



Collin County Purchasing

2019-304

Group Benefits Administration/Insurance for Short & Long Term Disability

Issue Date: 8/6/2019

Questions Deadline: 8/28/2019 05:00 PM (CT)

Response Deadline: 9/5/2019 02:00 PM (CT)

Collin County Purchasing

Contact Information

Contact: Sara Hoglund, CPPB Senior Buyer

Address: 2300 Bloomdale Rd.

Ste. 3160

Purchasing

Admin. Building

Ste.3160

McKinney, TX 75071

Phone: (972) 548 x4104

Fax: (972) 548 x4694

Email: shoglund@co.collin.tx.us

Event Information

Number: 2019-304
Title: Group Benefits Administration/Insurance for Short & Long Term Disability
Type: Request for Proposal - HT/INS
Issue Date: 8/6/2019
Question Deadline: 8/28/2019 05:00 PM (CT)
Response Deadline: 9/5/2019 02:00 PM (CT)
Notes: Collin County is requesting offerors propose on both short term and long term disability services. Short term disability is to be proposed on a self-insured and administrative services only basis. Long term disability is to be proposed on a fully-insured basis. Collin County desires to partner with offerors who demonstrate a commitment to helping Collin County meet our objectives.

Ship To Information

Address: 2300 Bloomdale Rd.
Ste. 4117
Human Resources
Admin. Building
Ste. 4117
McKinney, TX 75071

Billing Information

Address: 2300 Bloomdale Rd.
Ste. 3100
Auditor
Admin. Building
Ste. 3100
McKinney, TX 75071

Bid Attachments

Legal Notice - 2019-304.doc

Legal Notice

[Download](#)

General_Instructions_Proposals.docx

General Instructions Proposals

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Terms_of_Contract_Proposals - 5-20-19.docx

Terms of Contract - Proposals

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Insurance updated 1-26-2015.doc

Minimum Insurance Requirements

[View Online](#)

Specifications - Disability 4.0 to 7.0.docx

Specifications - Disability 4.0 to 7.0

[View Online](#)

Attachment A_Disability Questionnaire Part 1.docx

Attachment A-Disability Questionnaire Part 1

[View Online](#)

Attachment B_Disability RFP Questionnaire Part 2.xlsx

Attachment B - Disability RFP Questionnaire Part 2

[View Online](#)

Attachment C_Disability Pricing Information.docx

Attachment C - Disability Pricing Information

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Exhibit 1 - Short Term Disability Plan Document.pdf

Exhibit 1 - Short Term Disability Plan Document

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Exhibit 2 - Long Term Disability Plan Document.pdf

Exhibit 2 - Long Term Disability Plan Document

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Exhibit 3 - Long Term Disability Schedule of Benefits.pdf

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Exhibit 3 - Long Term Disability Schedule of Benefits

Exhibit 4 - Short and Long Term Disability Rates.pdf

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Exhibit 4 - Short and Long Term Disability Rates

Exhibit 5 - Short and Long Term Disability Experience Report (2015-March 2019).pdf

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Exhibit 5 - Short and Long Term Disability Experience Report (2015-March 2019)

Exhibit 6 - Short and Long Term Disability Census - May 2019.xlsx

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Exhibit 6 - Short and Long Term Disability Census - May 2019.

Information_Regarding_Conflict_of_Interest_Questionnaire.docx

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Information_Regarding_Conflict_of_Interest_Questionnaire

CIQ_113015.pdf

[View Online](#)

Conflict of Interest Questionnaire

W9_2014.pdf

[View Online](#)

W-9

Requested Attachments

Response to Sections 6.0 & 7.0

(Attachment required)

Response to Attachments A-C

(Attachment required)

Conflict of Interest

W9

(Attachment required)

Bid Attributes

1 eBid Notice

Collin County exclusively uses IonWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other means may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid/proposal non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other means. Please initial.

(Required: Maximum 1000 characters allowed)

2 Contact Information

List the contact name, email address and phone number of the main person(s) Collin County should contact in reference to this solicitation. Contact(s) shall be duly authorized by the company, corporation, firm, partnership or individual to respond to any questions, clarification, and or offers in response to this solicitation.

(Required: Maximum 4000 characters allowed)

3 Delivery

Delivery will be F.O.B. inside delivery at Collin County designated locations and all transportation charges are to be paid by the supplier to destination. Please state delivery in calendar days from date of order.

(Required: Maximum 1000 characters allowed)

4 Exceptions

Do you take exceptions to the specifications. If so, by separate attachment, please state your exceptions.

Yes No

(Required: Check only one)

5 Insurance Acknowledgement

I understand that the insurance requirements of this solicitation are required and are included in the submitted pricing. A certificate of insurance shall be submitted to the Purchasing department if I am awarded all or a portion of the resulting contract. Please initial.

(Required: Maximum 1000 characters allowed)

6 Cooperative Contracts

As permitted under Title 8, Chapter 271, Subchapter F, Section 271.101 and 271.102 V.T.C.A. and Title 7, Chapter 791, Subchapter C, Section 791.025, V.T.C.A., other local governmental entities may wish to also participate under the same terms and conditions contained in this contract. Each entity wishing to participate must enter into an inter-local agreement with Collin County and have prior authorization from vendor. If such participation is authorized, all purchase orders will be issued directly from and shipped directly to the local governmental entity requiring supplies/services. Collin County shall not be held responsible for any orders placed, deliveries made or payment for supplies/services ordered by these entities. Each entity reserves the right to determine their participation in this contract. Would bidder be willing to allow other local governmental entities to participate in this contract, if awarded, under the same terms and conditions?

Yes No

(Required: Check only one)

7 Preferential Treatment

The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located (Government Code, Title 10, V.T.C.A., Chapter 2252, Subchapter A). 1. Is your principal place of business in the State of Texas? 2. If your principal place of business is not in Texas, in which State is your principal place of business? 3. If your principal place of business is not in Texas, does your state favor resident bidders (bidders in your state) by some dollar increment or percentage? 4. If your state favors resident bidders, state by what dollar amount or percentage.

(Required: Maximum 4000 characters allowed)

8 Debarment Certification

I certify that neither my company nor an owner or principal of my company has been debarred, suspended or otherwise made ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension," as described in the Federal Register and Rules and Regulations. Please initial.

(Required: Maximum 1000 characters allowed)

9 Immigration and Reform Act

I declare and affirm that my company is in compliance with the Immigration and Reform Act of 1986 and all employees are legally eligible to work in the United States of America. I further understand and acknowledge that any non-compliance with the Immigration and Reform Act of 1986 at any time during the term of this contract will render the contract voidable by Collin County. Please initial.

(Required: Maximum 1000 characters allowed)

10 Disclosure of Certain Relationships

Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071. Please initial.

(Required: Maximum 1000 characters allowed)

1
1 **Anti-Collusion Statement**

Bidder certifies that its Bid/Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid/Proposal for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates or gratuities permitted; either with, prior to, or after any delivery of material or provision of services. Any such violation may result in Agreement cancellation, return of materials or discontinuation of services and the possible removal from bidders list. Please initial.

(Required: Maximum 1000 characters allowed)

1
2 **Disclosure of Interested Parties**

Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016. Please initial.

(Required: Maximum 1000 characters allowed)

1
3 **Notification Survey**

In order to better serve our offerors, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Should you have any questions or require more information please call (972) 548-4165. How did you receive notice of this request?

- Plano Star Courier Plan Room Collin County eBid Notification Collin County Website
 Other

(Required: Check only one)

1
4 **Proposer Acknowledgement**

Proposer acknowledges, understands the specifications, any and all addenda, and agrees to the proposal terms and conditions and can provide the minimum requirements stated herein. Offeror acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Proposal submittal resulting from Proposer's failure to do so. Proposer acknowledges the prices submitted in this Proposal have been carefully reviewed and are submitted as correct and final. If Proposal is accepted, vendor further certifies and agrees to furnish any and all products/services upon which prices are extended at the price submitted, and upon conditions in the specifications of the Request for Proposal. Please initial.

(Required: Maximum 1000 characters allowed)

1 5	Cooperative Contract Name State the cooperative contract name this quote is offered under. (i.e. TX DIR, TXMAS, TCPN, National IPA, Buyboard, TIPS/TAPS, etc.) If none, answer N/A. _____ _____ _____ _____ <i>(Required: Maximum 4000 characters allowed)</i>
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1 6	Cooperative Contract Number State the cooperative contract number this quote is offered under. If none, answer N/A. _____ _____ _____ _____ <i>(Required: Maximum 4000 characters allowed)</i>
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1 7	Cooperative Contract Website Please provide the website URL for the cooperative contract this quote is offered under. If none, answer N/A. _____ _____ <i>(Required: Maximum 1000 characters allowed)</i>
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Bid Lines

1	Upload Attachment C - Disability Pricing Information <i>(Line excluded from response total)</i> Supplier Notes: _____ _____ <div style="float: right; border: 1px solid gray; padding: 5px;"><input type="checkbox"/> Additional notes <i>(Attach separate sheet)</i></div>
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1.0 GENERAL INSTRUCTIONS

1.0.1 Definitions

1.0.1.1 Offeror: refers to submitter.

1.0.1.2 Vendor/Contractor/Provider: refers to a Successful Vendor/Contractor/Service Provider.

1.0.1.3 Submittal: refers to those documents required to be submitted to Collin County, by an Offeror.

1.0.1.4 RFP: refers to Request for Proposal.

1.0.1.5 CSP: refers to Competitive Sealed Proposal

1.1 If Offeror does not wish to submit an offer at this time, please submit a No Bid.

1.2 Awards shall be made not more than ninety (90) days after the time set for opening of submittals.

1.3 Collin County is always conscious and extremely appreciative of your time and effort in preparing your submittal.

1.4 Collin County exclusively uses ionWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other company may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other company.

1.5 A submittal may not be withdrawn or canceled by the offeror prior to the ninety-first (91st) day following public opening of submittals and only prior to award.

1.6 It is understood that Collin County, Texas reserves the right to accept or reject any and/or all Proposals/Submittals for any or all products and/or services covered in a Request For Proposal (RFP) and Competitive Sealed Proposal (CSP), and to waive informalities or defects in submittals or to accept such submittals as it shall deem to be in the best interest of Collin County.

1.7 All RFP's and CSP's submitted in hard copy paper form shall be submitted in a sealed envelope, plainly marked on the outside with the RFP/CSP number and name. A hard copy paper form submittal shall be manually signed in ink by a person having the authority to bind the firm in a contract. Submittals shall be mailed or hand delivered to the Collin County Purchasing Department.

1.8 No oral, telegraphic or telephonic submittals will be accepted. RFP's and CSP's may be submitted in electronic format via Collin County eBid.

1.9 All Request for Proposals (RFP) and Competitive Sealed Proposals (CSP) submitted electronically via Collin County eBid shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the RFP and/or CSP.

1.10 Time/date stamp clock in Collin County Purchasing Department shall be the official time of receipt for all Request for Proposals (RFP) and Competitive Sealed Proposals (CSP) submitted in hard copy paper form. RFP's, and CSP's received in the Collin County Purchasing Department after submission deadline shall be considered void and unacceptable. Absolutely no late submittals will be considered. Collin County accepts no responsibility for technical difficulties related to electronic submittals.

1.11 For hard copy paper form submittals, any alterations made prior to opening date and time must be initialed by the signer of the RFP/CSP, guaranteeing authenticity. Submittals cannot be altered or amended after submission deadline.

1.12 Collin County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted shall not include taxes.

1.13 Any interpretations, corrections and/or changes to a Request for Proposal or Competitive Sealed Proposal and related Specifications or extensions to the opening/receipt date will be made by addenda to the respective document by the Collin County Purchasing Department. Questions and/or clarification requests must be submitted no later than the date specified in the solicitation. Those received at a later date may not be addressed prior to the public opening. Sole authority to authorize addenda shall be vested in Collin County Purchasing Agent as entrusted by the Collin County Commissioners' Court. Addenda may be transmitted electronically via Collin County eBid.

1.13.1 Addenda will be transmitted to all that are known to have received a copy of the RFP/CSP and related Specifications. However, it shall be the sole responsibility of the Bidder/Quoter/Offeror to verify issuance/non-issuance of addenda and to check all avenues of document availability (i.e. **Collin County eBid** <https://collincountytx.ionwave.net/>, telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to insure Offeror's receipt of any addenda issued. Offeror shall acknowledge receipt of all addenda.

1.14 All materials and services shall be subject to Collin County approval.

1.15 Collin County reserves the right to make award in whole or in part as it deems to be in the best interest of the County.

1.16 Any reference to model/make and/or manufacturer used in specifications is for descriptive purposes only. Products/materials of like quality will be considered.

1.17 Offerors taking exception to the specifications shall do so at their own risk. By offering substitutions, Offeror shall state these exceptions in the section provided in the RFP/CSP or by attachment. Exception/substitution, if accepted, must meet or exceed specifications stated therein. Collin County reserves the right to accept or reject any and/or all of the exception(s)/substitution(s) deemed to be in the best interest of the County.

1.18 Minimum Standards for Responsible Prospective Offerors: A prospective Offeror must meet the following minimum requirements:

1.18.1 have adequate financial resources, or the ability to obtain such resources as required;

1.18.2 be able to comply with the required or proposed delivery/completion schedule;

1.18.3 have a satisfactory record of performance;

1.18.4 have a satisfactory record of integrity and ethics;

1.18.5 be otherwise qualified and eligible to receive an award.

Collin County may request documentation and other information sufficient to determine Offeror's ability to meet these minimum standards listed above.

1.20 Vendor shall bear any/all costs associated with it's preparation of a RFP/CSP submittal.

1.21 Public Information Act: Collin County is governed by the Texas Public Information Act, Chapter 552 of the Texas Government Code. All information submitted by prospective bidders during the bidding process is subject to release under the Act.

1.22 The Offeror shall comply with Commissioners' Court Order No. 2004-167-03-11, County Logo Policy.

1.23 Interlocal Agreement: Successful bidder agrees to extend prices and terms to all entities that has entered into or will enter into joint purchasing interlocal cooperation agreements with Collin County.

1.24 Bid Openings: All bids submitted will be read at the county's regularly scheduled bid opening for the designated project. However, the reading of a bid at bid opening should be not construed as a comment on the responsiveness of such bid or as any indication that the county accepts such bid as responsive.

The county will make a determination as to the responsiveness of bids submitted based upon compliance with all applicable laws, Collin County Purchasing Guidelines, and project documents, including but not limited to the project specifications and contract documents. The county will notify the successful bidder upon award of the contract and, according to state law; all bids received will be available for inspection at that time.

1.25 Offeror shall comply with all local, state and federal employment and discrimination laws and shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin or any other class protected by law.

2.0 TERMS OF CONTRACT

2.1 A proposal, when properly accepted by Collin County, shall constitute a contract equally binding between the Vendor/Contractor/Provider and Collin County. No different or additional terms will become part of this contract with the exception of an Amendment.

2.2 No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All Amendments to the contract will be made in writing by Collin County Purchasing Agent.

2.3 No public official shall have interest in the contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

2.4 The Vendor/Contractor/Provider shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.

2.5 Design, strength, quality of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.

2.6 Proposals must comply with all federal, state, county and local laws concerning the type(s) of product(s)/service(s)/equipment/project(s) contracted for, and the fulfillment of all ADA (Americans with Disabilities Act) requirements.

2.7 All products must be new and unused, unless otherwise specified, in first-class condition and of current manufacture. Obsolete products, including products or any parts not compatible with existing hardware/software configurations will not be accepted.

2.8 Vendor/Contractor/Provider shall provide any and all notices as may be required under the Drug-Free Work Place Act of 1988, 28 CFR Part 67, Subpart F, to its employees and all sub-contractors to insure that Collin County maintains a drug-free work place.

2.9 Vendor/Contractor/Provider shall defend, indemnify and save harmless Collin County and all its officers, agents and employees and all entities, their officers, agents and employees who are participating in this contract from all suits, claims, actions, damages (including personal injury and or property damages), or demands of any character, name and description, (including attorneys' fees, expenses and other defense costs of any nature) brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of Vendor/Contractor/Provider's breach of the contract arising from an award, and/or any negligent act, error, omission or fault of the Vendor/Contractor/Provider, or of any agent, employee, subcontractor or supplier of Vendor/Contractor/Provider in the execution of, or performance under, any contract which may result from an award. Vendor/Contractor/Provider shall pay in full any judgment with costs, including attorneys' fees and expenses which are rendered against Collin County and/or participating entities arising out of such breach, act, error, omission and/or fault.

2.10 Expenses for Enforcement. In the event either Party hereto is required to employ an attorney to enforce the provisions of this Agreement or is required to commence legal proceedings to enforce the provisions hereof, the prevailing Party shall be entitled to recover from the other, reasonable attorney's fees and court costs incurred in connection with such enforcement, including collection.

2.11 If a contract, resulting from a Collin County RFP/CSP is for the execution of a public work, the following shall apply:

2.11.1 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Payment Bond if the contract is in excess of

\$25,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.11.2 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Performance Bond if the contract is in excess of \$100,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.12 Purchase Order(s) shall be generated by Collin County to the vendor. Collin County will not be responsible for any orders placed/delivered without a valid purchase order number.

2.13 The contract shall remain in effect until any of the following occurs: delivery of product(s) and/or completion and acceptance by Collin County of product(s) and/or service(s), contract expires or is terminated by either party with thirty (30) days written notice prior to cancellation and notice must state therein the reasons for such cancellation. Collin County reserves the right to terminate the contract immediately in the event the Vendor/Contractor/Provider fails to meet delivery or completion schedules, or otherwise perform in accordance with the specifications. Breach of contract or default authorizes the County to purchase elsewhere and charge the full increase in cost and handling to the defaulting Vendor/Contractor/Provider.

2.14 Collin County Purchasing Department shall serve as Contract Administrator or shall supervise agents designated by Collin County.

2.15 All delivery and freight charges (FOB Inside delivery at Collin County designated locations) are to be included as part of the proposal price. All components required to render the item complete, installed and operational shall be included in the total proposal price. Collin County will pay no additional freight/delivery/installation/setup fees.

2.16 Vendor/Contractor/Provider shall notify the Purchasing Department immediately if delivery/completion schedule cannot be met. If delay is foreseen, the Vendor/Contractor/Provider shall give written notice to the Purchasing Agent. The County has the right to extend delivery/completion time if reason appears valid.

2.17 The title and risk of loss of the product(s) shall not pass to Collin County until Collin County actually receives and takes possession of the product(s) at the point or points of delivery. Collin County shall generate a purchase order(s) to the Vendor/Contractor/Provider and the purchase order number must appear on all itemized invoices.

2.18 Invoices shall be mailed directly to the Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071. All invoices shall show:

2.18.1 Collin County Purchase Order Number;

2.18.2 Vendor's/Contractor's/Provider's Name, Address and Tax Identification Number;

2.18.3 Detailed breakdown of all charges for the product(s) and/or service(s) including applicable time frames.

2.19 Payment will be made in accordance with V.T.C.A., Government Code, Title 10, Subtitle F, Chapter 2251.

- 2.20 All warranties shall be stated as required in the Uniform Commercial Code.
- 2.21 The Vendor/Contractor/Provider and Collin County agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.
- 2.22 The Vendor/Contractor/Provider agree to protect Collin County from any claims involving infringements of patents and/or copyrights.
- 2.23 The contract will be governed by the laws of the State of Texas. Should any portion of the contract be in conflict with the laws of the State of Texas, the State laws shall invalidate only that portion. The remaining portion of the contract shall remain in effect. The contract is performable in Collin County, Texas.
- 2.24 The Vendor/Contractor/Provider shall not sell, assign, transfer or convey the contract, in whole or in part, without the prior written approval from Collin County.
- 2.25 The apparent silence of any part of the specification as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specification shall be made on the basis of this statement.
- 2.26 Vendor/Contractor/Provider shall not fraudulently advertise, publish or otherwise make reference to the existence of a contract between Collin County and Vendor/Contractor/Provider for purposes of solicitation. As exception, Vendor/Contractor/Provider may refer to Collin County as an evaluating reference for purposes of establishing a contract with other entities.
- 2.27 The Vendor/Contractor/Provider understands, acknowledges and agrees that if the Vendor/Contractor/Provider subcontracts with a third party for services and/or material, the primary Vendor/Contractor/Provider (awardee) accepts responsibility for full and prompt payment to the third party. Any dispute between the primary Vendor/Contractor/Provider and the third party, including any payment dispute, will be promptly remedied by the primary vendor. Failure to promptly render a remedy or to make prompt payment to the third party (subcontractor) may result in the withholding of funds from the primary Vendor/Contractor/Provider by Collin County for any payments owed to the third party.
- 2.28 Vendor/Contractor/Provider shall provide Collin County with diagnostic access tools at no additional cost to Collin County, for all Electrical and Mechanical systems, components, etc., procured through this contract.
- 2.29 Criminal History Background Check: If required, ALL individuals may be subject to a criminal history background check performed by the Collin County's Sheriff's Office prior to access being granted to Collin County. Upon request, Vendor/Contractor/Provider shall provide list of individuals to Collin County Purchasing Department within five (5) working days.
- 2.30 Non-Disclosure Agreement: Where applicable, vendor shall be required to sign a non-disclosure agreement acknowledging that all information to be furnished is in all respects confidential in nature, other than information which is in the public domain through other means and that any disclosure or use of same by vendor, except as provided in the contract/agreement, may cause serious harm or damage to Collin County. Therefore, Vendor agrees that Vendor will not use the information furnished for any purpose other than that stated in contract/agreement, and agrees that Vendor will not either directly or indirectly by agent, employee, or representative disclose this information, either in whole or in part, to any third party, except on a need to know basis for the purpose of evaluating any possible transaction. This agreement shall be binding upon Collin County and Vendor, and upon the directors, officers, employees and agents of each.

2.31 Vendors/Contractors/Providers must be in compliance with the Immigration and Reform Act of 1986 and all employees specific to this solicitation must be legally eligible to work in the United States of America.

2.32 Certification of Eligibility: This provision applies if the anticipated Contract exceeds \$100,000.00 and as it relates to the expenditure of federal grant funds. By submitting a bid or proposal in response to this solicitation, the Offeror certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors. In the event of placement on the list between the time of proposal submission and time of award, the Offeror will notify the Collin County Purchasing Agent. Failure to do so may result in terminating this contract for default.

2.33 Notice to Vendors/Contractors/Providers delivering goods or performing services within the Collin County Detention Facility: The Collin County Detention Facility houses persons who have been charged with and/or convicted of serious criminal offenses. When entering the Detention Facility, you could: (1) hear obscene or graphic language; (2) view partially clothed male inmates; (3) be subjected to verbal abuse or taunting; (4) risk physical altercations or physical contact, which could be minimal or possibly serious; (5) be exposed to communicable or infectious diseases; (6) be temporarily detained or prevented from immediately leaving the Detention Facility in the case of an emergency or "lockdown"; and (7) subjected to a search of your person or property. While the Collin County Sheriff's Office takes every reasonable precaution to protect the safety of visitors to the Detention Facility, because of the inherently dangerous nature of a Detention Facility and the type of the persons incarcerated therein, please be advised of the possibility of such situations exist and you should carefully consider such risks when entering the Detention Facility. By entering the Collin County Detention Facility, you acknowledge that you are aware of such potential risks and willingly and knowingly choose to enter the Collin County Detention Facility.

2.34 Delays and Extensions of Time when applicable:

2.34.1 If the Vendor/Contractor/Provider is delayed at any time in the commence or progress of the Work by an act or neglect of the Owner or Architect/Engineer, or of an employee of either, or of a separate contractor employed by the Owner, or by changes ordered in the Work, or by labor disputes, fire, unusual delay in deliveries, unavoidable casualties or other causes beyond the Vendor/Contractor/Provider's control, or by delay authorized by the Owner pending mediation and arbitration, or by other causes which the Owner or Architect/Engineer determines may justify delay, then the Contract Time shall be extended by Change Order for such reasonable time as the Owner/Architect/Enginner may determine.

2.34.2 If adverse weather conditions are the basis for a Claim for additional time, such Claim shall be documented by data substantiating that weather conditions were abnormal for the period of time and could not have been reasonably anticipated, and that the weather conditions had an adverse effect on the scheduled construction.

2.35 Disclosure of Certain Relationships: Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071.

2.36 Disclosure of Interested Parties: Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016.

2.37 Vendors/Contractors/Providers must be in compliance with the provisions of Section 2252.152 and Section 2252.153 of the Texas Government Code which states, in part, contracts with companies engaged in business with Iran, Sudan, or Foreign Terrorist Organizations are prohibited. A governmental entity may not enter into a contract with a company that is listed on the Comptroller of the State of Texas website identified under Section 806.051, Section 807.051 or Section 2253.253 which do business with Iran, Sudan or any Foreign Terrorist Organization. This Act is effective September 1, 2017.

