programs, the party must notify the other party within five (5) days of knowledge of such fact, and the other party may immediately terminate this Agreement, unless the excluded party is a practitioner or employee who immediately discontinues ordering or providing Services hereunder.
- 13.14 Equal Employment Opportunity. If the provisions of Executive Order 11,246 are applicable to this Agreement, the parties incorporate the equal employment opportunity clause set forth in 41 C.F.R. part 60-1. If the provisions of Executive Order 13,201 are applicable to this Agreement, the parties incorporate the equal employment opportunity clause set forth in 29 C.F.R. part 470.
- 13.15 Each individual executing this Agreement on behalf of any entity which is a party to this Agreement represents and warrants that he or she is duly authorized to execute and deliver this Agreement on behalf of said entity. This Agreement may be signed in counterparts.

IN WITNESS WHEREOF, each party hereto has caused the Agreement to be executed in its name as of the date first written above.

American Medical Response Ambulance Service, Inc.



Ambulance Services Agreement



By: _____
Leslie Mueller, Regional CEO - South

City of Waxahachie

By: _____
Paul Stevens, City Manager
City of Waxahachie, Texas

By: _____
Lori Saunders, City Secretary
City of Waxahachie, Texas

By: _____
Kevin Strength, Mayor
City of Waxahachie, Texas

By: _____
Steve Chapman, City Attorney
City of Waxahachie, Texas

By: _____
Ricky Boyd, Fire Chief
City of Waxahachie, Texas



Ambulance Services Agreement

APPENDIX A

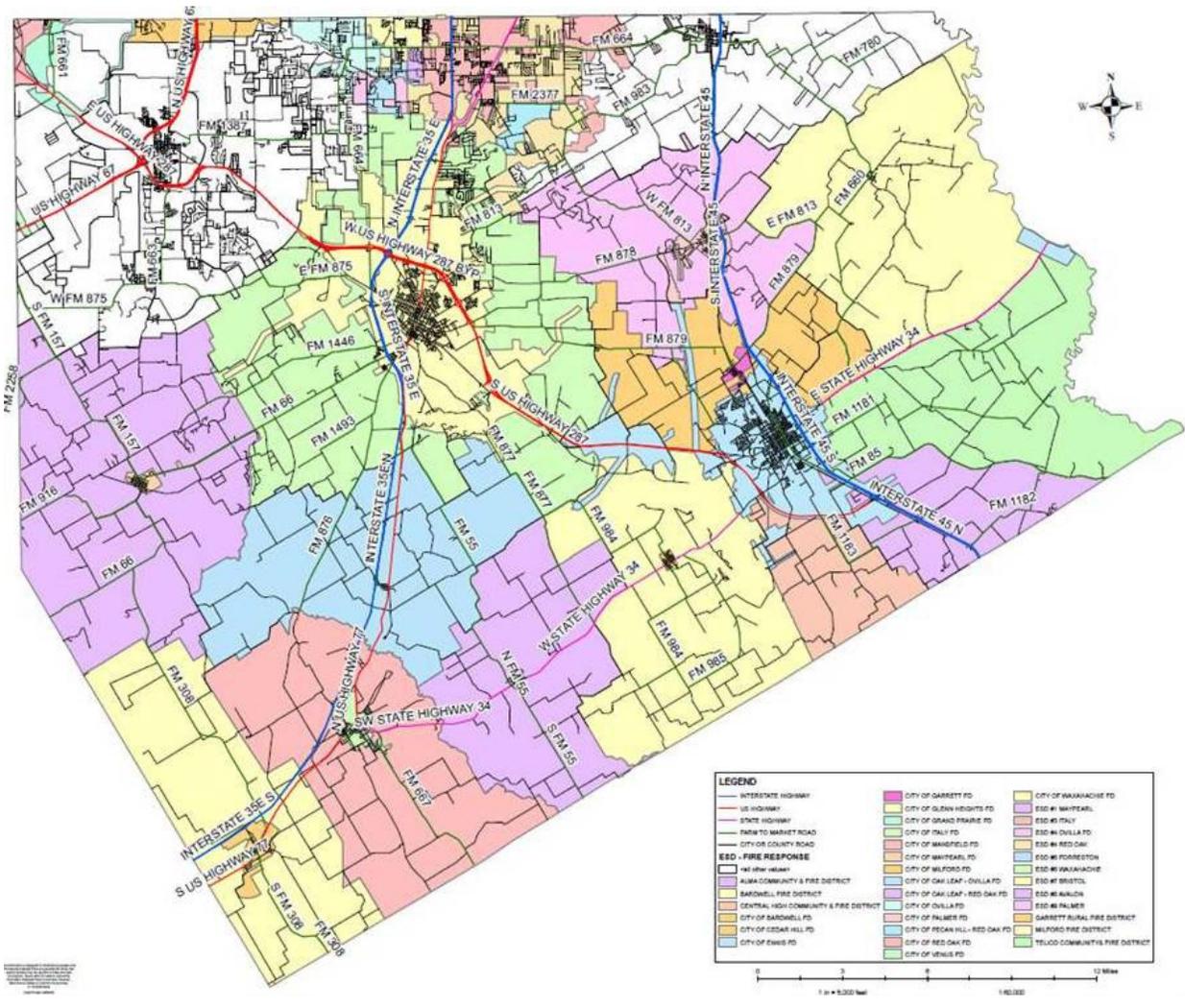
SERVICE AREA

The Service Area shall consist of the following area:

BOUNDARIES

The boundaries for this Agreement include all addresses / properties / areas / roadways within the corporate city limits of Waxahachie, TX. The city limits of Waxahachie may be found on the map below.

