



Stop Loss Proposal

Employer:	Hidalgo County Purchasing Department	Producer:	Cuellar & Associates, LLC
Address:	EDINBURG, TX 78539	TPA:	Aetna
Proposal:	214539	2nd TPA:	
Effective Date:	1/1/2023	Network:	Aetna ASO - POS
Quote Date:	11/02/2022	2nd Network:	

Census	Single	Family	Total	COBRA	Retirees
	2746	1235	3981	0	0

Specific Stop Loss	Option 1		Option 2		Option 3		Option 4	
Specific Claims Basis	24 / 12		24 / 12		24 / 12		24 / 12	
Specific Deductible	350,000		375,000		400,000		350,000	
Individual Lifetime Maximum Liability	Unlimited		Unlimited		Unlimited		Unlimited	
Individual Annual Maximum Liability	None		None		None		None	
Contract Length	12		12		12		12	
Commission %	0.00%		0.00%		0.00%		0.00%	
Aggregating Specific	\$0		\$0		\$0		\$0	
Terminal Liability Option	Yes		Yes		Yes		No	
Family Specific Deductible	No		No		No		No	
RX Included in Specific	Yes		Yes		Yes		Yes	
	Single	Family	Single	Family	Single	Family	Single	Family
	\$21.60	\$61.37	\$20.27	\$56.90	\$18.96	\$52.28	\$20.18	\$57.36
Composite Rate: (Illustrative)	\$33.94		\$31.63		\$29.29		\$31.72	
Estimated Annual Premium:	\$1,621,183		\$1,511,244		\$1,399,467		\$1,515,123	
Estimated Annual Liability:	\$1,621,183		\$1,511,244		\$1,399,467		\$1,515,123	

Please acknowledge acceptance of the above terms offered in the proposal by checking off the desired option below and by signing and returning the proposal no later than 15 days from the proposal effective date.

Option 1

Option 2

Option 3

Option 4

Signature Roland Cuellar
Roland Cuellar (Nov 30, 2022 16:06 CST)

Date Nov 30, 2022

Broker Address 11550 Ih-10 W ste 330

Broker Tax Id 20-0518058



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Census	Single	Family	Total	COBRA	Retirees
	2746	1235	3981	0	0

Specific Excess	Option 5	Option 6
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Specific Claims Basis	24 / 12	24 / 12
Specific Deductible	375,000	400,000
Individual Lifetime Maximum Liability	Unlimited	Unlimited
Individual Annual Maximum Liability	None	None
Contract Length	12	12
Commission %	0.00%	0.00%
Aggregating Specific	\$0	\$0
Terminal Liability Option	No	No
Family Specific Deductible	No	No
RX Included in Specific	Yes	Yes

Single	Family	Single	Family
\$18.95	\$53.17	\$17.72	\$48.86

Composite Rate: (Illustrative)	\$29.56	\$27.38
Estimated Annual Premium:	\$1,412,376	\$1,307,914
Estimated Annual Liability:	\$1,412,376	\$1,307,914

Hidalgo County is electing option 4 of the proposal. Richard F. Cortez
Richard F. Cortez Hidalgo County Judge

Please acknowledge acceptance of the above terms offered in the proposal by checking off the desired option below and by signing and returning the proposal no later than 15 days from the proposal effective date.

Option 5 Option 6

Signature Roland Cuellar
Roland Cuellar (Nov 30, 2022 16:06 CST)

Date Nov 30, 2022

Broker Address 11550 Ih-10 W ste 330

Broker Tax Id 20-0518058



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Specific Stop Loss Conditions:

Actively-At-Work Option: A-A-W will be waived subject to satisfactory Disclosure Statement.

Composite rates / factors are for illustrative purposes and cannot be sold unless approved by underwriting.

Alcohol and Substance Abuse Conditions: Per the employer's Plan Document.

A completed Disclosure Statement is needed to finalize this offer.

State Assessments, if applicable, are included in the Stop Loss rates displayed in this proposal.



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This Proposal is based on the following conditions:

This firm proposal will expire on 11/17/2022.

Stop Loss offer is valid for fifteen days following the proposed effective date of coverage, assuming a firm proposal has not been finalized including receipt and acceptance of signed disclosure statement.