NOTE: All other terms and conditions (i.e. Insurance Requirements, Bond Requirements, etc.) shall be stated in the individual RFP/CSP Solicitation documents as Special Terms, Conditions and Specifications.

3.0 INSURANCE REQUIREMENTS

3.1 Before commencing work, the vendor shall be required, at its own expense, to furnish the Collin County Purchasing Agent with certified copies of all insurance certificate(s) indicating the coverage to remain in force throughout the term of this contract.

3.1.1 **Commercial General Liability** insurance including but not limited to the coverage indicated below. Coverage shall not exclude or limit Products/Completed Operations, Contractual Liability, or Cross Liability. Coverage must be written on occurrence form.

- Each Occurrence: \$1,000,000
- Personal Injury & Adv. Injury: \$1,000,000
- Products/Completed Operation Aggregate: \$2,000,000
- General Aggregate: \$2,000,000

3.1.2 **Workers Compensation** insurance as required by the laws of Texas, and Employers' Liability.

Employers' Liability

- Liability, Each Accident: \$500,000
- Disease-Each Employee: \$500,000
- Disease – Policy Limit: \$500,000

3.1.3 **Commercial Automobile Liability** insurance which includes any automobile (owned, non-owned, and hired vehicles) used in connection with the contract.

- Combined Single Limit – Each Accident: \$1,000,000

3.1.4 **Professional/Errors & Omissions Liability** insurance with a two (2) year extended reporting period. If you choose to have project coverage endorsed onto your base policy, this would be acceptable.

- Each Occurrence/Aggregate: \$5,000,000

3.2 With reference to the foregoing insurance requirement, the vendor shall endorse applicable insurance policies as follows:

3.2.1 A waiver of subrogation in favor of Collin County, its officials, employees, volunteers and officers shall be provided for General Liability, Commercial Automobile Liability, and Workers' Compensation.

3.2.2 The vendor's insurance coverage shall name Collin County as additional insured under the General Liability policy.

3.2.3 All insurance policies shall be endorsed to require the insurer to immediately notify Collin County of any decrease in the insurance coverage limits.

4.0 EVALUATION CRITERIA AND FACTORS

- 4.1 The award of the contract shall be made to the responsible offeror(s) whose proposal is determined to be the best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other evaluation factors set forth in the Request for Proposals (RFP) in accordance with Vernon's Texas Code Annotated, Local Government 262.030.

The Evaluation Committee will review all proposals received by the proposal due date and time as part of a documented evaluation process. For each decision point in the process, the county will evaluate offerors according to specific criteria and will elevate a certain number of offerors to compete against each other.

The county will use a competitive process based upon "selection levels." The county recognizes that if an offeror fails to meet expectations during any part of the process, it reserves the right to proceed with the remaining offerors or to elevate an offeror that was not elevated before. The selection levels are described in the following sections.

4.2 Selection Level 1 – Conformance with mandatory requirements

Documents and responses required in Section 6.0 shall be submitted as part of the proposal. Failure to provide these documents may deem offeror as non-responsive.

The first part of the elevation process is to validate the completeness of the proposal and ensure that all the RFP guidelines and submittal requirements are met. Those offerors who do not meet all the requirements for the RFP may, at the discretion of the county, be contacted to submit the missing information within two business days. Incomplete or noncompliant RFPs may be disqualified.

4.3 Selection Level 2 – Clarification and Confirmation Communications

Offerors elevated to Level 2 will be asked to respond in writing to issues and questions raised by the county, as well as any other cost and implementation planning considerations in the proposal. They may be invited to present their responses on-site.

4.4 Selection Level 3 – Detailed Proposal Assessment

The Evaluation Committee will conduct a detailed assessment of all proposals elevated to this Level.

Criteria evaluated in Level 3:

CRITERIA	VALUE
Competitiveness of pricing and length of rate for services proposed (Attachment C)	25
Capability/willingness to provide benefit plan as described in proposal (Section 7.0 and Attachment B)	25
Financial stability, security, and disability insurance coverage experience (Section 6.3.4 and Attachment A)	20
Extent of electronic capability, such as electronic billing, enrollment, websites (Attachment B)	15
Demonstrated effectiveness of services provided to other companies, including but not limited to references, that are similar in size to Collin County (RFP Section 6.3.6 and Attachment A)	10
Capability to secure and securely transmit Collin County insured's data (Attachments A and B)	5
Total	100

4.5 Selection Level 4 – Demonstrations and Interviews (optional)

The evaluation committee may hear oral presentations (if desired). Offerors are cautioned, however, that oral presentations are at the sole discretion of the committee and the committee is not obligated to request a demonstration or interview. The oral presentation is an opportunity for the evaluation committee to ask questions and seek clarification of the proposal submitted. The presentation is not meant as an opportunity for the offeror to simply provide generic background information about the corporation or its experience. Thus, the time will be structured with a minimum time for the offeror to present and the majority of time dedicated to addressing questions from the evaluation committee. The oral presentations, if held, will be scheduled accordingly and all presenting offerors will be notified of time and date. The county reserves the right re-evaluate responses based on Level 3 and if demonstrations and interviews are not required, to bypass Level 4 in the evaluation process and move directly to Selection Level 5.

4.6 Selection Level 5 – Best and Final Offer

Offerors who are susceptible of receiving the award will be elevated to Level 5 for Best and Final Offer. Proposals will be re-evaluated on criteria in previous levels. Based on the information collected in this phase, a single offeror will be identified as the finalist for contract negotiations. If

a contract cannot be reached after a period of time deemed reasonable by the county, it reserves the right to contact any of the other offerors that have submitted bids and enter into negotiations with them.

5.0 SCOPE OF SERVICES AND SPECIAL CONDITIONS

5.1 Overview: Collin County is searching for a vendor to provide group benefits administration/insurance for Collin County’s Short and Long Term Disability Programs.

Collin County is requesting offerors propose on both short term and long term disability services. Short term disability is to be proposed on a self-insured and administrative services only basis. Long term disability is to be proposed on a fully-insured basis. Collin County desires to partner with offerors who demonstrate a commitment to helping Collin County meet our objectives.

5.1.1 Collin County provides full-time employees short-term and long-term disability benefits at no cost to the employee. Aetna is the current administrator for both short-term and long-term disability plans. Our short-term disability plan is self-insured and our long-term disability plan is fully-insured.

5.1.1.1 Active full-time employees, including elected officials, of Collin County are eligible to participate in the Collin County Short-Term and Long-Term Disability Programs. State, part-time, temporary, intern, contract employees, and volunteers are not eligible to participate.

5.1.2 Short-term and long-term disability coverage becomes effective on the first day of the month following ninety (90) days of service.

5.1.3 There are 1,528 employees enrolled in short term and long term disability as of May 2019.

5.1.4 Short-Term Disability Plan Design – no changes in over ten (10) years

Benefit	Coverage
Waiting Period – Sick	15 days
Waiting Period – Accident	15 days
Benefit Amount	67% of gross monthly income to a maximum of \$2,500 weekly
Benefit Duration	26 weeks

5.1.5 Long-Term Disability – no changes over last ten (10) years

Benefit	Coverage
Waiting Period	180 days
Benefit Amount	67% of gross monthly income to a maximum of \$2,500 weekly
Benefit Duration	Determined by age when disability begins

5.1.6 Maximum Benefit Duration

5.1.6.1 If an employee’s period of disability starts before the date they reach age 61, it will end the last day of the calendar month in which they reach age 65.

5.1.6.2 If an employee’s period of disability starts on or after they reach age 61, it will end with the expiration of the number of months of disability, after the elimination period is met, based on the following schedule:

Maximum Benefit Duration Schedule	
Age at Disability	Months of Disability
61 but less than 62	48 months
62 but less than 63	42 months
63 but less than 64	36 months
64 but less than 65	30 months
65 but less than 66	24 months
66 but less than 67	21 months
67 but less than 68	18 months
68 but less than 69	15 months
69 and older	12 months

5.1.7 The following documents are attached for the offerors’ review:

- Exhibit 1 – Short Term Disability Plan Document
- Exhibit 2 – Long Term Disability Plan Document
- Exhibit 3 – Long Term Disability Schedule of Benefits
- Exhibit 4 – Short and Long Term Disability Rates
- Exhibit 5 – Short and Long-Term Disability Experience Report (2015 – March 2019)
- Exhibit 6 – Short and Long Term Disability Census – May 2019

5.2 Authorization: By order of the Commissioners’ Court of Collin County, Texas, sealed proposals will be received for RFP No. 2019-304 Insurance, Short and Long Term Disability.

5.3 Intent of Request for Proposal: Collin County’s intent of this Request for Proposal and resulting contract is to provide offerors with sufficient information to prepare an RFP response for Short and Long Term Disability coverage. Collin County reserves the right to award all or a portion of the RFP. No vendor has exclusive rights on this account; competitive proposals will be accepted from all responsible offerors.

5.4 Schedule of Events: Collin County reserves the right to change the schedule of events as it deems necessary.

RFP released:	August 6, 2019
Deadline for submission of offeror questions:	August 28, 2019 at 5:00 p.m.
Proposals due:	September 5, 2019 at 2:00 p.m.
Offeror(s) selected contract approved:	October 28, 2019 estimated
Effective date of contract:	January 1, 2020

5.5 Term: Provide for a contract commencing on January 1, 2020, through December 31, 2020. The County wishes to enter into contract(s) for three (3) years with the option of two (2) annual renewals. Offerors providing definable limits on future renewals may receive preference.

Clearly indicate the method of calculating any increases for each period. The contract is to provide that changes in premium may only be instituted on a policy anniversary date and that the selected offeror must provide for notice of changes in premium at least one hundred and twenty (120) days before renewal.

As a governmental entity, Collin County adheres to a Request for Proposal (RFP) process and requires approval of Commissioners’ Court. Therefore, changes and terminations to contracts require advance notice. If the offeror does not intend to continue the contract beyond the contract term, the offeror shall provide at least a 120-day notice of non-renewal.

5.6 Funding: Funds for payment have been provided through the Collin County budget approved by the Commissioners’ Court for this fiscal year only. State of Texas statutes prohibit the county from any obligation of public funds beyond the fiscal year for which a budget has been approved. Therefore, anticipated orders or other obligations that arise past the end of the current Collin County fiscal year shall be subject to budget approval.

5.7 Rejection of Proposals: Collin County may:

- waive any defect, irregularity or informality in any proposal;
- reject any proposal or any parts of any proposal;
- accept proposals from one or more offerors; or
- procure the services in whole or in part by other means.

- 5.8 Incurred Expenses: There is no expressed or implied obligation for Collin County to reimburse offerors for any expense incurred in preparing proposals in response to this request, and Collin County will not reimburse anyone for these expenses. Collin County will consider proposals from all responsible offerors.
- 5.9 Negotiations: Discussions may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award. All offerors will be accorded fair and equal treatment with respect to an opportunity for discussion and revision of proposals. Revisions to proposals may be permitted after submission and before award for the purpose of obtaining best and final offers. Offerors may be required to submit additional data during the process of any negotiations. Collin County reserves the right to negotiate the price and any other term with the offerors. Any oral negotiations must be confirmed in writing prior to award.
- 5.10 County Assertion of Estimates: Any information herein is provided as an estimate of volume based on past history. This data is provided for the general information of offeror and is not guaranteed to be relied upon for future volumes.
- 5.11 Samples/Demos: When requested, samples/demos shall be furnished at no expense to Collin County.
- 5.12 Approximate Value: The estimated value of this contract is \$296,076 based on 2018 administration fees and insurance premiums. Approximate value does not constitute an order.
- 5.13 Offeror Communication: Offerors are prohibited from communicating directly with any employee of Collin County, except as described herein. Collin County will not be responsible for verbal information given by any Collin County employee. The issuance of an addendum is the only official method whereby interpretation, clarification or additional information will be communicated and authorized further.
- 5.14 Confidentiality: All completed and submitted proposals become the property of Collin County. Collin County may use the proposal for any purpose it deems appropriate. Prior to Collin County approval, the proposal material is considered as “draft” and is not subject to the Texas “Public Information Act”, Texas Government Code Chapter 552. After approval by Collin County, the proposal material becomes part of the contract between the vendor and Collin County. Upon signing of a contract, proposals and contracts are subject to the State of Texas “Public Information Act”. If any information is to be considered proprietary, the vendor must place it in a separate envelope and mark it “Proprietary Information”. The State of Texas Attorney General retains the final authority as to the extent of material that is considered proprietary or confidential.
- 5.15 Binding Effect: This resulting agreement shall be interpreted and enforced under the laws and jurisdiction of the State of Texas. Collin County’s RFP, the offeror’s proposal in response to the RFP, and any additional negotiated conditions reduced to writing will become part of the final

contract between the successful offeror and Collin County. This agreement then constitutes the entire understanding between the parties and is not subject to amendment unless agreed upon in writing by both parties hereto. By mutual agreement, the parties may, from time to time, promulgate scope of service documents to define the scope of services. Such scope of service documents will be incorporated into the contract agreement. Offeror acknowledges and agrees that it will perform its obligations hereunder in compliance with all applicable state, local or federal law, rules, regulations, and orders.

6.0 SUBMISSION REQUIREMENTS

- 6.1 Point of Contact: Information regarding the purchasing process and the contents of this RFP may be obtained from the Collin County Purchasing Department, Sara Hoglund, Senior Buyer.
- 6.2 Clarification or objection to proposal specification: If any offeror contemplating submitting a proposal for this contract is in doubt as to the true meaning of the specifications or other documents or any part thereof, they may submit a request for clarification to the Purchasing Department by email to Sara Hoglund at shoglund@co.collin.tx.us on or before SEVEN (7) DAYS PRIOR to the proposal due date. All such requests for information shall be made in writing and the offeror submitting the request will be responsible for its prompt delivery. Any interpretation of the RFP will be made only by RFP Addendum duly issued. A copy of such RFP Addendum will be posted on Bid Sync.
- 6.3 Proposal Documents: To be considered, proposals must be received by 2:00 pm on the deadline day as outlined in Section 5.4 Schedule of Events. To achieve a uniform review process and to obtain a maximum degree of comparability, Collin County requires that proposals be submitted online via <http://collincountytx.ionwave.net> or submit four (4) hard copies which include via CD-ROM or Flash Drive.

The proposal shall include a Table of Contents detailing sections and corresponding page numbers. If submitted manually, it shall be printed on letter-size (8-1/2" x 11") paper and assembled with spiral-type bindings, staples, or in metal-ring binders. Responses should have clearly labeled tabs to assist in Collin County's review. Paper copies should also be accompanied by an electronic copy of the information provided in a searchable format on a CD or flash drive.

All hardcopy proposals shall be addressed to:

Collin County Purchasing Department
Attn: Sara Hoglund, Senior Buyer
Collin County Administration Building
2300 Bloomdale, Suite 3160
McKinney, Texas 75071

The envelope in which the proposal is enclosed must be marked:

SEALED PROPOSAL
INSURANCE, SHORT AND LONG TERM DISABILITY
RFP NO. 2019-304

- 6.3.1 Title Page: Title page shall show the RFP subject, the offeror's name, the name, address, and telephone number of a contact person, and the date of the proposal.
- 6.3.2 Transmittal Letter: Offeror shall include a signed letter briefly addressing:
- the offeror's understanding of the short and long term disability coverage being requested,
 - the commitment to provide the coverage and services required,
 - the length of time the organization has provided short and long term disability services, and
 - a statement explaining why the offeror believes itself to be best qualified to provide the coverage and services detailed within this RFP.
- 6.3.3 Detailed Proposal: The detailed proposal must address the ability to provide services for each requirement as set forth in the RFP. Answer all questions fully, clearly, and concisely giving complete information. You may not modify the order or language of the question. **You must submit your response in the order that is provided in the RFP.**

Complete the attached documents:

- Attachment A – Disability Questionnaire Part 1
 - Attachment B – Disability Questionnaire Part 2
 - Attachment C – Disability Pricing Information
- 6.3.4 Required Documents: The following documentation must be submitted with the proposal. Please note that this section may not list all of the documentation that is required by the RFP. The offeror is cautioned to read the entire RFP to determine all requirements. **COLLIN COUNTY RESERVES THE RIGHT TO REJECT A PROPOSAL THAT DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THIS RFP.**
- Sample Policy:
 - The offeror shall submit with their proposal a sample of the policy that would be issued to Collin County if their proposal is selected. Please ensure that the provided policy fully describes any and all limitations and exclusions that may result in non-payment of benefits.
 - Please clearly notate any changes that will need to be made on the sample policy. If there is a discrepancy between the responses on this RFP and the policy, the RFP responses will be the accepted responses and control over any policy language.
 - Financial Information:

- Copies of your last two (2) audited financials including balance sheets and income statements.
- Plans for merger/divestiture or a major capital investment or divestment or major claims administration conversion during the next twelve (12) months.
- A copy of the offeror's errors and omissions coverage.
- A copy of the offeror's cyber coverage.
- Staff Information:
 - Provide a résumé and other related data for each of the key personnel proposed to be assigned to Collin County's account. Information provided should accurately reflect the experience and expertise of the proposed staff, including the number of accounts managed, how many of those accounts are public sector and how many years of experience they have managing public sector accounts.
- Sample Forms:
 - Please provide samples of your current short-term and long-term disability claim forms and any other pertinent forms.
- Additional Information:
 - Offerors should submit information describing in detail their qualifications, experience, and capabilities. Brochures, fact sheets, etc. may be submitted as appropriate to describe capabilities, experience, or any other pertinent information. References and experience with contracts for similar scope of work will be seriously considered during the selection process.

6.3.5 Executive Summary: Please include with your proposal a management summary that outlines the competitive advantages of your proposal. Summarize the key points of the proposal for non-technical, executive review. Please detail any differences between Collin County's current program and the program you offer. If no differences are noted in the executive summary, your program will be deemed to be consistent with Collin County's current program.

6.3.6 Offeror References: References in each category should be unique clients. The offeror shall furnish the following reference information:

6.3.6.1 Date contract terminated, name, address, contact name, email, phone number, position of the contact in the organization, and telephone number for three (3) clients, with at least 1,000 insureds, who have terminated disability coverage with your organization in the last six (6) months. If there have been fewer than three (3) terminations in the last six (6) months, please provide information on the last three (3) terminated clients.

6.3.6.2 Date contract started, name, address, contact name, email, phone number, position of the contact in the organization, and telephone number for three (3) new clients, with at least 1,000 insureds, who have added disability coverage with your organization between December 2018, and May 2019. If there have been fewer than three (3) new clients in this time frame, please provide information on the last three (3) new clients.

6.3.6.3 Date of contracts, name, address, contact name, email, phone number, and position of the contact in the organization and telephone number for the three (3) top public sector clients similar to Collin County (using employee size as the primary criteria) who have had coverage for at least one (1) year.

Collin County may contact or visit any listed representative to evaluate the services proposed.

6.3.7 Additional Information: Please include any additional information that may be pertinent to this RFP. Collin County intends to consider all aspects of the proposed services in determining what the best overall package is for Collin County.

6.4 Proposal Guidelines: Under no circumstances should any employee of Collin County or any public official other than those indicated in this RFP, be contacted regarding the RFP between the initial receipt of the RFP and the awarding of the contract. Failure to follow this requirement may result in an automatic disqualification of proposal. Current carriers, in conducting current business, may not reference the RFP to any county employee or official other than those indicated in this RFP.

6.4.1 Do not include commissions or overrides in your quoted rates and fees. No commissions will be paid by Collin County to any individual or organization. Disclose the amount of any fees that are being paid.

6.4.2 Each provider may only submit one (1) proposal. Collin County will not accept multiple proposals from a provider (i.e. ABC Company and DEF Company cannot both submit a GHI Company proposal). If multiple proposals are submitted, the proposal that is received first will be the proposal that is considered.

6.4.2.1 A broker or consultant may provide multiple proposals from different insurance companies. However, each insurance company's proposal must be provided in its own paper or digital format separate from any other proposals that the broker or consultant may provide and must include the references and all required data for each insurance company. Each proposal must be fully responsive. If more than one proposal for an administrator/insurance company is received, the proposal submitted directly by the administrator/insurance company shall be given preference. If more than one response is received for the same insurance

company from different brokers, the first complete response received that meets responding requirements will be given preference.

6.4.3 The offeror shall state any and all costs outside of the monthly administration fees such as one-time startup costs. Services which are add-on and which have an additional fee must be clearly notated in Attachment C – Disability Pricing Information.

7.0 EXCEPTIONS

7.1. Instructions for completing section:

The exception table shall be completed for any exception from requirements identified in this RFP. Please complete the following worksheet listing any and all exceptions from the information requested in the Request for Proposal. Attach additional pages as needed. If no exceptions are listed in Section 7.0, it is understood that the offeror has agreed to all RFP requirements. The response will be considered as confirmed even if it is listed elsewhere as an exception.

7.1.1. Attachment A – Disability Questionnaire Part 1

Section Number/ Question Number	Required Service You are Unable to Perform	Steps Taken to Meet Requirement

7.1.2. Attachment B – Disability Questionnaire Part 2

Section Number/ Question Number	Required Service You are Unable to Perform	Steps Taken to Meet Requirement

7.1.3. Attachment C – Disability Pricing Information

Section Number/ Question Number	Required Service You are Unable to Perform	Steps Taken to Meet Requirement

NOTE: FAILURE TO PROVIDE ALL INFORMATION REQUESTED AND FAILURE TO PROVIDE THE INFORMATION IN THE ORDER REQUESTED MAY RESULT IN DISQUALIFICATION OF THE PROPOSAL.

ATTACHMENT A – DISABILITY QUESTIONNAIRE PART 1

COLLIN COUNTY, TEXAS

INSTRUCTIONS

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

1. GENERAL QUESTIONS

1.1 Provide the following financial information:

Financial Strength	
S/P Rating	
AM Best Rating	

1.2 Identify by court and case number any litigation against your organization, or in which your organization is a party, involving the same or similar services your organization would be providing to Collin County, which have been filed in the last five years.

Answer:

1.3 List and describe any programs that are available as part of your short-term and long-term disability programs such as retraining, return to work, or vocational or physical rehabilitation programs that are either mandatory or voluntary. If there is a cost associated with the program, please list the cost in Attachment C – Disability Pricing Information.

1.3.1 Include any supplemental documents/brochures about the programs.

Answer:

1.4 Detail information you would require from Collin County in order to provide SPD booklets and certificates of insurance. If there is an additional cost, that must be notated in Attachment C – Disability Pricing Information.

Answer:

- 1.5 The county will establish a banking account for short-term disability claims and the offeror will be given authority to draw funds for benefit payment from this account. The county will keep one week of funds, based upon previous claim levels, in the account. Please state any special banking arrangements required.

Answer:

2. SECURITY

- 2.1. How does your organization ensure secure e-mail exchanges, especially when pertaining to confidential health information?

Answer:

- 2.2. Describe your process for vetting the privacy, security, HIPAA compliance and readiness of your organization.

Answer:

- 2.3. Describe your process for vetting the privacy, security, HIPAA compliance and readiness of your subcontractors.

Answer:

- 2.4. Describe your process for notifying the county and affected individuals of a data breach of Collin County insured's confidential health data.

Answer:

- 2.5. Describe where you will store Collin County insured's confidential health information (in the United States of America, cloud, local data center, etc.) and how confidentiality will be assured both on and off site.

Answer:

- 2.6. Describe how you will secure Collin County insured's confidential health data while being stored at your facility.

Answer:

- 2.7. Are the backups of Collin County insured's confidential health data encrypted, and if so, what type of encryption is used?

Answer:

2.8. Describe how you will ensure Collin County insured's confidential health information is encrypted while data is being transferred.

Answer:

2.8.1. What versions of Secure Socket Layer/TLS does your system support that the county will use to access insured's confidential health data?

Answer:

2.9. Describe how you handle password resets for Collin County insured's who access their confidential health data.

Answer:

2.10. In the event access to your site is unavailable, what steps will you take to notify the insured of progress towards resolving the issue?

Answer:

2.10.1. What steps should the insured take during this time?

Answer:

2.11. In the event that Collin County selects a different administrator for these services in the future, how will you securely transfer the Collin County insured's data to the new administrator?

Answer:

2.12. If you assume these services for an existing administrator, how will you securely receive Collin County insured's data from the current provider?

Answer:

3. DISABILITY PROCESSES AND DEFINITIONS QUESTIONS

3.1. Specify your average claim processing time.

Answer:

3.2. Specify the average time between when a claim is approved and the first benefit payment is issued to the claimant.

Answer:

3.3. Describe how you determine if a claimant is eligible for benefits.

Answer:

3.3.1. Do these procedures differ between short-term and long-term disability claims? If so, describe the differences.

Answer:

3.3.2. Describe how you would handle a claim where the insured was released to perform their job on a part-time basis for a limited period.

