

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Marja Hilda Salinas

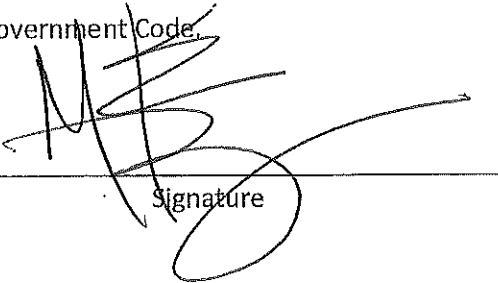
Title/Position: Assistant Chief of Staff

Contract for Goods/Services: Basic Life/AD&D

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Dearborn (BSBSTX)
2. Hartford Life & Accident Insurance Company
3. The Prudential Insurance Company of America
4. UnitedHealthcare

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100.00) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.



Signature

6/2/22

Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Maria Hilda Salinas

Title/Position: Assistant Chief of Staff

Contract for Goods/Services: Pharmacy Benefits Management Services

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

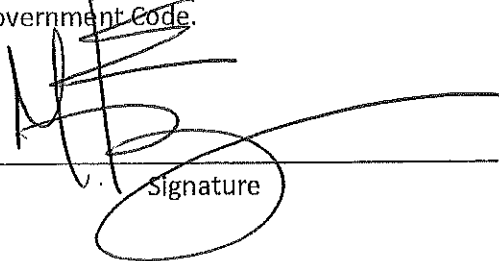
1. Aetna

2. BCBS

3. UnitedHealthcare

4. Benecard PBF

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100.00) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.


Signature

6/7/22
Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Maria Hilda Salinas

Title/Position: Assistant Chief of Staff

Contract for Goods/Services: Medical TPA

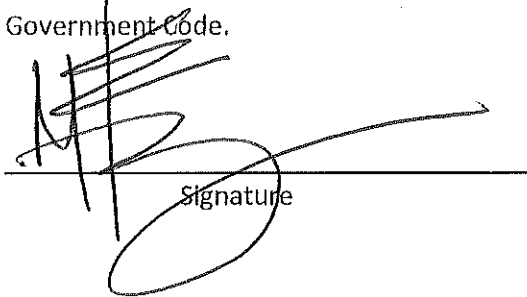
Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Aetna

2. BCBS

3. UnitedHealthcare

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Signature

10/7/22
Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: David Surm

Title/Position: Chief Administrator Pet 1

Contract for Goods/Services: Basic Life/AD&D

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Dearborn (BSBSTX)
2. Hartford Life & Accident Insurance Company
3. The Prudential Insurance Company of America
4. UnitedHealthcare

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David Surm
Signature

6/1/22
Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: David Suarez

Title/Position: Chief Administrator Pct 1

Contract for Goods/Services: Pharmacy Benefits Management Services

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Aetna
2. BCBS
3. UnitedHealthcare
4. Benecard PBF

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100.00) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.

David Suarez
Signature

6/1/22
Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: David Suarez

Title/Position: Chief Administrator Pct 1

Contract for Goods/Services: Medical TPA

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Aetna

2. BCBS

3. UnitedHealthcare

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100.00) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.

David Suarez
Signature

6/1/22
Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Armando Garza

Title/Position: Chief of Staff

Contract for Goods/Services: Medical TPA

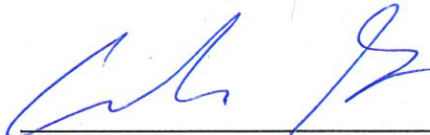
Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Aetna

2. BCBS

3. UnitedHealthcare

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Signature

6/7/22

Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Armando Garza

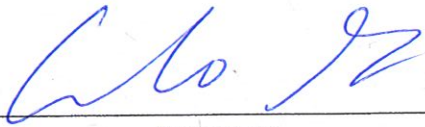
Title/Position: Chief of Staff

Contract for Goods/Services: Pharmacy Benefits Management Services

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Aetna
2. BCBS
3. UnitedHealthcare
4. Benecard PBF

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Signature

6/7/22

Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Armando Garza

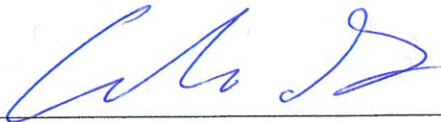
Title/Position: Chief of Staff

Contract for Goods/Services: Basic Life/AD&D


Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Dearborn (BSBSTX)
2. Hartford Life & Accident Insurance Company
3. The Prudential Insurance Company of America
4. UnitedHealthcare

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Signature



Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Leo Longoria

Title/Position: Dir of Internal Operations

Contract for Goods/Services: Pharmacy Benefits Management Services

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

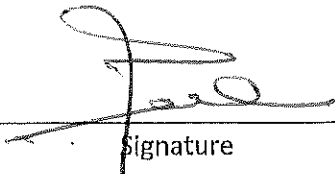
1. Aetna

2. BCBS

3. UnitedHealthcare

4. Benecard PBF

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Signature

6-9-22

Date

NO CONFLICT DISCLOSURE FORM

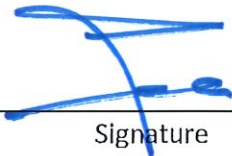
Name of Government Officer/Employee: Leo Longoria
Title/Position: DM - of Internal Operations

Contract for Goods/Services: Medical TPA

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

- 1. Aetna
- 2. BCBS
- 3. UnitedHealthcare

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100.00) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.



Signature

6-9-22

Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: LEO Longoria

Title/Position: Dir. of Internal Operations

Contract for Goods/Services: Basic Life/AD&D

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Dearborn (BSBSTX)
2. Hartford Life & Accident Insurance Company
3. The Prudential Insurance Company of America
4. UnitedHealthcare

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100.00) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.



Signature

6.9.22

Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Velinda Reyes

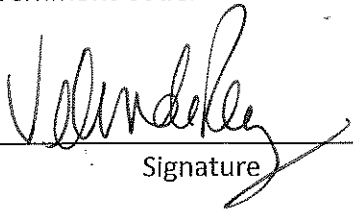
Title/Position: Chief Admin for External Affairs

Contract for Goods/Services: Basic Life/AD&D RFP No 22-0045-05-05
ABV

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Deerborn (BCBSTX)
2. Hartford Life + Accident Ins. Co.
3. Prudential Ins Co. of America
4. United Healthcare

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100.00) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.


Signature

6/7/22
Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Velinda Reyes

Title/Position: Chief Adm. External Affairs

Contract for Goods/Services: Medical TPA RFP NO 22-0045-05-05-ABV

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Aetra
2. BCBSTX
3. United Healthcare

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100.00) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.

Velinda Reyes
Signature

6-2-22
Date

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Velinda Reyes

Title/Position: Chief Adm External Affairs

Contract for Goods/Services: Pharmacy Benefits MS/RFP No 22-0045-05-05-ABV

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Aetna
2. BCBSTX
3. United Healthcare
4. Benecard PBF

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Velinda Reyes
Signature

6/2/22
Date