151 Farmington Ave
Hartford, CT, 06156

Date: September 25, 2024
Re: Webb County

We're sending you an electronic file containing your plan documents

Thank you for doing business with Aetna®. Enclosed are your documents for contract MSA-285620 effective January 1, 2025. These are final documents.

Signature required

Please sign and return to

Aetna by **October 30, 2024**

Review your plan documents

Have questions?
Contact your plan representative or account manager for help.

MSA Amendment – Adding COBRA and HSA to MSA

When you use these documents in this medium you agree that:

- You won't alter or change their content in any way without the permission of Aetna.
- You indemnify and hold Aetna harmless for all loss, liability, damage, expense, cost or other obligation we may incur.
- We don't have to pay as a result of any claim, demand or lawsuit brought by any party (including yourself) due to any unauthorized changes.

3155304-05-01

FILED Oct. 15th 20 24 @ 2:00 p.m.
MARGIE RAMIREZ IBARRA
COUNTY CLERK, WEBB COUNTY, TEXAS
BY _____ DEPUTY

COBRA SERVICES AGREEMENT

This Agreement, herein "the Agreement" entered into between Aetna Life Insurance Company, herein "Aetna" and **Webb County**, herein the "Customer".

WHEREAS:

1. The Customer, in connection with the federal Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), is providing or may be required to provide certain employees and dependents herein "Qualified Beneficiaries", with continuation of health benefits under its Plan; and

2. The Customer desires to contract with Aetna for certain notification, collection and direct payment services on its behalf in connection with the COBRA continuation of health benefits under the Plan.

NOW THEREFORE, Aetna and the Employer agree as follows:

ARTICLE I
DUTIES OF THE PARTIES

Aetna Responsibilities

1.1 The Customer hereby appoints Aetna, and Aetna agrees to provide, administrative services as agreed to between the parties (the "Services"). Such Services shall be performed in a good and workmanlike manner consistent with industry standards.

1.2 Aetna shall, at its expense, maintain adequate and necessary records on each Participant related to the Services. The Customer shall furnish Aetna with all information necessary for the preparation of such records. Aetna shall not be responsible for verifying the accuracy or completeness of the information provided by the Customer.

1.3 At no time shall Aetna provide legal, tax or accounting advice or services in connection with any Customer-sponsored employee benefits. The Customer shall be responsible for obtaining any legal, tax or accounting advice they deem advisable in connection with any Customer-sponsored employee benefits from their counsel or advisor.

1.4 Aetna shall hold all funds received from the Customer, Participant or on behalf of a Participant as applicable, in an account established for such purpose at a financial institution of Aetna' choosing. Aetna shall pay all fees associated with said account.

1.5 During the term of this Agreement, Aetna shall maintain the following insurance: (i) professional liability insurance (*One Million Dollars* ($1,000,000) per occurrence; *Two Million Dollars* ($2,000,000) aggregate); and (ii) crime insurance (*One Million Dollars* ($1,000,000) per occurrence; *Two Million Dollars* ($2,000,000) aggregate).

Customer's Responsibilities

1.6 The Customer shall be responsible for any delay in the performance of the Services caused by the failure of the Customer to promptly furnish information or funds, as required, to Aetna.

1.7 The Customer shall provide Aetna with complete and accurate information including, but not limited to, proper accounting of all Participants, specific coverages and changes and corrections thereto. Aetna shall not be liable for any and all claims, damages, losses or expenses suffered or incurred as a result of any inaccurate or incomplete information furnished by Customer to Aetna.

1.8 The Customer is responsible for maintaining reasonable internal control mechanisms as they relate to the Services that Aetna provides, including, but not limited to:

(a) The Customer having its own administration functions and controls so users are removed promptly when they no longer need access to system resources.

(b) The Customer having controls to ensure that all Aetna-generated reports and information received from Aetna are reviewed for accuracy and Participant activity on a timely basis, with any inaccuracies or discrepancies being communicated in writing to Aetna no later than thirty (30) days after such report or information is first generated by Aetna.

(c) The Customer having controls to ensure that any erroneous data is re-submitted to Aetna within thirty (30) days from the time it is first inputted erroneously.

(d) The Customer reconciling all cash activity to Aetna-generated reports as soon as reasonably possible (and in any event within ten (10) days after such report is first delivered by Aetna to the Customer). Customer shall advise Aetna in writing of any discrepancies or inaccuracies in connection with such reconciliation within twenty (20) days thereafter.

(e) Notwithstanding any term herein to the contrary, Aetna shall in no event be liable or otherwise responsible for any and all claims, damages, losses and expenses arising out of or otherwise related to Customer's failure to notify Aetna in writing of any discrepancies or inaccuracies in any information, report or data provided by Aetna, within thirty (30) days after such information, report or data is first provided by Aetna.

ARTICLE II
PAYMENTS

2.1 The Customer agrees to pay Aetna the amounts set forth in the Fee and Expense Exhibit.

Such amounts are payable via an ACH debit which shall be initiated by Aetna ten (10) days after the invoice is delivered to the Customer. Aetna shall initiate the ACH debit against an account designated for this purpose by the Customer. This may be the same account designated for ACH funding, or may be a unique account, at the Customer's discretion.

Customer shall promptly review and verify the accuracy of each invoice and notify Aetna in writing of any inaccuracy or discrepancy with respect to any amount referenced therein within sixty (60) days after receipt of such invoice, failing which such invoice shall be deemed final, complete and correct for all purposes. Any payments which are not timely paid hereunder shall, at the option of Aetna, bear interest at a rate of prime plus one percent (1%) as allowed by Texas Government Code §2251.025.

If, during the term of this Agreement, any tax (other than taxes based on the net income of Aetna) or any other assessment or premium charge, shall be assessed against Aetna with respect to the Services or this Agreement, Aetna shall report the payment of such amount to the Customer and the Customer shall pay such amount directly (or reimburse Aetna for the same, at Aetna' option).

2.2 Nothing in this Article shall prohibit Aetna from performing any service not enumerated in this Agreement for a reasonable fee. Any such service and corresponding fee shall be provided only if agreed to by the Customer and Aetna in writing, in advance of such performance.

2.3 If the Customer, for any reason whatsoever, fails to make a required payment on a timely basis, Aetna may (in addition to its other rights and remedies), suspend the performance of the Services until such time as the Customer makes the proper remittance and otherwise delivers adequate assurance to Aetna, as reasonably determined by Aetna, concerning the Customer's performance hereunder. Aetna shall use reasonable efforts to provide the Customer with up to three (3) days prior written notice of its intention to take such action.

ARTICLE III
DURATION OF THIS AGREEMENT

3.1 This Agreement shall have an Initial Term of three (3) years and Effective Date of 1/1/2017. This Agreement shall automatically renew for succeeding twelve (12) month periods thereafter; provided, this Agreement may be terminated by either party following the end of the Initial Term or any twelve (12) month period thereafter, if a party has given at least ninety (90) days' prior written notice of termination to the other party prior to the commencement of the first renewal term or any subsequent renewal term, as applicable.

Except as referenced on the applicable Fee and Expense Exhibit, the amounts set forth on the applicable Fee and Expense Exhibit shall remain unchanged during the Initial Term of the Agreement; thereafter the fees will be subject to change by Aetna, so long as Aetna has provided the Customer with at least ninety (90) days prior written notice of such change.

ARTICLE IV
TERMINATION OF THIS AGREEMENT

4.1 In the event of a material breach by Aetna of the terms hereof, the Customer shall provide Aetna with written notice and an opportunity to cure the breach within thirty (30) days thereafter. If Aetna does not cure the breach within such time period, this Agreement shall, at the option of the Customer, terminate upon written notice to Aetna within ten (10) days thereafter.

4.2 This Agreement shall, at the option of Aetna, terminate in the event of:

(a) The Customer's failure to pay the amounts referenced in the applicable Fee and Expense Exhibit by the due date;

(b) Commencement of a bankruptcy proceeding of the Customer or the insolvency of the Customer;

(c) Failure of the Customer to promptly deliver any data necessary for the proper performance of Aetna' duties hereunder within five (5) days following the request therefore;

(d) Merger, sale or consolidation of the Customer, unless written consent has been give by Aetna to continue Services in advance of such event;

(e) The enactment or change of any law or regulation which makes the continuance of this Agreement illegal or commercially impracticable; or

(f) Any other breach of this Agreement by the Customer which is not cured (if curable) within thirty (30) days following written notice from Aetna.

4.3 In the event of the termination of this Agreement, Aetna shall complete the processing of all reimbursement requests received by Aetna which are due and payable prior to the termination of this Agreement, provided that, Aetna shall have no obligation to complete the processing of any such requests if the Customer has failed to provide funds for the reimbursement requests or payment or the Customer has otherwise failed to pay any other amounts owed to Aetna hereunder. Aetna shall have no obligation to process requests for reimbursement or payments presented after the termination date. All payments made in accordance with Section 4.3 shall under all circumstances continue to be the sole responsibility and liability of the Customer.

4.4 Upon termination of this Agreement, Aetna shall, upon written request, deliver to the Customer, within a mutually agreed upon timeframe, a complete and final accounting as it relates to this Agreement. All books and records in Aetna' possession with respect to the Services provided, any claim files, and any reports and other papers pertaining to the Services will be maintained by Aetna for a period of seven (7) years following their processing hereunder. All administration systems, computer systems and software developed by Aetna in connection with the Services performed hereunder constitute the sole property of Aetna and shall be retained by Aetna upon the termination of this Agreement. The Customer hereby disclaims any interest in or to such items.