Answer:

3.3.3. Describe how you would handle a claim where the insured was released to perform their job on a part-time basis permanently.

Answer:

3.3.4. Are there any limitations which apply to short or long-term disability coverage due to a mental health incapacity?

Answer:

3.4. Describe the information that you will request from Collin County in order to process claims. If there is a specific form, provide a copy of the form.

Answer:

3.4.1. Describe any additional information or materials you may require in order to process claims for payment. If there are specific forms, provide a copy of the forms.

Answer:

3.5. If you offer a website that Collin County employees can access related to their benefits, please list services that are provided electronically such as covered benefits, eligibility, claim status, and claim history.

Answer:

3.5.1. Is there a demo site available the county can review? If so, please provide the information for the county to access the demo site. If no demo site is available, please provide detailed screen prints showing the website's ability to perform the listed tasks.

Answer:

3.6. If claimants can submit claims information via a website, describe the type of information that can be accessed/updated.

Answer:

3.7. Describe the waiver of premium process.

Answer:

3.7.1. Under what circumstances is the premium waived?

Answer:

3.7.2. What party is responsible for initiating the process?

Answer:

3.7.3. How will Collin County be notified when waiver of premium for a claimant is approved?

Answer:

3.8. How often will you recertify a disability for continuation of benefits?

Answer:

3.8.1. Describe how you determine if it is medically necessary for a claimant to be absent from work.

Answer:

3.9. If the claimant experiences a subsequent absence due to a recurrent disability, describe how you handle the new claim.

Answer:

3.9.1. If an individual goes out again for the same medical condition, after what time period would it be considered a new claim?

Answer:

3.10. Describe the quality controls, auditing, and peer review mechanisms in place for your claim processing departments.

Answer:

3.10.1. Do you use internal or independent/outside auditors?

Answer:

3.10.2. How frequently do the audits occur?

Answer:

3.10.3. What specifically is audited?

Answer:

3.11. Describe your fraud detection unit or program.

Answer:

3.11.1. What percent of short-term disability claims submitted were denied as a result of misrepresentation and/or fraud over the last three years?

Claims Denied Due to Misrepresentation/Fraud	
Year	Percentage
2018	
2017	
2016	

3.11.2. What percent of long-term disability claims submitted were denied as a result of misrepresentation and/or fraud over the last three years?

Claims Denied Due to Misrepresentation/Fraud	
Year	Percentage
2018	
2017	
2016	

3.12. Identify if you have an 'own occupation' or 'any occupation' provision. Discuss in detail how this provision would impact an employee including time limits.

Answer:

3.13. Detail the types of wages that are excluded from the short-term and long-term disability calculations.

Answer:

3.13.1. Detail the plan's offsets with other benefits.

Answer:

3.14. How do you avoid making duplicate payments to a participant for the same claim?

Answer:

3.14.1. If duplicate payments or overpayments are made, what are your procedures for recovery of the overpayments or duplicate payments?

Answer:

3.14.2. How will Collin County be notified if an overpayment is made?

Answer:

3.14.3. Are there reports available that identify overpayments? Please provide a sample report.

Answer:

3.15. Describe the appeal procedures in place for plan participants when a claim is denied.

Answer:

3.15.1. What percent of short-term disability claims were denied in the last three years?

Short-Term Disability Claims Denied	
Year	Percentage
2018	
2017	
2016	

3.15.2. What percent of long-term disability claims were denied in the last three years?

Long-Term Disability Claims Denied	
Year	Percentage
2018	
2017	
2016	

4. EMPLOYEE ASSISTANCE PROGRAM (EAP)

4.1. Currently, an Employee Assistance Program (EAP) is included in our plan at no additional charge. If you provide access to an EAP, what is the design of the EAP? Provide an overall description of the EAP plan offered. If there is a charge for the EAP, it must be notated in Attachment C – Disability Pricing Information. NOTE: This is an optional benefit being considered. Collin County reserves the right to elect or decline this benefit after the contract for services has been awarded.

Answer:

4.2. How does a covered individual contact the EAP if they need assistance?

Answer:

4.3. What hours is the EAP's 800 number accessible during the day/week?

Answer:

4.4. List any topics (marital issues, financial issues, grief, etc.) that are excluded from the EAP program?

Answer:

4.5. If you are able to provide client-specific aggregate reporting, please provide samples of the reports.

Answer:

5. CUSTOMER SERVICE

5.1. If you offer a website that Collin County Human Resources staff can access related to employee benefits, please list services that are provided electronically such as covered benefits, eligibility, claim status, and claim history.

Answer:

5.1.1. Is there a demo site available the county can review? If so, please provide the information for the county to access the demo site. If no demo site is available, please provide detailed screen prints showing the website's ability to perform the listed tasks.

Answer:

5.2. Collin County expects the statistical reports to be provided on at least a monthly basis. These reports include Claims Status, Most Recent Checks Issued, Claims to Pay, Claims in Non-Payment Status, and Payment Detail. List any additional report you provide.

Answer:

5.2.1. Indicate how frequently each of these reports are processed and if it is possible for the county to log onto a secure website and run these reports without assistance from the offeror.

Answer:

5.3. How do you communicate business changes including changes in processes and staff?

Answer:

5.3.1. How far in advance will changes be communicated to Collin County?

Answer:

5.4. Describe the performance guarantees for short-term disability you will provide to Collin County.

Answer:

5.5. Describe the performance guarantees for long-term disability you will provide to Collin County.

Answer:

6. TRANSITION QUESTIONS

6.1. Provide a detailed proposed timeline for each step of implementation that includes the action, the party responsible, member of your account team responsible for each action, and the proposed due date for completion of each action. The offeror should detail any information required from Collin County in order to provide these. Any additional cost that may be incurred as a result should be notated in Attachment C – Disability Pricing Information.

Answer:

6.2. What, if any, information is needed from Collin County or the prior carrier to ensure a seamless transition for those individuals that may already be receiving short-term or long-term disability benefit payments?

Answer:

6.3. What transition challenges would you expect might be encountered, and how do you propose you will handle those challenges?

Answer:

6.4. List and describe any benefit coverage or payment arrangement responsibilities that would change as a result of transitioning to your organization and when those changes would occur.

Answer:

6.5. Describe the procedures that are followed when a contract terminates. What additional penalties or charges would apply as a result of a contract termination on the anniversary date? Off anniversary/early termination? Any additional cost that may be incurred as a result should be notated in Attachment C – Disability Pricing Information.

Answer:

Attachment B - Disability Questionnaire Part 2

Offeror Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section (7.0) of your response. If no exceptions are listed in the Exceptions section, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other sections. The offeror will be held strictly responsible for all items contained in the specific requirements.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

General Requirements		Yes	No	N/A
1	Will you administer the plan as outlined in Collin County's existing benefits documentation? Describe any deviations to the plan in Section 7 - Exceptions.			
2	Decisions will be made based on responses to the RFP. Do you agree the contract shall reflect the responses to this RFP and if there is a variance between the two, the RFP will prevail? If the contract does not address an issue covered by the RFP, terms and commitments agreed to in the RFP will be applicable.			
3	Do you agree to list and clearly detail any coverage or service that will not be provided as requested in writing in section 7.0 Exception? It is imperative that any exclusions, limitations, or any other exceptions be clearly outlined and detailed.			
4	Do you agree if no exceptions or alternate responses are listed in Section 7 - Exceptions, it is understood that the offeror has agreed to all requests as listed in the RFP even if discrepancies are listed in other parts of your response? The offeror will be held strictly responsible for all items contained in the specific requirements.			
5	Proposals submitted will be presumed to be in compliance with all applicable laws. Do you agree to comply with federal, state, and local laws and regulations applicable to the plan design, services, and payments for services which are being proposed?			
6	Do you agree to adjust the plan to comply with current and future legislation?			
7	Do you agree to indemnify, hold, and save the county, their agents, officers and employees harmless from liability of any nature or kind, including costs, expenses, and attorney's fees, for harm suffered by Collin County or any person as a result of the negligent, reckless, or willful acts of omissions by your organization, its officers, agents or employees?			
8	Do you agree not to give away or sell employee data, even "de-identified" data, with or without employee consent?			
9	Do you agree to be fully responsible for preparation and dissemination of any information to be sent to the IRS such as 1099 forms and provide copies of information filed with the IRS to the county?			
10	Do you agree if penalties are assessed because of incorrect or late filings to the IRS by the offeror, you will be responsible for any such assessments and will hold the county harmless?			

11	Do you agree to offer Collin County the right to audit your organization's claim processing service, records, and other relevant activity associated with its plan participants?			
12	The results from audit requests will help measure performance guarantees. Do you agree to accept these findings?			
13	Do you acknowledge that you comply with HIPAA standards, have security measures, and have cyber insurance to protect Collin County and the data maintained in your electronic systems?			
14	Do your current systems that have access to Collin County insured's confidential health data have an automatic logoff capability?			
15	If your current systems that have access to Collin County insured's confidential health data have an automatic logoff capability, is it required?			
16	Do you support multi-factor authentication for the county to access confidential health data?			
17	Is multi-factor authentication to access confidential health data required?			
18	Will Collin County administrators in your system have the ability to download and store confidential health data?			
19	If Collin County administrators in your system have the ability to download and store confidential health data, do you have a mechanism to secure that data on our computers?			
20	Will you communicate Collin County insured's confidential health information in secured e-mail?			
21	Do you agree that in order to prevent loss of coverage for a participant because of a transfer of insurance carriers, coverage will be provided for participants who are not actively at work due to sickness or injury as long as the prior group insurance policy insured him and the cost of his insurance under the prior group insurance policy has been paid or will be paid within the currently established 60-day grace period?			
22	Do you agree to be responsible for all claims incurred on or after the effective date of 01/01/2020, and within the contract period? This includes claims which occurred during the contract period but are filed after the contract has ended.			
23	Collin County reserves the right to add or reduce any and all services provided. If such an addition or reduction occurs, do you agree that this change will not negatively affect the prices of any of the remaining services provided?			
24	Do you agree to notify the county at least one hundred and twenty (120) days prior to any change to the policy or condition that effects services?			
25	Do you agree any claims that are not paid in accordance with the plan due to an error or negligence by the offeror shall not be charged to Collin County? In the event of overpayment, the offeror shall be responsible for all collections, plan reimbursement expenses, legal expenses, and any penalties or late fees charged to Collin County or the member, resulting from the error or negligence.			
26	Do you agree to be responsible for preparing and updating necessary administrative documents including a SPD at no additional cost? These documents shall include a detailed administrative manual including procedural information on all agreed upon plan administration and claims procedures.			
27	Do you agree to submit the administrative manual to Collin County within sixty (60) days after the contract becomes effective? Subsequent changes should be submitted within thirty (30) days of change.			
28	Do you agree to provide SPD booklets and certificates of coverage at no additional cost in printed and electronic format?			
29	Do you agree that any written communications regarding plan administration issues sent to Collin County will be mailed within two (2) days of the day listed on the letter?			

30	Do you agree to make changes to your forms as requested by Collin County?			
31	Do you agree not to send written materials to employees without the review and approval by Collin County unless a prior written release has been received?			
32	Do you agree to mail SPDs and certificates of coverage directly to employees upon authorization from Collin County?			
33	Do you agree to be responsible for receiving and evaluating claims?			
34	Do you require a long-term disability claimant to apply for Social Security Disability benefits due to their illness or injury?			
35	Do you agree to pay short-term disability claims at least two (2) times per month?			
36	Do you agree to pay long-term disability claims at least one (1) time per month?			
37	Do you agree to notify the county before payment is made to an employee?			
38	Do you agree to coordinate benefit payment dates with Collin County prior to issuing payment to the claimant?			
39	If benefits are denied, do you agree to provide both the county and the employee a written letter indicating the exact reason for the denial as well as the appeal process and timeframes?			
40	Does a disability claim submission automatically generate a claim for waiver of premium? If not, describe in detail the process for generating a claim for waiver of premium in Section 7 - Exceptions.			
41	Do you agree not to limit coverage for mental health or any specific medical condition? If not, detail the specific medical conditions and limits in Section 7 - Exceptions.			
42	Do you agree that all covered employees shall not lose or gain benefits as a result of a change in insurance carriers? This is commonly referred to as "No loss/No gain".			
43	Do you agree to provide coverage for employees at work on a full-time basis, either at Collin County's place of business or any other place Collin County may require them to go?			
44	Do you agree to provide coverage for employees in a paid status (such as PTO, CTO, jury duty, administrative leave, or compensatory time)?			
45	Do you agree to provide coverage for employees on an unpaid absence of one year or less in which the individual remains employed?			
46	Do you agree to provide coverage for employees on family and medical leave?			
47	Do you agree to provide coverage for employees on workers' compensation leave?			
48	Do you agree to provide coverage for employees who have exhausted their family and medical leave entitlement but are still receiving employed?			
49	Do you agree to provide coverage for employees on military leave immediately upon their return without a waiting period?			
50	For an employee on short-term disability at the time you assume the contract, do you agree to cover them and waive premiums when they become eligible for long-term disability?			
51	Do you agree to provide coverage for future new hires and rehires after satisfaction of the county's chosen waiting period?			
52	Do you agree to provide coverage for future qualifying participants after satisfaction of the county's chosen waiting period? Continuous employment in a regular position with Collin County (such as a part-time employee) counts towards the waiting period.			

53	If coverage is denied due to an unintentional error or omission on the part of Collin County, do you agree to still provide coverage if coverage would have been provided had the unintentional error or omission not occurred?			
54	Do you agree the elimination period for short-term disability due to injury or illness will be 14 calendar days with benefit payments beginning on the 15th day?			
55	Collin County treats maternity/pregnancy like other medical conditions. The elimination period begins on the day of delivery unless there are medical complications and a physician's statement indicating the medical necessity for absence is submitted in which case the elimination period begins on the first day the employee is medically unable to work. Do you agree to administer the plan accordingly?			
56	Do you agree the maximum benefit period for short-term disability claims will be 26 weeks including the elimination period?			
57	Do you agree the elimination period for long-term disability will be the first 180 calendar days of a period of disability?			
58	Do you agree to be responsible for the complete calculation of payable benefits?			
59	Do you agree a claimant's pre-disability weekly earnings will be based on the employee's base pay?			
60	Do you agree bonuses will not be included in the pre-disability weekly earnings?			
61	Do you agree overtime pay will not be included in the pre-disability weekly earnings?			
62	Do you agree shift differential will not be included in the pre-disability weekly earnings?			
63	Do you agree any other extra compensation will not be included in the pre-disability weekly earnings?			
64	Do you agree the scheduled monthly benefit for long-term disability will be 67% of pre-disability earnings?			
65	Do you agree to continue to use the county's current long-term disability maximum benefit duration schedule as outlined in Section 5.1.6.2 of this RFP?			
66	County employees participate in the Texas County and District Retirement System as well as contribute to Social Security Insurance. It continues to be our intent that neither short-term nor long-term disability benefits will be offset by any payments received by the participant from the county's retirement plan (similar to a private sector 401k). Do you agree to administer the plan accordingly?			
67	Do you agree to be responsible for the preparation, drawing, and mailing of the checks?			
68	Do you administer any mandatory vocational or physical rehabilitation programs? If so, describe them in Attachment A - #1.3.			
69	Do you administer any voluntary vocational or physical rehabilitation programs? If so, describe them in Attachment A - #1.3.			
70	Do you offer an Employee Assistance Program (EAP)?			
71	Most out-of-network charges are not covered by our plan. Do you agree the EAP will coordinate with physicians/counselors within our medical provider's network (currently UnitedHealthcare)?			
72	Is access to the EAP limited to disability plan participants?			
73	Is access to the EAP extended to dependents?			
74	Are there any available reporting functions for the employer regarding the EAP, e.g., number of calls per month, number of referrals, aggregate issues addressed, average length of time on a call, customer satisfaction surveys, etc. based solely on Collin County data? If so, please provide an example of the reports in Attachment A Disability Questionnaire Part 1-#4.5.			
75	Will you provide statistics on average claim processing time and accuracy based only on our organization?			

76	Do you agree to provide Collin County with statistical reporting information on both short-term and long-term disability claims separately?			
77	Do you agree to provide the following reports on at least a monthly basis:			
	A) Claims Status			
	B) Most Recent Checks Issued (including claimant's name and one other unique identifier such as date of birth)			
	C) Claims to Pay			
	D) Claims in Non-Payment Status			
	E) Payment Detail (including claimant's name and one other unique identifier such as date of birth)			
78	Are there reports available that identify overpayments?			
79	Do you agree to, at any time during the contract/agreement, supply necessary ad hoc reports including current and historical data (as determined by Collin County), such as participant reports, experience reports, and claims paid reports at no cost to Collin County? Provision of such data will be provided according to the specifics requested by Collin County and shall be provided within ten (10) business days of the request.			
80	Should the nature of additional ad hoc reports warrant compensation beyond the bounds of this contract, do you agree the report shall be provided at a cost mutually agreeable between the county and the offeror? It is the offeror's responsibility to clearly communicate the cost of providing the requested report prior to producing the report. If the report is produced and the cost was not approved in writing prior to creation, Collin County will not be responsible for the cost of producing the report.			
81	Do you agree to provide a robust, turn-key administrative website that Collin County can access to perform tasks such as submit claims, check on claims status, paid claim summaries including status of return to work efforts, and billing information?			
82	Do you agree to provide county employees training that is necessary to run reports through the employer website? This also includes any other training related to the provider's services that might be requested by the plan administrator. Any costs associated with training must be clearly listed in Attachment C - Pricing Information.			
83	Can claimants submit claims information via the internet?			
84	Do you agree that Collin County may have a new account manager assigned to the account at any time, for any reason?			
85	Do you agree to provide a toll free number to Collin County administration and our employees to be used for claims or other service issues?			
86	Will the county have a dedicated claims analyst that the Human Resources department can contact with questions and issues with claims? If not, indicate what is required to have a dedicated claims analyst in Section 7 - Exceptions.			
87	Do you agree to respond to telephone calls and e-mail communications from the Collin County Human Resources department within one (1) business day?			
88	Will you provide county employees access to a customer service representative at a minimum of between 8:00 am and 7:00 pm central standard time Monday through Saturday? If representatives are not available between these hours, please provide information on their availability in Section 7 - Exceptions.			
89	Do you agree should an employee need to leave a message for customer service, a customer service representative will return the call to the employee within four (4) business hours?			

90	Collin County self-bills based upon eligible employee count. Do you agree to accept Collin County's self-billing each month and that any billing-related documents will be provided to Collin County in electronic format?			
91	Collin County has a standard process for payment of all offerors which requires a 60-day payment grace period from due date of payment. Do you agree to the 60-day grace period?			
92	Do you agree that payment may be made by either wire or check?			
93	Do you agree to notify Collin County of any billing/payment issues within one hundred twenty (120) days from the date the check was submitted to the offeror and that notice will be made in writing?			
94	Do you agree any billing/payment issues presented to the county after the one hundred twenty (120) day date will not be owed?			
95	Do you agree annual renewal rates will be provided to the county a minimum of one hundred and twenty (120) days prior to each renewal?			
96	Do you agree that changes in premium may only be instituted on a policy anniversary date?			
97	Do you agree when the contract period ends to be responsible for administering any ongoing short-term and long-term disability claims through to completion of each claim?			
98	Do you agree a notice of cancellation due to error, omission, or payment issue will include a detailed explanation and at least twenty (20) days for Collin County to remedy the situation?			
99	Do you agree that Collin County reserves the right to cancel the contract at any time for any reason and that if the contract is cancelled by Collin County, services will terminate after a 30-day termination notice has been provided by Collin County?			

ATTACHMENT C – DISABILITY PRICING INFORMATION

COLLIN COUNTY, TEXAS

INSTRUCTIONS

Answer all questions fully, clearly, and concisely unless a specific question is not applicable to the service you are proposing to provide. If you are unable to answer a question or the question does not apply, you should indicate either not applicable, or the reason why the question was not answered.

Each response must immediately follow the respective question. Do not refer to other parts of your proposal for the answers.

You may not modify either the order or language of the question.

1. FINANCIAL INFORMATION

1.1 Short-term Disability Insurance Administration – Claims Administration Only
Quote coverage at 67% and for a \$15 weekly minimum and \$2,500 weekly maximum.

	2020	2021	2022	2023	2024
67%/ \$2,500 weekly maximum	\$	\$	\$	\$	\$
Other (specify)					

1.1.1 Clearly indicate the method of calculating the increase for each period in your response from 1.1.

Answer:

1.2 Long-term Disability Insurance Administration – Claims Administration Only
Quote monthly premium rate per \$100 of covered payroll; Coverage at 67% and for a \$100 weekly minimum and \$2,500 weekly maximum.

	2020	2021	2022	2023	2024
67%/ \$2,500 weekly maximum	\$	\$	\$	\$	\$
Other (specify)					

1.2.1 Clearly indicate the method of calculating the increase for each period in your response from 1.2.

Answer:

1.3 Long-term Disability Insurance Administration – Claims Administration Only
Quote monthly premium rate per \$100 of covered payroll; Coverage at 67% and for a \$100 weekly minimum and \$3,750 weekly maximum.

	2020	2021	2022	2023	2024
67%/\$3,750 weekly maximum	\$	\$	\$	\$	\$
Other (specify)					

1.3.1 Clearly indicate the method of calculating the increase for each period in your response from 1.3.

Answer:

1.4 If the Employee Assistance Program fee is not included in the administration fee for short or long-term disability, specify the fee here.

	2020	2021	2022	2023	2024
Employee Assistance Program	\$	\$	\$	\$	\$

1.5 Indicate the fee for programs listed in Attachment A – Disability Questionnaire Part 1 # 1.3.

	2020	2021	2022	2023	2024
Other (specify)	\$	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$	\$



UnitedHealthcare[®]
Specialty BenefitsSM

**SHORT TERM DISABILITY
PLAN OF COVERAGE**

FOR

COLLIN COUNTY

PLAN NUMBER: 302101

EFFECTIVE DATE: January 1, 2009

STATE MANDATED DISABILITY REQUIREMENTS

The following states legislatively mandate that certain employers provide state disability benefits for employees working in the state:

**California
Hawaii
New Jersey
New York
Rhode Island
Puerto Rico**

The disability coverage available under this plan is not intended to replace any state mandated disability coverage. The disability benefits provided in this Plan of Coverage will be reduced by any benefits received under a state mandated disability plan.

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United HealthCare Insurance Company
450 Columbus Boulevard
Hartford, Connecticut
(Home Office)

Plan Sponsor: Collin County

Effective Date of Plan: January 1, 2009

Plan Number: 302101

Covered Person: As on file with the Administrator

The Group Benefits outlined in the following pages are sponsored by Collin County on a self funded basis, and are administered by United HealthCare Insurance Company, Hartford, CT under Plan Number 302101.

SCHEDULE OF BENEFITS

Class of Employees

This schedule covers the following class(es) of Employees of companies and affiliates controlled by the Plan Sponsor:

All active full-time Employees and elected officials, excluding temporary and seasonal employees

Description of Class:

Employees are considered full-time if they customarily work: 30 hours per week

Employee Waiting Period:

An Employee is eligible for coverage on the later of the following dates:

1. The Plan's Effective Date, January 1, 2009.
2. The first day of the month following the date he completes 90 days of continuous full-time employment with the Plan Sponsor.

Covered Person Coverage:

Short Term Disability Benefit:

Benefit Percent: 67% of the Covered Person's Pre-Disability Weekly Earnings. The Covered Person's benefit may be reduced by Other Income Benefits and Disability Earnings.

Pre-Disability Weekly Earnings Definition:

The basic weekly earnings received from the Covered Person's employer just prior to the date of Disability. Pre-Disability Weekly Earnings include commissions, averaged over the lesser of the most recent 12-month period or the Covered Person's period of employment and shift differential pay. It does not include bonuses, overtime pay, and other extra compensation.

Maximum Weekly Benefit: \$2,500

Minimum Weekly Benefit: \$15

Elimination Period:

For Disability due to Injury: 15 days or the exhaustion of salary continuation

For Disability due to Sickness: 15 days or the exhaustion of salary continuation

Maximum Benefit Period:

26 Weeks of benefits minus any salary continuation used
Contributions must continue while the Covered Person is receiving Short Term Disability payments.

STD Benefits are issued on an:

- 24 hour basis non-occupational basis

GENERAL DEFINITIONS

The male pronoun, whenever used in the Plan, includes the female.

Active Work or Actively at Work: The Covered Person reports for work at his usual place of employment or any other business location where he is required to travel and is able to perform the material and substantial duties of his regular occupation for the entire normal workday. The Covered Person must be working at least the minimum number of hours per week in an Eligible Class, as shown in the Schedule of Benefits.

