

New Application Change Group #: VF027526 Federal Tax ID #: 74-6000717

Section 1. POLICYHOLDER INFORMATION: Please Type or Print All Information.

Policyholder (full legal name): County of Hidalgo

Address (not PO box): 505 S. McColl Rd, Suite A

City: Edinburg State: TX Zip: 78539

Subsidiaries or Affiliates to be covered: Yes; or No (If more than one, indicate on separate sheet and attach to this application)

If Yes: Company Name: Hidalgo County Appraisal District

Address (not PO box): 505 S. McColl Rd, Suite A

City: Edinburg State: TX Zip: 78539

Premium is payable on the first of the insurance month unless mutually agreed upon by the Policyholder and the insurance company.

Section 2. GENERAL INFORMATION:

Product Choice (Check all that apply)	Policyholder will Contribute:	Requested Effective:	* Replacing Coverage Yes/No
<input checked="" type="checkbox"/> Group Term Life <input checked="" type="checkbox"/> AD&D:	<input checked="" type="checkbox"/> 100%; or <input type="checkbox"/> Other: _____ %	<u>01/01/2023</u>	<u>Yes</u>

* Enclose a copy of each in force policy to be replaced.

Carolyn Thornton

E-signed 2022-09-19 03:07PM CDT
carolyn.thornton@co.hidalgo.tx.us



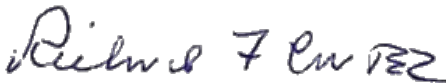
Section 3. POLICYHOLDER STATEMENT:

The Policyholder or authorized representative (Policyholder) applies for a group insurance policy(s) through Dearborn Life Insurance Company.

The Policyholder represents and certifies that:

1. This application must be approved in writing by Dearborn Life Insurance Company. Issuing the insurance policy is evidence of approval. Coverage for insureds under the group policy is effective when the insured applies and is approved for coverage by Dearborn Life Insurance Company. The Policyholder will not collect premium from an insured who requires medical underwriting until Dearborn Life Insurance Company approves the insured's application for coverage; and
2. Dearborn Life Insurance Company will issue a policy only if Dearborn Life Insurance Company decides that the group is an acceptable risk based on Dearborn Life Insurance Company's underwriting practices and procedures; otherwise Dearborn Life Insurance Company has no liability except to refund premium. The Policyholder must return to individual insureds any part of the premium paid by those insureds; and
3. The premium rates are contingent, based on the accuracy of insured eligibility data given to Dearborn Life Insurance Company by the Policyholder. Misstatements on an insured's application or failure by the Policyholder or insured to report new medical information before an insured's effective date of coverage may cause a change to the coverage or premium rate as of the policy effective date; and
4. The Policyholder and insureds are subject to all the policy terms and provisions and trust agreements, if applicable. They may be amended from time to time; and
5. If the Policyholder does not collect or pay premiums by the premium due date, the policy will terminate at the end of the policy's grace period; and
6. Even with the purchase of a disability policy, the Policyholder may be required to buy disability coverage under a state disability benefit act or law; and
7. The Policyholder will: a) send Dearborn Life Insurance Company applications of individual insureds prior to the eligibility date; b) give certificates to all insureds; c) report changes in the insured group to Dearborn Life Insurance Company; and d) keep records of insured eligibility.
8. The information given and statements made on this application are complete and correct. Misstatements or omissions of information may affect the validity of any insurance policy issued and cause the denial of an otherwise valid claim.
9. Statements made by the Policyholder are representations and not warranties. No statement made by any insured will be used in any contest unless a copy of the instrument containing the statement is or has been given to the insured or, in case of death or incapacity of the insured, to his beneficiary or personal representative.

This application and the payment of premium are consideration for any master policy and certificates issued. This application is part of any insurance policy issued. The authorized signature on this application is acceptance of the policy terms.



Authorized Signature

Richard F Cortez

Print Name and Provide Title

Sep 19, 2022

Date (Must be signed prior to Effective Date)

Licensed Resident Agent (if required)



The laws of some states require us to furnish you with the following notice:

FOR APPLICATIONS AND CLAIMS:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading material facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading material facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine & Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly or willingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: Any person who knowingly, with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars(\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.