ARTICLE V
INDEMNITY/DAMAGE LIMITS/MISCELLANEOUS

5.1 Aetna is not and shall not under any circumstances be deemed the "Customer," a "named fiduciary" or a "fiduciary" of any Customer plan, as defined in the Employee Retirement Income Security Act of 1974, as amended, or for any other purpose under any federal, state or local law applicable to or otherwise affecting or regulating any Customer-sponsored employee benefits, and the Customer acknowledges such fact and otherwise releases and discharges Aetna from any such obligation, position or role. Aetna shall not be required to advance its funds for the reimbursement requests or payments under any Customer plan. Aetna shall not be considered the insurer or underwriter of the liability of the Customer to provide benefits for the Participants. The Customer shall have the sole responsibility and liability for the payment of all reimbursement requests. The Customer shall also be responsible for all expenses incident to or otherwise related to the operation of any Customer plan.

5.2 Aetna makes no commitment or guarantee that any amounts paid to or for the benefit of a Participant will be (or continue to be) excludable from the Participant's gross income for federal, state or local tax purposes. It shall be the obligation of each Participant to determine whether a payment under the Services provided is excludable from the Participant's gross income for federal, state and local tax purposes. This Agreement constitutes the entire agreement of the parties with respect to the subject matter hereof, and supersedes all previous agreements and discussions (whether written or oral) relating to the subject matter hereof. In the event of a conflict between any of the provisions of this Agreement, such conflict shall be resolved in favor of the more specific provision over a more general provision. No terms that are additional to or different from the terms of this Agreement (including, without limitation, the terms of any purchase order) shall be binding on either party hereto. This Agreement shall be governed by the internal substantive laws of the State of Texas. IN NO EVENT SHALL EITHER PARTY BE LIABLE OR OTHERWISE RESPONSIBLE FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL, SPECIAL, EXEMPLARY OR PUNITIVE DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND ATTORNEYS' FEES, REGARDLESS OF THE NATURE OR BASIS OF THE

CLAIM AND REGARDLESS OF WHETHER SUCH PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. Aetna' MAXIMUM LIABILITY TO THE CUSTOMER OR ANY PARTICIPANT FOR ANY CLAIMS, DAMAGES, LOSSES OR EXPENSES (INCLUDING, BUT NOT LIMITED TO, THOSE ARISING UNDER THIS AGREEMENT), REGARDLESS OF THE NATURE OR BASIS OF THE CLAIM, SHALL IN NO EVENT EXCEED THE TOTAL AMOUNT OF THE FEES PAID BY THE CUSTOMER TO Aetna DURING THE PRIOR TWELVE (12) MONTHS. EACH PROVISION OF THIS AGREEMENT THAT PROVIDES FOR A LIMITATION OF LIABILITY OR EXCLUSION OF DAMAGES IS INTENDED TO ALLOCATE THE RISKS OF THIS AGREEMENT BETWEEN THE PARTIES. THIS ALLOCATION IS REFLECTED IN THE PRICING OFFERED BY Aetna TO THE CUSTOMER AND IS AN ESSENTIAL ELEMENT OF THE BASIS OF THE BARGAIN BETWEEN THE PARTIES. EACH OF THESE PROVISIONS IS SEVERABLE AND INDEPENDENT OF ALL OTHER PROVISIONS OF THIS AGREEMENT, AND EACH OF THESE PROVISIONS WILL APPLY EVEN IF THE REMEDIES IN THIS AGREEMENT HAVE FAILED OF THEIR ESSENTIAL PURPOSE.

5.3 The failure of either party to strictly enforce any provision of this Agreement shall not be deemed to be a waiver of such provision (or of any other provision of this Agreement), nor shall such failure be deemed to be a waiver of any subsequent breach of such provision (or any other provision of this Agreement). No waiver of any provision of this Agreement shall be binding upon any party unless it is in writing and executed by both parties.

5.4 Any litigation involving any claim (whether legal or equitable) which relates to or arises from the subject matter of this Agreement shall be brought exclusively in the appropriate state or federal courts located in Texas.

Each party hereby: (a) consents to submit itself to the exclusive personal jurisdiction of such state or federal courts; (b) expressly agrees to waive all challenges to the jurisdiction of and venue in such courts based on lack of jurisdiction and/or inconvenient or improper venue; and (c) agrees that it will not bring any action relating to the subject matter of this Agreement in any court other than the foregoing courts. The parties agree that venue lies exclusively in Webb County, Texas.

5.5 Customer shall be in default hereunder if, without Aetna express prior written consent, Customer becomes affiliated (either directly or indirectly) with a competitor of Aetna or its parent or affiliates. Aetna' consent hereunder may be withheld in Aetna' sole and absolute discretion.

5.6 It is expressly agreed that the parties intend by this Agreement to establish between themselves the relationship of independent contractors. This Agreement is not intended to and shall not be construed to create between the parties, any affiliate relationship, partnership, joint venture, employment relationship, agency, fiduciary or other special relationship. The provisions of this Agreement are only for the benefit of the parties hereto and not for any other person. This Agreement shall not provide any third person with any remedy, claim, reimbursement, cause or action or other right.

5.7 Aetna will not be liable for, or be considered to be in breach of or default under this Agreement on account of, any delay or failure to perform as required by this Agreement as a result of any cause or condition beyond Aetna' reasonable control, so long as Aetna uses commercially reasonable efforts to avoid or remove such causes of non-performance.

5.8 If any part of this Agreement is found to be illegal, unenforceable, or invalid, such part shall be severed from this Agreement and the remaining provisions of this Agreement will remain in full force and effect.

5.9 This Agreement may not be amended or otherwise modified other than by a written instrument signed by the Customer and Aetna.

5.10 ANY CLAIM OR CAUSE OF ACTION ARISING FROM OR OTHERWISE RELATED TO THIS AGREEMENT MUST BE COMMENCED WITHIN TWO (2) YEARS FROM THE TIME IT FIRST ACCRUED, UNLESS OTHERWISE PROVIDED FOR AND ALLOWED UNDER TEXAS LAW, OR WILL BE FOREVER BARRED.

5.11 All notices will be delivered by first class mail (postage pre-paid) or by overnight commercial delivery service (pre-paid) or delivered by hand to the party at their address listed below:

If to Aetna;
Aetna Life Insurance Company
151 Farmington Avenue, RW52
Hartford, CT 06156-3124
Attention: PayFlex COBRA Department

If to Customer:
Webb County
1110 Washington St. Suite 204
Laredo, TX 78040
Attn: Alexandra Colessides

5.12 Aetna agrees to assist the Customer as a business associate in complying with the requirements of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 C.F.R. Parts 160-64) and the requirements of the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009 as they relate to the obligations of a business associate, and to this end, Aetna and Customer agree to execute a form of "Business Associate Agreement" mutually agreed to by both Parties in connection with the Services performed hereunder.

ARTICLE VI
DUTIES OF THE PARTIES

6.1 Aetna shall undertake its obligations hereunder as directed by (and in accordance with instructions provide by) the Customer. Aetna shall at no time exercise any discretionary authority or control respecting the management or administration of the Plan(s), or the management or disposition of any Plan assets. On all matters involving the exercise of discretion, Aetna shall seek direction from the Customer. The Customer acknowledges that the timeliness of providing information and direction to Aetna is critical to the successful completion of the services. All employee data and other relevant information will be supplied to Aetna in a timely and accurate manner using a pre-approved Aetna format. Aetna is not responsible for the actions of the Customer in processing or interpreting data provided by the Customer or the Customer's failure to provide the necessary data.

Aetna agrees to provide the following services and Customer agrees to provide all information and data as needed.

ARTICLE VII
INITIAL/GENERAL COBRA NOTICE

7.1 Customer will notify Aetna in writing within thirty (30) days of new enrollees in a group health plan subject to COBRA, which notice will specify:

(a) the date and type of enrollment;

(b) the names and addresses of each new qualified beneficiary(ies), and

(c) the names and addresses of family members of qualified beneficiary(ies),.

7.2 Within ten (10) business days after Aetna receives the notice described in paragraph 2.1 above, Aetna will send with proof of mailing, a letter notifying the appropriate qualified beneficiary(ies) of their right to COBRA continuation coverage upon the occurrence of a qualifying event.

7.3 If agreed to between Aetna and the Customer in writing, Aetna shall also include a "HIPAA Notice of Privacy Practices" statement on behalf of the Customer. The notice shall be drafted by the Customer and provided with the initial COBRA notice described above.

ARTICLE VIII
QUALIFYING EVENT NOTICE

8.1 Customer will notify Aetna in writing within thirty (30) days of a qualifying event occurring, which notice will specify:

(a) the date and type of qualifying event (as set forth in Code Section 4980B(f)(3)(A) through (F);

(b) the names, social security numbers, addresses and birth dates of all qualified beneficiaries (and the covered Participant if not a qualified beneficiary) and their relationship to each other and to the covered Participant; and

(c) the specific group health plan(s) and combinations of such plans under which the qualified beneficiaries are entitled to COBRA continuation coverage; and

8.2 Within ten (10) business days after Aetna receives the notice described in paragraph 8.1 above, Aetna will send, with proof of mailing, a letter notifying the appropriate qualified beneficiary(ies) of their right to COBRA continuation coverage, along with an election form specifying the group health plan(s) and the cost of coverage thereof to such qualified beneficiaries.