Unless Disabled on the prior workday or on the day of absence, a Covered Person will be considered Actively at Work on the following days:

1. a Saturday, Sunday or holiday which is not a scheduled workday;
2. a paid vacation day, or other scheduled or unscheduled non-workday; or
3. an excused or emergency leave of absence (except medical leave.)

Contributory or Non-Contributory Coverage: Contributory Coverage is coverage for which the Covered Person must apply and agree to make the required cost contributions. Non-Contributory Coverage is coverage for which the Covered Person does not have to make any cost contributions.

Covered Person: The Employee covered under the Plan. References to "Covered Person," "Covered Persons" and "Covered Person's" throughout this Booklet are references to a Covered Person.

Employee: A person who is:

1. directly employed in the normal business of the Plan Sponsor; and
2. paid for services by the Plan Sponsor; and
3. Actively at Work for the Plan Sponsor, or any subsidiary or affiliate covered under the Policy.

No director or officer of the Plan Sponsor will be considered an Employee unless he meets the above conditions.

Hospital or Medical Facility: A legally operated, accredited facility licensed to provide full-time care and Treatment for the condition for which benefits are payable under the Plan. It is operated by a full-time staff of licensed physicians and registered nurses. It does not include facilities that primarily provide custodial, education or rehabilitative care, or long-term institutional care on a residential basis.

Injury: A bodily Injury resulting directly from an accident and independently of all other causes.

Physician: A practitioner of the healing arts who is:

1. duly licensed in the state in which the Treatment is received; and
2. practicing within the scope of that license.

The term Physician does not include the Covered Person, the Covered Person's spouse, children, parents, parents-in-law, or siblings.

Plan: United HealthCare Plan for Collin County's Short Term Disability Plan.

Plan Sponsor: Collin County, Plan Number 302101.

Regular Care: The Covered Person personally visits a Physician as often as is medically required to effectively manage and treat his disabling condition(s), according to generally accepted medical standards. The Covered Person is receiving appropriate Treatment and care, according to generally accepted medical standards, by a Physician whose specialty or experience is appropriate for the disabling condition(s).

GENERAL DEFINITIONS (continued)

Sickness: An illness, disease, pregnancy or complication of pregnancy.

Treatment: consultation, advice, tests, attendance or observation, supplies or equipment, including the prescription or use of prescription drugs or medicines.

We, Our and Us: United HealthCare Insurance Company, in our capacity as Claims Administrator.

COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Covered Person's Eligibility: Employees who work on a full-time basis for a Plan Sponsor are eligible for coverage after completion of the required Employee Waiting Period, provided they are in a class of Employees who are included. Employees will be considered to work on a full-time basis if they customarily work at least the number of hours per week shown in the Schedule of Benefits.

An Employee will become eligible for coverage on the latest of the following dates:

1. the Effective Date of the Plan;
2. the end of the Employee Waiting Period shown in the Schedule of Benefits;
3. the date the Plan is changed to include the Employee's class; or
4. the date the Employee enters a class eligible for coverage.

Effective Date of Covered Person Coverage: If an Employee is not Actively at Work on the date his coverage is scheduled to take effect, it will take effect on the day after the date he returns to Active Work. If the Employee's coverage is scheduled to take effect on a non-working day, his Active Work status will be based on the last working day before the scheduled Effective Date of his coverage.

An Employee must use forms provided by Us when applying for coverage.

The Employee's coverage will be effective at 12:01 A.M. Eastern Standard time as follows:

1. if it is Non-contributory, on the date the Employee becomes eligible for coverage, regardless of when he applies, or
2. if it is Contributory, and the Employee makes application within 31 days after the date he first became eligible, on the later of:
 - a. the date the Employee is eligible for coverage, regardless of when he applies; or
 - b. the date the Employee's application is approved by Us if evidence of good health is required.

Family and Medical Leave of Absence: If the Covered Person is on a Family or Medical Leave of Absence, his coverage will be governed by his employer's policy on Family and Medical Leaves of Absence.

We will continue the Covered Person's coverage if the cost of his coverage continues to be paid and his Leave of Absence is approved in advance and in writing by his employer.

The Covered Person's coverage will continue for up to the greater of:

1. the leave period required by the Federal Family and Medical Leave Act of 1993; or
2. the leave period required by applicable state law.

While the Covered Person is on a Family or Medical Leave of Absence, We will use earnings from his employer just prior to the date his Leave of Absence started to determine Our payments to him.

If the Covered Person's coverage does not continue during a Family or Medical Leave of Absence, then when he returns to Active Work:

1. he will not have to meet a new Employee Waiting Period including a Waiting Period for coverage of a Pre-Existing Condition, if applicable; and
2. he will not have to give Us evidence of good health to reinstate the coverage he had in effect before his Leave of Absence began.

However, time spent on a Leave of Absence, without coverage, does not count toward satisfying his Employee Waiting Period.

COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS (continued)

Termination of Covered Person Coverage: The Covered Person's coverage will terminate at 12:00 midnight Eastern Standard time on the earliest of the following dates:

1. the last day of the period for which a contribution payment is made, if the next payment is not made;
2. the last day of the month during which he ceases to be a member of a class eligible for coverage;
3. the date the Plan terminates, or a specific benefit terminates; or
4. the last day of the month during which he ceases to be Actively at Work, unless active work ceases due to a temporary layoff or approved leave of absence. In such case, coverage will continue or up to 12 months from the date the layoff or leave began. For a leave of absence governed by federal or any applicable state Family and Medical Leave of Absence law, coverage will be continued in accordance with the Family and Medical Leave of Absence provision.
5. the date he is no longer Actively at Work due to a labor dispute, including but not limited to strike, work slow down or lock out.

WORKING RETURNS SHORT TERM DISABILITY COVERAGE FOR COVERED PERSON

The Covered Person is Disabled or has a Disability when We determine that:

1. he is not Actively at Work and is unable to perform some or all of the Material and Substantial Duties of his Regular Occupation due to his Sickness or Injury; and
2. he has a 20% or more loss in Pre-Disability Weekly Earnings due solely to the same Sickness or Injury.
3. he is under the Regular Care of a Physician.

Material and Substantial Duties: duties that

1. are normally required for the performance of the Covered Person's Regular Occupation; and
2. cannot be reasonably omitted or modified.

Regular Occupation means: the occupation which the Covered Person is routinely performing when his Disability occurs. We will look at the Covered Person's occupation as it is normally performed in the national economy instead of how the work tasks are performed for a specific employer or at a specific location.

Disability must begin while the Covered Person is covered under the Plan.

The loss of a professional or occupational license or certification, work permit, or visa does not, in itself, mean the Covered Person is Disabled. Additionally, economic factors, such as recession, job obsolescence, pay-cuts and job sharing will not be considered in determining whether the Covered Person meets the definition of Disability/Disabled.

We require the Covered Person to be under the Regular Care of a Physician for the Sickness or Injury causing his Disability in order to be eligible to receive payments from Us.

We may require the Covered Person to be examined by Physicians, other medical practitioners or vocational experts of Our choice. We will pay for these examinations. We can require examinations as often as it is reasonable to do so. We may also require the Covered Person to be interviewed by an authorized representative of Ours. Refusal to be examined or interviewed may result in denial or termination of his claim.

Calculating the Weekly Payment:

The Benefit Percent and Maximum Weekly Benefit are shown in the Schedule of Benefits.

1. If the Covered Person is disabled and not working or working and earning less than 20% of his Pre-Disability Weekly Earnings, the Covered Person's Weekly Payment will be determined as follows:
 - a. Multiply his Pre-Disability Weekly Earnings by the Benefit Percent.
 - b. Compare the result in Step 1 with the Maximum Weekly Benefit.
 - c. The lesser of these two amounts is the Covered Person's weekly Gross Disability Payment.
 - d. Subtract from his weekly Gross Disability Payment any Other Income Benefit amounts that he receives or is eligible to receive. The result is the Covered Person's Weekly Payment.
2. If the Covered Person is disabled and working earning between 20% and 80% of his Pre-Disability Weekly Earnings, the Covered Person's Weekly Payment will be determined as follows:
 - a. Multiply his Pre-Disability Weekly Earnings by the Benefit Percentage.
 - b. From 100% of his Pre-Disability Weekly Earnings subtract any Other Income Benefits, and any income he earns or receives from any form of employment.
 - c. Compare the result from Steps 1 and 2 with the Maximum Weekly Benefit.
 - d. The lesser of the amounts from Step 3 is the amount We will pay the Covered Person each week.

After the Elimination Period, if the Covered Person is Disabled for only part of a week, We will send him 1/7th of his Weekly Payment for each day of Disability.

WORKING RETURNS SHORT TERM DISABILITY COVERAGE FOR COVERED PERSON (continued)

Gross Disability Payment means: the payment amount before We subtract Other Income Benefits and Disability Earnings.

Receipt of Disability Payments: The Covered Person will begin to receive payments when We approve his claim, provided the Elimination Period has been met and he is Disabled. We will send him a payment each week for any period for which We are liable. If he is Disabled and working, proof of Disability Earnings will be required before benefits are paid.

Disability Earnings mean: the earnings, which the Covered Person receives while Disabled, and working plus the earnings he could receive if he was working to his Maximum Capacity.

Maximum Capacity means: the greatest extent of work the Covered Person is able to do, given his limitations, restrictions, and physical and mental capacity, in an occupation that is available in his location and for which he is reasonably fitted by education, training, and experience.

Elimination Period means: the length of time the Covered Person must be continuously Disabled before a benefit is payable. The Elimination Period begins on the first day of Disability.

Hospital Confined or Hospital Confinement means: the Covered Person is admitted as an inpatient in a Hospital or Medical Facility for a period of at least 24 hours for the condition resulting in his Disability.

Disability During a Covered Layoff or Leave of Absence: If the Covered Person becomes Disabled while he is on a covered layoff or leave of absence, We will calculate his benefit using his Pre-Disability Weekly Earnings from his employer in effect just prior to the date his absence begins.

Other Income Benefits: We will subtract from the Covered Person's Gross Disability Payment the following Other Income Benefits:

1. any benefits and awards he receives or is eligible to receive under:
 - a. Workers' Compensation Law;
 - b. occupational disease Law; or
 - c. any other similar Act or Law.unless this coverage is issued on a non-occupational basis as shown in the Schedule of Benefits.
2. any Disability income benefits he receives or is eligible to receive under:
 - a. any compulsory benefit act or Law;
 - b. any other group insurance policy with the employer or with an association;
 - c. any other group insurance policy with another employer under which he becomes covered while he is Disabled under the Plan; or
 - d. any governmental retirement system as the result of his job with his employer.
3. any benefits under the United States Social Security Act, The Canada Pension Plan, The Quebec Pension Plan, the Jones Act and any other similar plan or Act. Benefits include:
 - a. Disability benefits he is eligible to receive and any disability benefits his spouse or his children receive or are eligible to receive as a result of his Disability.
 - b. retirement benefits he receives and any retirement benefits his spouse or his children receive as a result of his receipt of retirement benefits.

If the Covered Person's Disability begins after his 70th birthday, and he was receiving Social Security retirement benefits before his Disability began, then We will not reduce Our payments to him by these retirement benefits.

WORKING RETURNS SHORT TERM DISABILITY COVERAGE FOR COVERED PERSON (continued)

Pension Plan means: a plan that provides retirement benefits and which is not wholly funded by Employee contributions. The term does not include a profit sharing plan, a thrift plan, an individual retirement account (IRA), a tax sheltered annuity plan (TSA), a stock ownership plan or a non-qualified plan of deferred compensation.

4. any benefits he receives from his employer's sick leave or salary continuation plan.
5. any benefits from the employer's Retirement Plan he:
 - a. receives as disability benefits;
 - b. voluntarily chooses to receive as retirement benefits; or
 - c. receives as retirement benefits once he reaches the greater of age 62 or normal retirement age, as defined in his employer's Retirement Plan.

Regardless of how the retirement funds from the plan are distributed, for the purposes of determining Our payment to the Covered Person, We consider Employee and employer contributions to be distributed at the same time throughout the Covered Person's lifetime.

We will not reduce payments the Covered Person receives from Us for his contributions to the employer's Retirement Plan, or for amounts he rolls over or transfers to an eligible Retirement Plan.

Disability benefits under a retirement plan are benefits that are paid due to disability and which do not reduce the retirement benefits which would have been paid if the disability had not occurred.

Retirement benefits under a retirement plan are benefits that are paid based on the Covered Person's employer's contribution to the retirement plan. Disability benefits that reduce the retirement benefits under the plan will also be considered a retirement benefit.

Eligible retirement plan is defined in Section 402 of the Internal Revenue Code of 1986 and includes future amendments to Section 402 affecting the definition.

6. any benefits for loss of time or lost wages he receives from the mandatory portion of a no-fault motor vehicle insurance plan, or automobile liability insurance policy.
7. any amount he receives under any unemployment compensation Law, unless this coverage is issued on a non-occupational basis as shown in the Schedule of Benefits.
8. any amounts he receives from a third party (after subtracting attorney's fees) by judgment, settlement or otherwise.

If the Covered Person receives any of the Other Income Benefits in a lump sum payment, We will pro-rate the lump sum on a weekly basis over the time period for which the sum was given. If no time period is stated, the sum will be pro-rated on a weekly basis to the end of the Covered Person's Maximum Benefit Period.

Other Income Benefits must be payable as a result of the same Disability for which the Covered Person is receiving a payment from Us, except for retirement benefits.

We will NOT subtract from the Covered Person's Gross Disability Payment any amounts he receives from the following sources:

1. 401(k) plans
2. profit sharing plans
3. thrift plans
4. tax sheltered annuities

WORKING RETURNS SHORT TERM DISABILITY COVERAGE FOR COVERED PERSON (continued)

5. stock ownership plans
6. non-qualified plans of deferred compensation
7. Pension Plans for partners
8. military pension and military disability income plans
9. credit disability insurance
10. franchise disability income plans
11. a Retirement plan from another employer
12. Individual Retirement Accounts (IRA)
13. benefits from individual disability plans

Affect of Other Income Benefits on Payment: If subtracting Other Income Benefits results in a zero benefit, We will pay the Covered Person the Minimum Weekly Benefit shown in the Schedule of Benefits. The Minimum Weekly Benefit, however, may be applied toward an outstanding overpayment.

Estimating Amounts of Other Income Benefits: We have the right to estimate the amount of benefits the Covered Person may be eligible to receive under the "Other Income Benefits" section. We can reduce Our payments to him by the estimated amount if:

1. he has not been awarded but has not been denied such benefits; or
2. he has been denied such benefits and the denial is being appealed; or
3. he is reapplying for such benefits.

We will NOT reduce Our payments to the Covered Person by the estimated amount if:

1. he applies or reapplies for the benefits and appeals his denial through all of the administrative levels We believe are necessary; or
2. he signs Our reimbursement agreement form stating that he promises to pay Us any overpayment caused by an award.

If We reduce Our payments to the Covered Person by an estimated amount:

1. We will adjust Our payment to him when he provides proof of the amount awarded; or
2. We will issue a lump sum refund of the estimated amount if he was denied benefits and has completed all appeals (or reapplications) We believe are necessary.

Continuity Of Coverage Upon Transfer Of Insurance Carriers: In order to prevent loss of coverage for a Covered Person because of a transfer of insurance carriers, We will provide coverage for certain Employees as follows:

Employees who are not Actively at Work due to Sickness or Injury:

We will cover the Employee under the Plan if the prior group insurance policy insured him and the cost of his insurance under the prior group insurance policy was paid.

Our payments to the Employee will be limited to the lesser of the Weekly Payment under this Plan or the weekly payment the prior group insurance policy would have paid him, had that policy stayed in effect. Our payments will be reduced by any amount the prior group insurance policy is responsible for paying.

WORKING RETURNS SHORT TERM DISABILITY COVERAGE FOR COVERED PERSON (continued)

Recurrent Disability: If the Covered Person's current Disability is related or due to the same causes(s) as his prior Disability for which We made a payment, We will treat his current Disability as part of his prior claim. He will not have to complete another Elimination Period if he returns to Active Work for his employer on a full time basis for 14 consecutive days or less. His Disability will be subject to the same terms of the Plan as his prior claim and will be treated as a continuation of that Disability.

Any Disability which occurs after 14 consecutive days from the date the Covered Person's prior claim ended will be treated as a new claim. His new claim will be subject to all of the provisions, including the Elimination Period.

If he becomes entitled to benefits under any other Group Short Term Disability policy, he will not be eligible for payments under the Plan.

Recurrent Disability means: a Disability that is:

1. caused by a worsening in the Covered Person's condition; and
2. due to the same cause(s) as his prior Disability for which We made a payment.

Employee Outreach Services: We may provide Employee Outreach Services for a Covered Person who has a medical disability accompanied by psychosocial problems that may interfere with his recovery and return to work.

Employee Outreach Services will be provided at our discretion and may include, but are not limited to:

1. service provider referrals; and
2. identifying available community and state resources that may be helpful in the Covered Person's recovery and return to work.

Termination of Benefits: We will stop sending the Covered Person payments and his claim will end on the earliest of:

1. the date he is no longer Disabled according to the terms of the Plan;
2. the date he reaches the end of the Maximum Benefit Period;
3. the date he fails to provide proof of continuing Disability;
4. the date he is able to increase his Disability Earnings by increasing the number of hours he works or the number of duties he performs, but he chooses not to do so;
5. the date he refuses to be examined by a Physician, if such an exam is requested by Us;
6. the date he refuses to be interviewed by one of Our representatives;
7. the date he ceases to be under the Regular Care of a Physician;
8. the date he dies.

General Exclusions: We will not cover a Disability under the Plan if it is due to:

1. an act or accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature;
2. intentionally self-inflicted Injuries;
3. active participation in a riot;
4. committing or attempting to commit a felony
5. an Occupational Sickness or Injury if the Schedule of Benefits indicates that benefits are issued on a non-occupational basis. However, We will cover Disabilities due to an Occupational Sickness or Injury for partners or sole proprietors who cannot be covered by Workers' Compensation Law.

WORKING RETURNS SHORT TERM DISABILITY COVERAGE FOR COVERED PERSON (continued)

We will not make a payment for any period of time during which the Covered Person is incarcerated or under House Arrest. The Maximum Benefit Period will be reduced by the amount of time he is incarcerated or under House Arrest after completion of the Elimination Period.

Occupational Sickness or Injury means: an Injury arising out of, or in the course of, any work for wage or profit regardless of employer, or a Sickness covered, with respect to such work, by any Workers' Compensation Law, occupational disease Law or similar Law.

House Arrest means: any restriction placed on the Covered Person's movement outside of his home by a court of competent jurisdiction. Compliance with such restriction is regularly monitored using electronic or other means.

Claim Information:

Notice of Claim: Written notice of a claim must be given to Us at Our Home Office by the Covered Person within 30 days after the date his Disability begins. If it is not possible, written notice must be given as soon as it is reasonably possible to do so.

The claim form is available from the Covered Person's employer, or can be requested from Us. If the Covered Person does not receive the form from Us within 15 days of his request, written proof of claim should be sent to Us without waiting for the form. Written proof should establish facts about the claim such as date of occurrence, nature and extent of the Disability.

The Covered Person must notify Us immediately when he returns to work in any capacity.

Filing a Claim: The Covered Person and his employer must fill out their own section of the claim form and then give it to the Covered Person's attending Physician. The Physician should fill out his section of the form and send it directly to Us.

Proof of Claim: Written proof of claim must be filed within 90 days after the Covered Person's Elimination Period ends. However, if it is not possible to give proof within 90 days, it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Proof of claim must include:

1. the date the Covered Person's Disability began;
2. appropriate documentation of the Disabling disorder;
3. the extent of the Covered Person's Disability, including restrictions and limitations preventing him from being Actively at Work and performing his Regular Occupation;
4. the appropriate documentation of the Covered Person's earnings;
5. the name and address of any Hospital or Medical Facility where the Covered Person received Treatment;
6. the name and address of all Physicians providing Regular Care or specialty care.

We may request that the Covered Person send proof of continuing Disability, satisfactory to Us, indicating that he is under the Regular Care of a Physician. This proof, provided at the Covered Person's expense, must be received within 30 days of a request by Us.

In some cases, the Covered Person will be required to give Us authorization to obtain additional medical information, and to provide non-medical information as part of his proof of claim, or proof of continuing Disability. We will deny a Covered Person's claim or stop sending him payments if the appropriate information is not submitted.

WORKING RETURNS SHORT TERM DISABILITY COVERAGE FOR COVERED PERSON (continued)

Payment of Claim: Except as otherwise noted for specified additional benefits that may be included in the Plan, all benefits are payable to the Covered Person. If a benefit is payable to the Covered Person's estate, to a minor or to someone who is not competent to give a valid release, We have the right to pay up to \$1,000 to any of the Covered Person's relatives whom We consider entitled. Any amount We pay in good faith releases Us from further liability, but only for the amount paid.

Overpayment of Claim: We have the right to recover any overpayments due to:

1. fraud;
2. any error We make in processing a claim; and
3. the Covered Person's receipt of Other Income Benefits.

The Covered Person must reimburse Us in full. We will determine the method by which the repayment is to be made. We have the right to recover overpayment from the Covered Person's spouse if living, otherwise his children under the age of 25, or his estate.

Legal Action: The Covered Person may not bring suit to recover under this section until 60 days after he has given Us written proof of loss. No suit may be brought more than three years after the date of loss.

**WORKING RETURNS SHORT TERM DISABILITY COVERAGE
OPTIONAL BENEFITS
LUMP SUM SURVIVOR BENEFIT**

When We receive proof that the Covered Person died, We will pay his spouse, if living, otherwise, his children under age 25 a lump sum benefit equal to 3 weeks of the Covered Person's weekly Gross Disability Payment but not to exceed \$3,000.

The Lump Sum Survivor Benefit will be paid if, on the date of the Covered Person's death:

1. his Disability had continued for at least 15 consecutive days; and
2. he was receiving or was entitled to receive a Weekly Payment under the Plan.

If the Covered Person has no living spouse or children, payment will be made to his estate. However, We will first apply the survivor benefit to any overpayment which may exist on his claim.

The Covered Person may choose to receive his lump sum survivor benefit prior to his death if:

1. he has been diagnosed as having a life expectancy of less than 12 months; and
2. he is receiving a Weekly Payment under the Plan.

The Covered Person must notify Us in writing of his choice to exercise this option. Additionally, his Physician must certify in writing that he has a life expectancy of less than 12 months.

If the Covered Person elects to receive this benefit prior to his death, no lump sum survivor benefit will be payable upon his death.

Exhibit 1 - Short Term Disability Plan Document

BENEFIT PLAN

**Prepared Exclusively for
Collin County Government**

**Long Term Disability Coverage for Full
Time Employees and Elected Officials**

**What Your Plan
Covers and How
Benefits are Paid**

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*Defines the Terms Shown in Bold Type in the Text of This Document.

Preface (GR-9N-02-005-02 TX)

Aetna Life Insurance Company (ALIC) is pleased to provide you with this *Booklet-Certificate*. Read this *Booklet-Certificate* carefully. The plan is underwritten by Aetna Life Insurance Company of Hartford, Connecticut (referred to as **Aetna**).

This *Booklet-Certificate* is part of the *Group Insurance Policy* between Aetna Life Insurance Company and the Policyholder. The *Group Insurance Policy* determines the terms and conditions of coverage. **Aetna** agrees with the Policyholder to provide coverage in accordance with the conditions, rights, and privileges as set forth in this *Booklet-Certificate*. The Policyholder selects the products and benefit levels under the plan. A person covered under this plan and their covered dependents are subject to all the conditions and provisions of the *Group Insurance Policy*.

The *Booklet-Certificate* describes the rights and obligations of you and **Aetna**, what the plan covers and how benefits are paid for that coverage. It is your responsibility to understand the terms and conditions in this *Booklet-Certificate*. Your *Booklet-Certificate* includes the *Schedule of Benefits* and any amendments or riders.

If you become insured, this *Booklet-Certificate* becomes your *Certificate of Coverage* under the *Group Insurance Policy*, and it replaces and supersedes all certificates describing similar coverage that **Aetna** previously issued to you.

Group Policyholder:	Collin County Government
Group Policy Number:	GP-737351-GI
Effective Date:	January 1, 2015
Issue Date:	March 30, 2015
Booklet-Certificate Number:	1

THE GROUP INSURANCE POLICY UNDER WHICH THIS BOOKLET-CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

THIS CERTIFICATE IS GOVERNED BY APPLICABLE FEDERAL LAW AND THE LAWS OF TEXAS.



Mark T. Bertolini
Chairman, Chief Executive Officer and President

Aetna Life Insurance Company
(A Stock Company)

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Aetna's toll-free telephone number for information or to make a complaint at

1-800-MY HEALTH (694-3258)

You may also write to Aetna at:

Aetna, Inc.