Agent does not have the authority to bind or modify the terms of this quotation or the policy to be issued without prior approval of Unum Group.

Composite rates / factors are for illustrative purposes and cannot be sold unless approved by underwriting.

We recommend that the group maintain in-force coverage until written acceptance of replacement coverage is provided by us.

Out of state network access fees are eligible under Specific and Aggregate coverage unless specifically addressed in the Qualifications sections of this proposal.

Any unfunded claims balance must be disclosed, otherwise such claims will not be considered eligible under the Stop Loss Policy.

There will be no run in limit provided there was no change to the administrator.

If this group has Rx coverage under the specific and/ or aggregate when there is a separate PBM, we require written documentation that we are in receipt of all prescription drug experience reports to finalize coverage. Otherwise, Rx will not be a covered expense under our stop loss policy.

This Proposal assumes Aetna network and current plan designs will be utilized by the employer.

If the total enrollment, single/family ratio, or enrollment by plan of benefits varies by more than 10 percent of what was quoted, we reserve the right to re-price our Specific (ISL) numbers.

Coverage applies to all active employees and their dependents, including COBRA participants.

Fully executed disclosure is necessary to finalize this quote. Disclosure must include the following:

- Claim identifier that can travel with the individual
- Diagnosis
- Claim Amount

This offer reflects no new lasers at the next renewal. Unum will offer a renewal rate cap of 49%. The rate cap does not include changes to the rates due to change in contract, change in census/demographic shifts of more than 15%, change in network, change in deductible, or change in commission.

Specific Advance Funding is offered.

Plan Document Mirroring may be offered with receipt, review and approval of SPD(s) for the proposed effective date.

This offer is firm and will expire in 15 days. If written acceptance is not received within this time frame, offer is subject to updated reporting/Disclosure information and may be revised accordingly. No proposal expiration date will be extended past 15 days of the effective date.

Claimant 9986 will have a conditional laser for \$700,000 in the event of any SCT.

Claimant 9230 is assumed to be fees and is excluded from coverage.



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NOTICE REGARDING BROKER COMPENSATION

Your insurance or benefits advisor can offer you advice and guidance as you select the policy and provider most appropriate for your needs. At Unum we recognize the important role these professionals play in the sale of our products and services and offer them a variety of compensation programs. Your advisor can provide you with information about these programs as well as those available from other providers. We support disclosure of broker compensation so that customers can make an informed buying

Brokers may be eligible to receive Base Commissions and Supplemental Commissions from Unum.

Unless you have agreed in writing to compensate the broker differently, Unum provides Base Commissions to all brokers in connection with the sale of an insurance policy. Base Commissions are a fixed percentage of the policy premium, and may include a one time, first year, flat amount for each policy sold. Base Commissions are paid by Unum to the broker(s) on your policy. In some circumstances, broker(s) may be eligible to receive commissions on your policy even after a broker of record change has occurred.

A broker may also qualify for Supplemental Commissions paid by Unum. For group insurance products, Supplemental Commissions may be paid as a fixed percentage of total eligible group insurance premiums. The Supplemental Commission rate depends on the total dollar amount of all eligible premiums or number of group policies that the broker had in force with Unum in the prior calendar year.

- For New Sales premiums, the Supplemental Commission rate may range from 0% to 6.00% of total premiums paid. For certain group products, an additional 0% to 11.00% Supplemental Commission may be paid; and an additional flat amount per application may be paid for using our laptop enrollment system.
- For Renewal premiums, the Supplemental Commission rate may range from 0% to 2.50% of total premium paid.

Supplemental Commissions may be calculated differently for other insurance products. The premium you pay is not impacted whether or not your broker receives Supplemental Commissions.

If you would like additional information about the range of compensation programs our company offers for your group insurance policy or any other Unum insurance product, you can find more details at www.unum.com. Should you have other questions not addressed by the website, including the Supplemental Commission percentage applicable to your broker, or if you want to speak to us directly about broker compensation, please call (866) 822-0716 (outside the US, call (423) 294-0001).

EXECUTED as of the day and year first written above.

