

AMENDMENT NO. 2
TO BENEFITS AGREEMENT
C-14-054-08-12

THE STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

THIS AMENDMENT to the BENEFITS AGREEMENT between Pre-Paid Legal Services, Inc. dba Legal Shield (Legal Shield) and HIDALGO COUNTY (the “County”) effective the 19th day of July, 2016, is made between Legal Shield and the County, (the “Amendment”) as follows:

WHEREAS, County and the **Legal Shield** entered into an Agreement on August 20, 2014, in which Legal Shield to provide “**Prepaid (Post Tax) Voluntary Legal Services for Hidalgo County Employees**” (the “Project”) for Hidalgo County.

WHEREAS, the parties now desire to amend the Agreement as hereinafter provided.

NOW THEREFORE, for and in consideration of the services provided by Legal Shield and other valuable consideration the receipt and sufficiency of which are hereby acknowledged, and this mutually agreed Amendment to the Agreement, Legal Shield and County hereby agree to the following Amendment to the Agreement;

1. The second paragraph under the caption “SERVICE ENROLLMENT” shall be deleted in its entirety and the following shall be substituted in lieu thereof:

Hidalgo County will allow enrollments twice a year as follows: Month of June for July deductions and month of December for January deductions.

2. Except as modified herein, all terms and conditions of the Agreement as amended, remain in full force and effect. Legal Shield and County ratify and confirm the terms and provisions of the Agreement as amended by this Amendment to Benefits Agreement.

EXECUTED IN ORIGINALS and effective as of the day and year first written above.

HIDALGO COUNTY

Ramon Garcia, County Judge

ATTEST:

Arturo Guajardo, Jr., County Clerk

Pre-Paid Legal Services, Inc. dba Legal Shield



Authorized Signature

Title: COO

Approved as to Form:
Atlas, Hall & Rodriguez, LLP

By: _____
Stephen L. Crain

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

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**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Pre-Paid Legal Services, Inc. dba LegalShield
 Ada, OK United States

Certificate Number:
 2016-74912

Date Filed:
 06/22/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County

Date Acknowledged:

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.
 E-16-250
 legal services and identity theft plans for employees

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Addison, John	Clermont, GA United States	X	
	Martine-Dolecki, Cathy Ann	Far Hills, NJ United States	X	
	Virtue, James Edward	Rye , NY United States	X	
	Schiff, Frank	New York, NY United States	X	
	Shelton, Twila	Ada, OK United States	X	
	Pinson, Kathleen	Ada, OK United States	X	
	Williamson, Steve	Ada, OK United States	X	
	Bell, Jeff	Kirkland, WA United States	X	
	Mason, Ralph	Dallas, TX United States	X	
	MidOcean PPL Holdings Corp.	New York, NY United States	X	

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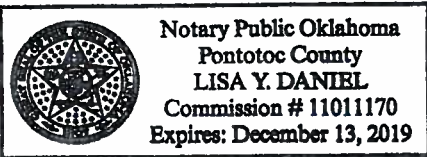
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5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Kathy Pinson

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathy Pinson, this the 22nd day of June, 2016, to certify which, witness my hand and seal of office.

Lisa Y. Daniel Lisa Y. Daniel, Notary

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County

Date Acknowledged:
 06/30/2016

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	Martine-Dolecki, Cathy Ann	Far Hills, NJ United States	X	
	Virtue, James Edward	Rye , NY United States	X	
	Schiff, Frank	New York, NY United States	X	
	Shelton, Twila	Ada, OK United States	X	
	Pinson, Kathleen	Ada, OK United States	X	
	Williamson, Steve	Ada, OK United States	X	
	Bell, Jeff	Kirkland, WA United States	X	
	Mason, Ralph	Dallas, TX United States	X	
	MidOcean PPL Holdings Corp.	New York, NY United States	X	

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5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Zimbra**yvette.salinas@co.hidalgo.tx.us**

RE: amendment Pre Paid Legal

From : Steve Crain
<scrain@atlashall.com>

Tue, Jun 07, 2016 02:04 PM

Subject : RE: amendment Pre Paid Legal

To : 'Yvette Salinas'
<yvette.salinas@co.hidalgo.tx.us>

It is OK but the insurance has expired.

From: Yvette Salinas [mailto:yvette.salinas@co.hidalgo.tx.us]

Sent: Tuesday, June 07, 2016 1:34 PM

To: Steve Crain <scrain@atlashall.com>

Subject: amendment Pre Paid Legal

Mr Crain,

Please review attached amendment. Treasurer's Office wants to limit this product's enrollment to twice a year. I am attaching the current agreement for reference as well. Please advise.

Yvette Salinas
Buyer III
Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
956-318-2626
yvette.salinas@co.hidalgo.tx.us



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/1/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Commercial Lines - 952-242-3100 Wells Fargo Insurance Services USA, Inc. 400 Highway 169 South St. Louis Park, MN 55426	CONTACT NAME: Priya C Krishnan PHONE (A/C, No, Ext): 952-242-3139 FAX (A/C, No): 866-715-2163 E-MAIL ADDRESS: priya.conjeevaramkrishnan@wellsfargo.com														
INSURED MidOcean PPL Holdings Corp Pre-Paid Legal Services, Inc. dba LegalShield 1 Prepaid Way Ada OK 74820-5813	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: American Zurich Insurance Company</td> <td style="text-align: center;">40142</td> </tr> <tr> <td>INSURER B: American Guarantee and Liability Insurance Com</td> <td style="text-align: center;">26247</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: American Zurich Insurance Company	40142	INSURER B: American Guarantee and Liability Insurance Com	26247	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES
CERTIFICATE NUMBER: 10534936
REVISION NUMBER: See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CPO0124012	06/01/2016	06/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CPO0124012	06/01/2016	06/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	WC0124013	06/01/2016	06/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is named as Additional Insured as respects General Liability where required by written contract or agreement.

CERTIFICATE HOLDER
CANCELLATION

Hidalgo County Purchasing Dept, Martha Salazar 100 E Cano 4th Fl Adm Bldg Edinburg, TX 78539	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Jeann Brandon</i></p>
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