ELLIS COUNTY FIRE BOUNDARIES





Ambulance Services Agreement

APPENDIX B

PROVIDER SERVICES

Exclusive Provider

AMR shall have the exclusive right to provide, and shall provide, directly or through agreed upon Mutual Aid agreements, the following services within the Service Area:

AMR shall be the exclusive 9-1-1 ambulance provider for the City of Waxahachie and shall be the exclusive inter-facility transport (“IFT”) provider for the City of Waxahachie. The following are the only exceptions to the exclusivity agreement:

- a. An ambulance that is operated from outside the City of Waxahachie and transports any patient from a point of origin outside the City of Waxahachie to a destination inside the City of Waxahachie.
- b. An ambulance that is brought into the City of Waxahachie for the sole purpose of a drill or training exercise.
- c. Any ambulance rendering requested assistance to ambulances currently authorized by the City of Waxahachie in cases of disaster or major emergency pursuant to provisions of a “mutual aid agreement” approved by the City of Waxahachie.
- d. A hospital owned/operated pediatric/neonatal transport service with ambulances modified for pediatric/neonatal transport and staffed at least by a Registered Nurse.

Utilizing an exclusive IFT provider will ensure that IFT transports in our area are provided by a provider who has demonstrated their qualifications, performance record and financial stability, thereby increasing the confidence of our citizens and healthcare facilities.

AMR will strive to arrive at the pick-up location for all Emergency Inter-facility transfers within 30 minutes of the mutually agreed upon pick-up time and for all non-Emergency Inter-facility transfers within 60 minutes of the mutually agreed upon pick-up time with a target compliance rate of 90%. If compliance falls below 90%, AMR will pay assessments according to those which are described in Appendix G.

If AMR is unable to fulfill the time/distance obligation, they will communicate directly with the requesting facility to assist in coordinating the arrangements of the transfer to fulfill the facility’s needs.

Operational Expectations

AMR shall provide and manage the delivery of emergency medical services. This Agreement will be a performance contract, not level-of-effort contract; however the following conditions are baseline expectations. AMR is highly encouraged to consider innovative methods to grow the service and exceed performance expectations.

Staffing



Ambulance Services Agreement

AMR is responsible for ensuring high-performance service through employing, managing, training and other personnel functions necessary to fulfill the terms of this Agreement. AMR will maintain one supervisor not assigned to an ambulance for the Service Area twenty-four hours per day. AMR should attempt to employ EMTs, Paramedics and clerical staff with local knowledge and experience. All reasonable efforts to employ EMTs and Paramedics with experience, knowledge and history of the Service Area should be considered first.

- a. The parties understand that the EMS System requires professional and courteous conduct at all times from AMR's field personnel, middle management, and top executives. AMR shall employ highly trained EMTs, Paramedics, and support staff to provide patient care and to operate AMR's vehicles and equipment.
- b. Each EMT and Paramedic shall be physically capable of performing the tasks assigned by AMR, shall be clean in dress and person, and shall display their name and certification in an appropriate manner visible to the patient. During the performance of services described in this Agreement employees shall conform to the AMR's dress code which shall conform to DSHS guidelines.
- c. The parties understand that training and educational requirements change from time to time for EMTs and Paramedics as new protocols and medical treatments are approved by the EMS Medical Director. AMR agrees that the EMS QRC may require additional training or education for EMTs and Paramedics for the benefit of patients receiving care under the Agreement. The cost of such training or education shall be the sole responsibility of AMR.
- d. AMR shall utilize reasonable work schedules and shift assignments that allow personnel to work no more than thirty-six (36) consecutive hours followed by a minimum of twelve (12) hours off duty. AMR shall utilize management practices that ensure that field personnel working extended shifts, part-time jobs, and voluntary or mandatory overtime are not exhausted to an extent that might impair judgment or motor skills.
- e. AMR shall provide working conditions that assist in attracting and retaining highly qualified personnel. AMR shall offer its employees a compensation and benefits package designed to attract and retain highly qualified field personnel and clerical personnel. Salary and benefits should be comparable to the same positions in the industry and surrounding counties.
- f. All AMR personnel shall be trained and receive certification as current level National Incident Management System (NIMS) compliant.
- g. AMR shall have in place a third party independent testing program for random drug screening of all personnel providing response under the Agreement. Further, AMR will transport to a facility for testing any employee suspected to be using or under the influence of drugs or alcohol or other intoxicant, or have an agent of a testing facility come to the location of the employee to obtain a necessary sample. Any employee suspected of being under the influence of any drug or intoxicating substance will be immediately relieved of duty until there is clinical proof to the contrary.
- h. AMR shall have a Standard Operating Procedure (SOP) that describes expectations, requirements, and practices of daily operations, and how complaints regarding level of care, response or employee action or inaction are handled. This SOP will be given to the EMS Administrators or their designees at the beginning of the Agreement. Likewise, any updates must be given to the EMS Administrators



Ambulance Services Agreement

or their designees immediately upon being implemented. AMR and Waxahachie shall work together to create policies that coincide and do not contradict each other.