ARTICLE IX
NOTICE TO QUALIFIED BENEFICIARIES OF ENROLLMENT

9.1 Within ten (10) business days after Aetna receives a properly completed and signed election form for COBRA continuation coverage and initial payment from the qualified beneficiary(ies), Aetna will send payment coupons or invoice to such qualified beneficiary(ies), provided the election form was returned to Aetna by the qualified beneficiary within sixty (60) days of the date the election form was mailed to the qualified beneficiary, or the loss of coverage date, whichever is later. The initial premium must be postmarked within forty five (45) days after the COBRA election. Aetna will also provide a method for automatic electronic premium payment from a qualified beneficiary's checking or savings account.

9.2 If Aetna receives an election form for COBRA continuation coverage after such sixty (60) day period has expired, Aetna will provide the affected qualified beneficiary(ies) with a notice of unavailability of coverage. Such notice shall be provided within ten (10) business days after Aetna receives the late election form.

ARTICLE X
NOTICE OF SUBSEQUENT QUALIFYING EVENT

10.1 Qualified beneficiary(ies) must notify Aetna in writing within sixty.(60) days of a subsequent qualifying event, which notice will specify:

(a) Name and address of the COBRA Participant entitled to extend the period of COBRA continuation coverage up to 36 months due to a second qualifying event; and

(b) The type of qualifying event.

10.2 Within ten (10) business days after Aetna receives the notice described in paragraph 10.1 above, Aetna will send, by proof of mailing, a letter notifying the appropriate qualified beneficiary(ies) of their right to such extended COBRA continuation coverage, along with an election form specifying the group health plans and the cost of coverage thereof. Aetna will provide the affected qualified beneficiary(ies) with a notice of unavailability of coverage if the event does not qualify as a subsequent qualifying event.

ARTICLE XI
NOTICE OF TOTALLY DISABLED QUALIFIED BENEFICIARIES

11.1 Qualified beneficiaries must notify Aetna within sixty (60) days of the date they receive a determination letter regarding total disability. By providing Aetna with this letter, the qualified beneficiary certifies that the qualified beneficiary is entitled to up to 29 months of COBRA continuation coverage.

11.2 Within ten (10) business days after receiving the foregoing letter. Aetna will determine the qualified beneficiary's ability to extend coverage as described in Code Section 4980B(f)(2)(B)(i). Upon determination, Aetna will send a letter notifying the totally disabled qualified beneficiary of their ability to extend the maximum period of continuation coverage to 29 months. Aetna will also provide notice to the disabled qualified beneficiary of the increase in premiums to 150% for months 19 through 29 if the Customer elects to charge the additional 48%. Aetna will provide the affected qualified beneficiary with a denial notice if it is determined that the qualified beneficiary is unable to extend coverage.

ARTICLE XII
NOTICE OF EXPIRATION OR TERMINATION OF COBRA CONTINUATION COVERAGE

12.1 Aetna will notify COBRA Participants of the date of termination of their COBRA continuation coverage within ten (10) business days following the date Aetna learns of one or more of the following reasons for termination of COBRA continuation coverage:

(a) failure of the COBRA Participant to timely pay the correct premium for COBRA continuation coverage;

(b) coverage of the COBRA Participant under another group health plan, if such plan does not contain any exclusions or limitations with respect to any pre-existing condition of the COBRA participant;

(c) expiration of the maximum period for COBRA continuation coverage; or

(d) the Customer ceasing to provide any group health plan to any Customer employees and all of its commonly controlled trades or businesses (within the meaning of Code Section 414).

12.2 If the reason for notice is the expiration of the maximum period for COBRA continuation coverage, a notice of conversion rights (if available) shall be sent 180 days prior to expiration of COBRA continuation coverage.

ARTICLE XIII
PREMIUMS FOR COBRA CONTINUATION COVERAGE

13.1 COBRA Participants shall make premium payments, for COBRA continuation coverage and who have made a valid election of COBRA continuation coverage, via mail to Aetna; electronic funds transfer through the Participant's bank to Aetna; or online through the Aetna website. Alternatively, Aetna may accept payments on behalf of the COBRA Participant from other third-parties. Aetna shall deposit such funds received from COBRA Participants into a custodial account established for such purpose at a financial institution of Aetna's choosing. Any interest generated on such account shall be used to pay the fees of the financial institution with respect to such account. To the extent that such interest is not sufficient to pay such fees, Aetna shall pay such fees. To the extent that such interest is in excess of such fees, Aetna shall be entitled to retain such interest. Premium payments collected by Aetna belong to the Customer, except that Aetna shall retain the surcharge administrative fee paid by such COBRA Participants. Aetna shall act solely as an administrative collection agent for the Customer in collecting premium payments and will remit payments to the Customer, appropriate insurance carrier, or other entity directed by the Customer by the 15th day of the month following the month in which payment was received.

13.2 When premium payments are received at Aetna, Aetna will notify the appropriate insurance carriers /administrators of eligibility changes including new enrollees or terminations. When premium payments are received by the Customer, the Customer is responsible to notify appropriate insurance carriers/administrators of eligibility changes including new enrollees or terminations.

13.3 If the premium payment is deficient by an amount that is no greater than $50 or 10% of the COBRA premium amount required for that coverage period, Aetna will notify the qualified beneficiary of the deficient amount and provide him or her with a reasonable period of time (not to exceed thirty (30) days) in which to make the payment as described in 26 C.F.R. §54.4980B-8, Q/A-5(d).

13.4 Aetna will provide the Customer with a monthly summary employer census report, COBRA participant payment and refund report, COBRA participant paid through report, deficient payment report and an address update report. The Customer will notify Aetna of any errors or corrections in such reports within thirty (30) days following delivery by Aetna.

13.5 If Aetna receives written notice from the Customer of an increase in the premium amount for COBRA continuation coverage, and such notice specifies the effective date of the increase (which must be at least thirty (30) days after such written notice to Aetna), Aetna will notify the affected COBRA participants of the amount and effective date of the increase within thirty (30) business days following Aetna's receipt of such written notice from the Customer.

ARTICLE XIV
ANNUAL OPEN ENROLLMENT SERVICE

14.1 Where agreed upon between Aetna and the Customer, Aetna shall assist the Customer in notifying COBRA Participants of open enrollment rights. Customer shall provide benefit material to Aetna at least sixty (60) days prior to the open enrollment period.

14.2 Aetna will send a letter notifying the COBRA Participant of their open enrollment options. This mailing shall include enrollment forms and benefit communication material as provided by Customer.

14.3 The Customer will provide Aetna with a completed open enrollment document. Upon receipt of the completed open enrollment document from the Customer, Aetna will process the documents and notify the carrier(s) of any change in the enrollment status.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their respective officers duly authorized to do so.

[Customer]

Dated at:

1/5/17
(DATE)

By: _____

Webb County Judge
(Official Title)

Aetna LIFE INSURANCE COMPANY

By: _____

President
(Official Title)

ATTESTED TO:

Margie Ibarra
Webb County Clerk

Marco A. Montemayor
Webb County Attorney

*By law, the county attorney's office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval of their own respective attorney(s).

Webb County
Inspira Financial Annual Renewal
January 1, 2025 – December 31, 2025

The upcoming plan year promises to be an exciting time, as we continue to implement system enhancements and update processes in our pursuit to provide exceptional customer service. A **rate pass** has been granted for all services that are currently being administered.

As you review this renewal package detailing our standard and optional services, please keep in mind our ability to offer additional services for a fee.

Please communicate immediately if you are considering canceling or terminating any services.

Please be advised that the monthly minimum fee will be increased to our standard monthly minimum fee of $150.00 in the new plan year.

Important reminders about COBRA/Direct Billing open enrollment and plan renewals:

- Inspira will send an open enrollment or plan renewal checklist in a separate email. Please review and return your COBRA/DB checklist in accordance with the timeframes below.
- **Open Enrollment** – If this service is purchased, we require the rates and materials 90 days prior to the open enrollment period.
- **Plan Renewal (rate updates)** – Send all new-year rates as soon as possible. If we are providing open enrollment services, the new plan year rates and plans are required 90 days prior to the open enrollment period. If we are not providing open enrollment services, the plans and rates are required 60 days prior to the new plan year to ensure that coupons are sent out at least two weeks in advance of the new plan year.
- **Restructures** – Any restructure/plan changes impact the COBRA structure. A 90-day notice is required to complete account changes and additional costs may apply.
- **Coupons** – Inspira mails member coupons for the new plan year two weeks in advance.

We look forward to another successful year, and providing the highest level of customer service possible.