2777 Stemmons Freeway, Dallas, TX 75207

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance at:

Texas Department of Insurance

P.O. Box 149104

Austin, TX 78714-9104

FAX No. (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: [Consumer Protection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact Aetna first. If the dispute is not resolved you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of your Policy.

AVISO IMPORTANTE

Para obtener información o para someter una queja:

Usted puede llamar al numero de telefono gratis de Aetna's para informacion o para someter una queja al

1-800-MY HEALTH (694-3258)

Usted tambien puede escribir a Aetna:

Aetna, Inc.

2777 Stemmons Freeway, Dallas, TX 75207

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos, o quejas llamando al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

Texas Department of Insurance

P.O. Box 149104

Austin, TX 78714-9104

FAX No. (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: [Consumer Protection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

DISPUTAS SOBRE PRIMAS O

RECLAMACIONES:

Si surge una disputa concerniente a su prima o a una reclamación, debe comunicarse con Aetna primero. Si no se resuelve la disputa puede comunicarse con el Departamento de Seguros de Texas.

UNA ESTE AVISO A SU POLIZA:

Este aviso es sólo para propósito de información y no se convierte en una parte o condición de su Póliza.

Important Information Regarding Availability of Coverage (GR-9N-02-005-02 TX)

No benefits are covered under this *Booklet-Certificate* in the absence of payment of current premiums subject to the *Grace Period* and the *Premium* section of the *Group Insurance Policy*.

Unless specifically provided in any applicable termination provision described in this *Booklet-Certificate* or under the terms of the *Group Insurance Policy*, the plan does not pay benefits for a disability that starts before coverage starts under this plan. This plan will also not pay any benefits for any disability that starts after coverage ends.

Benefits may be modified during the term of this plan as specifically provided under the terms of the *Group Insurance Policy* or upon renewal. If benefits are modified, the revised benefits (including any reduction in benefits or elimination of benefits) apply to any disabilities that start on or after the effective date of the plan modification. There is no vested right to receive the benefits described in the *Group Insurance Policy* or in this *Booklet-Certificate* if the disability starts on or after the effective date of the plan modification, but prior to your receipt of amended plan documents.

Coverage for You

Long Term Disability Coverage

The plan may pay to you a portion of your income earnings as a monthly benefit for a period of long term disability caused by an **illness** or **injury** that occurs while your coverage is in effect.

Coverage under this plan is occupational and non-occupational. **Occupational injuries** and **illnesses** and **non-occupational injuries** and **illnesses** are covered. Conditions that are related to pregnancy may be covered under this plan.

Please refer to the *Long Term Disability* section for more details about your coverage.

Eligibility, Enrollment and Effective Date of Your Coverage

(GR-9N 29-005-02-TX-LG-L)

Who Is Eligible

How and When to Enroll

When Your Coverage Begins

Throughout this section you will find information on who can be covered under the plan, how to enroll and what to do when there is a change in your life that affects coverage. In this section, "you", "your" and "yours" means the employee to whom this *Booklet-Certificate* is issued and whose insurance is in force under the terms of this group insurance policy.

Who Is Eligible

Your employer determines the criteria that are used to define the eligible class for coverage under this plan. Such criteria are based solely upon the conditions related to your employment. **Aetna** will rely upon the representation of the employer as to your eligibility for coverage under this plan and as to any fact concerning such eligibility.

Employees

You are eligible for coverage under this plan if you are **actively at work** and:

- You are in an eligible class, as defined below;
- You have completed any probationary period required by the policyholder; and
- You have reached your eligibility date.

Determining if You Are in an Eligible Class (GR-9N-29-005-02)

You are in an eligible class if:

- You are a regular full-time employee or elected official, as defined by your employer.

In addition, to be in an eligible class you must be:

- scheduled to work on a regular basis at least 30 hours per week during your Employer's work week; and
- working within the United States.

Probationary Period (GR-9N-29-005-02)

Once you enter an eligible class, you will need to complete the probationary period before your coverage under this plan begins.

Determining When You Become Eligible

You become eligible for the plan on your eligibility date, which is determined as follows.

On the Effective Date of the Plan

If you are in an eligible class on the effective date of this plan, and you had previously satisfied the plan's probationary period, your coverage eligibility date is the effective date of this plan. If you are in an eligible class on the effective date of this plan, but you have not yet satisfied the plan's probationary period, your coverage eligibility date is the first day of the month coinciding with or next following the date you complete 90 days of continuous service with your employer. This is defined as the probationary period. If you had already satisfied the probationary period before you entered the eligible class, your coverage eligibility date is the date you enter the eligible class.

After the Effective Date of the Plan

If you are hired or enter an eligible class after the effective date of this plan, your coverage eligibility date is the first day of the month coinciding with or next following the date you complete 90 days of continuous service with your employer. This is defined as the probationary period. If you have already satisfied the probationary period before you entered the eligible class, your coverage eligibility date is the date you enter the eligible class.

How and When to Enroll (GR-9N 29-015-02)

Enrollment

You will be provided with plan benefit and enrollment information when you first become eligible to enroll. You will need to enroll in a manner determined by **Aetna** and your employer. To complete the enrollment process, you will need to provide all requested information.

When Your Coverage Begins (GR-9N 29-025-02)

Your Effective Date of Coverage

Your coverage takes effect on:

- The date you are eligible for coverage.

Active Work Rule: If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until you return to full-time work for one full day. This rule also applies to an increase in your coverage.

Your Disability Plan

(GR-9N 06-005 02) (GR-9N 06-010 02)

Benefit Eligibility

Benefits Payable

Successive Disabilities

Important Note

As used in this section of the *Booklet-Certificate*, "you" and "your" refers to a covered employee of the employer sponsoring this plan.

The disability plan provides you with a source of income if you should become disabled because of an illness, **injury** or disabling pregnancy-related condition while covered under this plan.

Long Term Disability (LTD) Coverage

Long term disability (LTD) coverage will pay a monthly benefit if you are disabled and unable to work because of:

- An **illness**;
- An **injury**; or
- A disabling pregnancy-related condition.

Long Term Disability Benefit Eligibility

You will be considered disabled while covered under this Long Term Disability (LTD) Plan on the first day that you are disabled as a direct result of a significant change in your physical or mental conditions and you meet all of the following requirements:

- You must be covered by the plan at the time you become disabled; and
- You must be under the regular care of a **physician**. You will be considered under the care of a **physician** up to 31 days before you have been seen and treated in person by a **physician** for the **illness, injury** or pregnancy-related condition that caused the disability; and
- You must be disabled by the **illness, injury**, or disabling pregnancy-related condition as determined by **Aetna** (see *Test of Disability*).

When Benefits Are Payable

Once you meet the LTD **test of disability**, your long term disability benefits will be payable after the Elimination Period, if any, is over. No benefit is payable for or during the Elimination Period. The Elimination Period is the amount of time you must be disabled before benefits start. The Elimination Period is shown in the *Schedule of Benefits*.

Your Long Term Disability benefits will be payable for as long as your period of disability benefit eligibility continues but not beyond the end of the Maximum Monthly Benefit Period. The Elimination Period and the Maximum Monthly Benefit Period are shown in the *Schedule of Benefits*.

Premium Waiver

During your disability while benefits are payable:

- No premium payments will be required from your Employer.

Premium Reinstatement

If you are eligible to continue coverage, the employer's premium payments may be resumed on the first due date following the end of a period of disability during which premiums were waived.

Test of Disability (GR-9N 06-010 02)

From the date that you first became disabled and until monthly benefits are payable for 24 months you meet the test of disability on any day that:

- You cannot perform the **material duties** of your **own occupation** solely because of an **illness, injury** or disabling pregnancy-related condition; and
- Your earnings are 80% or less of your **adjusted predisability earnings**.

After the first 24 months of your disability that monthly benefits are payable, you meet the plan's test of disability on any day you are unable to work at any **reasonable occupation** solely because of an **illness, injury** or disabling pregnancy-related condition.

Important Note

The loss of a professional or occupational license or certification that is required by your **own occupation** does not mean you meet the test of disability. You must meet the plan's test of disability to be considered disabled.

Benefits Payable (GR-9N 06-015 02)

Benefits are paid on a monthly basis. The benefit amount is based on your **predisability earnings**, up to the maximum monthly benefit shown in the *Schedule of Benefits*.

To calculate your monthly long term disability benefit, multiply:

- Your Monthly **predisability earnings**; times
- The Benefit Percentage shown in the *Schedule of Benefits*.

The LTD benefit payable will be the lesser of:

- The monthly LTD benefit; and
- The maximum monthly benefit.

Any other income benefits you are eligible for may affect your benefits from this plan. The amount of the other income benefits will be subtracted from your monthly LTD benefit for which you are eligible. If the result is less than the minimum monthly benefit shown in the *Schedule of Benefits*, the plan will pay an amount equal to the minimum monthly benefit. Please refer to the *Other Income Benefits* section of this Booklet-Certificate for details as to which other income benefits may reduce your monthly LTD benefit.

Adjustments to Your Benefits If You Work While Disabled (GR-9N 06-020 02)

Your long term disability monthly benefit may be reduced if, while monthly benefits are payable, you receive income from:

- Your employer or any other employer, employment or self-employment; or
- Any occupation for compensation or profit;

which is more than 20% of your **adjusted predisability earnings**. The monthly benefit adjustment is calculated as follows:

During the first 12 months months that you have such income, the benefit will be reduced only to the extent the sum of the amount of that income and the monthly benefit payable, without any reduction for other income benefits, exceeds 100% of your **adjusted predisability earnings**.

Thereafter,

The adjusted monthly benefit will be calculated by using the following formula:

(A divided by B), times C, where:

A = Your **adjusted predisability earnings**, minus the income you receive while disabled

B = Your **adjusted predisability earnings**

C = The monthly benefit payable.

Income means income you earn, while disabled and working, from your employer or any other employer. However, any income earned by working for another employer will be considered income only if you:

- Become employed after the date your disability started; or
- Increase the number of hours you work, or the number or type of duties you perform for another employer after the date of your disability started. In that event, only the amount of the income increase will be taken into consideration for the benefit adjustment.

When Long Term Disability Benefit Eligibility Ends (GR-9N 06-025 01)

You will no longer be considered as disabled nor eligible for long term monthly benefits when the first of the following occurs:

- The date you no longer meet the LTD test of disability, as determined by **Aetna**.
- The date you are no longer under the regular care of a **physician**.
- The date **Aetna** finds you have withheld information about working, or being able to work, at a **reasonable occupation**.
- The date you fail to provide proof that you meet the LTD test of disability.
- The date you refused to be examined by or cooperate with an independent **physician** or a licensed and certified health care practitioner, as requested. **Aetna** has the right to examine and evaluate any person who is the basis of your claim at any reasonable time while your claim is pending or payable. The examination or evaluation will be done at **Aetna's** expense.
- The date an independent medical exam report or functional capacity evaluation does not, in **Aetna's** opinion, confirm that you are disabled.
- The date you reach the end of your Maximum Benefit Duration, as shown in the *Schedule of Benefits*.
- The date you are not receiving **effective treatment for alcoholism or drug abuse**, if your disability is caused (in whole or part) by alcoholism or drug abuse.
- The date you refuse to cooperate with or accept:
 - Changes to your work site or job process designed to suit your identified medical limitations; or
 - Adaptive equipment or devices designed to suit your identified medical limitations; which would allow you to work at your **own occupation** or a **reasonable occupation** (if you are receiving benefits for being unable to work any **reasonable occupation**) and provided that a **physician** agrees that such changes, adaptive devices or equipment suit your particular medical limitations.
- The date you refuse any treatment recommended by your attending **physician** that, in **Aetna's** opinion, would cure, correct or limit your disability.
- The date your condition would permit you to:
 - Work; or
 - Increase the hours you work; or
 - Increase the number or type of duties you perform in your **own occupation** but you refuse to do so.
- The date of your death.
- The day after **Aetna** determines that you can participate in an **approved rehabilitation program** and you refuse to do so.

Limitations Which Apply to Long Term Disability Coverage (GR-9N 06-030 01)

You will no longer be considered as disabled and eligible for long term monthly benefits after benefits have been payable for 24 months if it is determined that your disability is primarily caused by:

- A mental health or psychiatric condition, including physical manifestations of these conditions, but excluding conditions with demonstrable, structural brain damage; or
- Alcohol and/or drug abuse.

There are 2 exceptions to the above limitations if you are confined as an inpatient in a **hospital or treatment facility** for treatment of that condition at the end of such 24 months.

- If the inpatient confinement lasts less than 30 days, the disability will cease when you are no longer confined.
- If the inpatient confinement lasts 30 days or more, the disability may continue until 90 days after the date you have not been so continuously confined.

Important Note

The rules under *If You Become Disabled Again* do not apply beyond 24 months to disabilities subject to this *Limitations Which Apply to Long Term Disability Coverage* section.

If You Become Disabled Again (Successive Disabilities) (GR-9N 06-035 01)

Once you are no longer disabled and your monthly benefit payments have ended, any new disabilities will be treated separately. However, 2 or more separate disabilities due to the same or related causes will be deemed to be one disability and only one Elimination Period will apply if your disability occurs again within 6 months or less of continuous **active work** from when the prior disability ended.

Aetna will resume its payments to you if your coverage has remained continuously in effect for the period of your temporary recovery. You will not need to satisfy a new Elimination Period.

If:

- Your disability ended;
- Benefits were not payable because you did not meet the elimination period; and
- Your disability due to the same or related cause occurs again after less than 15 days of continuous active work from when the prior disability ended.

you will only need to satisfy the remainder of the elimination period in order to be considered eligible for benefits payments.

The first disability will not be included if it began while you were not covered under this LTD plan.

If you become eligible for coverage under any other group long term disability benefits plan carried or sponsored by your employer, this *If You Become Disabled Again* section will no longer apply to you.

Pre-existing Conditions (GR-9N 06-045 01)

A pre-existing condition is an **illness, injury** or pregnancy-related condition for which, during the 3 months before your coverage or increase in coverage became effective:

- You were diagnosed or treated; or
- You received diagnostic or treatment services; or
- You took drugs that were prescribed or recommended by a **physician**.

The plan does not pay benefits for a disability that is caused, or contributed to, by a pre-existing condition, if the disability starts within the first 12 months after your coverage goes into effect.

Special Rules As To An Increase in Coverage

If your disability is caused by a pre-existing condition, your monthly benefit will be based on the amount of the Scheduled monthly benefit that has been in effect for at least 12 months under this plan or any other prior coverage. You will not be eligible for any benefit increase if the disability starts within the first 12 months after you increase in coverage goes into effect.

Approved Rehabilitation Program (GR-9N 06-050-01)

Aetna has the right to evaluate you for participation in an **approved rehabilitation program**.

If, in **Aetna's** judgment, you are able to participate, **Aetna** may, in its sole discretion require you to participate in an **approved rehabilitation program**.

Benefits Available to You When You Participate in an Approved Rehabilitation Program

The plan will pay for all of the services and supplies (including but not limited to, those for workplace modifications), approved in advance by **Aetna**, you need in connection with participation in the program, except those for which you can be reimbursed by another payer, including government benefits programs.

During your active participation in an **Aetna approved rehabilitation program**, **Aetna** will increase the monthly benefit payable. A 10% increase in the monthly benefit payable (after all applicable reductions for other income benefits) will be paid for up to six consecutive months for each disability, up to a maximum monthly increase of \$500.

Other Income Benefits (GR-9N 06-055-02) (GR-9N 06-060 01)

Important Note

Please read this section carefully. It explains how and when other income benefits reduce your monthly LTD benefit. ***It is your responsibility to enroll or apply for benefits from other sources if you are eligible.*** See the *Aetna Requires Proof of Other Income* section for more information.

Other income benefits can affect the monthly benefit described in the long term disability coverage section. When calculating the benefit payable, other income benefits that you, your spouse, your children or your dependents are eligible for because of your disability or retirement are taken into consideration.

The other income benefits considered when your benefits payable are calculated are:

- 50% of any award given under The Jones Act or The Maritime Doctrine of Maintenance, Wages and Cure.
- Disability, retirement or unemployment benefits required or provided for by government law. This includes (but is not limited to):
 - Unemployment compensation benefits.
 - Temporary or permanent, partial or total, disability benefits under any workers' compensation law or similar law meant to compensate a worker for:
 - Loss of past and future wages;
 - Impaired earning capacity;
 - A lessened ability to compete for jobs;
 - Any permanent impairment; and
 - Any loss of bodily function or capacity.
 - Automobile no-fault wage replacement benefits required by law.
 - Benefits under the Federal Social Security Act, Railroad Retirement Act, Canada Pension Plan and Quebec Pension Plan.
 - Veteran's benefits.

- Statutory disability benefits
- Disability or unemployment benefits payable by either insured and uninsured plans:
 - As a result of employment by or association with your employer; or
 - As a result of your membership in, or association with, any group, association, union or other organization.

This includes both plans that are insured and those that are not.

- Unreduced retirement benefits for which you are (or may become) eligible under a group pension plan at age 62 or the plan's normal retirement age, whichever comes later. This applies only to the amount of the benefit that was paid by an employer.
- Retirement benefits you elect and receive under any group pension plan. This applies only to the amount of the benefit that was paid by an employer.
- Disability payments from underinsured motorist (UIM), uninsured motorist coverage (UM), liability insurance or other sources for a disability caused by a third party. "Other sources" include (but are not limited to) damages or a settlement received through legal action.
- Disability benefits from an accumulated sick time or salary continuation program, provided they are part of an established group plan maintained by your Employer for the benefit of its employees.

What Happens When Other Income Benefits Increase (GR-9N 06-070-01)

An increase in other income benefits that you are eligible for may affect your benefit payable under this coverage.

If your other income benefits increase as the result of one of the following situations, the increased amount will be considered when calculating your benefits payable:

- The number of people in your family changes;
- Your benefit level is adjusted or corrected; or
- The severity of your disability changes.

This may result in a reduction in benefits payable.

A cost of living increase in other income benefits you receive from a governmental source (including, but not limited, to benefits under the Federal Social Security Act) will *not* reduce your benefits payable.

A cost of living increase in other income benefits you receive from a non-governmental source will *not* affect your benefits payable to the extent that the increase is based on the annual average increase in the **Consumer Price Index**.

Other Income Benefits That Do Not Reduce Monthly Benefits (GR-9N 06-065 02)

Income from certain sources will not reduce your monthly disability benefits under this plan.

Your benefits under the long term disability coverage will not be reduced by the amount of benefits you were receiving from the following sources, if you were receiving the income before you became disabled:

- Military and other government service pensions;
- Retirement benefits from a former employer;
- Veteran's benefits for service-related disabilities;
- Individual disability income policies; and
- Retirement Federal Social Security Act.

The amount of income or other benefits from the following sources will not reduce your disability benefits:

- Profit sharing plans;
- Thrift or savings plans;
- 401(k) plans;
- 401(a) plans;
- Keogh plans;
- Employee stock option plans;
- 403 (b) Tax-sheltered annuity plans;
- 457 deferred compensation plans;
- Severance pay;
- Individual disability income policies; or
- Individual retirement accounts (IRAs).

How Aetna Applies Other Income Benefits (GR-9N 06-075 02)

Long Term Disability

Any lump sum or periodic payments you receive from any other income benefit are prorated on a monthly basis over the period of time for which the payment was made. If a period of time is not indicated, **Aetna** will prorate the payments over a reasonable period of time. **Aetna** will take into account the expected duration of your disability payments and other relevant factors.

The part of a lump sum or periodic payment you receive for disability will be counted as an other income benefit, even if it is not specifically allotted or identified as such. If there is no proof acceptable to **Aetna** as to what that part is, **Aetna** will consider 50% to be payable for your disability.

Any of these other income benefit payments that date back to a prior date may be allocated on a retroactive basis. If the other income benefits are automobile no-fault wage replacement benefits or disability payments which result from a disability caused by a third party, the applicable period of time will start from the date of the accident.

Estimate of Other Income Benefits

Aetna will estimate *other income benefits* for which you appear to be eligible, unless you sign and return a reimbursement agreement to **Aetna**. The reimbursement agreement includes your promise to repay **Aetna** for any overpayment of benefits made to you as a result of your receipt of other income benefits. If other income benefits are estimated, your monthly benefit will be adjusted when **Aetna** receives proof:

- Of the exact amount paid or awarded; or
- That benefits have been denied after review at the highest administrative level.

If estimating your other income benefits results in an underpayment, **Aetna** will pay you the difference between the underpayment and the benefit payable. If there is an overpayment, you must repay **Aetna** the difference between all overpayments and the benefit payable. If **Aetna** must take legal action to recover such overpayment, you also must pay **Aetna's** reasonable attorneys fees and court costs, if **Aetna** prevails.

Aetna Requires Proof of Other Income (GR-9N-06-080 01)

Aetna may require proof:

- That you, your spouse, child or dependent has applied for all other income benefits that you or they are or may be eligible to receive because of your disability, and has made a timely appeal of any denial of benefits through the highest administrative level. "Timely appeal" means making the appeal in the time required, but never more than 60 days after the latest denial.
- That the person applying for other income benefits has furnished the necessary proof needed to obtain other income benefits, which include, but is not limited to, workers' compensation benefits;
- That the person has not waived (given up his or her right to) any other income benefits without **Aetna's** written consent;

Exhibit 2 - Long Term Disability Plan Document

- That the person has sent **Aetna** copies of documents showing the effective dates and amounts of other income benefits.
- Of income you receive from any work for pay or profit.

If you apply for Social Security benefits and are denied, you must request reconsideration within 60 days after the denial unless **Aetna** states, in writing, that you are not required to do so. If the reconsideration is denied, you must apply for a hearing before an administrative law judge within 60 days of the denial, unless **Aetna** waives this requirement.

You do not have to apply for:

- Retirement benefits paid only on a reduced basis; or
- Disability benefits under a group life insurance plan, if the disability benefits would reduce the amount of your group life insurance.

However, if you apply for and receive these benefits, they will be considered as other income benefits and you must provide proof to **Aetna**, if requested.

If you do not provide the proof that **Aetna** may require, **Aetna** has the right to suspend or adjust this plan's benefits by the estimated amount of the other income benefits.

Exclusions That Apply to Long Term Disability *(GR-9N 28-010-01)*

Long term disability coverage does not cover any disability on any day that you are confined in a penal or correctional institution for conviction of a criminal act or other public offense. You will not be considered to be disabled, and no benefits will be payable.

Long term disability coverage also does not cover any disability that:

- Is due to insurrection, rebellion, or taking part in a riot or civil commotion.
- Is due to intentionally self-inflicted **injury** (while sane or insane).
- Is due to war or any act of war (declared or not declared).
- Results from your commission of, or attempting to commit a criminal act.
- Results from a motor vehicle accident caused by operating the vehicle while you are under the influence of alcohol. A motor vehicle accident will be deemed to be caused by the use of alcohol if it is determined that at the time of the accident you were :
 - Operating the motor vehicle while under the influence of alcohol at a level which meets or exceeds the level at which intoxication would be presumed under the laws of the state where the accident occurred. If the accident occurs outside of the United States, intoxication will be presumed if the person's blood alcohol level meets or exceeds .08 grams per deciliter.

How Prior Coverage Affects Coverage Under This Plan *(GR-9N 06-085 02)*

If the coverage of any person under this plan replaces any prior coverage of the person, the following will apply.

"Prior Coverage" is any plan of group LTD coverage that has been replaced by coverage under part or all of this plan.

It must have been sponsored by your Employer who is participating in this plan. The replacement can be complete or in part for the eligible class to which you belong. Any such plan is prior coverage if provided by another group insurance plan.

Exhibit 2 - Long Term Disability Plan Document

Your coverage under this Plan replaces and supersedes any prior coverage. It will be in exchange for everything under such prior coverage, except that no benefit will be payable under this plan as to a particular period of disability if:

- You are receiving, or eligible to receive, benefits for that disability under the prior coverage; or
- In the absence of coverage under this plan, you would have been eligible to receive benefits for that disability under the prior coverage.

Same or Related Causes of Disability

Any disability that began before you were covered under this LTD plan will not be included for purposes of the *If You Become Disabled Again (Successive Disabilities)* section of this plan. However, if you meet all of the following conditions, the elimination period under this plan will apply to the extent it would have applied under the terms of the prior coverage had it remained in force:

- You had prior coverage on the day before LTD coverage took effect; and
- You became covered for this LTD plan on the date it takes effect; and
- While you are insured under this plan, a disability starts that is due to the same **illness, injury** or disabling pregnancy related condition for which you received or were eligible to receive benefits under the prior coverage; and
- There are no benefits available under the terms of the prior coverage for this disability due to the same **illness, injury** or disabling pregnancy related condition, the Elimination Period under this plan will apply to the extent it would have applied under the terms of the prior coverage had it remained in force.