- i. Complaints from the EMS Administrators or their designees directed at level of care, response or employee action or inaction shall be answered within forty-eight (48) hours to include actions taken (i.e. disciplinary action and other corrective measures).
- j. It shall be of the utmost importance that employees of AMR strive to gain proficient knowledge of the streets and highways in the coverage areas in order to choose the quickest, most direct route to the scene of an emergency.
- k. AMR shall provide a mechanism or approved method for monitoring driver performance for all ambulances providing service under the Agreement. The Entities are to be provided with reports on driver performance as requested by the EMS Administrators or their designees and the QRC.
- l. AMR shall have staff available and a toll free phone number capable of discussing and resolving billing questions.
- m. System ambulances shall be staffed with a minimum of two (2) paramedics.
- n. AMR may not offer incentives by way of additional salaries or wages or compensated leave of absence to employees based upon the number of procedures performed or based upon mileage for the provision of ambulance transport.
- o. AMR shall ensure clinical performance consistent with Department of State Health Services (DSHS) and Medical Director Standards and implement reasonable changes accordingly.

Service Deployment Model

9-1-1:

AMR will provide 7 primary, emergency, full time, Type I MICU level ambulances, five (5) of which will be staffed with at least one (1) licensed or certified Paramedic (“Paramedic”) and at least one (1) certified Emergency Medical Technician – Basic (“EMT”) or higher for the Service Area 24 hours per day, and will provide one (1) rotating 12-hour unit and two (2) backup units. The two (2) remaining ambulances which are specifically stationed in Waxahachie will be staffed at the two (2) Paramedic level at all times.

AMR will comply with the response time requirements set forth in Appendix G.

AMR will provide at least one (1) supervisor who is a Paramedic assigned to a quick response vehicle (QRV), twenty-four (24) hours a day, seven (7) days a week, who will be available for immediate response to emergencies, deliver supplies and equipment to the ambulances, supervise AMR personnel on a daily basis and be on call if needed. The arrival of the QRV on scene will stop the response time clock.



Ambulance Services Agreement

AMR shall make emergency services (as defined by NFPA standards) available to all persons within the Service Area of the City of Waxahachie Texas.

IFT:

AMR will provide three (3) primary, IFT, full time, Type III MICU level ambulances, each of which will be staffed with at least one (1) Paramedic and at least one (1) EMT or higher for the Service Area 24 hours per day, and will provide 2 backup units as deemed necessary by AMR.

9-1-1 ambulances shall not be utilized for IFT services. IFT ambulances may be used as backup units for 9-1-1 services.

Replacement of Ambulances:

When an ambulance is taken out of service for preventative or routine maintenance or repairs of any kind, another ambulance shall be put in place of the ambulance being taken out of service until such time as the other ambulance is returned to service. If the downtime of the unit shall be over four (4) hours, the EMS Administrators or their designees shall be notified of such and shall also be notified when a replacement unit is put in service in its place.

Patient Transport Considerations:

AMR shall provide emergency medical treatment and transport from the scene to the closest appropriate health facility based upon the chief complaint/illness/injury.

AMR shall utilize the North Central Texas Trauma Regional Advisory Council (NCTTRAC) guidelines for appropriate destination determination.

Patients and/or guardians have the right to request transport to a facility of their choice. However, it is the responsibility of the AMR staff to communicate to the patient and/or guardian the potential adverse effects on the outcome of the patient's condition if the requested hospital is not the closest, most appropriate facility to treat their condition. Once this is communicated, the patient and/or guardian retains the privilege of making the final decision of the hospital the patient shall be transported to as long as said hospital is within the Dallas/Ft. Worth metroplex.

When necessary, AMR will utilize the closest available air ambulance, regardless of the provider of the air ambulance. The IC from Waxahachie Fire-Rescue shall have the ability to bypass the nearest unit for clinically justified reasons. In this instance, the incident will be automatically reviewed by representatives from both AMR and Waxahachie Fire-Rescue.

AMR agrees that for ambulance services provided to the City for patients in custody, such as transports after an arrest or transports to/from the jail facility, AMR agrees to charge the City only the Medicare rate current as of the date the service is provided. The City shall only be charged if the patient is not released and remains in the custody of the City Police Department.



Ambulance Services Agreement

AMR shall apply for, secure, and renew all licenses, permits, certificates or similar government approvals which are or may be required by applicable law and shall provide copies of all such pertinent documents to the local EMS Administrators or their designees.

Subject to AMR's reasonable policies and procedures regarding same, AMR shall give authorization to the City of Waxahachie dignitaries and members of the Law Enforcement Departments to ride out as observers. Likewise, AMR shall permit members of the City of Waxahachie Fire-Rescue to ride out as interns. AMR's policies and procedures may address, among other things, the requirement of written waiver and indemnity agreements, dress codes, conduct codes and the like.

Mass Events / Proactive Preparedness:

AMR shall provide a standby ambulance and emergency medical personnel for standby upon request of the local EMS Administrators or their designees or the City/ISD Athletic Director at no additional charge to the City when there is reason to believe a life threatening public emergency presently exists or is imminent in the Service Area which includes mass gathering events, inclement weather forecasts of snow, ice, thunderstorm warnings, and tornado warnings as well as structure fires, technical rescues, water rescues, and hazardous materials responses. This shall be within the guidelines approved by the QRC. The number of additional units shall be coordinated by the AMR and the local EMS Administrators or their designees.

AMR shall participate in community disaster drills as requested by the City or school district within AMR's resources and guidelines for such activities.

AMR shall ensure disaster readiness including strict compliance with the National Incident Management System (NIMS).

AMR shall comply with all adopted and approved Emergency Operations Plans or Successor Plans of the Entities. AMR will participate in the Ellis County Local Emergency Planning Committee.

Radio Communication and Interoperability:

AMR will be responsible for supplying vehicles, equipment and supplies, and mobile and portable radios that meet or exceed standards for interoperable communications with Waxahachie Fire-Rescue. AMR will utilize industry standard radio communications, paging and alerting at all times. AMR will be responsible for purchase, installation, repair and any replacement of AMR owned equipment.