Thank you,

Patricia Hall
Account Manager

Inspira Financial COBRA PEPM

Webb County

January 1, 2025 – December 31, 2025

	Fee
Implementation Fee	Waived
Annual Fee	Waived
Monthly Fee Per COBRA-Eligible Employee	
Monthly Administration Fee Per Eligible Employee	$0.35
Services included in PEPM fees: New Hire COBRA/HIPAA General Rights Notice, Qualifying Event Notification and COBRA Participant Termination Notice	
Minimum Monthly Billing	$150.00 per employer per month

Optional Service Fees	
Re-notification of COBRA General Rights/HIPAA	$4.25 per letter
Non-Commencement Notice	$3.00 per notice
Annual Open Enrollment Services ($300 min. – Service available after Inspira has provided administration for 90 days)	$15.00 per package + postage*
Annual Open Enrollment Form Processing (Service offered if the Plan Sponsor administers the Open Enrollment but wants the Open Enrollment form returned to Inspira for processing)	$5.00 per form processed
Summary of Benefits and Coverage Form	$0.60 per page plus postage
Manual Notification Form Processing	$10.00 per form
Custom Mailings (Non-Standard Notices)	$5.00 per notice
Custom Mailings Setup Fee	$150.00 per hour
Late Payment Notice	$3.00 per notice
Optional Government Mandated Notice	$10.00 per notice
Premium Disbursement to Carriers (No fee for remittance to Aetna)	$50.00 per carrier per remittance per month
Custom Letter Fee	$250.00 flat charge per letter (cannot be waived or reduced)
Rejected / NSF Customer Funding ACH Transactions	$50.00 per occurrence
By the 5th working day of each month, Inspira will provide a bill for all administration from the prior month. Reports detailing the prior month's activity will also be provided for your records. Inspira shall retain the 2% administrative fee (this includes company paid members) on the total premium administered for COBRA participants.	

At Inspira, we make it simple to plan, save, and pay for personal well-being

With more than 30 years experience dedicated to the healthcare industry, you can count on Inspira to bring consultative expertise to your health benefits program. We serve the unique needs of more than 3,200 clients, and our high retention rate demonstrates our ability to deliver service excellence to plan sponsors and members.

As you carefully weigh your options, we know you have your employees' best interests in mind, as well as the financial health of your organization.

Inspira understands your needs are unique, with distinct priorities and goals. Our full-service suite offers your company flexibility, while our transformative portfolio is focused on empowering individuals on the path to personal well-being — all while increasing their purchasing power.

OUR PRODUCTS

HSA | 2006

Our HSA is designed to help pay for current eligible healthcare costs and save for future healthcare expenses. Contributions, earnings, and withdrawals are all tax-free. Our top-rated investment platform also makes it easy to maximize your ability to save for the future, tax-free.

FSA | 1987

Members can contribute pretax dollars from their paychecks up to the IRS limit. Their full contribution is available at the start of the plan year to pay for eligible healthcare expenses. Members can pay for eligible expenses using the Inspira debit card, or they can pay for the expense and pay themselves back by submitting a claim to us. Additional FSA options include dependent care and limited purpose.

HRA | 2003

The HRA is an account funded by the plan sponsor. Members can use these funds to pay for certain eligible healthcare expenses. The plan sponsor determines what's eligible and how much they will contribute. Some plan sponsors may offer other types of HRAs, like a Limited HRA, Retiree Reimbursement Arrangement (RRA), and Specialized HRA for mental well-being.

inspira FINANCIAL

COBRA | 1995

This complex set of regulations requires specialized expertise and understanding. Our well-trained team will help reduce your company's risk. You'll have peace of mind knowing you're working with an experienced administrator who is dependable and can facilitate COBRA administration services from start to finish.

Commuter | 2001

Our online solution is an easy way to help save money on eligible transit and parking expenses for members' commute to and from work.

Tuition | 2004

Tuition accounts are extremely flexible, allowing our plan sponsors to determine eligibility requirements including the types of classes that will be eligible for reimbursement, minimum grades that qualify for reimbursement, acceptable scheduling, and the plan's maximum annual reimbursement.

Adoption |2002

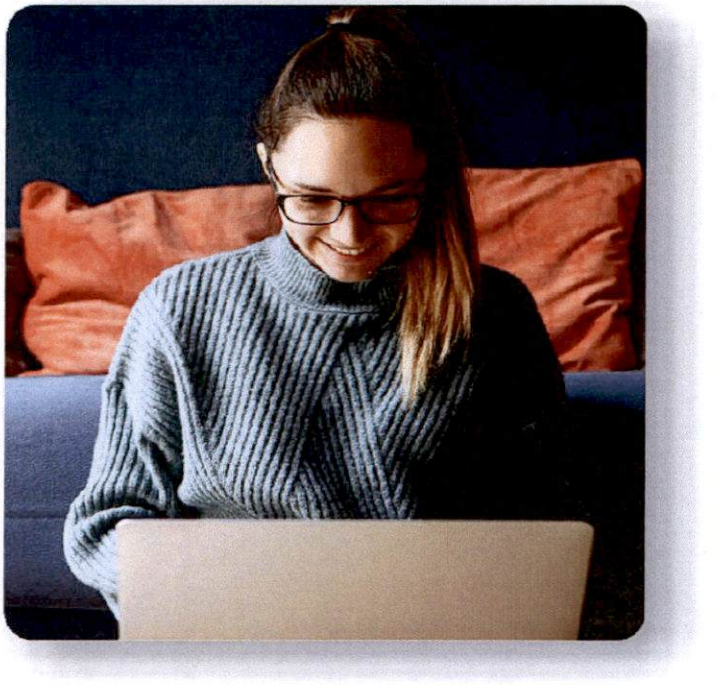
Adoption assistance works like a flexible spending account (FSA). Your employees can contribute money from their paychecks and use the funds towards eligible expenses.

Direct Billing | 1998

Direct Billing offers our plan sponsors a solution to bill individual members, including retirees, employees taking a leave of absence, long term disability members, and special populations – mainly individuals no longer on payroll that need a billing solution. Our Direct Billing solution makes it easy for employees to pay for premiums directly from the Inspira member website.

Wellness | 2020

Our lifestyle spending account (LSA) is an account where plan sponsors can offer well-being dollars to employees. The LSA supports a healthier, more productive workplace by offering a post-tax lifestyle spending reimbursement account, where plan sponsors can contribute a fixed dollar amount or contribution-based dollars to be used by your employees each year.



inspira™ FINANCIAL

No. 258620

Amendment

Attached to and made a part of the Master Services Agreement MSA-285620.

an agreement between

Aetna Life Insurance Company
(hereinafter referred to as Aetna)

and the Customer

Webb County

Nothing contained in this amendment shall be held to alter or affect any of the terms of the Services Agreement other than as herein specifically stated.

It is understood and agreed that the Service Agreement is changed by the addition of the following:

Sections Added	Effective Date
HSA Service and Fee Schedule	January 1, 2025
HSA Services Schedule	January 1, 2025
COBRA Administrative Services Service and Fee Schedule – Per Eligible Participant Per Month	January 1, 2025
COBRA Services Schedule	January 1, 2025

In Witness Whereof, Aetna has signed this amendment at **Hartford, Connecticut**, to become effective January 1, 2025.

Signed by Aetna September 25, 2024.

By

Katerina Guerraz
Executive Vice President, Chief Operating Officer
Aetna Life Insurance Company
(A Stock Company)

Signed by the Customer October 15, 2024
Date

Signature

Webb County Judge
Official Title

MSA Amend - SAS

HSA
SERVICE AND FEE SCHEDULE
MSA - 285620

The Service Fees and Services effective for the period beginning January 1, 2025, and ending December 31, 2027, are specified below. They shall be amended for future periods, in accordance with section 4 of the Agreement. Any reference to "Member" shall mean a Plan Participant as defined in the Agreement.

Description	Fee
Implementation Fee	Waived
Annual Fee	Waived
Monthly Administration Fee Per Member Per Month (PMPM) Debit card included	$1.35
Minimum Monthly Billing – Per Employer	Waived
• Contract period – three years • Pricing quotations expire 90 days after the initial proposal publication date	

The fees listed below are only charged if the services are applicable/performed for the Customer.

Optional Services	Fee
Enrollment Meeting Support • Less than 500 eligible employees or more than 1 meeting • 500-5,000 eligible employees • 5,000 + eligible employees	• $500 per event, based on availability • 1 free day based on availability, then $500 per day for each additional day • 2 free meetings based on availability, $500 per day for each additional day
Customized website (With or without Single Sign On from another site) Lead-time: 90 days Cut-off for 1/1 business is 9/15	$150.00 per hour
Single Sign On (SSO) to generic member website (Assumes standard for web service call) Lead-time: 60 days	No Charge
Customized Member Flyers and quick reference guides (QRGs) (Revisions to generic member flyers) Lead-time: 5 weeks	$1,000 per flyer Plus printing and shipping costs if needed. Includes two rounds of edits.