APPROVED BY COMMISSIONERS' COURT ON November 29, 2022

Agenda Item No. 88360

Executive Office: MS

VENDOR:
Cuellar and Associates,

COUNTY:
COUNTY OF HIDALGO

Roland Cuellar
Roland Cuellar (Nov 30, 2022 16:06 CST)

Richard F. Cortez
Hon. Richard F. Cortez, County Judge

Chief Executive Officer/ President

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

ATTEST:



Robert Viña, III
Robert Viña, III (Nov 30, 2022 16:19 CST)
Robert Viña, Assistant District Attorney

Arturo Guajardo, Jr.
Arturo Guajardo, Jr., County Clerk

ATTACHMENTS:
(If Applicable)

SUPPLEMENTAL SIGNATURES:
(If Applicable)

Stop Loss Insurance Disclosure Statement
[Unum Life Insurance Company of America]
[2211 Congress Street • Portland, Maine 04122]

Name of Proposed Policyholder
Hidalgo County

HIPAA and PHI

HIPAA Privacy permits the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Policyholder as a part of "health care operations". We will use the information provided solely for the purpose of evaluating the acceptability of this risk and will not disclose any PHI collected except in performing this risk evaluation.

Use Of Disclosure Statement

The Company will rely upon the information provided on the attached disclosure form, which will become part of the Application for stop loss coverage. The purpose of the form is to allow the Company to take underwriting action on all known risks in the categories listed below. It is the Plan Sponsor's responsibility, either directly or through their designated TPA, to accurately report all claims known as of the date of this disclosure by making a thorough review of all applicable records. Such records shall include historical claims reports, disability records, current information from administrators, insurers, utilization management companies, managed care companies, and any Agent/Broker of the Plan Sponsor. In exchange, the Company will accept the liability for any truly unknown risks. The attached disclosure form must be completed and signed by the appropriate parties no more than [thirty (30)] days prior to the proposed Effective Date of stop loss coverage and received by the Company within [five (5)] days of completion.

Upon receipt of the completed disclosure, the Company will assess all data, new and previously reported, and will inform the producer in writing within [five (5)] days of any changes to the rates, factors or terms of coverage. The Company reserves the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

If the Proposed Policyholder fails to disclose any risk known to fall into one of the above categories, either intentionally or because a thorough review of all records was not conducted, then the Company will have no liability for claims on the risk not disclosed.

Questionnaire

Either submit a claim report or list on the form below all Individuals know to: See prior reporting (Attached)

Be currently disabled, confined to a Medical Facility, or have been pre-certified within the last three months.

Have received medical services during the current plan year the cost of which exceeds the lesser of, [50]% of the lowest Specific Benefit Deductible applied for or \$[50,000], and for which bills have been received by the designated TPA and entered into their claims system.

Have been identified as having the potential to exceed during the policy period, the lesser of, [50]% of the lowest Specific Benefit Deductible applied for, or \$[50,000].

Have been diagnosed, during the current plan year, with a condition represented by any of the [ICD-10] codes contained in the attached list [and have also received medical services costing \$[5,000] during the same period].

[ICD-10-CM Diagnosis Codes for Disclosure Notification]

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period:

A00-B99 Certain infectious and parasitic disease

A40 Streptococcal sepsis
A41 Other Sepsis
B15-B19 Viral hepatitis
B20 Human immunodeficiency virus [HIV] disease

C00-D49 Neoplasms

C00-C96 Malignant neoplasms
D46 Myelodysplastic syndromes

D50-D89 Diseases of the blood and blood-forming organs & disorders involving the immune mechanism

D57 Sickle-cell disorders
D59 Acquired hemolytic anemia
D60-D64 Aplastic and other anemias
D65-D69 Coagulation defects, purpura and other hemorrhagic conditions
D70-D77 Other diseases of blood and blood-forming organs
D80-D89 Certain disorders involving the immune mechanism

E00-E89 Endocrine, nutritional and metabolic diseases

E10-E13 Diabetes mellitus
E15-E16 Other disorders of glucose regulation and pancreatic internal secretion
E65-E68 Obesity and other hyperalimentation
E70-E89 Metabolic disorders

F01-F99 Mental, Behavioral and Neurodevelopmental disorders

F10.1 Alcohol Abuse
F11.1 Opioid Abuse
F20 Schizophrenia
F31 Bipolar Disorder
F32.3 Major depressive disorder, single episode, severe with psychotic feature
F33.1-F33.3 Major Depressive Disorder, recurrent
F84.0 Autistic Disorder
F84.2 Rett's Syndrome
F84.5 Asperger's syndrome

