

STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

**FIRST AMENDMENT TO INTERLOCAL
GOVERNMENTAL AGREEMENT BY AND BETWEEN
HIDALGO COUNTY APPRAISAL DISTRICT AND THE
COUNTY OF HIDALGO**

This First Amendment to the Interlocal Cooperation Agreement titled Interlocal Governmental Agreement between Hidalgo County Appraisal District (“District”) and the County of Hidalgo, Texas (“County”) effective the date last indicated below.

WHEREAS, District and County entered into an Interlocal Agreement dated December 20, 2013 regarding the year 2014 in connection with participation by the District in County’s Self-Funded Health Insurance, Stop Loss Insurance, Life/AD&D and Voluntary Products (“the Agreement”);

WHEREAS, the parties desire to amend the Agreement as hereinafter provided;

NOW THEREFORE, for and in consideration of the mutual obligations herein by the parties and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, and this mutually agreed upon First Amendment to the Interlocal Cooperation Agreement, County and District hereby agree to the following amendments to the Interlocal Cooperation Agreement.

1. Numbered paragraph 2 (a) is deleted in its entirety and the following shall be inserted in lieu thereof:

Direct Payment by District. (a) All costs associated with premiums for health insurance coverage related to District’s employees shall be paid to the order of the County Treasurer monthly on or before the tenth day of the month of coverage directly by District and delivered to the County Treasurer at 2810 S. Business Hwy. 281, Edinburg, Texas 78539 along with a hard copy of the approved remittance form and the monthly payroll roster (excluding employee social security numbers) or otherwise paid at the written direction of the County to Blue Cross Blue Shield of Texas. In addition, District shall provide Hidalgo County DBM Employee Benefits Division at 2818 S. Business Hwy 281, Edinburg, Texas 78539 on the same date as such premiums are paid to the County Treasurer (1) a PDF copy of check or other evidence of payment made to the County Treasurer, (2) a PDF copy of the approved remittance form submitted to the County Treasurer, (3) a PDF copy of the monthly payroll roster submitted to the County Treasurer and (4) a password protected Excel file of the monthly payroll roster submitted to the County Treasurer

including the employees social security numbers as necessary for applicable insurance requirements. With respect to Life/AD&D insurance coverage for District's employees, District shall provide on the same dates as District provides premiums for health insurance the premium for Life/AD&D insurance payable to the order of Dearborn National Life Insurance Company and delivered to the Hidalgo County DBM Employee Benefits Division at 2818 S. Business Hwy. 281 Edinburg, Texas 78539 along with a hard copy of the monthly payroll roster listing all employees of District for which Life/AD&D premiums are paid for the month.

2. Numbered paragraph 2 (d) shall be deleted in its entirety and the following inserted in lieu thereof:

(d) All costs associated with premiums for any Voluntary Products consisting of Dental Insurance ("Dental") and Vision Insurance ("Vision") selected in writing by any District employee shall be withheld by District from such employee's payroll. Payment of premium for Dental and Vision shall be paid directly by District on behalf of such employee to the vendors respectively at the addresses listed below on or before the tenth day of the following month of coverage. With respect to Dental, District shall provide a monthly payroll roster in a password protected Excel file via email on the same date as such payment is made to the attention of April Crockett at acrockett@humana.com. With respect to Vision, District shall provide a monthly payroll roster in a password protected Excel file via email on the same date as such payment is made to Cyndi Whisenhunt at cynwh2@vsp.com. Monthly payroll rosters shall include a list of District's employees electing Vision insurance or Dental Insurance respectively with the employee's respective plan and payroll deduction.

- (1) Dental:

Humana Dental Insurance Co.
P. O. Box 0884
Carol Stream, IL 60132-0884; or

- (2) Vision:

Vision Service Plan Insurance Company
P. O. Box 742788
Los Angeles, CA 90074

District is not responsible to either the County or any third party for the cost of any such Voluntary Products.

3. The following shall be added as numbered paragraph 2 (f):

(f) Failure by the District to remit any such premium payments when due is cause for the County to terminate this Agreement on ten (10) days written notice provided however, if District cures any such default within such ten (10) day period, including payment of any applicable late fee, this Agreement shall continue in effect.

4. Under the title "Life and AD&D Insurance" on Exhibit A of the Agreement under the column "Monthly" the following shall be inserted: \$3.13
5. Except as modified herein, all terms and conditions of the Interlocal Cooperation Agreement, as amended, remain in full force and effect and the County and Appraisal District ratify and confirm the terms and provisions of the Interlocal Cooperation Agreement as amended.

EXECUTED IN DUPLICATE ORIGINALS and this 9th day of April, 2014.

HIDALGO COUNTY APPRAISAL DISTRICT

By: Rubalo Gays
Its: CHIEF APPRAISER

COUNTY OF HIDALGO

By: _____
Its: _____

ATTEST:

Arturo Guajardo, Jr. County Clerk

APPROVED AS TO FORM:

ATLAS, HALL & RODRIGUEZ, LLP

By: _____
Stephen L. Crain