



DEPARTMENT OF HUMAN RESOURCES

505 South McColl Road, Ste. A • Edinburg, Texas 78539 • (956) 318-2660

CERTIFICATION OF WORKERS' COMP CLAIMS PAID BY TRISTAR RISK MANAGEMENT FOR THE PERIOD OF: May 16-31, 2026

Hidalgo County's Self-Funded Workers' Compensation, Third Party Administrator (TPA) TRISTAR RISK MANAGEMENT has submitted to my office a request to reimburse the County's Claims Paying account in the amount of \$ 31,356.89 .

TRISTAR is certifying to my office that it has paid Workers' Compensation Claims on behalf of injured employees: Losses Paid for Period: 5/16-31/2026

(Check#545808-545924)

Table with 2 columns: Item description and Amount. Items include Hidalgo County, Hidalgo County Head Start Program, Community Service Agency, Drainage District No. 1, SUB TOTAL, Head Start Investigation Fee, and TOTAL.

Total Reimbursement requested by TRISTAR RISK MANAGEMENT: Hidalgo County Department of Human Resources is requesting approval of this payment on the Commissioner's Court Agenda of 9-Jun-26 .

Initial amount advanced by Commissioners' Court to TRISTAR RISK MANAGEMENT to pay claims: \$ 150,000.00

Balance left in the Hidalgo County Workers' Compensation Fund at Citizens Business Bank (estimate) \$ 118,643.11

I hereby approve this reimbursement and certify that I and/or my staff have reviewed each claim included on the attached check register and to the best of my knowledge ensure that:

- * All the claimants are in fact employees of Hidalgo County, Hidalgo County Head Start Program, Community Service Agency and Drainage District No. 1.
* All fees to vendors are appropriate for the type of service provided.
* All fees paid to Hidalgo County for salary continuation were in fact received by Hidalgo County, and have been received by my department and deposited with the Hidalgo County Treasurer's Office and credited to the corresponding salary account.
* All types of expenditures reflected on this claim report are appropriate for the Hidalgo County Workers' Compensation Fund (Escrow Fund).
* The Office of the County Auditor will receive a copy of the monthly bank statement for the Hidalgo County Workers' Compensation Bank Account no later than the 10th day of the following month.

Signature of Division Manager

Date: 6/2/26

Signature of Director

Date: 6/3/26

Commissioners' Court Approval

Date