AMR will provide EMS (ambulance) dispatch services, including radio infrastructure, communications with First Responders and other emergency services. A communications plan must be coordinated with the Fire Chief and dispatch manager.

AMR will provide capability to record all radio traffic and to record emergency and non-emergency telephone calls and other communications with AMR's dispatch center.

Waxahachie may choose to install Automatic Vehicle Locators (AVL) hardware compatible with the Fire Departments CAD providers to be used by 911 Dispatch to track and locate the closest appropriate ambulance for emergency calls. All vehicles shall be equipped with a compatible transponder to be tracked by AMR dispatch.



Ambulance Services Agreement

AMR shall supply and maintain fully operational vehicle and portable radios as required for it to perform hereunder. Radios shall have the ability to operate on frequencies used by Waxahachie Fire-Rescue.

Dispatch, Reporting, and Monitoring

AMR shall furnish all manpower and supervision for the operation of a centralized dispatch center. AMR shall provide sufficient certified personnel in the dispatch center at all times to allow prompt answering of all requests for emergency service.

- a. A third party or sub-AMR dispatching provider will not be allowed without prior approval by the City.
- b. AMR will receive calls for emergency ambulance service that are initially answered by a PSAP then transferred to AMR.
- c. AMR may receive calls from PSAP via telephone, radio, or other means.
- d. AMR must be capable of receiving TTY/TDD communications in accordance with Americans with Disabilities Act/Department of Justice requirements.
- e. AMR will provide professional Emergency Medical Dispatch (EMD) with Medical Priority Dispatch System (MPDS) protocols and pre-arrival instructions using International Academies of Emergency Dispatch (IAED) certified Emergency Medical Dispatchers or other City approved national accredited program.
- f. AMR will utilize accepted dispatch quality assurance programs and follow the compliance requirements of the IAED Accreditation Center of Excellence performance standards.
- g. AMR shall equip each 9-1-1 ambulance, QRV and IFT with automatic vehicle locating (AVL) equipment that is capable of being monitored by the dispatcher center at all times and shall allow the City access to see unit availability and vehicle in real time and communicate response progress to first responders in real time with the parties understanding and agreeing that AVL equipment and program operates on a twenty (20) second delay.
- h. AMR shall utilize GIS software compatible with NCTCOG mapping data in order to expedite responses.
- i. AMR may use the most current map published by the County/City GIS and Addressing Department.
- j. AMR shall have separate dispatch and field operations supervisors on duty at all times and will be jointly responsible for posting assignments and other adjustments to field assignments.

Ambulance Radio Communications 9-1-1 Calls:

AMR ambulances shall establish communications via radio with either the City dispatch or the first responder unit:



Ambulance Services Agreement

- a. Acknowledgment of the call
- b. Unit identification
- c. Location unit is responding from and ETA (if responding from outside the district)
- d. Response priority
- e. Ambulance diversion
- f. Transport destination and priority
- g. Available back in district
- h. An ambulance unit assigned to Waxahachie or post units that responds to a post assignment shall check available in district via the radio

Community Relations:

AMR is responsible for ensuring high-performance service through employing good business practices, community partnerships and customer service to fulfill the terms of this Agreement.

- a. Maintain and pay for Internet presence, telephone listings and/or advertising.
- b. Maintain and support superior working relationships with air medical transport providers, first responders, and law enforcement.
- c. Notify the City in a timely manner of all activities, issues, and policy/procedure modifications (internal and external) that may reasonably be expected to affect (positively or negatively) the City.
- d. Participate in monthly meetings, planning, and improvement with public safety partners.

APPENDIX C

OUTCOME-CENTERED PRE-HOSPITAL EMERGENCY CARE

Minimum clinical compliance of 96% for each applicable patient

Deteriorating Patient	<ul style="list-style-type: none">1. Adult patients receive an early warning score assessment2. Patients with an early warning score of four (4) or greater
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Ambulance Services Agreement

	transported within ten (10) minutes of MICU arrival with early hospital notification
ST-segment elevation myocardial infarction (STEMI)	<ol style="list-style-type: none"> 1. Adult patients with non-traumatic chest pain administered aspirin (if not allergic) 2. Adult patients with non-traumatic chest pain to have 12-lead electrocardiogram (ECG) performed with direct activation of interventional cardiology team 3. Adult patients >35 years old with non-traumatic chest pain treated and transported by EMS who receive a pre-hospital 12 lead ECG 4. Suspected STEMI patients transported to a STEMI Receiving Center with pre-hospital call received at EMS PSAP to Device (PCI) < ninety (90) minutes
Pulmonary Edema	<ol style="list-style-type: none"> 1. Nitroglycerin administered (if no contraindications) 2. Continuous positive airway pressure (CPAP) attempted before endotracheal intubation
Asthma	<ol style="list-style-type: none"> 1. Beta-agonist administered
Seizure	<ol style="list-style-type: none"> 1. Blood glucose measured 2. Benzodiazepine administered for status epilepticus
Trauma	<ol style="list-style-type: none"> 1. Scene time limited to < ten (10) minutes (Excluding entrapped time) 2. Direct transport to trauma center (or transfer to air transport) for patients meeting criteria
Cardiac Arrest	<ol style="list-style-type: none"> 1. Cardiac arrests identified by MPDS receive pre-arrival CPR instructions 2. Response interval for CPR and defibrillator < five (5) minutes
Stroke	<ol style="list-style-type: none"> 1. Suspected stroke patients receive an evidence-based stroke scale assessment 2. Suspected stroke patients receive a blood sugar assessment 3. Patients arrive at the designated Stroke Center within three (3) hours of symptom onset



Ambulance Services Agreement

APPENDIX D

AGREEMENT OVERSIGHT

Reporting and Review

The City QRC shall conduct a monthly evaluation of the performance of AMR utilizing criteria the QRC determines to be relevant.