Where the above paragraph applies, the amount of monthly benefit and the maximum period for which benefits will be payable, as to a disability due to the same or related causes, will be as provided in this LTD plan.

Pre-existing Conditions

As stated earlier, no benefits will be payable, as to a disability caused by a pre-existing condition. However if:

- You had prior coverage on the day before LTD coverage took effect; and
- You became covered for this LTD plan on the date it takes effect;

a benefit may be payable if a continuous period of coverage under the prior coverage and this LTD plan are equal to the lesser of:

- 12 months and;
- Any period of limitation as to a pre-existing condition remaining under the prior coverage.

Where the exclusion no longer applies, the amount of monthly benefit and the maximum period for which benefits will be payable, as to a disability caused by such pre-existing condition, will be as provided in this LTD plan, subject to the *Special Rules As To An Increase in Coverage* section.

In no event will:

- A benefit be payable as to a disability caused by a pre-existing condition, if the disability is excluded by any other terms of this LTD plan.
- A condition will be considered to be a pre-existing condition under this LTD plan if it was not a pre-existing condition under the prior coverage.

Additional Benefits (GR-9N 06-095 01)

Survivor Benefit (GR-9N 06-090 01)

If you die while disabled, a single, lump sum benefit will be paid under this provision if:

- There is an eligible survivor as defined below; and
- A monthly benefit was payable under this plan.

The benefit amount will be 3 times the monthly benefit, not reduced by other income benefits, for which you were eligible in the full month just before the month in which you die.

If you die before you are eligible for one full monthly benefit, however, the benefit will be 3 times the monthly benefit, not reduced by other income benefits for which you would have been eligible if you had not died, for the first full month after the month in which you die.

An eligible survivor is:

- Your legally married spouse at the date of your death.
- If there is no such spouse, your biological or legally adopted child who, when you die:
 - is not married; and
 - is depending on you for support; and
 - is under age 25. This age limit will not apply if the child is not capable of self-sustaining employment because of mental or physical handicap which existed prior to age 25.

How the Survivor Benefit Will Be Paid

The benefit will be paid to your eligible surviving spouse, if any. Otherwise, it will be paid in equal shares to your eligible surviving children.

If monthly benefit payments are made in amounts greater than the monthly benefits that you are entitled to receive, **Aetna** has the right to first apply the survivor benefit to any such overpayment.

Aetna may pay the benefit to anyone who, in **Aetna's** opinion, is caring for and supporting the eligible survivor; or if proper claim is made, **Aetna** may pay the benefit to an eligible survivor's legally appointed guardian or committee.

When Coverage Ends (GR-9N-30-005-02 TX)

Coverage under your plan can end for a variety of reasons. In this section, you will find details on how and why coverage ends, and how you may still be able to continue coverage.

When Coverage Ends For Employees (GR-9N-30-005-02 TX)

Your coverage under the plan will end if:

- The plan is discontinued;
- You voluntarily stop your coverage;
- The group policy ends;
- You are no longer eligible for coverage;
- You do not make any required contributions;
- You become covered under another plan offered by your employer;

Exhibit 2 - Long Term Disability Plan Document

- Your employment stops for any reason, including job elimination or being placed on severance. This will be the date you stop active work. However, if premium payments are made on your behalf, your coverage may continue until stopped by your employer as described below:
 - Your Employer will notify Aetna of the date your coverage ceases for the purposes of termination of coverage under this Plan. Unless otherwise specified below, your official end of coverage date will be the end of the month in which you are no longer eligible under the plan.

For the purposes of this section, “month” means the period from a date in a calendar month to the corresponding date in the succeeding calendar month. If the succeeding calendar month does not have a corresponding date, the period ends on the last day of the succeeding calendar month.

Examples:

- For calendar months with succeeding corresponding dates: May 5th to June 5th would equal one “month”.
- For calendar months without succeeding corresponding dates: January 31st to February 28th would equal one “month”.
- The monthly premium required by Aetna for each person's coverage will be the applicable rate in effect on the date your coverage ends. Your Employer will be billed for the amount of your premium owed until the end of the month in which you are no longer eligible under the plan.
- If you are not **actively at work** due to **illness or injury**, your coverage may continue, until stopped by your employer, but not beyond 12 months from the start of the absence.
- If you are not **actively at work** due to temporary lay-off or leave of absence, your coverage will stop on the last full day you are **actively at work** before the start of the lay-off or leave of absence.

It is your employer’s responsibility to let **Aetna** know when your employment ends. The limits above may be extended only if **Aetna** and your employer agree, in writing, to extend them.

Reinstating Coverage (GR-9N 30-005 01 TX)

If your long term disability coverage ends, you may reinstate coverage subject to the rules described in the *When your Coverage Begins* section.

However, if your coverage ends because you stop active work, you may reinstate coverage without having to complete a new eligibility probationary period, if you return to active work in an Eligible Class within 24 months of the date your coverage ended.

In addition, if you return to work in an *Eligible Class* within 6 months of the date your coverage ended, the pre-existing condition rule applies to the extent the rule would have applied if your coverage had not ended.

Extension of Benefits (GR-9N 31-020 01 TX)

Coverage for Long Term Disability Benefits

If your long term disability coverage ends during a period of total disability which began while you had coverage, any long term disability benefits will be continued until your benefit eligibility ends.

General Provisions (GR-9N-32-005-02-TX)

Physical Examinations and Evaluations (GR-9N-32-005-03)

Aetna will have the right and opportunity to have a **physician** of its choice examine any person who is requesting certification or benefits for new and ongoing claims. Multiple exams, evaluations and functional capacity exams may be required during your disability for an ongoing claim. This will be done at all reasonable times while certification or a claim for benefits is pending or under review. This will be done at no cost to you.

Legal Action

No legal action can be brought to recover payment under any benefit after 2 years from the final decision date of your last appeal decision, but not later than 3 years from the date your eligibility for disability benefit was first denied.

Aetna will not try to reduce or deny a benefit payment on the grounds that a condition existed before your coverage went into effect, if the loss occurs more than 2 years from the date coverage commenced. This will not apply to conditions excluded from coverage on the date of the loss.

Confidentiality

Information contained in your medical records and information received from any provider incident to the provider patient relationship shall be kept confidential in accordance with applicable law. Information may be used or disclosed by **Aetna** when necessary for the operation of the plan and administration of this Booklet-Certificate, or other activities, as permitted by applicable law. You can obtain a copy of **Aetna's** Notice of Information Practices at www.aetna.com.

Additional Provisions

The following additional provisions apply to your coverage:

- You cannot receive multiple coverage under the plan because you are connected with more than one employer.
- In the event of a misstatement of any fact affecting your coverage under the plan, the true facts will be used to determine the coverage in force.
- This document describes the main features of the plan. Additional provisions are described elsewhere in the *group policy*. If you have any questions about the terms of the plan or about the proper payment of benefits, contact your employer or **Aetna**.
- Your employer hopes to continue the plan indefinitely but, as with all group plans, the plan may be changed or discontinued with respect to your coverage.

Assignments (GR-9N-32-005-01) (GR-9N-32-005-02)

Coverage may be assigned only with the written consent of **Aetna**.

Misstatements (GR-9N-32-005-03)

If any fact as to the Policyholder or you is found to have been an intentional misstatement of material fact, a fair change in premiums may be made. If the misstatement affects the existence or amount of coverage, the true facts will be used in determining whether coverage is or remains in force and its amount.

Aetna's failure to implement or insist upon compliance with any provision of this policy at any given time or times, shall not constitute a waiver of **Aetna's** right to implement or insist upon compliance with that provision at any other time or times. This includes, but is not limited to, the payment of premiums. This applies whether or not the circumstances are the same.

With regard to intentional misstatements of a covered person's age, if the misstatement affects the existence or amount of coverage, the covered person's true age will be used in determining an equitable adjustment of premiums or benefits, or both.

Statement Made by Policyholder or Insured

All statements made by the Policyholder or you shall be deemed representations and not warranties. No written statement made by you shall be used by **Aetna** in a contest unless a copy of the statement is or has been furnished to you or your beneficiary, or the person making the claim.

Incontestability

During the first two years that your insurance is in force, any statement, you have made in writing on a form signed by you may be used by **Aetna** in contesting the validity of that coverage. This also applies to any increase in your coverage for the two years that follow the effective date of that increase, if evidence of good health was required in order for the increase to take effect.

Once coverage (including any increases in coverage) has been continuously in effect for two years, the validity of your insurance (or increase in coverage) under this plan shall not be contested by **Aetna** unless your statement was in writing on a form signed by you and was fraudulently made in order to obtain that coverage or increase.

Aetna may also contest the validity of your insurance at any time under this plan for non-payment of premiums when due.

Recovery of Overpayments (GR-9N-32-010-01-TX)

Long Term Disability Coverage

If payments are made in amounts greater than the benefits that you are entitled to receive, **Aetna** has the right to do any one or all of the following:

- Require you to return the overpayment on request;
- Stop payment of benefits until the overpayment is recovered;
- Take any legal action needed to recover the overpayment; and
- Place a lien, if not prohibited by law, in the amount of the overpayment on the proceeds of any other income, whether on a periodic or lump sum basis.

If the overpayment:

- Occurs as a result of your receipt of "other income benefits" for the same period for which you have received a benefit under this plan; and
- To obtain such "other income benefits", advocate or legal fees were incurred;

This Plan will exclude from the amount to be recovered, such advocate or legal fees; provided you return the overpayment to **the plan** within 30 days of **the plan's** written request for the overpayment. If you do not return the overpayment to this plan within such 30 days, such fees will not be excluded; you will remain responsible for repayment of the total overpaid amount.

Examples of "other income benefits" are:

- Workers' compensation.
- Federal Social Security benefits.
- Disability payments made by, or on behalf of, a third party as a result of any person's action or inaction.

Reporting of Claims (GR-9N-32-020-01-TX-EX-L)

You are required to submit a claim to **Aetna** in writing. Claim forms may be obtained from **Aetna**. Follow the procedure chosen by your Employer to report a disability claim to **Aetna**. If the procedure requires that claim forms be submitted, you may obtain them from your employer or **Aetna**.

Your claim must give proof of the nature and extent of the loss. You must furnish true and correct information as **Aetna** may reasonably request. At any time, **Aetna** may require copies of documents to support your claim, including data about employment. You must also provide **Aetna** with authorizations to allow it to investigate your claim and your eligibility for and the amount of work earnings and other income benefits.

You may also contact **Aetna** for claim forms. If the forms for a proof of loss are not provided before the 16th day after the date **Aetna** has received notice of a claim under the policy, the person making the claim is considered to have complied with the requirements of the policy as to proof of loss on submitting, within the time set in the policy for filing proof of loss, written proof covering the occurrence, character, and extent of the loss for which the claim is made.

In addition to the above: if you must be out of work because you are disabled, a claim for a Long Term Disability Benefit should be made right away. Do not wait until you go back to work. This may delay payment of benefits. At any time, **Aetna** may require copies of documents to support your claim, including data about employment and any other income benefits.

The deadline for filing a long term disability claim is 90 days after the end of the elimination period, if any.

If, through no fault of your own, you are not able to meet the deadline for filing a claim, your claim will still be accepted if you file as soon as possible. Unless you are legally incapacitated, late claims will not be covered if they are filed more than one year after the deadline.

Payment of Benefits (GR-9N-32-025-04)

Benefits will be paid as soon as the necessary proof to support the claim is received. Written proof must be provided for all benefits.

Long Term Disability benefits will be paid at the end of each calendar month during the period for which benefits are payable. Long Term Disability benefits for a period less than a month will be prorated. This will be done on the basis of the ratio, to 30 days, of the days of eligibility for benefits during the month.

Any unpaid balance (at the end of **Aetna**'s liability as to Long Term Disability) will be paid within 30 days of receipt by **Aetna** of the due written proof.

Aetna may pay up to \$1,000 of any other benefit to any of your relatives whom it believes are fairly entitled to it. This can be done if the benefit is payable to you and you are a minor or not able to give a valid release. It can also be done if a benefit is payable to your estate.

Contract Not a Substitute for Workers' Compensation Insurance

(GR-9N-32-030-01)

The group policy is not in lieu of and does not affect workers' compensation benefits. However, any workers' compensation benefits are considered other income benefits.

Contacting Aetna (GR-9N-32-005-01 TX)

If you have questions, comments or concerns about your benefits or coverage, or if you are required to submit information to **Aetna**, you may contact **Aetna's** Home Office at:

Aetna Life Insurance Company
151 Farmington Avenue
Hartford, CT 06156

You may visit **Aetna's** web site at www.aetna.com.

Glossary

(GR-9N-34-005-02 TX)

In this section, you will find definitions for the words and phrases that appear in **bold type** throughout the text of this Booklet-Certificate.

A (GR-9N-34-005-03 TX ER)

Active at Work; Actively at Work; Active Work (GR-9N-34-005-02)

You will be considered to be active at work, actively at work or performing active work on any of your employer's scheduled work days if, on that day, you are performing the regular duties of your job on a full time basis for the number of hours you are normally scheduled to work. In addition, you will be considered to be actively at work on the following days:

- any day which is not one of your employer's scheduled work days if you were actively at work on the preceding scheduled work day; or
- a normal vacation day.

Adjusted Predisability Earnings

Your **predisability earnings**, plus any increase made on each January 1. The first increase will be made on the January 1 following a 12-month period of disability. On each January 1, the increase made will equal the percentage increase in the **Consumer Price Index**, rounded to the nearest tenth; to a maximum of 10%.

Aetna

Aetna Life Insurance Company, an affiliate, or a third party vendor under contract with **Aetna**.

Approved Rehabilitation Program

A written program, approved by **Aetna**, that provides for services and supplies which are intended to enable you to return to work. The program may include, but is not limited to:

- Vocational testing;
- Vocational training;
- Alternative treatment plans such as:
 - Support groups;
 - Physical therapy;
 - Occupational therapy; and
 - Speech therapy;
- Workplace modification to the extent not otherwise provided;
- Part time employment; and
- Job placement.

A rehabilitation program will no longer be an **approved rehabilitation program** on the date **Aetna** withdraws, in writing, its approval of the program.

C (GR-9N 34-015 02-TX)

Consumer Price Index

The **Consumer Price Index** for Urban Wage Earners and Clerical Workers (CPI-W), is published by the United States Department of Labor. If the CPI-W is discontinued or changed, **Aetna** reserves the right to use a comparable index.

E (GR-9N 34-025 04)

Effective Treatment of Alcoholism or Drug Abuse

This means a program of alcoholism or substance abuse therapy that is prescribed and supervised by a **physician** and either:

- Has a follow-up therapy program directed by a **physician** on at least a monthly basis; or
- Includes meetings at least twice a month with organizations devoted to the treatment of alcoholism or drug abuse.

Detoxification and **maintenance care** are not effective treatment.

H (GR-9N 34-040-02-TX)

Hospital

An institution that:

- Is primarily engaged in providing, on its premises, inpatient medical, surgical and diagnostic services;
- Is supervised by a staff of **physicians**;
- Provides twenty-four (24) hour-a-day **R.N.** service,
- Charges patients for its services;
- Is operating in accordance with the laws of the jurisdiction in which it is located; and
- Does not meet all of the requirements above, but does meet the requirements of the jurisdiction in which it operates for licensing as a **hospital** and is accredited as a **hospital** by the Joint Commission on the Accreditation of Healthcare Organizations.

In no event does **hospital** include a convalescent nursing home or any institution or part of one which is used principally as a convalescent facility, rest facility, nursing facility, facility for the aged, extended care facility, intermediate care facility, **skilled nursing facility**, hospice, rehabilitative **hospital** or facility primarily for rehabilitative or custodial services.

I (GR-9N 34-045 01 TX)

Illness

A pathological condition of the body that presents a group of clinical signs and symptoms and laboratory findings peculiar to the findings set the condition apart as an abnormal entity differing from other normal or pathological body states.

Injury

An accidental bodily **injury** that is the sole and direct result of:

- An unexpected or reasonably unforeseen occurrence or event; or
- The reasonable unforeseeable consequences of a voluntary act by the person.
- An act or event must be definite as to time and place.

M (GR-9N-34-065-03)

Material Duties

Duties that:

- Are normally needed for the performance of your **own occupation**; and
- Cannot be reasonably left out or changed. However, to be at work more than 40 hours per week is not a material duty.

O (GR-9N 34-075-01-TX)

Own Occupation

The occupation that you are routinely performing when your period of disability begins. Your occupation will be viewed as it is normally performed in the national economy instead of how it is performed:

- For your specific employer; or
- At your location or work site; and
- Without regard to your specific reporting relationship.

P (GR-9N 34-080-01-TX)

Physician (GR-9N 34-080-01-TX)

A duly licensed member of a medical profession who:

- Has an M.D. or D.O. degree;
- Is properly licensed or certified to provide medical care under the laws of the jurisdiction where the individual practices; and
- Provides medical services which are within the scope of his or her license or certificate.

This also includes a health professional who:

- Is properly licensed or certified to provide medical care under the laws of the jurisdiction where he or she practices;
- Provides medical services which are within the scope of his or her license or certificate; and
- Under applicable insurance law is considered a "physician" for purposes of this coverage.

For the purposes of Long Term Disability coverage, regular care of a physician means you are attended by a physician who:

- Is not you or related to you;
- Has the medical training and clinical expertise suitable to treat your disabling condition;
- Specializes in psychiatry, if your disability is caused, to any extent, by a mental health or psychiatric condition; and
- Whose treatment is:
 - Consistent with the diagnosis of the disabling condition;
 - According to guidelines established by medical, research and rehabilitative organizations; and
 - Administered as often as needed.

Predisability Earnings

The amount of salary or wages you were receiving from an employer participating in this Plan on the day before a period of disability started, calculated on a monthly basis.

Your **predisability earnings** will be figured from the rule below that applies to you.

- 1) If you are paid on an annual contract basis, your monthly salary is based on your annual contract divided by 12.
- 2) If you are paid on an hourly basis, the calculation of your monthly wages is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month; but not more than 173 hours per month.
- 3) If you do not have regular work hours, the calculation of your monthly salary or wages is based on the average number of hours you worked per month during the last 12 calendar months (or during your period of employment if fewer than 12 months); but not more than 173 hours per month.

Included in salary or wages are:

- Commissions averaged over the last 12 months of actual employment or such shorter period if actual employment was for fewer than 12 months.
- Shift Differential.
- Contributions you make through a salary reduction agreement with your Employer to any of the following:
 - An Internal Revenue Code (IRC) Section 125 plan for your fringe benefits.
 - An IRC 401(k), 403(b), or 457 deferred compensation arrangement.
 - An executive non-qualified deferred compensation agreement.

Salary or wages do not include:

- Awards and bonuses.
- Overtime pay.
- Fringe benefits.
- Contributions made by your Employer to any deferred compensation arrangement or pension plan.
- Extra compensation such as payments for revenue sharing, housing allowances, stipends, relocation incentives or buyouts of unused vacations, professional fees, non-qualified income.

A retroactive change in your rate of earnings will not result in a retroactive change in coverage.

R (GR-9N 34-090-01-TX)

Reasonable Occupation

This is any gainful activity:

- For which you are, or may reasonably become, fitted by education, training, or experience; and
- Which results in, or can be expected to result in, an income of more than 80% of your **adjusted predisability earnings**.

T (GR-9N 34-100-02)

Treatment Facility

This is an institution (or distinct part thereof) that is for the treatment of alcoholism or drug abuse and which meets fully every one of the following tests:

- It is primarily engaged in providing on a full-time inpatient basis, a program for diagnosis, evaluation, and treatment of alcoholism or drug abuse.
- It provides all medical detoxification services on the premises, 24 hours a day.
- It provides all normal infirmary-level medical services required during the treatment period, whether or not related to the alcoholism or drug abuse, on a 24 hour daily basis. Also, it provides, or has an agreement with a **hospital** in the area to provide, any other medical services that may be required during the treatment period.
- On a continuous 24 hour daily basis, it is under the supervision of a staff of **physicians**, and provides skilled nursing services by licensed nursing personnel under the direction of a full-time registered graduate nurse.

Exhibit 2 - Long Term Disability Plan Document

- It prepares and maintains a written individual plan of treatment for each patient based on a diagnostic assessment of the patient's medical, psychological and social needs with documentation that the plan is under the supervision of a **physician**.
- It meets any applicable licensing standards established by the jurisdiction in which it is located.

Confidentiality Notice

Aetna considers personal information to be confidential and has policies and procedures in place to protect it against unlawful use and disclosure. By "personal information," we mean information that relates to a member's physical or mental health or condition, the provision of health care to the member, or payment for the provision of health care or disability or life benefits to the member. Personal information does not include publicly available information or information that is available or reported in a summarized or aggregate fashion but does not identify the member.

When necessary or appropriate for your care or treatment, the operation of our health, disability or life insurance plans, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers), payors (health care provider organizations, employers who sponsor self-funded health plans or who share responsibility for the payment of benefits, and others who may be financially responsible for payment for the services or benefits you receive under your plan), other insurers, third party administrators, vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law.

Some of the ways in which personal information is used include claim payment; utilization review and management; coordination of care and benefits; preventive health, early detection, vocational rehabilitation and disease and case management; quality assessment and improvement activities; auditing and anti-fraud activities; performance measurement and outcomes assessment; health, disability and life claims analysis and reporting; health services, disability and life research; data and information systems management; compliance with legal and regulatory requirements; formulary management; litigation proceedings; transfer of policies or contracts to and from other insurers, HMOs and third party administrators; underwriting activities; and due diligence activities in connection with the purchase or sale of some or all of our business. We consider these activities key for the operation of our health, disability and life plans. To the extent permitted by law, we use and disclose personal information as provided above without member consent. However, we recognize that many members do not want to receive unsolicited marketing materials unrelated to their health, disability and life benefits. We do not disclose personal information for these marketing purposes unless the member consents. We also have policies addressing circumstances in which members are unable to give consent.

To obtain a copy of our Notice of Information Practices, which describes in greater detail our practices concerning use and disclosure of personal information, please call 1-866-825-6944 or visit our Internet site at www.aetna.com.

Continuation of Coverage During an Approved Leave of Absence Granted to Comply With Federal Law

This continuation of coverage section applies only for the period of any approved family or medical leave (approved FMLA leave) required by Family and Medical Leave Act of 1993 (FMLA). If your Employer grants you an approved FMLA leave for a period in excess of the period required by FMLA, any continuation of coverage during that excess period will be subject to prior written agreement between Aetna and your Employer.

If your Employer grants you an approved FMLA leave in accordance with FMLA, your Employer may allow you to continue coverage for which you are covered under the group contract on the day before the approved FMLA leave starts.

At the time you request the leave, you must agree to make any contributions required by your Employer to continue coverage. Your Employer must continue to make premium payments.

Coverage will not be continued beyond the first to occur of:

- The date you are required to make any contribution and you fail to do so.
- The date your Employer determines your approved FMLA leave is terminated.
- The date the coverage involved discontinues as to your eligible class.

If you return to work for your Employer following the date your Employer determines the approved FMLA leave is terminated, your coverage under the group contract will be in force as though you had continued in active employment rather than going on an approved FMLA leave provided you make request for such coverage within 31

Exhibit 2 - Long Term Disability Plan Document

days of the date your Employer determines the approved FMLA leave to be terminated. If you do not make such request within 31 days, coverage will again be effective under the group contract only if and when Aetna gives its written consent.

Schedule of Benefits

(GR-9N S-01-001-01)

Employer: Collin County Government

Group Policy Number: GP-737351-GI

Issue Date: September 2, 2015

Effective Date: January 1, 2015

Schedule: 1A

Cert Base: 1

For: Long Term Disability Coverage for Full Time Employees and Elected Officers

Long Term Disability Coverage (GR-29N 05-01 01 TX)

Schedule of Long Term Disability Benefits

Elimination Period	The first 180 days of a period of disability.
<small>(GR-29N 05-01 01 TX)</small> Scheduled Monthly Benefit	66 2/3% of your monthly predisability earnings
<small>(GR-29N 05-01 01 TX)</small> Maximum Monthly Benefit Under this Plan (plus all other Income benefits)	\$10,000
Minimum Monthly Benefit: <small>(GR-29N 05-01 01 TX)</small>	\$100

Benefits Actually Payable

Any monthly benefit actually payable to you by **Aetna** will be reduced by other Income benefits. For additional information regarding other income benefits, see your Booklet Certificate.

Maximum Benefit Duration*

If your period of disability starts prior to the date you reach age 61, it will end the last day of the calendar month in which you reach age 65.