The laws of some states require us to furnish you with the following notice:

FOR CLAIMS ONLY:

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FOR APPLICATIONS ONLY:

Massachusetts: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Additional Subsidiaries or Affiliates to be Covered:

Company Name: Hidalgo County Community Service Agency

Address (not PO box): 505 S. McColl Rd, Suite A

City: Edinburg State: TX Zip: 78539

Company Name: Hidalgo County Drainage District #1

Address (not PO box): 505 S. McColl Rd, Suite A

City: Edinburg State: TX Zip: 78539

Company Name: Hidalgo County Head Start

Address (not PO box): 505 S. McColl Rd, Suite A

City: Edinburg State: TX Zip: 78539



County of Hidalgo Policyholder
VF027526 Group Number

1. Contact Information

Merlen Munoz
Administrative Contact (Daily Administration)
(956) 318-2660
Phone Number - Administrative Contact
Merlen Munoz
Group Administrator (Plan changes, etc.)
Merlen Munoz
Billing Contact (Billing Issues)
505 S. McColl Road, Suite A
Billing Address
Edinburg TX 78539
City: State Zip

2. Benefits & Eligibility - As indicated in your proposal.

Waiting Periods
Subject to the actively at work provision contained in your proposal
New Hires: 0 Days
Do you have any current employees that need to fulfill the waiting period: No
Employees are effective*:
[X] 1st day of the insurance month following completion of the eligibility waiting period
Does any class have a different waiting period: No
Does the waiting period apply to all coverages: Yes

Minimum Hours 20 (standard is 30 hours per week)

Annual Enrollment
Life / AD&D / Accident / Critical Illness / Disability and/or Vision
[X] Not Applicable
From To ie: (9/1 to 9/30)

Prior Credit For Rehires
Is there prior employment credit for rehired employees? No
Does the credit for rehires apply to all coverages: Yes

Other
Do you have any Canadian Employees that work in the United States: No
Do you intend to cover any US Citizens working outside of the United States: No
Do you intend to cover any non-US citizens who work within the United States: Yes

Basic Dependent Life
Policyholder will contribute: [X] NA

Spouse Premium
If applicable, calculate spouse premium: [] Based on Employee Date of Birth [] Based on Spouse Date of Birth

Definition of Earnings
[X] As stated in the proposal
*If "Other" is selected, underwriting approval is required and the proposed rates are subject to change.



County of Hidalgo VF027526
Policyholder Group Number

3. Group Administration

Certificates Email policy documents and certificates to:
[X] Group Administrator [] Administrative Contact [] Billing Contact
[X] Broker Natalie_Haskett@ajg.com [] Other
[X] Other Brandon_Beall@ajg.com [] Other

Disability/Accident Coverage If the employee pays all or a portion of the premium, how is it paid: [] Pre-Tax [] Post-Tax [] Not Applicable
For STD Coverage: [] Benefits begin after sick leave, vacation, salary, PTO end [] Benefits begin immediately after the STD elimination period
Do all eligible employees participate in Social Security: [] Yes [] No If No, Explain
Do all eligible employees participate in Medicare: [] Yes [] No If No, Explain
Mailing Address for Sick Pay Reports:

Form 5500, Schedule A Does this group have 100 or more eligible employees: [X] Yes [] No
If YES, what is the benefit plan month, day, and year 01/01/2023
Information will be sent to the Group Administrator as listed in Section I above, unless otherwise stated below.

4. Billing

Billing Options for groups with:
2-149 Lives [] List Billed Only (We will provide an electronic bill with each employee's cost itemized with an option to pay on-line)
150-499 Lives [] List Billed (We will provide an electronic bill with each employee's cost itemized with an option to pay on-line)
[] Self Administered, Paper (You provide to us the number of lives, volume, and premium by coverage, on a monthly basis.)
500+ Lives [X] Self Administered, Paper (You provide to us the number of lives, volume, and premium by coverage, on a monthly basis.)