G00-99 Diseases of the nervous system

G00 Bacterial Meningitis
G04 Encephalitis Myelitis and Encephalomyelitis.
G06-G07 Intracranial and intraspinal abscess and granuloma

G00-99 Diseases of the nervous system (cont)

G12.21 Amyotrophic Lateral Sclerosis
G35 Multiple Sclerosis
G36 Other Acute Disseminated Demyelination
G37 Other Demyelinating disease of central nervous system
G82.5 Quadraplegia
G83.4 Cauda Equina Syndrome
G92 Toxic Encephalopathy
G93.1 Anoxic Brain Injury

I00-I99 Diseases of Circulatory System

I20 Angina Pectoris
I21.09-I22 Acute myocardial infarction
I24 Acute and Subacute Ischemic Heart Disease
I25 Chronic ischemic heart disease
I26 Pulmonary embolism
I27 Other pulmonary heart disease
I28 Other diseases of pulmonary vessels
I33 Acute & Subacute Endocarditis
I34-I38 Heart Valve Disorders
I42-I43 Cardiomyopathy
I44-I45 Conduction Disorders
I46 Cardiac Arrest
I47-I49 Cardiac Dysrhythmias
I50 Heart Failure
I60-I61 Subarachnoid Hemorrhage / Intercerebral Hemorrhage
I63 Cerebral infarction
I65.8-I66 Occlusion of Precerebral /Cerebral Arteries
I67 Other cerebrovascular disease
I70 Atherosclerosis / Aortic Aneurysm

J00-J99 Diseases of Respiratory System

J40-J44 Chronic Obstructive Pulmonary Disease (COPD)
J84.10-J84.89 Postinflammatory Pulmonary Fibrosis
J98.11-J98.4 Pulmonary Collapse / Respiratory Failure

K00-K95 Diseases of Digestive System

K22 Esophageal obstruction
K25-K28 Ulcers
K31 Other diseases of stomach & duodenum
K50 Crohn's disease
K51 Ulcerative colitis
K55-K64 Diseases of intestine

K00-K95 Diseases of Digestive System (cont)

K65-K68 Diseases of peritoneum & retroperitoneum
K70-K77 Diseases of liver
K83 Diseases of biliary tract
K85-K86 Diseases of pancreatitis
K90-K95 Other diseases of digestive system/Complications of bariatric procedures

M00-M99 Diseases of Musculoskeletal System & Connective Tissue

M15-M19 Osteoarthritis
M32 Systemic lupus erythematosus
M34 Systemic sclerosis
M41 Scoliosis
M43 Spondylolysis
M50 Cervical disc disorders
M51 Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
M72.6 Necrotizing Fasciitis
M86 Osteomyelitis

N00-N99 Diseases of the Genitourinary System

N00-N01 Acute and Rapidly Progressive Nephritic Syndrome
N03 Chronic Nephritic Syndrome
N04 Nephrotic Syndrome
N05-N07 Nephritis and Nephropathy
N08 Glomerular Disorders classified elsewhere
N17 Acute Kidney Failure
N18 Chronic Kidney Disease (CKD)
N19 Renal Failure, Unspecified

O00-O9A Pregnancy, childbirth and the puerperium

O09 High Risk Pregnancy
O11 Pre-Existing Hypertension with Pre-Eclampsia
O14-O15 Pre-Eclampsia and Eclampsia
O30 Multiple Gestation
O31 Other complications specific to Multiple Gestations

P00-P96 Certain conditions originating in the perinatal period

P07 Disorders of newborn related to short gestation and low birth weight
P10- P15 Birth Trauma
P19 Fetal distress

P00-P96 Certain conditions originating in the perinatal period (cont)

P23-P28 Other respiratory conditions of newborn
P29 Cardiovascular disorders originating in the perinatal period
P36 Bacterial sepsis of newborn
P52-P53 Intracranial hemorrhage of newborn
P77 Necrotizing enterocolitis of newborn
P91 Other disturbances of cerebral status newborn

Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities

Q00-Q07 Congenital malformations of the nervous system
Q20- Q26 Congenital Cardiac malformations
Q41-Q45 Congenital Anomalies of Digestive system
Q85 Phakomatoses, not classified elsewhere
Q87 Congenital malformation syndromes affecting multiple systems
Q89 Other Congenital malformations