If your period of disability starts on or after the date you reach age 61, it will end with the expiration of the number of months of disability, after the elimination period is met, based on the following schedule:

Maximum Benefit Duration Schedule

Age When Period of Disability Starts	Months of Disability
61 but less than 62	48 months
62 but less than 63	42 months
63 but less than 64	36 months
64 but less than 65	30 months
65 but less than 66	24 months
66 but less than 67	21 months
67 but less than 68	18 months
68 but less than 69	15 months
69 and over	12 months

*Unless your disability ends earlier for one or more of the reasons stated in your Booklet-Certificate.

General (GR-9N 5-28-01)

This *Schedule of Benefits* replaces any similar *Schedule of Benefits* previously in effect under your plan of long term disability benefits. Requests for coverage other than that to which you are entitled in accordance with this *Schedule of Benefits* cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.

Exhibit 4 - Short and Long Term Disability Rates

Short and Long Term Disability Rates

Year	Short Term Disability Rate	Long Term Disability Rate
2019	\$3.20 PEPM	\$0.260/\$100 of Payroll
2018	\$3.20 PEPM	\$0.260/\$100 of Payroll
2017	\$3.20 PEPM	\$0.260/\$100 of Payroll
2016	\$3.20 PEPM	\$0.260/\$100 of Payroll
2015	\$3.20 PEPM	\$0.260/\$100 of Payroll



Experience Request for COLLIN COUNTY GOVERNMENT - Summary Version

Report Description

The Experience Request Report provides clients with Paid Premium and Paid claims information.

*****CONFIDENTIALITY NOTICE*****

This report, including all information contained herein, is intended only for the use of the party with authorized access and may contain privileged and confidential information. The party with authorized access shall not further distribute the information transmitted herein unless authorized by law or with the express written consent of the subject.

Prepared by: Aetna Group Insurance Dept.

Run Date : 6/13/19

COLLIN COUNTY GOVERNMENT

Control Number : 737351

Long Term Disability Insurance



Renewal Period	Paid Premium	Average Volume	Average LTD Lives
1/1/15 - 12/31/15	\$196,438	\$6,296,099	1,440
1/1/16 - 12/31/16	\$204,205	\$6,545,030	1,455
1/1/17 - 12/31/17	\$214,021	\$6,859,637	1,496
1/1/18 - 12/31/18	\$236,723	\$7,587,290	1,546
1/1/19 - 3/31/19	\$40,340	\$7,769,900	1,546

INCURREAL PAID CLAIMS

Payment Period	1/1/15 - 1/1/16	1/1/16 - 1/1/17	1/1/17 - 1/1/18	1/1/18 - 1/1/19	1/1/19 - 5/31/19	Total
1/1/15 - 1/1/16	0	0	0	0	0	0
1/1/16 - 1/1/17	0	0	0	0	0	0
1/1/17 - 1/1/18	0	391	5,110	0	0	5,501
1/1/18 - 1/1/19	0	0	12,145	6,247	0	18,392
1/1/19 - 5/31/19	0	0	5,060	10,827	0	15,887
Total	0	391	22,316	17,074	0	39,781

COLLIN COUNTY GOVERNMENT

Control Number : 737351

LTD Claims Listing

SS Key: 1=Approved, 2= Denied, 4= Pending, 5= Not Eligible



Suffix	Account	DOB	DCI	Termination Date	Current Benefit	Reserve	SS Status	Claim Status
11	1	05/23/1986	03/23/2018		2,165	51,191	4	Open
11	1	08/24/1967	01/18/2017		1,012	69,403	1	Open
11	1	05/13/1966	09/04/2016	06/21/2017	100	0	4	Resolved
11	1	05/13/1966	09/04/2016	06/21/2017	100	0	4	Resolved

COLLIN COUNTY GOVERNMENT

Control Number : 737351

Short Term Disability Insurance



Renewal Period	Paid Premium	Paid Claims	Average Volume	Average STD Lives
2/1/15 - 12/31/15	\$0	\$142,960	\$0	
1/1/16 - 12/31/16	\$0	\$156,727	\$0	
1/1/17 - 12/31/17	\$0	\$196,078	\$0	
1/1/18 - 12/31/18	\$0	\$230,895	\$0	
1/1/19 - 3/31/19	\$0	\$81,441	\$0	

Exhibit 6 - Short and Long Term Disability Census - May 2019

Sex	Birthdate	Postal	Annual Rt	Descr	Covg Bgn
M	8/25/1960	75013	56761.950	Deputy Constable	5/1/2019
M	5/13/1995	75070-1705	29361.000	Security Guard	5/1/2019
F	9/4/1996	75069	43275.000	Juvenile Supervision Officer	5/1/2019
F	3/2/1966	75070	33971.000	Animal Control Officer	5/1/2019
F	6/12/1979	75078	122856.000	Chief Felony Prosecutor	5/1/2019
M	8/27/1980	75407	36740.000	Food Service Tech	5/1/2019
F	11/15/1992	75035	59547.000	Misdemeanor Prosecutor	5/1/2019
M	1/20/1993	75189	43275.000	Juvenile Supervision Officer	5/1/2019
F	7/15/1999	75071	41165.000	Dispatcher	5/1/2019
F	1/28/1999	75069	38455.000	Detention Officer	5/1/2019
F	5/29/1994	75409	38455.000	Detention Officer	5/1/2019
F	11/3/1978	75069	36740.000	Buyer Assistant	5/1/2019
F	10/23/1991	75007	59547.000	Misdemeanor Prosecutor	5/1/2019
F	5/6/1992	75069	38455.000	Detention Officer	5/1/2019
M	3/9/1966	75228	38455.000	Detention Officer	5/1/2019
F	12/11/1987	75089	29361.000	Vehicle Registration Clerk	4/1/2019
M	4/9/1973	75035	40377.771	Detention Officer	4/1/2019
F	2/20/1980	75252	33971.100	Deputy County Clerk I	4/1/2019
F	1/27/1992	75013	59547.000	Misdemeanor Prosecutor	4/1/2019
F	11/30/1990	75424	29361.000	Vehicle Registration Clerk	4/1/2019
F	12/19/1972	75069	33971.000	Collections Clerk	4/1/2019
M	11/1/1971	75454	31521.060	Grounds Keeper	4/1/2019
M	6/9/1993	75098	38455.020	Detention Officer	4/1/2019
F	11/25/1972	75071	29361.000	Vehicle Reg Clerk - NTTA	4/1/2019
F	9/3/1993	75446	31521.000	Information Clerk/Receptionist	4/1/2019
M	8/8/1980	75070	47176.020	Buyer II	4/1/2019
F	9/1/1975	75071	31521.060	Legal Clerk I	4/1/2019
M	6/13/1992	75070	38455.020	Detention Officer	4/1/2019
F	12/31/1996	75409	38455.000	Detention Officer	4/1/2019
M	2/6/1975	75070	154543.660	County Judge	4/1/2019
M	9/5/1990	75452	31521.060	Maintenance Specialist	4/1/2019
M	9/10/1990	75201	38455.020	Detention Officer	4/1/2019
F	10/16/1970	75409	33971.000	Deputy District Clk I	4/1/2019
M	8/16/1977	76227	33971.100	Truck Driver	4/1/2019
M	2/19/1986	75409	43275.000	Juvenile Supervision Officer	4/1/2019
M	12/22/1989	76039	43275.000	Juvenile Supervision Officer	3/1/2019
M	7/30/1988	76240	38455.020	Detention Officer	3/1/2019
M	11/2/1976	75071	33570.976	Grounds Keeper	3/1/2019
F	1/6/1983	75040	43275.000	Benefits Representative	3/1/2019
M	11/29/1971	75070	126233.050	Commissioner	3/1/2019
M	4/21/1967	75013	33971.100	Truck Driver	3/1/2019
F	1/30/1973	75025	62119.020	Nurse (RN)	3/1/2019
F	12/16/1981	75002	36740.000	Deputy County Clerk II	3/1/2019
F	5/10/1994	75407	43275.000	Juvenile Supervision Officer	3/1/2019
F	5/13/1997	75407	31521.060	Tech II	3/1/2019

Exhibit 6 - Short and Long Term Disability Census - May 2019

F	11/8/1984	76227	59547.000	Misdemeanor Prosecutor	3/1/2019
F	12/14/1992	75206	59547.000	Misdemeanor Prosecutor	3/1/2019
F	5/24/1971	75093	131300.000	Business Process Engineer	3/1/2019
F	7/23/1989	75442	62119.020	Nurse (RN)	3/1/2019
F	1/25/1972	75069	36740.400	Deputy County Clerk II	3/1/2019
M	5/5/1992	75231	75268.000	Chief Misdemeanor Prosecutor	3/1/2019
F	9/24/1987	75407	62119.020	Accountant/Auditor	2/1/2019
M	2/13/1990	75093	43275.000	Juvenile Supervision Officer	2/1/2019
F	7/18/1992	75069	33971.100	Crim Justice Info Spec	2/1/2019
F	11/8/1991	75407	51550.000	Field Agent	2/1/2019
M	12/9/1990	75090	40377.771	Detention Officer	2/1/2019
M	7/22/1973	75070	38455.020	Detention Officer	2/1/2019
F	7/6/1995	75069	59138.000	Epidemiologist -Grant	2/1/2019
F	2/10/1998	75452	33971.100	Deputy District Clk I	2/1/2019
M	6/2/1973	75409	38455.000	Detention Officer	2/1/2019
M	4/26/1978	75088	36740.400	Food Service Tech	2/1/2019
F	11/23/1976	75496	43275.000	Buyer I	2/1/2019
M	3/14/1985	75072	36740.000	Equipment Operator	2/1/2019
M	5/18/1988	75070	43275.000	Juvenile Supervision Officer	2/1/2019
F	3/1/1984	75069	36740.400	Food Service Tech	2/1/2019
F	8/14/1972	75407	72300.660	Pub Safety Communication Mgr	1/1/2019
M	1/12/1998	75071	38455.020	Detention Officer	1/1/2019
M	4/10/1992	75069	38455.020	Detention Officer	1/1/2019
F	4/20/1998	75409	38455.020	Detention Officer	1/1/2019
F	5/19/1990	75070	38455.020	Detention Officer	1/1/2019
M	8/19/1991	75070	38455.020	Detention Officer	1/1/2019
M	7/18/1975	75034	124084.560	Chief Felony Prosecutor	1/1/2019
M	7/31/1987	75071	38455.020	Detention Officer	1/1/2019
M	4/29/1988	75075	54059.000	Deputy Constable	1/1/2019
F	10/24/1994	75407	38455.020	Detention Officer	1/1/2019
M	7/28/1989	75034	38455.020	Detention Officer	1/1/2019
M	12/20/1995	75135	38455.020	Detention Officer	1/1/2019
F	7/12/1968	75078	29361.000	Vehicle Registration Clerk	12/1/2018
M	9/16/1971	75424	38455.020	Detention Officer	12/1/2018
M	1/8/1996	75090	29361.000	Security Guard	12/1/2018
M	9/22/1981	75495	38455.020	Detention Officer	12/1/2018
F	9/10/1980	75070	31521.060	Deputy Tax Clerk I	12/1/2018
M	11/25/1996	75077	38455.020	Detention Officer	12/1/2018
F	2/13/1992	75442	33971.100	Deputy District Clk I	12/1/2018
F	9/10/1981	75002	43275.000	Victim Assistance Coordinator	12/1/2018
F	9/3/1954	75071	29361.000	Vehicle Registration Clerk	12/1/2018
F	12/7/1961	75458	42537.978	Title Specialist II	12/1/2018
F	9/12/1996	75491	29361.000	Vehicle Registration Clerk	12/1/2018
M	8/30/1990	75137	40377.771	Detention Officer	12/1/2018
F	8/2/1987	75409	31521.060	Deputy Tax Clerk I	12/1/2018
F	9/5/1993	75070	31521.060	Information Clerk/Receptionist	12/1/2018
F	7/7/1999	75070	38455.020	Detention Officer	12/1/2018

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F	10/19/1991	75071	59547.000	Misdemeanor Prosecutor	12/1/2018
M	1/26/1995	75070	31445.631	Security Guard	12/1/2018
F	3/2/1998	75231	38455.020	Detention Officer	12/1/2018
M	2/25/1998	75078	38455.020	Detention Officer	12/1/2018
F	11/29/1961	75002	47176.020	Network Support Specialist	11/1/2018
F	11/2/1988	75070	43275.000	Juvenile Supervision Officer	11/1/2018
M	6/15/1984	75040	38455.020	Detention Officer	11/1/2018
M	5/5/1997	75002	57936.000	Deputy Sheriff	11/1/2018
M	2/4/1992	75074	40377.771	Detention Officer	11/1/2018
F	5/8/1964	75454	33971.100	Collections Clerk	11/1/2018
M	9/19/1990	75071	31521.060	Legal Clerk I	11/1/2018
M	11/13/1992	75409	57936.000	Jail Sergeant	11/1/2018
M	9/25/1968	75418-2926	57936.000	Deputy Sheriff	11/1/2018
M	8/3/1977	75071	43275.000	Juvenile Supervision Officer	10/1/2018
M	6/1/1965	75075	33971.000	Title Specialist	10/1/2018
M	2/10/1997	75409	38455.020	Detention Officer	10/1/2018
M	7/1/1998	75068	38455.020	Detention Officer	10/1/2018
M	11/20/1956	75442	33971.100	Truck Driver	10/1/2018
F	1/2/1992	75070	33971.100	Secretary	10/1/2018
M	3/9/1995	75189	36740.400	Deputy County Clerk II	10/1/2018
M	4/23/1972	75409	67779.000	Deputy Sheriff	10/1/2018
F	1/16/1998	75025	36740.000	Deputy District Clk II	10/1/2018
F	9/11/1978	75036	104075.000	Chief Felony Prosecutor	10/1/2018
F	8/30/1995	76177	33971.100	Secretary	10/1/2018
F	11/25/1973	75071	34297.325	Deputy County Clerk I	9/1/2018
M	10/21/1961	75424	96118.444	Captain	9/1/2018
F	7/4/1975	75033	40777.510	Detention Officer	9/1/2018
F	5/14/1993	75409	31833.119	Legal Clerk I	9/1/2018
M	2/15/1994	75040	38835.725	Detention Officer	9/1/2018
M	10/13/1972	75078	58509.566	Deputy Sheriff	9/1/2018
M	3/7/1956	75442	34366.070	Truck Driver	8/1/2018
M	12/26/1976	75070	38939.554	Detention Officer	8/1/2018
M	2/22/1995	75035	54059.000	Deputy Sheriff - Recruit	8/1/2018
F	6/7/1956	75069	29678.263	Vehicle Registration Clerk	8/1/2018
F	11/8/1977	75069	40886.531	Detention Officer	8/1/2018
M	5/24/1989	75495	64820.937	Network/Systems Administrator	8/1/2018
M	10/20/1974	75071	38939.554	Detention Officer	8/1/2018
M	9/9/1992	75287	38939.554	Detention Officer	8/1/2018
F	4/28/1955	75068	37278.682	Deputy County Clerk II	7/1/2018
M	9/26/1998	75181	39031.845	Detention Officer	7/1/2018
M	4/19/1987	75039	39031.845	Detention Officer	7/1/2018
M	11/5/1992	75070	57936.000	Jail Sergeant	7/1/2018
F	8/13/1987	75071	41782.637	Dispatcher	7/1/2018
M	3/5/1991	75024	39031.845	Detention Officer	7/1/2018
F	10/13/1970	75409	30007.313	Tech I	7/1/2018
F	9/12/1998	75495	41782.637	Dispatcher	7/1/2018
F	7/9/1980	75424	57613.359	Deputy Constable	7/1/2018

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F	10/2/1977	75069	41716.266	Dispatcher	7/1/2018
M	8/11/1973	75002	34366.070	Truck Driver	7/1/2018
M	7/26/1988	75442	39031.845	Detention Officer	7/1/2018
M	8/15/1992	75020	39031.845	Detention Officer	7/1/2018
F	7/2/1992	75069	39124.137	Detention Officer	6/1/2018
F	3/27/1969	75424	32069.526	Legal Clerk I	6/1/2018
M	8/9/1990	75069	39124.137	Detention Officer	6/1/2018
M	1/15/1997	75071	39124.137	Detention Officer	6/1/2018
M	12/11/1967	75020	47176.000	Building Maint Technician II	6/1/2018
F	12/30/1991	75251	39124.137	Detention Officer	6/1/2018
F	10/1/1969	75409	32834.087	Legal Clerk I	6/1/2018
M	1/25/1971	75071	43753.161	Juvenile Supervision Officer	6/1/2018
F	11/25/1985	75409	51550.000	Human Resources Generalist	6/1/2018
M	2/12/1999	75071	39124.137	Detention Officer	6/1/2018
M	11/1/1983	75442	34350.363	Animal Control Officer	6/1/2018
M	2/20/1991	75025	43914.433	Juvenile Supervision Officer	6/1/2018
F	8/31/1976	75071	29619.887	Tech I	6/1/2018
M	8/26/1962	75454	45179.618	Lead Operator	6/1/2018
M	9/17/1980	75068	43785.388	Juvenile Supervision Officer	6/1/2018
M	1/15/1980	75407	32258.552	Grounds Keeper	6/1/2018
F	1/2/1968	75098	34562.197	Secretary	6/1/2018
M	9/21/1971	75409	41189.364	Detention Officer	5/1/2018
M	5/5/1959	75074	34613.065	Truck Driver	5/1/2018
F	8/7/1973	75071	32534.970	Deputy Tax Clerk I	5/1/2018
M	7/18/1966	75252	80790.819	Lieutenant	5/1/2018
M	9/4/1991	75067	39227.966	Detention Officer	5/1/2018
F	1/22/1990	75407	39227.966	Detention Officer	5/1/2018
M	8/13/1990	75067	40256.805	TB Outreach	5/1/2018
M	12/3/1958	75287	68668.804	Business Analyst	5/1/2018
M	3/31/1995	75409	59100.514	Deputy Sheriff	5/1/2018
M	2/5/1994	75173	59100.514	Deputy Sheriff	5/1/2018
M	12/6/1955	75002	85700.420	Accountant/Auditor	5/1/2018
M	6/4/1983	76281	45308.300	Juvenile Supervision Officer	5/1/2018
M	3/3/1961	75007-1325	59030.834	Misdemeanor Invest	5/1/2018
F	11/11/1991	75206	75268.000	Chief Misdemeanor Prosecutor	5/1/2018
M	1/23/1956	75402	29950.851	Security Guard	5/1/2018
F	10/14/1984	75069	32218.899	Legal Clerk I	4/1/2018
M	2/27/1999	75495	39323.476	Detention Officer	4/1/2018
M	6/6/1959	75071	44103.951	Juvenile Supervision Officer	4/1/2018
M	12/12/1958	75409	31354.822	Mail Technician	4/1/2018
M	9/15/1976	75490	34694.285	Truck Driver	4/1/2018
F	3/9/1961	75002	32430.309	Vehicle Registration Clerk II	4/1/2018
M	12/11/1989	75495	32138.487	Grounds Keeper	4/1/2018
M	8/4/1974	75070	48525.891	Building Maint Technician II	4/1/2018
M	6/2/1976	75442	39446.231	Detention Officer	4/1/2018
M	10/3/1990	75075	39323.476	Detention Officer	4/1/2018
F	4/17/1994	75013	39323.476	Detention Officer	4/1/2018

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M	1/19/1967	75094	40962.305	Building Maint Technician I	4/1/2018
F	7/27/1977	75459	37839.006	Deputy District Clk II	4/1/2018
M	3/8/1991	75074	75268.000	Chief Misdemeanor Prosecutor	4/1/2018
F	11/4/1978	75407	37553.784	Deputy County Clerk II	4/1/2018
F	5/18/1985	75442	35624.073	Animal Control Officer	4/1/2018
M	5/23/1991	75214	75268.000	Chief Misdemeanor Prosecutor	4/1/2018
M	2/15/1994	75401	41290.142	Detention Officer	4/1/2018
F	11/25/1987	75035	75268.000	Chief Misdemeanor Prosecutor	4/1/2018
F	9/1/1989	75071	39415.777	Detention Officer	3/1/2018
F	9/2/1977	75454	37641.363	Deputy County Clerk II	3/1/2018
F	9/6/1972	75070	37484.389	Deputy District Clk II	3/1/2018
M	3/6/1989	75077	34819.209	Research Specialist	3/1/2018
M	11/30/1955	75090	37608.019	Equipment Operator	3/1/2018
M	9/6/1985	75056	48290.075	Equipment Technician	3/1/2018
F	8/29/1962	75070	29964.456	Vehicle Registration Clerk	3/1/2018
M	11/20/1957	75070	44199.199	Help Desk Support Specialist	3/1/2018
M	3/9/1981	75489	44082.641	Juvenile Supervision Officer	3/1/2018
M	11/27/1982	75002	34803.926	Deputy County Clerk I	3/1/2018
M	2/3/1966	75214	128275.805	Legal Advisor	2/1/2018
F	10/16/1989	75407	44471.691	Victim Assistance Coordinator	2/1/2018
F	2/5/1980	75002	34012.655	Legal Clerk I	2/1/2018
M	9/19/1961	75011	37704.487	Equipment Operator	2/1/2018
F	9/7/1994	75409	37216.395	Deputy District Clk II	2/1/2018
M	3/21/1963	75423	45421.910	Lead Operator	2/1/2018
F	6/12/1976	75071	37096.857	Secretary	2/1/2018
F	5/28/1971	75069	38033.746	Deputy Tax Clerk II	2/1/2018
M	2/8/1986	75069	39519.614	Detention Officer	2/1/2018
M	9/4/1986	75069	32347.941	Maintenance Specialist	2/1/2018
M	5/20/1993	75071	39611.912	Detention Officer	1/1/2018
M	12/20/1970	75407	34941.337	Truck Driver	1/1/2018
F	11/10/1971	75098	59591.685	Misdemeanor Invest	1/1/2018
F	1/21/1992	75206	53099.610	Criminalist	1/1/2018
M	4/27/1989	75002	39519.614	Detention Officer	1/1/2018
M	8/11/1987	75407	39611.912	Detention Officer	1/1/2018
M	7/12/1993	75025	39611.912	Detention Officer	1/1/2018
F	11/22/1972	75068	57940.682	Jail Sergeant	1/1/2018
F	11/15/1993	75070	41000.118	Nurse (LVN)	1/1/2018
M	10/23/1961	75407	35074.441	Maintenance Specialist	12/1/2017
F	5/6/1997	75409	42403.542	Dispatcher	12/1/2017
F	12/12/1972	75057	29964.456	Vehicle Reg Clerk - NTTA	12/1/2017
F	11/2/1979	75006	86992.005	Assistant Purchasing Agent	12/1/2017
F	9/4/1964	75035	29964.456	Vehicle Reg Clerk - NTTA	12/1/2017
F	4/28/1999	75092	39611.912	Detention Officer	12/1/2017
M	9/21/1982	75409	48954.579	Inspector	12/1/2017
F	2/24/1986	75407	32006.986	Information Clerk/Receptionist	12/1/2017
F	5/24/1988	75409	38162.547	Deputy District Clk II	12/1/2017
M	7/2/1955	75069	30779.299	Vehicle Registration Clerk	12/1/2017