<table>
<tr><td>Customized Member communication
Lead time: 5 weeks
• HSA Vetting Communications
o Vetting success confirmation e-mail*
o Vetting failure letter – first letter
o Vetting failure letter – second letter
o Vetting failure letter – final letter
*System-generated</td><td>Costs based on Statement of Work
Plus printing and shipping costs if needed.
Includes two rounds of edits.</td></tr>
<tr><td>Co-Branded Debit Card
Lead-time: 5 weeks
Cut-off for 1/1 business is 10/15</td><td>$750.00
Rush requests and/or requests after 10/15 for 1/1 fulfillment is an additional $150.00 per hour.
A minimum of 3 hours will be charged
$10.00 per card for plan sponsor requested re-issues due to plan changes.</td></tr>
<tr><td>Customized welcome flyers (Revisions to standard card carrier)
Lead-time 5 weeks
Cut-off for 1/1 business is 10/15
*Quantity determined based on number of members. Upon re-stocking, quantity may be re-evaluated.</td><td>$3,000 including two rounds of edits, plus recurring print and fulfillment fees.
Minimum order is 10,000
<table><tr><th>Quantity*</th><th>Price per thousand</th></tr><tr><td>10,000 - 24,000</td><td>$250</td></tr><tr><td>25,000 - 50,000</td><td>$150</td></tr><tr><td>51,000+</td><td>$100</td></tr></table>
Rush requests and/or requests after 10/15 for 1/1/ fulfillment is an additional $150.00 per hour
(A minimum of 3 hours will be charged)</td></tr>
<tr><td>Customized PowerPoint Presentation
Lead-time: 6 to 8 weeks
• Up to 20 slides
• Up to 5 minutes
• Script/Voiceover</td><td>Cost based on Statement of Work
Includes 3 rounds of edits.</td></tr>
<tr><td>Development of Custom Communications
(Postcards, brochures, flyers, email campaigns)
Lead-time: Varies based on type of communication</td><td>Cost based on Statement of Work.
Plus printing and shipping costs if needed</td></tr>
<tr><td>Customized Reporting</td><td>$150 per hour
Statement of Work required</td></tr>
<tr><td>Rejected/NSF Customer Funding ACH transactions</td><td>$50 per occurrence of any Customer funding ACH that is rejected</td></tr>
</table>

HSA SERVICES SCHEDULE
MASTER SERVICES AGREEMENT MSA- 285620
EFFECTIVE January 1, 2025

Subject to the terms and conditions of the Agreement, the services related to the Health Savings Account are identified below. Optional Services may be provided at the Customer's written request under the terms of the Agreement. This Schedule shall supersede any previous document(s) describing the Services.

HSA ADMINISTRATION

This section applies specifically to the Health Savings Accounts ("**HSA**") administered by Aetna on behalf of the Customer.

Any references in the Agreement to the "Plan Participant" shall mean the "Accountholder", as defined below, when used in conjunction with HSA Administration.

I. CUSTOMER'S RESPONSIBILITIES

1. The Customer shall:

   a. provide Aetna with the necessary information of the employees that choose to establish an HSA ("**Accountholders**") at least thirty (30) calendar days prior to commencement of the applicable Plan year, and thereafter promptly notify Aetna of all changes or corrections, including, but not limited to, termination, changes in status, or the addition of new Accountholders;

   b. distribute the HSA materials provided by Aetna, or its own HSA employee education materials acceptable to Aetna, to eligible employees;

   c. distribute to each Accountholder any written or electronic notices as reasonably required by Aetna; and

   d. ensure the high deductible health plan (HDHP) it offers or makes available to employees satisfies the applicable requirements of Section 223 of the Code. Aetna is under no obligation to confirm or verify that any HDHP satisfies the requirements of Section 223 of the Code, nor shall Aetna be responsible for eligibility and benefit claims determinations with respect to any HDHP, whether sponsored by the Customer or otherwise, unless otherwise set forth in the Agreement.

2. The Customer acknowledges and agrees that Aetna shall not be liable for any action it has taken (or failed to take) on behalf of the Customer or an Accountholder prior to Aetna's receipt of such information from the Customer.

3. The Customer will not provide any information concerning the available HSA investment options other than that information provided to the Customer by Aetna and specifically approved by Aetna, in each instance, for the Customer's provision to Accountholders.

4. The Customer shall be responsible for wage reporting and any other tax or other reporting or disclosure requirements applicable to it under federal, state or local law.

5. The Customer will be responsible for recording and reporting HSA contributions made through payroll deduction as required. The Customer will provide Aetna with all data on Accountholders and contributions, including payroll deduction and the Customer contributions (if applicable). The Customer is responsible for reviewing and approving such information, including transmissions of contribution information. The Customer shall cooperate with Aetna to reconcile accounts in the event of any discrepancies between the contribution file and the actual funds transmitted and received by Aetna. The Customer will be responsible for providing any disclosure to, and obtaining any consent from, Accountholders that may be required under applicable law to send any of the Accountholder's personal or financial information to Aetna. Aetna will not provide any information regarding HSAs to the Customer that is not permitted under Aetna or the Custodian's (as defined in II.B) privacy policy, the account agreement and/or applicable law.

6. The Customer understands and acknowledges that Aetna will not be responsible or liable for the funding of the HSAs and that the Customer's failure to fund the contributions may result in additional fees, rejection/return of the payroll contributions submitted and/or termination of the HSA administration. The Customer understands that any contributions made to HSAs, including contributions made by the Customer, are non-forfeitable except in limited circumstances as defined by the Internal Revenue Service.

7. The Customer and Aetna agree the HSAs are not governed by ERISA. The Customer agrees to take all reasonable steps to avoid application of ERISA to the HSAs established hereunder, including compliance with the conditions in the ERISA safe harbor exception for group or group-type insurance programs. In the event that any HSAs are, or become subject to, ERISA or any comparable law, the Customer shall ensure full compliance with such laws with respect to such HSAs and under no circumstances shall Aetna be responsible for any such requirements. Neither the Customer nor Aetna will engage in any prohibited transactions with any HSA.

8. The Customer will remit contributions on behalf of the Accountholders by an electronic funds transfer method acceptable to Aetna, with sufficient supporting information to permit Aetna to reconcile contributions to each Accountholder's HSA. The Customer will be responsible for determining and communicating to Accountholders the method(s) by which they can contribute to their HSAs through benefit election, payroll deduction or other mechanism maintained by the Customer. The Customer will also secure any authorization required from Accountholders to contribute funds into their HSAs. In the event that Aetna receives a contribution on behalf of an employee who is not an Accountholder, the contribution will not be processed.

II. AETNA'S RESPONSIBILITIES

1. Aetna shall provide the Customer with (i) HSA associated employee education material; (ii) the terms and conditions governing the HSA, including without limitation the Cardholder Agreement and the Health Savings Account Custodial Member Agreement (the "**Custodial Agreement**"), in electronic format; and (iii) specifications for transmitting eligibility and enrollment information to Aetna.

2. Aetna will provide administrative services to Accountholders in accordance with the terms of the Custodial Agreement. The Customer acknowledges that the Custodial Agreement is solely between the Accountholder, Aetna and the custodian named therein (the "**Custodian**"). The Custodial Agreement does not give the Customer any rights or impose any obligations on the Customer. Neither Aetna nor the Customer will restrict the Accountholder's ability to move funds to another HSA beyond those restrictions defined by the Internal Revenue Code as amended from time to time (the "**Code**").

Aetna and the Custodian retain sole authority and discretion to open and close an HSA or resign as Custodian in accordance with the terms of the Custodial Agreement.

3. Aetna will make available and grant access to a website portal which would allow the Customer to verify whether an HSA has been opened for its eligible employees and to view and transmit certain program data including payroll contribution information.

4. Aetna shall provide debit cards to all HSA Accountholders. Card use is bound by and subject to the terms and conditions of the "Card Association Rules" as described in the Cardholder Agreement provided to each Accountholder upon card issuance.

5. Aetna's responsibility with respect to any HSA tax reporting requirements shall be solely in connection with reporting applicable information to Accountholders and any governmental entity as required by law. Aetna will provide annual and other tax statements to Accountholders as required of HSA administrators. Aetna makes no commitment or guarantee that any amounts paid to or for the benefit of an Accountholder will be, or continue to be, excludable from the Accountholder's gross income for federal, state or local tax purposes. Such determination is the obligation of each Accountholder.

6. Aetna shall provide the Customer with reports to facilitate payroll reconciliation and account status determination. Custom reports may be provided subject to feasibility and data availability, and shall be subject to a reasonable additional cost mutually agreed to by the parties in writing. The Customer shall be billed for programming time in accordance with Aetna's then-current rates unless otherwise agreed to in writing by the parties.

7. Aetna shall credit deposits to each individual Accountholder account based on deposits reported to Aetna by the Customer. Once the deposit is made Aetna may not be able to reverse the transaction. Under no circumstances will Aetna be liable for any loss or expense arising as a result of the Customer's adjustment to payroll contributions. Aetna is unable to accept contributions to an HSA in excess of the statutory maximum annual contribution limit established by law. Aetna will not consider any other factors in determining this limitation (e.g., the actual deductible of the Accountholder's health plan or the number of months that the Accountholder is eligible to make HSA contributions). Accountholders will be solely responsible for any tax or other consequences related to HSA contributions in excess of limits applicable to their particular circumstances.

8. Aetna will arrange for access by Accountholders to a standard slate of investment options, as determined by Aetna, with respect to their HSA.

III. ADDITIONAL ADMINISTRATION INFORMATION

1. **Compliance with Law.** Aetna shall not perform any substantiation or verification, for qualification as a medical expense or other compliance with law, on any transaction posted to an HSA. HSAs are completely self-directed by the Accountholder and Aetna is not responsible for ensuring compliance with applicable law.