- a. In addition, the EMS Administrators or their designees may conduct intermittent evaluations as directed by the QRC or at such times specified by the City. This will include but not be limited to issues of mere compliance with the terms of the Agreement.
- b. AMR's performance should exceed the minimum requirements of the Agreement.
- c. Each month, a response time report (described in Appendix D), and a response time exception report shall be submitted to the EMS Administrators or their designees by the close of business on the 10th of each following month. These reports shall as a minimum also include the following:
 - (1) The QRC may request performance statistic reports, to include any clinical performance issues (i.e. IV attempts, IV success rate, etc.) and to include individualized action plans to improve performance when it is lacking.
 - (2) Monthly statistics on prioritization of calls, locations, call type, and hospital transport destination.
 - (3) Patient payer mix report submitted to the EMS Administrators or their designees each quarter.
 - (4) Driver performance reports shall be provided as requested.
- d. The EMS Administrator or his/her designee and the QRC shall be given access to create any reports as needed.

The EMS Administrator or his/her designee shall be notified within four (4) hours whenever the following occurs:

- a. The employment of any person involved in the delivery of services related to the subject of the Agreement and the notification shall provide necessary certification of the person.
- b. The separation/termination or the employee status change of any of the AMR's employees involved in the delivery of services related to the Agreement, and a change in the AMR's method of delivery of services, management or supervisory structure (such changes shall require prior approval by the EMS Administrators or their designees).



Ambulance Services Agreement

Agreement Monitoring

The following represents the desired conditions for ongoing monitoring of EMS for quality, efficiency and Agreement compliance.

- c. Information shall be made available as described in this Agreement on a timely and accurate basis and as described above.
- d. Information provided shall be consistent with dispatch logs, run reports and other data without prior edit or adulteration.
- e. Information will be verifiable by City without undue or extensive effort.
- f. Information will be accessible by the City through the use of internet access, direct software connection(s) or other state of the art retrieval technologies. The Parties agree and understand that protected health information ("PHI"), as defined by 45 CFR § 160.103, or individually identifiable health information, as defined by 42 U.S.C. § 1320d, will not be available over the internet or in any method that violates the above stated statutes.
- g. The City of Waxahachie may audit, examine, copy and make excerpts or transcripts from all of AMR's records with respect to all matters covered by the Agreement and may make audits of all contracts, invoices, materials, payrolls, records of personnel, conditions of employment and other data relating to all matters covered by the Agreement for a period of three (3) years from the date of final settlement of the Agreement or of such other or longer period, if any, as may be required by applicable statute or other lawful requirements. Such audits and examinations may be requested as often as once per calendar year, or more frequently upon a showing of good cause by the City of Waxahachie, during normal business hours, by providing AMR with reasonable written notice. AMR agrees to provide any pertinent information to the City of Waxahachie to ensure transparency.



Ambulance Services Agreement

APPENDIX E

SUBSCRIPTION PLAN

In addition to the Services described above, AMR shall offer to the City of Waxahachie's residents AMR's Subscription Plan. The Subscription Plan is subject to change in AMR's sole discretion.

AMR's subscription program, called "Ambu-Care", saves residents hundreds of dollars and covers all household family members 26 years of age or younger.

To become a member, City of Waxahachie residents pay AMR a non-refundable and non-transferable fee of:

- \$60.00/year with Primary and Secondary insurance
- \$67.50/year with primary insurance only, or
- \$400.00/year with no insurance

Members who receive medically necessary advanced or basic life support emergency or non-emergency ambulance services from AMR as a result of an 'emergency medical condition,' shall pay nothing out of pocket.

"Medical necessity" for purposes of determining whether any emergency or non-emergency transport qualifies for the membership benefit shall be determined by AMR using the standards of the Medicare program, which are also used by many other insurance programs. AMR reserves the right to require a certificate of medical necessity from a qualified physician in determining medical necessity.

AMR reserves the right to cancel completely or to offer alternate subscription programs in the future. In the case that AMR elects to cancel completely or offer alternative plans, AMR will offer all paying customers a pro-rated refund of payments made for the subscription.



Ambulance Services Agreement

APPENDIX F

VEHICLE SPECIFICATIONS

All AMR ambulances used for emergency patient transportation shall be in good physical appearance as well as working operational and mechanical condition for the patient and crew members. This shall remain in effect unless otherwise approved in writing by the EMS Administrators or their designees and the QRC.

Each AMR ambulance used in the transportation of patients shall be equipped with all items required by Texas Administrative Code 157, Emergency Medical Care and NFPA vehicle standards 1901 and 1917.

AMR Equipment shall be available to allow ambulances to travel in inclement weather conditions including snow or ice.

Each AMR ambulance shall have a standalone box with an independent AC unit capable of shoreline power as well as generator or alternator power.

Each AMR ambulance shall meet current FDA requirements for drug storage.

Each 9-1-1 Ambulance will be Type I. Each IFT ambulance will be Type III.

Each AMR ambulance shall not exceed mileage of 250,000 miles. Likewise, all EMS equipment assigned to AMR ambulances shall be properly maintained and serviceable at all times. AMR shall provide monthly maintenance records for all ambulances and EMS equipment utilized in the Agreement area. Each AMR ambulance shall permanently display its name or other suitable corporate identification or logo on the outside of the vehicle along with the vehicle DSHS license numbers.