R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

R07.1-R07.9 Chest Pain
R40-R40.236 Coma
R57-R58 Shock, Hemorrhage
R65.2-R65.21 Severe sepsis

S00-T88 Injury, Poisoning and Certain Other Consequences of External Causes

S02 Fracture of skull and facial bones
S06 Intracranial injury
S07 Crush injury to head
S08 Avulsion and traumatic amputation of part of head
S12-S13 Fracture and injuries of cervical vertebra and other parts of neck
S14.0-S14.15 Injury of nerves and spinal cord at neck level
S22.0 Fracture of thoracic vertebra
S24 Injury of nerves and spinal cord at thorax level
S25 Injury of blood vessels of thorax
S26 Injury of heart
S32.0-S32.2 Fracture of lumbar vertebra
S34 Injury of lumbar and sacral spinal cord and nerves
S35 Injury of blood vessels at abdomen, lower back and pelvis
S36-S37 Injury of intra-abdominal organs
S48 Traumatic amputation of shoulder and upper arm
S00-T88 Injury, Poisoning and

Certain Other Consequences of External Causes (cont)

S58 Traumatic amputation of elbow and forearm
S68.4-S68.7 Traumatic amputation of hand at wrist level
S78 Traumatic amputation of hip and thigh
S88 Traumatic amputation of lower leg
S98 Traumatic amputation of ankle and foot
T30-T32 Burns and corrosions of multiple body regions
T81.11-T81.12 Postprocedural cardiogenic and septic shock
T82 Complications of cardiac and vascular prosthetic devices, implants and grafts
T83-T85 Complications of prosthetic devices, implants and grafts
T86 Complications of transplanted organs and tissue
T87 Complications to reattachment and amputation

Z00-Z99 Factors Influencing Health Status and Contact with Health Services

Z37.5-Z37.6 Multiple births
Z38.3-Z38.8 Multiple births
Z48-Z48.298 Encounter for aftercare following organ transplant
Z49 Encounter for care involving renal dialysis
Z94 Transplanted organ and tissue status
Z95 Presence of cardiac and vascular implants and grafts
Z98.85 Transplanted organ removal status
Z99.1 Dependence on respirator
Z99.2 Dependence on dialysis]











Proposal and UA Stop Loss Ins Disclosure Statement

Final Audit Report

2022-12-01

Created:	2022-11-30
By:	Alexandra Vela (alexandra.vela@co.hidalgo.tx.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAW_AmqgiuSoMdWTNiN5FRHWq2fei5vgxl

"Proposal and UA Stop Loss Ins Disclosure Statement" History

-  Document created by Alexandra Vela (alexandra.vela@co.hidalgo.tx.us)
2022-11-30 - 8:09:45 PM GMT
-  Document emailed to Roland Cuellar (rcuellar@cuellarandassociates.com) for signature
2022-11-30 - 8:33:51 PM GMT
-  Email viewed by Roland Cuellar (rcuellar@cuellarandassociates.com)
2022-11-30 - 8:33:58 PM GMT
-  Document e-signed by Roland Cuellar (rcuellar@cuellarandassociates.com)
Signature Date: 2022-11-30 - 10:06:30 PM GMT - Time Source: server
-  Document emailed to Monica Salinas (monica.salinas@co.hidalgo.tx.us) for approval
2022-11-30 - 10:06:32 PM GMT
-  Email viewed by Monica Salinas (monica.salinas@co.hidalgo.tx.us)
2022-11-30 - 10:13:42 PM GMT
-  Document approved by Monica Salinas (monica.salinas@co.hidalgo.tx.us)
Approval Date: 2022-11-30 - 10:14:10 PM GMT - Time Source: server
-  Document emailed to robert.vina@da.co.hidalgo.tx.us for signature
2022-11-30 - 10:14:12 PM GMT
-  Email viewed by robert.vina@da.co.hidalgo.tx.us
2022-11-30 - 10:18:24 PM GMT
-  Signer robert.vina@da.co.hidalgo.tx.us entered name at signing as Robert Viña, III
2022-11-30 - 10:19:25 PM GMT