Billing Method [X] Monthly [] Quarterly
Premium is payable on the first of the month unless mutually agreed upon otherwise and explained in the special requests section of this form

Billing Set Up For List Billing Only [] Alphabetically [] By Account* [] By Location*
*Please indicate billing divisions on the enrollment census. Also include additional billing addresses in the special requests section of this form

[] Third Party Benefits Administration
Third Party Benefits Administration means the Policyholder chooses or contracts with a vendor to provide services which may include enrollment administration, billing and/or premium collection of the products requested in the Group Application.
If you use a third party benefits administrator, please complete a Policyholder Vendor Authorization and Change Form and submit the signed form along with the completed Group Transmittal and Group Application. Please contact your sales representative to obtain a copy of the form.

5. Special Requests - Attach additional pages if needed.

Form 5500: Exempt
** Please refer to the last page for additional special requests ***



County of Hidalgo VF027526
Policyholder Group Number

6. ERISA (SPD)

Applicant is subject to ERISA? * [] Yes [X] No

If this plan is an "employee welfare plan," as defined in Section 3(1) of the Employee Retirement Income Security Act of 1974, 29 U.S.C. §1001, et seq., as amended ("ERISA"), it is subject to certain requirements including those relating to reporting and disclosure and fiduciary responsibility.

You, as the plan Administrator or authorized representative, have selected us as the claims administrator of your plan, and you consent to the delegation of such authority to us.

We cannot be named as the plan administrator and is not responsible for the compliance of your plan with respect to any legal or tax matters, and it cannot offer any legal or tax advice.

ERISA requires the distribution of SPD's for the majority of employee benefit plans. If as plan administrator of your employee benefit plan, you would like us to provide you with the required documents to create your plan's SPD, including certain additional documents such as a Statement of ERISA Rights and Claims Procedure, please indicate "Yes" and provide the following information:

[] Yes [] No If Yes, provide the following: Plan Year Ends Annually On (Month/Day)**

Plan Number assigned to each line of coverage: (will be 3 digits starting with "5")**

Life/AD&D STD LTD AD&D Vision

Vol STD Vol LTD Vol Life Accident

Critical Illness Vol Vision Vol AD&D Vol Accident Vol Critical Illness

Plan Administrator**Required Fields (Address cannot be a P.O. Box)

[] Same as Policyholder [] Other, complete below

Name/Title Phone
Address City State Zip

Agent for Service of Process if different from plan administrator** (Address cannot be a P.O. Box)

Name/Title Phone
Address City State Zip

Plan Trustees (if applicable)** (Address cannot be a P.O. Box)

Name/Title Phone
Address City State Zip

Union Contracts/Collective Bargaining Agreements (if applicable)

*If you are not certain whether your plan is governed by ERISA, please visit the Department of Labor website for more information at: http://www.dol.gov/dol/topic/health-plans/erisa.htm

**Required Fields

7. Broker Authorization for Group Changes

I authorize the Broker of Record, including any subsequently named Broker of Record, to submit policy change requests on our behalf for the policy contracts identified under the Group Policy Number above.

8. Signature - This section must be signed.

Richard F Cortez
Group Administrator's Signature (or other employee authorized to make plan changes)
Richard F Cortez
Typed or Printed Name

Sep 19, 2022
Date



County of Hidalgo	VF027526
Policyholder	Group Number

<i>Additional Special Requests</i>
Additional Comments: 90 day premium grace period. 90 day advance notice of rate changes must be given to the County.

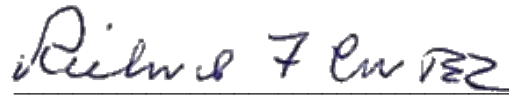
EXECUTED as of the day and year first written above.

APPROVED BY COMMISSIONERS' COURT ON July 26, 2022

Agenda Item No. 86518

Executive Office: MS

COUNTY:
COUNTY OF HIDALGO



Hon. Richard F. Cortez, County Judge

APPROVED AS TO FORM
Office of the Criminal District Attorney,
Ricardo Rodriguez, Jr.