2. **Contributions.**

   a. Funding for HSAs is on a deposit basis and takes the form of an ACH debit that Aetna initiates against the Customer's designated account on each day that HSA deposits are reported by the Customer to Aetna. This may be the same account designated for Administrative Fees, or may be a unique account, at the Customer's discretion. Alternate funding methods may be available and

may be subject to additional charges. In the event the Customer does not fund deposits within a reasonable amount of time (as set by Aetna), the Customer shall be subject to a fee (**"Failure to Fund Submitted Contributions Fee"**).

b. If the Customer funds deposit transactions for Accountholders who do not have active accounts, Aetna will attempt to deposit the transactions for a period of 90 days. During this time, funds received from the Customer will be deposited at a financial institution of Aetna's choosing. Any interest generated on such funds shall generally be at federal funds rates. Interest shall be earned on such account beginning on the date funds are transferred from Client to the account and ending on the date the funds are presented for payment, the timing of which is beyond the control of Aetna. Such interest shall be used to pay the fees of the financial institution with respect to such account. To the extent that such interest is not sufficient to pay such fees, Aetna shall pay such fees. To the extent that such interest is in excess of such fees, Aetna shall be entitled to retain such interest. Aetna will return to the Customer any deposit transactions associated with Accountholders without active accounts at the end of the 90 day period, minus any interest Aetna is entitled to keep under this paragraph. The Customer shall be responsible for any accounting or reporting requirements caused by any deposit transactions associated with Accountholders without active accounts. The Customer agrees that in addition to the amounts specified in the Service and Fee Schedule, amounts retained by Aetna under this paragraph constitute reasonable compensation for Aetna's services.

c. Aetna shall have no responsibility with respect to determining whether the Customer has made comparable contributions to HSAs for comparable participating employees under Section 4980G of the Code and applicable regulations.

3. Termination.

a. If the HSA portion of this Schedule is terminated by either party, other than for the Customer's failure to pay Administrative Fees, Aetna agrees to continue to perform Services hereunder for up to three months thereafter in exchange for a fee paid by the Customer equal to three times the amount of the invoice for the last month prior to the effective date of termination. Such fee (and all other amounts owing to Aetna hereunder) shall be paid in full prior to further performance by Aetna.

b. Accountholders may elect to continue their HSA accounts with Aetna after termination of the Agreement or their employment with the Customer, subject to Aetna's terms and conditions and payment of applicable fees directly to Aetna.

4. Billing and Payment of HSA Administration Fees.

Administrative Fees are payable via an ACH debit which shall be initiated by Aetna ten days after the invoice is delivered to the Customer. Aetna shall initiate the ACH debit against an account designated for this purpose by the Customer. This may be the same account designated for contributions, or may be a unique account, at the Customer's discretion. Alternate funding methods may be available.

The Customer shall promptly review and verify the accuracy of each invoice and notify Aetna in writing of any inaccuracy or discrepancy with respect to any amount referenced therein within sixty days after receipt of such invoice, failing which such invoice shall be deemed final, complete and correct for all purposes. Any payments which are not timely paid shall be subject to Late Payment Charges as indicated in the Service and Fee Schedule. In determining applicable Administrative Fees Aetna will be entitled to rely on current enrollment information provided by the Customer.

5. **Communications.** Any notices related to the HSA administration should be directed to11819 Miami Street, suite 200, Omaha NE 68164, Attention: Contracts.

6. **Subcontractors.** Aetna may subcontract HSA administration services at any time without notice to the Customer.

7. **Health Savings Account Advantage.** If selected by the Customer as indicated on the Service and Fee Schedule, Aetna shall provide the Health Savings Account Advantage program. The program will provide support to Plan Participants in three areas - patient advocacy, health care navigation, and surgery cost savings – in an effort to help reduce their out-of-pocket expenses. These services will be provided to Plan Participants who have out-of-pocket health care expenses from a single medical event at a hospital, emergency clinic or surgical center. Such out-of-pocket expenses must meet or exceed the out-of-pocket threshold, as shown on the Service and Fee Schedule, after discounts and benefits have been applied.

COBRA ADMINISTRATIVE SERVICES
SERVICE AND FEE SCHEDULE
PER ELIGIBLE PARTICIPANT PER MONTH
MASTER SERVICES AGREEMENT MSA- 285620
EFFECTIVE January 1, 2025

The Service Fees and Services effective for the period beginning January 1, 2025, and ending December 31, 2025, are specified below. They shall be amended for future periods, in accordance with section 4 of the Agreement.

Implementation and Annual Fees	
Implementation Fee	Waived
Annual Fees	Waived
COBRA Fee Per Eligible Participant Per Month	$0.35 PPPM
Service Included in PPPM Fees	
New Hire COBRA/HIPAA General Rights Notice	Included
Qualifying Event Notification	Included
COBRA Participant Termination	Included
Minimum Monthly Billing	$150.00 per month
Optional Service Fees - NOTE: **Only applicable** if the service is requested by the Customer and performed by Aetna. Optional Service Fee pricing is fixed during the initial Term of the Agreement and are listed below for transparency.	
Annual Open Enrollment Services (*Per package with a $300.00 minimum plus postage, available after Aetna has been providing administration for a minimum of 90 days.)	$15.00 per package plus postage*
Annual Open-Enrollment Election Form Processing (Service offered if the Plan Sponsor administers the open-enrollment but wants the Open Enrollment form returned to Aetna for processing.)	$5.00 per form processed
Re-notification New Hire COBRA/ HIPAA General Right Notice	$4.00 per notice
Custom Mailings (Non-Standard Notices)	$5.00 per notice
Custom Mailings (Set Up Fee)	$150.00 per hour
Manual Notification Form Processing	$10.00 per form
Summary of Benefits and Coverage Form	$0.60 per page plus postage*
Late Payment Notice	$3.00 per notice
Non-Commencement Notice	$3.00 per notice
Custom Letter Fee	$250.00 flat charge (cannot be waived or reduced)
Optional Government Mandated Notice	$10.00 per notice
Premium Disbursement to Carriers (No Fee for remittance to Aetna)	$50.00 per carrier per remittance per month
Customized Reporting and Web Development	$150.00 per hour - $2,500 Minimum
Special Requests	As mutually agreed upon by the Plan Administrator and Aetna
Rejected/NSF Customer Funding ACH transactions	$50.00 per occurrence of any Customer funding ACH pull that is rejected
By the 5th working day of each month, Aetna will provide a bill for all administration from the prior month. Reports	

detailing the prior month's activity will also be provided for your records. PFS shall retain the 2% administrative fee on the total premium administered for COBRA Participants.

Note: The above fees are based on approximately 2587 benefit covered employees with approximately 10% annual turnover. Should there be a variance in turnover exceeding +/- 10%; the fees outlined above are subject to negotiation.

Fee shall remain unchanged during the initial twelve (12) months of the term of the Agreement; thereafter fees are subject to change every twelve (12) months and shall not exceed a three (3) percent net increase per year for the Initial Term of the agreement.

COBRA SERVICES SCHEDULE
MASTER SERVICES AGREEMENT MSA-285620
EFFECTIVE January 1, 2025

Subject to the terms and conditions of the Agreement, the COBRA Administrative Services available from Aetna are described below. Unless otherwise agreed in writing, only the Services selected by the Customer in the Service and Fee Schedule (as modified by Aetna from time to time pursuant to section 4, Service Fees, of the Agreement) will be provided by Aetna. Additional Services may be provided at the Customer's written request under the terms of the Agreement. This schedule shall supersede any previous document(s) describing the Services.

SECTION 1 - DUTIES OF THE PARTIES

Aetna Responsibilities

1.1 The Customer hereby appoints Aetna, and Aetna agrees to provide, administrative services as agreed to between the parties and as further described in this COBRA Services Schedule (the "Services"). Such Services shall be performed in a good and workmanlike manner consistent with industry standards.

1.2 Aetna shall, at its expense, maintain adequate and necessary records on each Participant related to the Services. The Customer shall furnish Aetna with all information necessary for the preparation of such records. Aetna shall not be responsible for verifying the accuracy or completeness of the information provided by the Customer and the Customer shall indemnify and hold Aetna harmless from and against any claim, damage, loss or expense arising out of the inaccuracy or incompleteness of such information.

1.3 At no time shall Aetna provide legal, tax or accounting advice or services in connection with the Services. The Customer shall be responsible for obtaining any legal, tax or accounting advice they deem advisable in connection with any Customer-sponsored employee benefits from their counsel or advisor.

1.4 Aetna shall hold all funds received from the Customer, Participant or on behalf of a Participant as applicable, in an account established for such purpose at a financial institution of Aetna' choosing. Aetna shall pay all fees associated with said account.

Customer's Responsibilities

1.5 The Customer shall be responsible for any delay in the performance of the Services caused by the failure of the Customer to promptly furnish information or funds, as required, to Aetna.

1.6 The Customer shall provide Aetna with complete and accurate information including, but not limited to, proper accounting of all Participants for whom Services are provided, specific coverages and changes and corrections thereto. Aetna shall not be liable for (and Customer releases and discharges Aetna and agrees to defend, indemnify and hold Aetna harmless from and against) any and all claims, damages, losses or expenses suffered or incurred as a result of any inaccurate or incomplete information furnished by Customer to Aetna.