 Document e-signed by Robert Viña, III (robert.vina@da.co.hidalgo.tx.us)


Signature Date: 2022-11-30 - 10:19:27 PM GMT - Time Source: server

 Document emailed to countyjudge@co.hidalgo.tx.us for signature


2022-11-30 - 10:19:29 PM GMT

 Email viewed by countyjudge@co.hidalgo.tx.us

2022-11-30 - 10:24:01 PM GMT

 Signer countyjudge@co.hidalgo.tx.us entered name at signing as Richard F. Cortez


2022-11-30 - 10:41:53 PM GMT

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


Signature Date: 2022-11-30 - 10:41:55 PM GMT - Time Source: server

 Document emailed to karina.esparza@co.hidalgo.tx.us for approval

2022-11-30 - 10:41:57 PM GMT

 Email viewed by karina.esparza@co.hidalgo.tx.us

2022-11-30 - 10:45:35 PM GMT

 Signer karina.esparza@co.hidalgo.tx.us entered name at signing as Karina Esparza

2022-11-30 - 10:47:02 PM GMT

 Document approved by Karina Esparza (karina.esparza@co.hidalgo.tx.us)


Approval Date: 2022-11-30 - 10:47:04 PM GMT - Time Source: server

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

2022-11-30 - 10:47:06 PM GMT

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

2022-12-01 - 3:15:14 AM GMT

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

2022-12-01 - 3:20:04 AM GMT

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

Signature Date: 2022-12-01 - 3:20:06 AM GMT - Time Source: server

 Document emailed to Karina Esparza (karina.esparza@co.hidalgo.tx.us) for approval

2022-12-01 - 3:20:08 AM GMT

 Email viewed by Karina Esparza (karina.esparza@co.hidalgo.tx.us)

2022-12-01 - 3:20:14 AM GMT

 Document approved by Karina Esparza (karina.esparza@co.hidalgo.tx.us)

Approval Date: 2022-12-01 - 2:07:08 PM GMT - Time Source: server





Karina Esparza <karina.esparza@co.hidalgo.tx.us>

C-22-0048-11-29 UNUM

3 messages

Alexandra Vela <alexandra.vela@co.hidalgo.tx.us> Thu, Dec 1, 2022 at 11:36 AM
To: Karina Esparza <karina.esparza@co.hidalgo.tx.us>
Cc: "munoz, merlen" <merlen.munoz@co.hidalgo.tx.us>, Carolyn Thornton <carolyn.thornton@co.hidalgo.tx.us>

Good morning Ms. Karina,

Can you please remove the claims report on page 12-19 of the contract. This has personal information that was needed by UNUM and should not be public information.

If you have any questions or concerns please let me know.

Respectfully,
Alex



Purchasing Department

Alexandra Vela Contract Specialist II
alexandra.vela@co.hidalgo.tx.us
2812 S. Business Hwy 281 Main: 956-318-2626 ext. 4865
Edinburg, TX 78539 Fax: 956-292-7612

Alexandra Vela <alexandra.vela@co.hidalgo.tx.us> Thu, Dec 1, 2022 at 11:47 AM
To: Karina Esparza <karina.esparza@co.hidalgo.tx.us>
Cc: "munoz, merlen" <merlen.munoz@co.hidalgo.tx.us>, Carolyn Thornton <carolyn.thornton@co.hidalgo.tx.us>

Good morning Ms.Karina,

Please replace the contract with the one attached.

Respectfully,
Alex



Purchasing Department

Alexandra Vela Contract Specialist II
alexandra.vela@co.hidalgo.tx.us
2812 S. Business Hwy 281 Main: 956-318-2626 ext. 4865
Edinburg, TX 78539 Fax: 956-292-7612

[Quoted text hidden]

C-22-0048-11-29 UNUM.pdf
1492K

Karina Esparza <karina.esparza@co.hidalgo.tx.us> Thu, Dec 1, 2022 at 1:08 PM
To: Alexandra Vela <alexandra.vela@co.hidalgo.tx.us>

Will do.
[Quoted text hidden]
--
Thank you.

Karina Esparza, Deputy Clerk
Hidalgo County Clerks Office
(956)318-2100
Ext. 6181 / 6191

✔ Agreement completed.

2022-12-01 - 2:07:08 PM GMT



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