ATTEST:




Robert Viña, III (Sep 19, 2022 13:35 CDT)
Robert Viña, Assistant District Attorney


Arturo Guajardo, Jr., County Clerk

ATTACHMENTS:
(If Applicable)

SUPPLEMENTAL SIGNATURES:
(If Applicable)












22-0045-ABV BCBS Applications

Final Audit Report


2022-09-19

Created:	2022-09-19
By:	Alexandra Vela (alexandra.vela@co.hidalgo.tx.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAuMuW5ABtOoKI7EI-oRQt3cRbs_P-nj

"22-0045-ABV BCBS Applications" History

-  Document created by Alexandra Vela (alexandra.vela@co.hidalgo.tx.us)
2022-09-19 - 4:06:36 PM GMT
-  Document emailed to Monica Salinas (monica.salinas@co.hidalgo.tx.us) for approval
2022-09-19 - 4:13:04 PM GMT
-  Email viewed by Monica Salinas (monica.salinas@co.hidalgo.tx.us)
2022-09-19 - 4:33:21 PM GMT
-  Document approved by Monica Salinas (monica.salinas@co.hidalgo.tx.us)
Approval Date: 2022-09-19 - 4:34:49 PM GMT - Time Source: server
-  Document emailed to robert.vina@da.co.hidalgo.tx.us for signature
2022-09-19 - 4:34:51 PM GMT
-  Email viewed by robert.vina@da.co.hidalgo.tx.us
2022-09-19 - 6:34:31 PM GMT
-  Signer robert.vina@da.co.hidalgo.tx.us entered name at signing as Robert Viña, III
2022-09-19 - 6:35:05 PM GMT
-  Document e-signed by Robert Viña, III (robert.vina@da.co.hidalgo.tx.us)
Signature Date: 2022-09-19 - 6:35:06 PM GMT - Time Source: server
-  Document emailed to countyjudge@co.hidalgo.tx.us for signature
2022-09-19 - 6:35:09 PM GMT
-  Email viewed by countyjudge@co.hidalgo.tx.us
2022-09-19 - 7:10:06 PM GMT
-  Signer countyjudge@co.hidalgo.tx.us entered name at signing as Richard F Cortez
2022-09-19 - 7:47:34 PM GMT



 Document e-signed by Richard F Cortez (countyjudge@co.hidalgo.tx.us)


Signature Date: 2022-09-19 - 7:47:35 PM GMT - Time Source: server

 Document emailed to carolyn.thornton@co.hidalgo.tx.us for approval


2022-09-19 - 7:47:37 PM GMT

 Email viewed by carolyn.thornton@co.hidalgo.tx.us


2022-09-19 - 8:07:14 PM GMT

 Signer carolyn.thornton@co.hidalgo.tx.us entered name at signing as Carolyn Thornton

2022-09-19 - 8:07:26 PM GMT

 Document approved by Carolyn Thornton (carolyn.thornton@co.hidalgo.tx.us)


Approval Date: 2022-09-19 - 8:07:28 PM GMT - Time Source: server

 Document emailed to arturo.guajardo@co.hidalgo.tx.us for signature

2022-09-19 - 8:07:30 PM GMT

 Email viewed by arturo.guajardo@co.hidalgo.tx.us


2022-09-19 - 9:08:33 PM GMT

 Signer arturo.guajardo@co.hidalgo.tx.us entered name at signing as Arturo Guajardo Jr.

2022-09-19 - 9:09:37 PM GMT

 Document e-signed by Arturo Guajardo Jr. (arturo.guajardo@co.hidalgo.tx.us)

Signature Date: 2022-09-19 - 9:09:39 PM GMT - Time Source: server

 Document emailed to Carolyn Thornton (carolyn.thornton@co.hidalgo.tx.us) for approval

2022-09-19 - 9:09:41 PM GMT

 Email viewed by Carolyn Thornton (carolyn.thornton@co.hidalgo.tx.us)

2022-09-19 - 9:26:21 PM GMT

 Document approved by Carolyn Thornton (carolyn.thornton@co.hidalgo.tx.us)

Approval Date: 2022-09-19 - 9:27:25 PM GMT - Time Source: server

 Agreement completed.

2022-09-19 - 9:27:25 PM GMT