All AMR ambulances for transporting patients shall conform to all standards as promulgated and defined by the EMS Medical Director and all rules and regulations promulgated and set forth in any state and local ordinance.

All AMR ambulances shall be equipped with Power Patient Cots to reduce possible injury of responders.

AMR shall supply and maintain fully operational vehicle and portable radios as required for it to perform hereunder. All radios shall operate on frequencies used by all Entities covered by the AMR's Agreements in the Service Area.

AMR's radios shall be of a type acceptable for use with the City's radio systems. Programming for the radios will only be approved through QRC authorized programmers and programming shall be at the expense of AMR.

AMR will supply vehicles, equipment and supplies, and mobile and portable radios that meet or exceed standards for interoperable communications with the Dispatch System of each Entity in Ellis County covered by AMR's Agreement.



Ambulance Services Agreement

AMR will install Automatic Vehicle Locators (AVL) hardware compatible with the Entities' CAD providers to be used by 911 Dispatch to track and locate the closest appropriate ambulance for emergency calls.

All AMR vehicles shall be equipped with a compatible transponder to be tracked by AMR dispatch.



Ambulance Services Agreement

APPENDIX G

RESPONSE TIME COMPLIANCE

Response Time Compliance Entity	9-1-1 Emergency Response Time	Emergency IFT Request	Non-Emergency IFT Request
Waxahachie	< 9:00 Minutes	< 30:00 Minutes	< 60:00 Minutes

Dispatch

For purposes of the foregoing, a “Dispatch” shall be deemed to have occurred when AMR acknowledges receipt of all information required to respond, as specified in the Dispatch Protocols, to the address or other location specified by the Communications Center (“Destination”). AMR shall be deemed to have arrived at the Destination when the Ambulance comes to a stop at the Destination or, in the event of an unopened gate or other obstacle which impedes the Ambulance from proceeding to such destination, when the Ambulance stops at such obstacle.

9-1-1 Response Time

For purposes of determining 9-1-1 compliance, response time will begin the moment the request for service is received by the AMR dispatch center with a minimum of the following information: caller name and callback phone number, incident location, and nature of the emergency. Response time will end the moment that the Ambulance comes to a stop at the destination address or the previously defined obstacle.

9-1-1 Exemptions

In determining whether AMR has met the Response Time Standards for 9-1-1 calls during any calendar month, calls which fail to meet the applicable Standard for reasons beyond AMR’s reasonable control, including but not necessarily limited to the following reasons, shall be excluded from both the numerator and the denominator of the calculation:

- a. Requests during the first twelve (12) hours of a local disaster or a disaster in a neighboring jurisdiction to which an AMR ambulance is dispatched.
- b. Inclement weather condition of ice, snow, or heavy rain;
- c. Weather events of significant duration, including without limitation snow, ice, flooding, tornados, and hail; and
- d. The response for an emergency request may also be excluded when the EMS Administrators or their designees and AMR determines there is a good cause for an exception. AMR shall submit all requests for an exception no later than five (5) days after the end of the month in which the call in question was performed. The City of Waxahachie shall decide whether to grant the exception and communicate its decision to AMR no later than five (5) days after the City of Waxahachie’s receipt of AMR’s request.

All Transports: Response Time Reports



Ambulance Services Agreement

In order to assist the City of Waxahachie in determining whether AMR has met with the Response Time Standards for any calendar month, AMR shall provide, on or before the 10th day of each month for calls the preceding month, a summary of all responses, which shall include but not limited to:

- Incident location
- Incident Type
- Call processing Time
- Dispatch time
- Reaction time
- Drive time
- Time of arrival
- Over all response time
- Time Exemption details if applicable
- Compliance Results

All Transports: Response Damages

AMR shall pay Agency a penalty for each calendar month in which it has failed to meet the applicable Standard at least 90% of time for all categories of calls. Exempt calls shall be completely excluded from the calculation, including from the total number of calls.

- a. In each monthly period (beginning on the first day of each month), not less than one hundred percent (100%) of AMR’s response to emergency requests shall be performed as set forth in the RFP. AMR will provide access to all information the City may request to resolve any dispute relating to damages.
- b. Failure of AMR to meet response time requirements shall result in an assessment of penalties. Penalties for 9-1-1 responses shall be collected quarterly and deposited in the City bank account of choice by the 10th day of the month following the end of quarter. Penalties for IFT responses shall be collected quarterly and deposited in an account only to be used for clinical enhancements, EMS training and education programs for the citizens of Ellis County. Penalties shall be assessed based on the following:
 - (1) City of Waxahachie response time according to the above Response Time Compliance table for at least 90% of all calls.
 - (2) The table below shows assessment of fees per monthly period (such assessments are cumulative):

90-100% 9-1-1 Responses or IFT Requests	<90% 9-1-1 Responses	<90% Emergency IFT Responses	<90% Non-Emergency IFT Responses
No Assessment	\$1,000 per non-compliant response	\$100 per non-compliant request	\$50 per non-compliant request

- c. All Transports: Probation for Response Time Noncompliance:



Ambulance Services Agreement

- (1) If AMR does not meet the 90% response time or greater in the 9-1-1 category in any monthly period, AMR shall be placed on probation for 3 months. The City will notify AMR when/if they are placed on probation.
- (2) If AMR does not meet response time for at least 85% of all IFT calls for 3 consecutive months, AMR shall be placed on probation for 3 months.
- (3) If AMR is put on probation, AMR will be required to submit a written plan within 10 days of being notified of Probation detailing how AMR intends to remove itself from probation.
- (4) In order to be removed from Probation, AMR shall achieve 90% or better response time compliance for 9-1-1 calls and 85% or better response time compliance for IFT calls for the next 3 months.



