



## NO-CONFLICT DISCLOSURE FORM

**Project No.:** 23-0341-10-11

**Project Name:** Self-Funded Health Plan-Stop-Loss Reinsurance Services

**Type of Service:** Stop Loss

**Evaluator's Name:** Maria Hilda Salinas

**Title/Position:** Assistant Chief of Staff

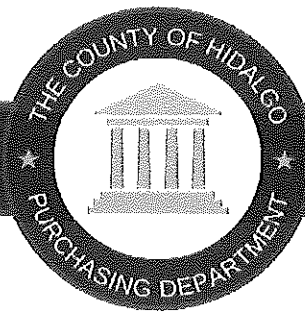
### Evaluated Firms:

1. SA Benefit Services(Wellpoint)
2. Aetna
3.

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

H. Salinas  
Signature

11/6/23  
Date



## NO-CONFLICT DISCLOSURE FORM

Project No.: 23-0341-10-11

Project Name: Health Plan Re-insurance

Type of Service: Stop Loss Re-insurance Services

Evaluator's Name: Jorge Arcaute

Title/Position: Chief Administrator

### Evaluated Firms:

1. SA Benefit Services

2. Aetna

3. \_\_\_\_\_

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

Jorge Arcaute  
Signature

11-7-2023  
Date



## NO-CONFLICT DISCLOSURE FORM


Project No.: 23-0341-10-11  
Project Name: Self funded Health Plan - Stop Loss  
Type of Service: Reinsurance Services

Evaluator's Name: Armando Garza  
Title/Position: Chief of Staff

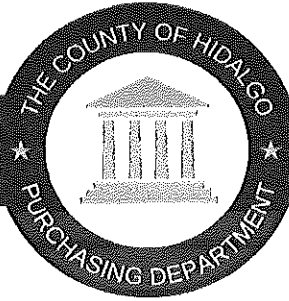
### Evaluated Firms:

1. SA Benefit Services
2. AETNA
3. \_\_\_\_\_

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

  
Signature

11/14/23  
Date



## NO-CONFLICT DISCLOSURE FORM

Project No.: 23-034-10-11  
Project Name: Self-funded Health Plan Stoploss Reinsurance Services  
Type of Service: \_\_\_\_\_

Evaluator's Name: Velinda Reyes  
Title/Position: Chief Administrator for External Affairs

### Evaluated Firms:

1. Aetna Life Insurance Co.
2. SA Benefits Services (Wellpoint)
3. \_\_\_\_\_

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

Signature

Velinda Reyes

Date

11/9/23



## NO-CONFLICT DISCLOSURE FORM

Project No.: 23-0341-10-11

Project Name: Self-Funded Health Plan-Stop-Loss Reinsurance Services

Type of Service: Stop Loss

Evaluator's Name: David Suarez

Title/Position: Chief of Staff

### Evaluated Firms:

1. Aetna

2. SA Benefit Services

3. \_\_\_\_\_

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

David Suarez  
Signature

11-8-23  
Date