1.7 The Customer is responsible for maintaining reasonable internal control mechanisms as they relate to the Services that Aetna provides, including, but not limited to:

(a) The Customer having its own administration functions and controls so users are removed promptly when they no longer need access to system resources.

(b) The Customer having controls to ensure that all Aetna-generated reports and information received from Aetna are reviewed for accuracy and Participant activity on a timely basis, with any inaccuracies or discrepancies being communicated in writing to Aetna no later than thirty (30) days after such report or information is first generated by Aetna.

(c) The Customer having controls to ensure that any erroneous data is re-submitted to Aetna within thirty (30) days from the time it is first inputted erroneously.

(d) The Customer shall reconcile all cash activity to Aetna-generated reports as soon as reasonably possible (and in any event within ten (10) days after such report is first delivered by Aetna to the Customer). Customer shall advise Aetna in writing of any discrepancies or inaccuracies in connection with such reconciliation within twenty (20) days thereafter.

SECTION 2 - PAYMENTS

2.1 The Customer agrees to pay Aetna the amounts set forth in the Fee and Expense Exhibit.

Such amounts are payable via an ACH debit which shall be initiated by Aetna ten (10) days after the invoice is delivered to the Customer. Aetna shall initiate the ACH debit against an account designated for this purpose by the Customer. This may be the same account designated for ACH funding, or may be a unique account, at the Customer's discretion.

Customer shall promptly review and verify the accuracy of each invoice and notify Aetna in writing of any inaccuracy or discrepancy with respect to any amount referenced therein within sixty (60) days after receipt of such invoice, failing which such invoice shall be deemed final, complete and correct for all purposes. Any payments which are not timely paid hereunder shall, at the option of Aetna, bear interest at a rate of eighteen percent (18%) per annum until paid.

2.2 If, during the term of this Agreement, any tax (other than taxes based on the net income of Aetna) or any other assessment or premium charge, shall be assessed against Aetna with respect to the Services or this Agreement, Aetna shall report the payment of such amount to the Customer and the Customer shall pay such amount directly (or reimburse Aetna for the same, at Aetna' option).

2.3 Nothing in this Schedule shall prohibit Aetna from performing any service not enumerated in this Agreement for a reasonable fee. Any such service and corresponding fee shall be provided only if agreed to by the Customer and Aetna in writing, in advance of such performance.

2.4 If the Customer, for any reason whatsoever, fails to make a required payment on a timely basis, Aetna may (in addition to its other rights and remedies), suspend the performance of the Services until

such time as the Customer makes the proper remittance and otherwise delivers adequate assurance to Aetna, as reasonably determined by Aetna, concerning the Customer's performance hereunder. Aetna shall use reasonable efforts to provide the Customer with up to three (3) days prior written notice of its intention to take such action.

SECTION 3 – UNDERTAKING OF OBLIGATIONS AT DIRECTION OF CUSTOMER

3.1 Aetna shall undertake its obligations hereunder as directed by (and in accordance with instructions provide by) the Customer. Aetna shall at no time exercise any discretionary authority or control respecting the management or administration of the Plan(s), or the management or disposition of any Plan assets. On all matters involving the exercise of discretion, Aetna shall seek direction from the Customer and shall be fully protected, held harmless, and indemnified in so acting consistent with such direction. The Customer acknowledges that the timeliness of providing information and direction to Aetna is critical to the successful completion of the Services. All employee data and other relevant information will be supplied to Aetna in a timely and accurate manner using a pre-approved Aetna format. Aetna is not responsible for the actions of the Customer in processing or interpreting data provided by the Customer or the Customer's failure to provide the necessary data.

Aetna agrees to provide the following services and Customer agrees to provide all information and data as needed.

SECTION 4 - INITIAL/GENERAL COBRA NOTICE

4.1 Customer will notify Aetna in writing within thirty (30) days of new enrollees in a group health plan subject to COBRA, which notice will specify:

(a) the date and type of enrollment;

(b) the names and addresses of each new qualified beneficiary(ies), and

(c) the names and addresses of family members of qualified beneficiary(ies).

4.2 Within ten (10) business days after Aetna receives the notice described in paragraph 4.1 above, Aetna will send with proof of mailing, a letter notifying the appropriate qualified beneficiary(ies) of their right to COBRA continuation coverage upon the occurrence of a qualifying event.

SECTION 5- QUALIFYING EVENT NOTICE

5.1 Customer will notify Aetna in writing within thirty (30) days of a qualifying event occurring, which notice will specify:

(a) the date and type of qualifying event (as set forth in 26 U.S. Code Section 4980B(f)(3)(A) through (F);

(b) the names, social security numbers, addresses and birth dates of all qualified beneficiaries (and the covered Participant if not a qualified beneficiary) and their relationship to each other and to the covered Participant; and

(c) the specific group health plan(s) and combinations of such plans under which the qualified beneficiaries are entitled to COBRA continuation coverage.

5.2 Within fourteen (14) days after Aetna receives the notice described in paragraph 5.1 above, Aetna will send, with proof of mailing, a letter notifying the appropriate qualified beneficiary(ies) of their right to COBRA continuation coverage, along with an election form specifying the group health plan(s) and the cost of coverage thereof to such qualified beneficiaries.

SECTION 6 - NOTICE TO QUALIFIED BENEFICIARIES OF ENROLLMENT

6.1 Within ten (10) business days after Aetna receives a properly completed and signed election form for COBRA continuation coverage and initial payment from the qualified beneficiary(ies), Aetna will send payment coupons or invoice to such qualified beneficiary(ies), provided the election form was returned to Aetna by the qualified beneficiary within sixty (60) days of the date the election form was mailed to the qualified beneficiary, or the loss of coverage date, whichever is later. The initial premium must be postmarked within forty five (45) days after the COBRA election. Aetna will also provide a method for automatic electronic premium payment from a qualified beneficiary's checking or savings account.

6.2 If Aetna receives an election form for COBRA continuation coverage after such sixty (60) day period has expired, Aetna will provide the affected qualified beneficiary(ies) with a notice of unavailability of coverage. Such notice shall be provided within ten (10) business days after Aetna receives the late election form.

SECTION 7 - NOTICE OF SUBSEQUENT QUALIFYING EVENT

7.1 Qualified beneficiary(ies) must notify Aetna in writing within sixty (60) calendar days after the latest of a subsequent qualifying event, which notice will specify:

(a) Name and address of the COBRA Participant entitled to extend the period of COBRA continuation coverage up to 36 months due to a second qualifying event; and

(b) The type of qualifying event.

7.2 Within ten (10) business days after Aetna receives the notice described in paragraph 7.1 above, Aetna will send, by proof of mailing, a letter notifying the appropriate qualified beneficiary(ies) of their right to such extended COBRA continuation coverage, along with an election form specifying the group health plans and the cost of coverage thereof. Aetna will provide the affected qualified beneficiary(ies) with a notice of unavailability of coverage if the event does not qualify as a subsequent qualifying event.

SECTION 8 - NOTICE OF TOTALLY DISABLED QUALIFIED BENEFICIARIES

8.1 Qualified beneficiaries must notify Aetna within sixty (60) calendar days after the latest of (a) the date of the Social Security Administration's disability, (b) the date of the covered employee's termination of employment or reduction of hours; and (c) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction of hours. Such notice must be provided within (18) eighteen months after the covered employee's termination of employment or reduction of hours. By providing Aetna with this notice, the qualified beneficiary certifies that the qualified beneficiary is entitled to up to 29 months of COBRA continuation coverage.

8.2 Within ten (10) business days after receiving the foregoing letter. Aetna will determine the qualified beneficiary's ability to extend coverage as described in 26 U.S. Code Section 4980B(f)(2)(B)(i). Upon determination, Aetna will send a letter notifying the totally disabled qualified beneficiary of their ability to extend the maximum period of continuation coverage to 29 months. Aetna will also provide notice to the disabled qualified beneficiary of the increase in premiums to 150% for months 19 through 29 if the Customer elects to charge additional premium. Aetna will provide the affected qualified beneficiary with a denial notice if it is determined that coverage cannot be extended.

SECTION 9 - NOTICE OF EXPIRATION OR TERMINATION OF COBRA CONTINUATION COVERAGE

9.1 Aetna will notify COBRA Participants of the date of termination of their COBRA continuation coverage within ten (10) business days following the date Aetna learns of one or more of the following reasons for termination of COBRA continuation coverage:

(a) failure of the COBRA Participant to timely pay the correct premium for COBRA continuation coverage;

i. For purposes of this Schedule "timely pay" means the initial premium payment is made within forty-five (45) calendar days from the date of the COBRA election, thereafter premium payments will be considered timely if they are made within a thirty (30) calendar day grace period after the first day of the coverage period to which the premiums relate.

(b) coverage of the COBRA Participant under another group health plan, if such plan does not contain any exclusions or limitations with respect to the COBRA participant health coverage;

(c) expiration of the maximum period for COBRA continuation coverage;

(d) the Customer ceasing to provide any group health plan to any Customer employees and all of its commonly controlled trades or businesses (within the meaning of Code Section 414);

(e) the qualified beneficiary, after having elected COBRA continuation coverage, becomes eligible for Medicare;

(f) the Social Security Administrator issues a final determination that the qualified beneficiary is no longer disabled; or

(g) any other event that would cause a qualified beneficiary to lose coverage, such as filing fraudulent or false claims, omitting a material fact or making a misrepresentation of a material fact in connection with the group health plans.9.2 If the reason for notice is the expiration of the maximum period for COBRA continuation coverage, a notice of conversion rights (if available) shall be sent 180 days prior to expiration of COBRA continuation coverage.