Ambulance Services Agreement

Inter-Facility Transfers

Non-Emergency Transfers.

Due to the lack of accurate Waxahachie inter-facility demand data at operational start-up, AMR will collect accurate call data and evaluate the first six (6) months of non-emergency healthcare facility operations. This data is needed to determine optimal system delivery design within Waxahachie to properly allocate resources and deployment methodology to ensure the success of both the system and Hospital stakeholders. Call during this time period will not be subject to response time penalties.

The following will be analyzed:

- Number of unscheduled request.
- Number of schedule request.
- Number of requested with pick up time less than 30 mins.
- Number of scheduled request greater than 4 hours.
- Number of request with transports greater than 25 miles of service area.
- Number of total request for inter-facility County wide
- Number of wait and return requests

Terms

- "Healthcare facility transfer" and "inter-facility transfer" have the same meaning, and refer to Hospital transfer.
- Exemption will refer to the calculation of responses and the exempt response time. (Any call that falls under exemption will count as a response, but the response time will be exempt for penalties.)

For Inter-facility Transfers, the response time calculation shall begin with the scheduled time of pick up. If one hundred (100) or more inter-facility responses in the City of Waxahachie occur during any month, ninety percent (90%) compliance is required. However, for months in which fewer than one hundred (100) inter-facility responses occurs, compliance will be calculated using the last one hundred (100) sequential inter-facility responses for the City of Waxahachie.

Wait-and-return transports occur when the ambulance remains on scene and dedicated to the patient transported, before transporting the patient back to the point of origin. Each leg of the wait and return will be counted as separate transports.

Long Distance Transfers, any request for transport with destinations => than 25 miles. All requests for service with a destination greater than 25 miles must schedule 2 hours in advance of the desired pick up time.

Exemptions from Ambulance Response Time. AMR believes that any response or group of responses should be exempted from response time required due to "unusual factors beyond AMR's reasonable control". AMR will submit the Call Number and Dispatch time as exemptions with the required monthly reports to the QRC.

Exemptions

- Inclement weather condition of ice, snow, or heavy rain



Ambulance Services Agreement

- 911 ambulance availability falls below 3
- More than 3 inter-facility services request are received within the same 60 minute time-period County wide
- Multiple requests for transport outside the service area received within the same 120 minute time-period
- Request for pick up with destinations greater than 25 miles within the service area, with desired pick up time of less than 2 hour notification
- Facility delays; AMR arrives on scene, but patient is not ready (The second request will be exempt from response time penalties)

APPENDIX H



Ambulance Services Agreement

NON RESPONSE DAMAGES

The following provisions are in relation to failure(s) to comply with Agreement requirements other than Response Time Compliance requirements:

- a. In the event AMR fails to comply with any of the terms of the Agreement, AMR may be issued a written warning describing such failure.
- b. Should the noncompliance continue after receipt of such warning, the City of Waxahachie may deduct penalties from any subsidy, or assess a penalty that is payable within sixty (60) days of notification, in the amount of one hundred dollars (\$100) for each day that AMR remains in noncompliance following the receipt of the written warning.
- c. Should the noncompliance continue for more than five (5) consecutive days, the City of Waxahachie may increase penalties to two hundred fifty dollars (\$250) for each additional day that AMR remains noncompliant.
- d. AMR may appeal the decision to assess penalties to the QRC in writing within ten (10) days of notification of assessment.
- e. Penalties may be withheld from any subsidy or invoiced to AMR as an assessment. Assessments must be paid within ten (10) days of the final determination.



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APPENDIX I

**CITY OF WAXAHACHIE FIRE STATIONS AND/OR OTHER
LOCATIONS THAT MAY BE MADE AVAILABLE TO AMR FOR THE STATIONING OF
AMBULANCES AND PERSONNEL**

Fire Station 1 – 408 W. Main Street, Waxahachie, Texas

Fire Station 2 – 1601 Cleaver Street, Waxahachie, Texas

Fire Station 3 - 200 YMCA Drive, Waxahachie, Texas

EMS Station - 109 John Arden Drive, Waxahachie, Texas



Ambulance Services Agreement

APPENDIX J

CITY OF WAXAHACHIE FIRST RESPONDER RESPONSIBILITIES

- A. The City of Waxahachie shall require its fire service first responder medical personnel (“First Responder Personnel”) to work collaboratively with AMR Personnel. The primary goal being to enhance patient care through mutual cooperation. In the event first responder personnel arrive at an incident scene prior to AMR, first responder personnel shall assume temporary medical control of the scene until AMR’s arrival, at which point AMR shall assume medical control unless on scene event first responder personnel hold a higher licensure or certification than on scene AMR Personnel. Both entities shall ensure that a professional transfer of patient care occurs for the best interest of the patient outcome. The highest ranking fire rescue officer on the scene shall have the responsibility of command and control and perform the duties as the scene incident commander. Patient care and medical control shall not be confused with overall scene management responsibilities.

Additionally, the first agency on the scene shall have the following privileges:

1. The ability to disregard the other responding agency via radio prior to their arrival to the scene of the emergency.
 2. The ability to request air ambulance(s) prior to the arrival of the other agency.
 3. The ability to request additional ground ambulances from AMR or another ambulance that has been pre-approved through mutual aid agreements.
- B. AMR shall provide an exchange of disposable medical supplies used on a 1:1 basis within 24 hours of an incident. As a result of the exchange program, AMR shall be entitled to include, in its charges to patients and third party payers, charges for services performed or for supplies utilized by First Responder Personnel. In consideration of the foregoing, AMR shall, without charge, restock the disposable medical supplies agreed upon by the parties when utilized by the City of Waxahachie personnel in treating patients transported by AMR.
- C. The City of Waxahachie shall ensure and certify in writing to AMR prior to the effective date hereof, and on an annual basis thereafter, in a format acceptable to AMR, that none of its First Responder Personnel are “Ineligible Persons”. Ineligible Persons shall include any individual who: (1) is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs; or (2) has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible. The City of Waxahachie shall ensure that all First Responder Personnel are not Ineligible Persons, by implementing the following screening requirements:
1. The City of Waxahachie shall screen such persons against the Exclusion Lists within thirty (30) days of the effective date hereof and annually thereafter.



Ambulance Services Agreement

2. As part of the hiring process for any new First Responder Personnel hired after the effective date hereof, the City of Waxahachie shall require such persons to disclose whether they are an Ineligible Person and shall screen them against the Exclusion Lists.
 3. The City of Waxahachie shall implement a policy requiring all first responder personnel to disclose immediately any debarment, exclusion, suspension, or other event that makes that person an Ineligible Person.
- D. Exclusion Lists include:
1. The HHS/OIG List of Excluded Individuals/Entities (available through the Internet at <http://oig.hhs.gov>); and
 2. The General Services Administration's List of Parties Excluded from Federal Programs (available through the Internet at <http://epls.arnet.gov>).
- E. The City of Waxahachie shall cooperate with AMR in performing quality improvement activities in accordance with policies and procedures agreed upon by the parties.



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APPENDIX K

BASE CHARGES

Charges for services to citizens for ALS Based Transport

SERVICE LEVEL Advanced Life Support / Mobile Intensive Care / Basic Life Support

CHARGE/FEE \$1,252.00

DESCRIPTION Mileage (*per Loaded Mile*)

CHARGE/FEE \$16.10



Ambulance Services Agreement

APPENDIX L

INSURANCE

At all times during the term of this Agreement, each party shall maintain general, professional and automobile liability insurance coverage in a minimum amount of one million dollars (\$1,000,000) per occurrence, and three million dollars (\$3,000,000) in the annual aggregate, providing coverage for the negligent acts or omissions of such party and its employees and agents. In the event such coverage is provided under a “claims made” policy, such coverage shall remain in effect (or the covered party shall procure equivalent “tail coverage”) for a period of not less than three (3) years following termination of this Agreement. In addition, each party shall maintain automobile liability insurance coverage in a minimum amount of one million dollars (\$1,000,000) per occurrence, and three million dollars (\$3,000,000) in the aggregate.



Ambulance Services Agreement



APPENDIX M

INCORPORATED PROVISIONS OF PROPOSAL

The terms of AMR's Proposal, dated July 16, 2015, are hereby incorporated into this Agreement.

FIRST AMENDMENT TO SERVICE CONTRACT WITH AMR FOR AMBULANCE SERVICES

THIS FIRST AMENDMENT TO SERVICE CONTRACT WITH AMR FOR AMBULANCE SERVICES ("First Amendment") is made and entered into as of June 28, 2022, by and between American Medical Response Ambulance Service, Inc. dba AMR ("AMR") and Ellis County, Texas ("Agency"). AMR and Agency are sometimes collectively referred to hereafter as the "**Parties**" and individually a "**Party**".

Preliminary Statement

- A. The parties wish to amend the Service Contract with AMR for Ambulance Services that they entered on May 19, 2020 ("**Agreement**");
- B. The parties wish to exercise the renewal and change the required deployment; and,
- C. The parties wish to amend the Agreement on the terms and conditions set forth herein.

Agreement

In consideration of the foregoing and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties incorporate the above recitals and agree as follows:

- (1) This First Amendment shall be effective when executed by all parties but no later than September 30, 2022 ("**Effective Date**").
- (2) The parties hereby exercise the renewal period with a new termination date of 7:00 a.m. on October 1, 2024.
- (3) The parties hereby delete Section 3 of the Agreement in its entirety and replace it as detailed in the paragraph below.
- (4) All other terms and conditions set forth in the Agreement remain unchanged.

Section 3 - Response Time Standards/Deployment

This is a PERFORMANCE BASED agreement. AMR shall deploy sufficient Ambulances necessary for it to substantially comply with the Response Time Standards set forth in Appendix G ("Response Time Compliance"). At a minimum, AMR shall provide to the Entities 192 total ambulance service hours per 24-hour period (7:00 am to 7:00 am) with a total of 1,344 ambulance service hours per calendar week (7:00 am Sunday thru 7:00 am Sunday).

Of these 192 hours per day, at least 168 hours must be reserved for ALS 911. The remaining 24 hours may be reserved for ALS IFT. AMR may utilize its BLS ambulances to run IFT transports so long as AMR has at least 6 ALS ambulances available to run 911 transports.

In the event AMR's overall response time compliance in the aggregate for the Entities is below ninety percent (90%) for any two (2) consecutive months, AMR shall deploy sufficient additional Ambulances to meet or exceed that level.

By signing below, each party acknowledges that they have carefully read and fully understand this First Amendment to the Agreement, and each agrees to be bound by the terms of this First Amendment.

Ellis County, Texas

AMR:

By: _____
Name: Todd Little
Title: Ellis County Judge
Date: June 28, 2022

By: _____
Name: _____
Title: _____
Date: _____

With a mandatory copy to:
Global Medical Response
Attn: Law Department
6363 S. Fiddler's Green Circle, Ste 1400
Greenwood Village, CO 80111