SECTION 10 - PREMIUMS FOR COBRA CONTINUATION COVERAGE

10.1 COBRA Participants shall make premium payments, for COBRA continuation coverage and who have made a valid election of COBRA continuation coverage, via mail to Aetna; electronic funds transfer through the Participant's bank to Aetna; or online through the Aetna website. Alternatively, Aetna may accept payments on behalf of the COBRA Participant from other third-parties. Aetna shall deposit such funds received from COBRA Participants into a custodial account established for such purpose at a financial institution of Aetna's choosing. Any interest generated on such account shall generally be at federal funds rates. Such interest shall be used to pay the fees of the financial institution with respect to such account. To the extent that such interest is not sufficient to pay such fees, Aetna shall pay such fees. To the extent that such interest is in excess of such fees, Aetna shall be entitled to retain such interest as compensation for services provided. Premium payments collected by Aetna belong to the Customer, except that Aetna shall retain the two percent (2%) surcharge administrative fee paid by such COBRA Participants. Aetna shall act solely as an administrative collection agent for the Customer in collecting premium payments and will remit payments to the Customer, appropriate insurance carrier, or other entity directed by the Customer by the 15th day of the month following the month in which payment was received.

10.2 When premium payments are received at Aetna, Aetna will notify the appropriate insurance carriers/administrators of eligibility changes including new enrollees or terminations. When premium payments are received by the Customer, the Customer is responsible to notify appropriate insurance carriers/administrators of eligibility changes including new enrollees or terminations.

10.3 If the premium payment is deficient by an amount that is no greater than $50 or 10% of the COBRA premium amount required for that coverage period, Aetna will notify the qualified beneficiary of the deficient amount and provide him or her with a reasonable period of time (not to exceed thirty (30) days) in which to make the payment as described in 26 C.F.R. §54.4980B-8, Q/A-5(d).

10.4 Aetna will provide the Customer with a monthly summary employer census report, COBRA participant payment and refund report, COBRA participant paid through report, deficient payment report and an address update report. The Customer will notify Aetna of any errors or corrections in such reports within thirty (30) days following delivery by Aetna.

10.5 If Aetna receives written notice from the Customer of an increase in the premium amount for COBRA continuation coverage, and such notice specifies the effective date of the increase (which must be at least thirty (30) days after such written notice to Aetna), Aetna will notify the affected COBRA

participants of the amount and effective date of the increase within thirty (30) business days following Aetna's receipt of such written notice from the Customer.

SECTION 11 -ANNUAL OPEN ENROLLMENT SERVICE

11.1 Where agreed upon between Aetna and the Customer, Aetna shall assist the Customer in notifying COBRA Participants of open enrollment rights. Customer shall provide benefit material to Aetna at least sixty (60) days prior to the open enrollment period.

11.2 Aetna will send a letter notifying the COBRA Participant of their open enrollment options. This mailing shall include enrollment forms and benefit communication material as provided by Customer.

11.3 The Customer will provide Aetna with a completed open enrollment document. Upon receipt of the completed open enrollment document from the Customer, Aetna will process the documents and notify the carrier(s) of any change in the enrollment status.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1- 800-370-4526.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 1-800-370-4526.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Language Assistance

TTY: 711

To access language services at no cost to you, call 1- 800-370-4526.

Para acceder a los servicios de idiomas sin costo, llame al 1- 800-370-4526. (Spanish)

如欲使用免費語言服務，請致電 1- 800-370-4526。(Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1- 800-370-4526. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1- 800-370-4526. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó kojį' hólne'1- 800-370-4526. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1- 800-370-4526 an. (German)

Për shërbime përkthimi falas për ju, telefononi 1- 800-370-4526. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1- 800-370-4526 ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1- 800-370-4526. (Arabic)

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1- 800-370-4526 հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, hamagara 1- 800-370-4526 (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন: 1- 800-370-4526। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1- 800-370-4526. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရဘဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန် 1- 800-370-4526 သို့ ဖုန်းခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1- 800-370-4526. (Catalan)

Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1- 800-370-4526. (Chamorro)

ᏩᎩᏍᏗ ᏚᎾᏂᏅᏍᏗ ᎤᏩᏫᏓᏁᏗ Ꮳ ᎠᎦᏍᏗ ᏗGEGᎳᏁᏗ ᎯᎩ, ᏫᏨᏅᏏᎳᏓ 1- 800-370-4526. (Cherokee)

Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1- 800-370-4526. (Choctaw)

Tajaajiiloota afaanii garuu bilisaa ati argaachuuf,bilbili 1- 800-370-4526. (Cushite-Oromo)

Voor gratis toegang tot taaldiensten, bell 1- 800-370-4526. (Dutch)

Pou jwenn sèvis lang gratis, rele 1- 800-370-4526. (French Creole-Haitian)

Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας,

τηλεφωνήστε στον αριθμό 1- 800-370-4526. (Greek)

તમારે કોઇ જાતના ખર્ચ વગિ ભાષાની સેવાઓની પહોંચ માટે, કોલ કરો 1- 800-370-4526. (Gujarati)

No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i kēia helu kelepona 1- 800-370-4526. Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)

आपके लएि बनिा कसिी कीमत के भाषा सेवाओं का उपयोग करने के लएि, 1- 800-370-4526 पर कॉल करें। (Hindi)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1- 800-370-4526. (Hmong)

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ 1- 800-370-4526. (Ibo)

Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1- 800-370-4526. (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1- 800-370-4526. (Indonesian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1- 800-370-4526 (Italian)

言語サービスを無料でご利用いただくには、1- 800-370-4526 までお電話ください。(Japanese)

လာတ်ကမၤန့်ကျိာ်အတ်မၤစၢၤအတ်ဖဲးတ်မၤတဖျာ်လၢတအိဉ်ဒီးအပူၤလၢကဘာ်ဟူဉ်အီၤအဂီၢ်ဘာ်နှဉ် ကိး 1- 800-370-4526 တက့ၢ်. (Karen)

무료 언어 서비스를 이용하려면 1- 800-370-4526 번으로 전화해 주십시오. (Korean)

M̀ dyi wuḍu-dù kà kò ḍò bě dyi móuń nì Pídyi ní, nìí, ḍá nɔ̀bà nìà kɛ: 1- 800-370-4526. (Kru-Bassa)

بۆ دەسپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی 1- 800-370-4526. (Kurdish)

ເພື່ອເຂົ້າໃຊ້ການບລໍ ິການພາສາໂດຍບ ່ເສຍຄ ່າຕ ່ກ ັບທ ່ານ, ໃຫ ້ໂທຫາເບ ີ 1- 800-370-4526. (Laotian)

कोणत्याही शुल्काशविाय भाषा सेवा प्राप्त करण्यासाठी, 1- 800-370-4526 वर फोन करा. (Marathi)

Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlok 1- 800-370-4526. (Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1- 800-370-4526. (Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលគ្មានថ្លៃសម្រាប់លោកអ្នក
សូមហៅទូរស័ព្ទទៅកាន់លេខ 1- 800-370-4526។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न 1- 800-370-4526 मा टेलफिोन गर्नुहोस् । (Nepali)

Tё̱ kɔɔr yïn wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke cɔl kɔc ye kɔc kuɔny ne nɔmba 1- 800-370-4526. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring 1- 800-370-4526. (Norwegian)

Um Schprooch Services zu griege mitaus Koscht, ruff 1- 800-370-4526. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 4526-370-800 -1تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1- 800-370-4526 (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1- 800-370-4526. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1- 800-370-4526 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați 1- 800-370-4526. (Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1- 800-370-4526. (Russian)

Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1- 800-370-4526. (Samoan)

Za besplatne prevodilačke usluge pozovite 1- 800-370-4526. (Serbo-Croatian)

Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1- 800-370-4526. (Sudanic-Fulfulde)

Kupata huduma za lugha bila malipo kwako, piga 1- 800-370-4526. (Swahili)

[illegible]
(Syriac-Assyrian) 1-800-370-4526

మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, 1- 800-370-4526 కు కాల్ చేయండి. (Telugu)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1- 800-370-4526 (Thai)

Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he 1- 800-370-4526. (Tongan)

Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori 1- 800-370-4526. (Trukese)

Sizin için ücretsiz dil hizmetlerine erişebilmek için, 1- 800-370-4526 numarayı arayın. (Turkish)

Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1- 800-370-4526. (Ukrainian)

بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، 4526-370-800 -1. پر بات کریں- (Urdu)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1- 800-370-4526. (Vietnamese)

צו צוטריט שפראך באדינונגען אין קיין פרייז צו איר, רופן 4526-370-800 -1. (Yiddish)

Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe 1- 800-370-4526. (Yoruba)

ATTESTED:

Margie Ramirez-Ibarra
Webb County Clerk

APPROVED AS TO FORM:

Jorge L. Treviño
Assistant General Counsel
Civil Legal Division

The General Counsel, Civil Legal Division's Office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval of their own respective attorney(s).

Passed and approved by the Webb County Commissioners Court On Oct. 15th 2024 item No. 19b