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M	9/4/1993	75071	39611.912	Detention Officer	12/1/2017
F	4/2/1973	75023	51838.654	Counselor (Substance Abuse)	12/1/2017
F	12/24/1991	75452	35286.050	Deputy District Clk I	12/1/2017
M	5/3/1994	75040	39611.912	Detention Officer	12/1/2017
F	10/15/1990	75409	37826.842	Deputy County Clerk II	12/1/2017
F	6/24/1965	75407	34941.337	Asst Veterans Service Officer	12/1/2017
F	7/27/1995	75070	30705.063	Vehicle Reg Clerk - NTTA	12/1/2017
F	5/5/1974	75071	30096.652	Vehicle Reg Clerk - NTTA	12/1/2017
M	7/17/1998	75442	39611.912	Detention Officer	12/1/2017
M	6/29/1999	75070	39611.912	Detention Officer	12/1/2017
M	11/12/1975	75424	46860.290	Juvenile Supervision Officer	11/1/2017
F	3/15/1966	75070	69031.359	Nurse (RN)	11/1/2017
M	5/6/1985	75069	41805.233	Detention Officer	11/1/2017
M	8/9/1983	75402	41805.233	Detention Officer	11/1/2017
M	10/18/1982	75071	47176.000	Network Support Specialist	11/1/2017
F	7/16/1984	75442	37494.816	Deputy District Clk II	11/1/2017
F	4/15/1996	75166	39814.512	Detention Officer	11/1/2017
M	8/26/1993	75042	39909.848	Detention Officer	10/1/2017
M	8/23/1996	75070	57936.000	Jail Sergeant	10/1/2017
M	10/14/1994	75074	39814.512	Detention Officer	10/1/2017
F	11/7/1992	76271	29916.781	Vehicle Registration Clerk	10/1/2017
F	12/27/1997	75075	39909.848	Detention Officer	10/1/2017
M	12/3/1959	76706	131867.233	Assistant Director I	10/1/2017
F	1/18/1987	75135	53493.237	Human Resources Generalist	10/1/2017
F	11/3/1964	75002	34597.536	Collections Clerk	10/1/2017
F	12/2/1964	75070	32421.705	Deputy Tax Clerk I	10/1/2017
F	10/2/1982	75068	63551.171	Felony Investigator	10/1/2017
F	1/7/1980	75409	30368.436	Tech I	10/1/2017
F	1/29/1996	75407	35171.443	Crim Justice Info Spec	10/1/2017
F	4/17/1996	75407	37826.842	Deputy County Clerk II	10/1/2017
M	3/23/1991	75025	37800.778	Animal Control Officer	9/1/2017
F	8/25/1988	75454	42005.943	Detention Officer	9/1/2017
F	9/14/1981	75025	38574.780	Deputy District Clk II	9/1/2017
F	8/23/1993	75401	29831.854	Vehicle Registration Clerk	9/1/2017
F	7/11/1995	75048	32774.118	Legal Clerk I	9/1/2017
M	5/6/1996	75092	40005.185	Detention Officer	9/1/2017
M	11/29/1988	75407	40005.185	Detention Officer	9/1/2017
M	4/9/1996	75070	40005.185	Detention Officer	9/1/2017
F	2/11/1993	75407	37752.829	Deputy District Clk II	9/1/2017
M	5/12/1973	75189	40005.185	Detention Officer	9/1/2017
M	8/22/1990	75401	40005.185	Detention Officer	9/1/2017
M	11/12/1968	75407	60270.979	Deputy Sheriff	9/1/2017
M	10/7/1978	75082	63284.527	Deputy Sheriff	9/1/2017
M	8/4/1982	75070	45161.485	Juvenile Supervision Officer	9/1/2017
M	8/23/1990	75013	42005.943	Detention Officer	9/1/2017
M	11/16/1988	75069	37789.679	Fuel Transport Agent	9/1/2017
F	2/22/1970	75409	37324.568	Deputy County Clerk I	9/1/2017

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M	3/21/1994	75034	60270.979	Deputy Sheriff	8/14/2017
M	8/20/1970	75069	41781.809	Building Maint Technician I	8/1/2017
M	5/9/1980	75002	40112.437	Detention Officer	8/1/2017
F	6/21/1967	75009	40112.437	Detention Officer	8/1/2017
M	4/13/1990	75071	40112.437	Detention Officer	8/1/2017
M	11/8/1990	75070	40112.437	Detention Officer	8/1/2017
M	6/11/1998	75150	30631.901	Passport Clerk	8/1/2017
M	10/19/1974	75407	40112.437	Detention Officer	8/1/2017
M	12/29/1966	76227	42117.793	Food Service Tech	8/1/2017
M	7/30/1985	75149	45554.163	Juvenile Supervision Officer	8/1/2017
M	7/11/1995	75248	40112.437	Detention Officer	8/1/2017
M	8/11/1994	75442	40112.437	Detention Officer	8/1/2017
M	12/14/1983	75452	42118.551	Detention Officer	8/1/2017
M	5/20/1992	75070	57936.000	Deputy Sheriff	8/1/2017
M	11/12/1975	75248	40112.437	Detention Officer	8/1/2017
F	5/16/1998	75023	34134.381	Deputy District Clk I	8/1/2017
F	5/23/1995	75454	38236.912	Deputy District Clk II	8/1/2017
M	7/10/1986	75007	42336.808	Dispatcher	8/1/2017
M	1/22/1983	75423	40112.437	Detention Officer	8/1/2017
M	10/8/1978	75146	40112.437	Detention Officer	8/1/2017
M	7/19/1962	75424	38157.807	Equipment Operator	8/1/2017
M	3/18/1951	76034	62286.328	Asst Emergency Mgmt Specialist	7/1/2017
M	12/21/1989	75070	42217.560	Detention Officer	7/1/2017
M	11/17/1995	75071	40207.773	Detention Officer	7/1/2017
M	3/29/1989	75048	76020.680	Chief Misdemeanor Prosecutor	7/1/2017
F	9/30/1958	75409-5127	35499.869	Collections Clerk	7/1/2017
M	10/13/1977	75072	42217.560	Detention Officer	7/1/2017
M	6/5/1990	75082	75270.205	Chief Misdemeanor Prosecutor	7/1/2017
F	6/2/1988	76201	76020.680	Chief Misdemeanor Prosecutor	7/1/2017
F	7/10/1970	75407	42217.560	Detention Officer	7/1/2017
M	9/3/1961	75035	40207.773	Detention Officer	7/1/2017
F	4/10/1993	75071	42218.672	Detention Officer	7/1/2017
F	10/16/1955	75002	37240.027	Legal Secretary I	7/1/2017
M	12/28/1969	75002	64601.310	Research Analyst	7/1/2017
M	12/31/1995	75442	40207.773	Detention Officer	7/1/2017
M	9/12/1987	75069	45244.056	Guardianship Coordinator	7/1/2017
M	4/14/1986	75070	58469.512	Deputy Sheriff	7/1/2017
F	9/8/1966	75088	112796.679	Felony Appellate Attorney	7/1/2017
M	1/5/1991	75069	40303.120	Detention Officer	6/1/2017
F	7/22/1977	75452	30490.050	Outreach Specialist	6/1/2017
F	7/8/1979	75454	36740.000	Legal Secretary I	6/1/2017
F	7/26/1984	75495	112964.430	Court Reporter	6/1/2017
F	1/12/1987	75407	43275.000	Lead Clerk	6/1/2017
F	3/6/1972	75071	30542.799	Voter Registration/Elect Clerk	6/1/2017
F	9/13/1992	75098	64751.334	Research Analyst	6/1/2017
M	8/2/1985	75070	42317.661	Detention Officer	6/1/2017
M	6/5/1974	75071	45387.538	Juvenile Supervision Officer	5/1/2017

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M	6/25/1991	75407	38366.404	Traffic Maint Tech	5/1/2017
F	4/29/1992	75166	64937.025	PHEP Coordinator	5/1/2017
F	11/26/1981	75409	38527.162	Deputy Tax Clerk II	5/1/2017
M	2/19/1990	75032	57940.682	Deputy Sheriff	5/1/2017
M	11/26/1981	75009	50274.603	Equipment Technician	5/1/2017
M	8/21/1979	75013	129192.875	Chief Felony Prosecutor	5/1/2017
M	7/28/1996	75401	57936.000	Jail Sergeant	5/1/2017
M	9/20/1992	75069	40410.372	Detention Officer	5/1/2017
M	6/26/1980	75035	49796.468	Inspector	5/1/2017
F	3/22/1966	75069	93595.700	Audit Manager	5/1/2017
M	12/10/1977	75074	35633.175	Truck Driver	5/1/2017
M	10/30/1980	75087	80804.677	Lieutenant	5/1/2017
F	10/13/1965	75070	35305.469	Voter Reg/Elections Clk II	4/1/2017
M	4/12/1991	75002	35830.565	Deputy County Clerk I	4/1/2017
F	6/6/1994	75023	40505.708	Detention Officer	4/1/2017
M	8/9/1983	75092	65383.602	Building Projects Coordinator	4/1/2017
M	7/8/1970	75115	65205.500	Accountant/Auditor	4/1/2017
F	8/16/1993	75009	40505.708	Detention Officer	4/1/2017
M	9/27/1975	75074	39703.702	Senior Eligibility Clerk	4/1/2017
F	8/31/1994	75094	40611.524	Legal Secretary II	4/1/2017
F	1/5/1965	75070	33201.292	Information Clerk/Receptionist	4/1/2017
M	9/20/1973	75078	61025.075	Deputy Sheriff	4/1/2017
F	7/26/1989	75424	38606.731	Deputy County Clerk II	4/1/2017
M	4/14/1980	75002	45124.157	Lead Operator	4/1/2017
M	7/30/1959	75454	172851.490	Sheriff	4/1/2017
M	8/11/1974	75033	64076.600	Deputy Sheriff	4/1/2017
F	7/6/1983	75409	43011.021	Deputy District Clk II	3/1/2017
F	9/24/1970	75002	34294.910	Title Specialist	3/1/2017
F	12/19/1972	75072	41270.219	Deputy County Clerk II	3/1/2017
M	1/4/1962	75409	33214.945	Maintenance Specialist	3/1/2017
F	5/31/1991	75248	81523.000	Felony Prosecutor	3/1/2017
M	5/12/1967	75042	37118.653	Deputy District Clk II	3/1/2017
F	5/2/1958	75454	32571.886	Vehicle Registration Clerk II	3/1/2017
F	9/30/1994	75166	37782.905	Human Resources Assistant	3/1/2017
M	9/6/1984	75166	64945.717	Deputy Fire Marshal	3/1/2017
F	9/7/1989	75098	30530.259	Vehicle Registration Clerk	3/1/2017
F	1/28/1976	75071	32782.068	Vehicle Registration Clerk II	3/1/2017
F	8/24/1988	75070	30426.077	Vehicle Registration Clerk	3/1/2017
F	8/3/1986	75409	33805.830	Voter Registration/Elect Clerk	3/1/2017
F	7/10/1964	75090	36249.422	Secretary	2/1/2017
F	11/25/1983	75056	33634.955	Legal Clerk I	2/1/2017
F	11/9/1964	75035	38870.499	Deputy County Clerk II	2/1/2017
M	1/25/1997	75070	43577.473	Dispatcher	2/1/2017
F	2/17/1989	75069	41221.252	Deputy District Clk II	2/1/2017
M	4/15/1987	75407	54501.546	Field Agent	2/1/2017
M	9/13/1985	75040	46709.191	Juvenile Supervision Officer	2/1/2017
F	3/7/1981	75070	33576.406	Legal Clerk I	2/1/2017

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F	9/10/1983	75409	45430.443	Buyer I	2/1/2017
M	8/27/1977	75071	54949.023	Veterans Service Officer	2/1/2017
M	11/13/1957	75442	35149.164	Grounds Maintenance Tech	1/1/2017
F	10/22/1971	75020	32902.410	Tech I	1/1/2017
F	1/17/1977	75009	243411.395	Assistant Medical Examiner	1/1/2017
F	6/27/1990	75407	43545.391	Detention Officer	1/1/2017
M	3/12/1964	75033	69711.883	Felony Investigator	1/1/2017
F	4/22/1971	75407	41742.760	Case Coordinator	1/1/2017
F	12/30/1967	75409	119617.712	Chief MHMC Attorney	1/1/2017
F	2/17/1994	75070	38711.616	Deputy District Clk II	1/1/2017
F	8/15/1990	75089	85174.655	Felony Prosecutor	1/1/2017
F	6/26/1976	75070	41777.429	Deputy District Clk II	1/1/2017
F	4/12/1983	75023	38874.063	Deputy District Clk II	1/1/2017
F	9/1/1978	75078	42464.212	Deputy District Clk II	1/1/2017
F	12/30/1976	75071	71556.903	GIS Analyst	1/1/2017
F	6/11/1990	75496	49330.614	Juvenile Supervision Officer	1/1/2017
M	5/16/1996	75069	43545.391	Detention Officer	12/1/2016
M	10/2/1991	75173	53560.345	Building Maint Technician II	12/1/2016
F	11/2/1968	75070	47187.150	Accounting/Audit Specialist	12/1/2016
F	9/27/1985	75002	71376.670	Accountant/Auditor	12/1/2016
M	1/27/1992	75069	65604.582	Deputy Sheriff	12/1/2016
F	11/24/1979	75126	38065.994	Deputy District Clk II	12/1/2016
F	3/10/1946	75069	36423.704	Information Clerk/Receptionist	12/1/2016
M	6/12/1989	75251	86639.360	Felony Prosecutor	12/1/2016
F	12/13/1991	75424	32435.872	Voter Registration/Elect Clerk	12/1/2016
F	6/8/1993	75454	65604.582	Deputy Sheriff	12/1/2016
F	11/21/1970	75070	55395.040	Buyer II	12/1/2016
M	4/16/1982	75025	41475.507	Deputy County Clerk II	11/1/2016
M	12/4/1948	75424	41712.903	Control Room Operator	11/1/2016
F	8/25/1962	75002	49571.446	Nutritionist	11/1/2016
M	7/28/1988	75025	41334.100	Deputy County Clerk II	11/1/2016
M	7/22/1984	75006	87637.882	Felony Prosecutor	11/1/2016
F	8/30/1977	75452	43545.391	Detention Officer	11/1/2016
F	3/10/1994	75150	36259.453	Title Specialist	11/1/2016
F	12/19/1972	76227	39562.850	Deputy District Clk II	11/1/2016
F	1/29/1971	75071	144043.492	Chief Felony Prosecutor	11/1/2016
M	11/17/1994	75070	45722.661	Dispatcher	11/1/2016
F	10/16/1989	75025	88768.796	Felony Prosecutor	11/1/2016
M	4/13/1978	75069	38195.096	Truck Driver	11/1/2016
M	5/3/1974	75002	71983.595	System Analyst/Programmer	11/1/2016
M	6/16/1980	75098	52883.166	Juvenile Supervision Officer	11/1/2016
M	7/2/1968	75082	66690.773	Program Administrator	11/1/2016
F	3/7/1980	75135	50683.038	Administrative Secretary	11/1/2016
M	9/6/1996	75424	35786.819	Maintenance Specialist	11/1/2016
M	7/29/1974	75491	45211.615	Building Maint Technician I	11/1/2016
F	2/9/1974	75069	44472.224	Legal Secretary II	11/1/2016
F	9/23/1990	75071	41475.507	Deputy County Clerk II	11/1/2016

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M	1/22/1970	75409	41470.658	Equipment Operator	10/1/2016
F	1/29/1975	75409	37515.857	Crim Justice Info Spec	10/1/2016
F	10/28/1958	75454	68167.121	Nurse (RN)	10/1/2016
M	7/17/1971	75409	45789.675	Asset Management Technician	10/1/2016
F	2/17/1980	75173	46614.503	Dispatcher	10/1/2016
M	4/23/1953	75070	94896.265	Asst Emergency Mgmt Specialist	10/1/2016
M	12/8/1969	75409	64246.291	Deputy Constable	10/1/2016
M	7/13/1967	75454	52656.765	Parts Warehouse Supervisor	9/1/2016
F	1/7/1956	75025	43312.889	Title Specialist II	9/1/2016
M	7/18/1960	75013	64151.561	Deputy Sheriff	9/1/2016
F	1/18/1967	75082	129952.170	District Clerk	9/1/2016
M	12/16/1974	75092	41470.658	Equipment Operator	9/1/2016
F	7/30/1989	75409	40549.857	Deputy County Clerk II	9/1/2016
F	8/8/1990	75495	42538.263	Deputy District Clk II	9/1/2016
M	8/29/1959	75442	41470.658	Equipment Operator	9/1/2016
F	3/17/1963	75409	43586.392	Legal Secretary II	9/1/2016
M	12/26/1963	75071	66231.148	Nurse (RN)	9/1/2016
F	7/22/1991	75035	37603.712	Title Specialist - NTTA	9/1/2016
F	8/14/1987	75072	33281.152	Security Guard	9/1/2016
M	10/14/1970	75089	46067.824	Lead Operator	8/1/2016
M	8/19/1991	75454	64276.094	Deputy Sheriff	8/1/2016
F	11/29/1973	75063	52759.483	Senior Nutritionist	8/1/2016
F	7/4/1970	75058	92051.815	Felony Prosecutor	8/1/2016
F	10/9/1981	75078	118987.577	Chief Felony Prosecutor	8/1/2016
F	5/21/1994	75070	46614.503	Dispatcher	8/1/2016
F	7/1/1977	75002	216111.203	Physician	8/1/2016
M	4/1/1989	75025	57941.680	Jail Sergeant	8/1/2016
F	5/22/1970	75496	56941.010	Court Coordinator	8/1/2016
M	2/16/1976	75025	48721.538	Juvenile Supervision Officer	7/1/2016
F	7/2/1993	75407	48660.189	Juvenile Supervision Officer	7/1/2016
F	8/3/1956	75070	73195.016	Felony Investigator	7/1/2016
M	4/10/1958	75454	65604.582	Deputy Sheriff	7/1/2016
M	9/11/1953	75036	38506.655	Public Svcs Officer	7/1/2016
M	9/16/1962	75002	57368.244	Deputy Constable	7/1/2016
M	9/7/1960	75082	174712.650	CCL Judge	7/1/2016
F	10/2/1991	75173	50667.202	Juvenile Supervision Officer	7/1/2016
M	9/11/1994	75087	40266.506	Deputy County Clerk II	6/1/2016
M	10/4/1995	75409	43545.391	Detention Officer	6/1/2016
F	2/10/1969	75070	33309.007	Tech I	6/1/2016
M	12/29/1960	75009	40294.197	Equipment Operator	6/1/2016
M	11/19/1992	75070	75445.269	Lieutenant	6/1/2016
F	2/21/1954	75071	41475.507	Deputy County Clerk II	6/1/2016
F	5/3/1982	75173	35556.593	Legal Clerk I	6/1/2016
F	6/17/1984	75424	39471.505	Deputy Tax Clerk II	6/1/2016
M	10/27/1986	75224	43545.391	Detention Officer	6/1/2016
M	2/2/1965	75071	63817.608	Functional Analyst	5/1/2016
M	5/19/1985	76227	53249.291	Equipment Technician	5/1/2016

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F	12/3/1974	75409	53340.442	Inspector	5/1/2016
M	10/23/1991	75418	43545.391	Detention Officer	5/1/2016
F	7/2/1990	75206	89238.050	Felony Prosecutor	5/1/2016
F	3/3/1990	75056	90354.632	Felony Prosecutor	5/1/2016
F	8/27/1964	75407	35029.494	Legal Clerk I	5/1/2016
F	8/22/1969	75495	56941.010	Court Coordinator	5/1/2016
F	4/29/1983	75061	89238.050	Felony Prosecutor	5/1/2016
M	8/31/1971	75069	35786.819	Maintenance Specialist	5/1/2016
M	10/3/1995	75452	43545.391	Detention Officer	5/1/2016
F	11/25/1987	75407	65604.582	Deputy Sheriff	5/1/2016
F	6/4/1962	75070	36533.107	Title Specialist	5/1/2016
F	8/3/1990	75454	41904.823	Deputy County Clerk II	5/1/2016
F	8/4/1989	75035	89238.057	Felony Prosecutor	5/1/2016
F	3/13/1992	75067	38507.359	Crim Justice Info Spec	4/1/2016
F	9/21/1986	75495	43044.193	Deputy District Clk II	4/1/2016
M	5/10/1996	75025	43545.962	Detention Officer	4/1/2016
F	9/1/1985	75021	40006.033	Deputy District Clk I	4/1/2016
F	11/9/1992	76227	40008.603	Deputy District Clk II	4/1/2016
F	7/14/1981	75074	43558.722	Administrative Secretary	4/1/2016
M	1/17/1957	75080	137067.431	Elections Administrator	4/1/2016
M	8/6/1987	75070	89403.095	Felony Prosecutor	3/1/2016
F	3/2/1979	75075	43204.040	Accounting Tech	3/1/2016
F	11/30/1970	75070	41975.556	Deputy County Clerk II	3/1/2016
F	4/20/1979	75023	42258.346	Deputy District Clk II	3/1/2016
M	9/11/1971	75418	69116.186	Deputy Sheriff	3/1/2016
F	11/23/1987	75062	70606.861	Epidemiologist -Grant Surge	3/1/2016
F	9/28/1994	75407	42513.644	Deputy District Clk II	2/1/2016
M	6/15/1954	75442	33501.548	Security Guard	2/1/2016
F	5/29/1991	75071	35782.162	Title Specialist	2/1/2016
F	12/30/1988	75407	42304.313	Deputy District Clk II	2/1/2016
F	7/18/1974	75009	111883.482	Court Reporter	2/1/2016
M	7/9/1963	75460	82725.103	Deputy Fire Marshal	2/1/2016
F	7/28/1990	75204	89705.779	Felony Prosecutor	2/1/2016
F	3/25/1993	75092	47663.610	Legal Secretary II	2/1/2016
M	1/12/1995	75070	57940.682	Jail Sergeant	2/1/2016
M	4/20/1963	75002	41201.149	Deputy District Clk II	2/1/2016
F	5/21/1990	75075	89403.095	Felony Prosecutor	2/1/2016
F	3/15/1962	75070	72403.892	Nurse (RN)	1/1/2016
F	9/11/1975	75040	111883.482	Court Reporter	1/1/2016
F	3/27/1979	75166	36554.911	Tech II	1/1/2016
M	8/14/1995	75173	43968.991	Detention Officer	1/1/2016
F	9/20/1972	75070	40650.475	Deputy District Clk I	1/1/2016
F	9/11/1993	75459	40149.537	Deputy Tax Clerk II	1/1/2016
M	5/21/1975	75071	59678.903	Jail Sergeant	1/1/2016
M	5/6/1995	75442	36130.647	Grounds Keeper	1/1/2016
M	5/30/1991	75034	37872.497	Title Specialist	1/1/2016
F	5/3/1973	75078	38953.562	Title Specialist	1/1/2016

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F	11/9/1982	75035	38107.734	Title Specialist	1/1/2016
F	6/10/1953	75025	36095.614	Legal Clerk I	12/21/2015
F	10/16/1965	75070	48527.819	Nutritionist	12/1/2015
F	7/28/1978	75071	43944.287	Legal Secretary II	12/1/2015
F	1/17/1985	75013	92051.815	Felony Prosecutor	12/1/2015
M	12/11/1991	75092	57940.682	Jail Sergeant	12/1/2015
M	9/3/1986	75080	92051.815	Felony Prosecutor	12/1/2015
F	1/22/1961	75072	47577.874	Administrative Secretary	11/1/2015
M	9/22/1984	75092	43968.991	Detention Officer	11/1/2015
F	11/20/1987	75074	51224.914	Health Care Analyst	11/1/2015
M	3/14/1964	75181	64201.123	Deputy Constable	11/1/2015
F	11/28/1992	75407	46321.585	Administrative Secretary	11/1/2015
F	9/26/1996	75040	40110.519	Legal Secretary I	11/1/2015
F	11/29/1978	75070	67450.731	Nurse (RN)	11/1/2015
F	1/30/1987	75098	34416.115	Immunization Service Aid	11/1/2015
F	2/8/1995	75407	37860.167	Animal Control Officer	11/1/2015
F	3/7/1991	75072	48930.766	Juvenile Probation Officer	11/1/2015
M	6/21/1985	75424	42644.845	Equipment Operator	11/1/2015
F	5/24/1982	75402	40749.651	Legal Secretary I	10/1/2015
M	10/29/1990	76227	67706.788	Deputy Sheriff	10/1/2015
M	4/18/1978	75407	43907.024	Deputy District Clk II	10/1/2015
M	2/13/1992	75407	43968.991	Detention Officer	10/1/2015
F	3/17/1992	75442	43968.991	Detention Officer	10/1/2015
F	10/20/1986	75023	44456.931	Deputy District Clk II	9/1/2015
M	2/16/1962	75071	59678.903	Deputy Sheriff	9/1/2015
M	11/8/1996	75424	41470.811	Equipment Operator	9/1/2015
F	7/31/1978	75094	42025.102	Deputy District Clk II	9/1/2015
M	11/26/1980	75071	57585.996	Court Coordinator	9/1/2015
M	10/25/1990	75070	57940.682	Jail Sergeant	9/1/2015
M	4/14/1987	75379	42440.114	Deputy County Clerk II	9/1/2015
F	5/22/1961	75070	36683.364	Title Specialist - NTTA	9/1/2015
M	8/2/1979	75068	43968.991	Detention Officer	9/1/2015
F	9/14/1967	75454	70810.019	Felony Investigator	9/1/2015
M	3/14/1984	75189	43968.991	Detention Officer	9/1/2015
M	7/27/1956	75071	45978.117	Asset Management Technician	8/1/2015
F	7/28/1976	75424	43571.880	Deputy District Clk II	8/1/2015
F	8/20/1981	75071	46330.736	Administrative Secretary	8/1/2015
F	3/3/1993	75068	39089.742	Title Specialist	8/1/2015
F	11/4/1985	75454	41875.314	Deputy County Clerk II	8/1/2015
F	8/5/1988	75013	37443.001	Title Specialist	8/1/2015
F	12/10/1962	75070	35763.345	Legal Clerk I	8/1/2015
M	12/7/1965	75225	180255.718	1st Asst District Attny	8/1/2015
M	9/19/1975	75072	41671.247	Equipment Operator	7/1/2015
M	3/4/1980	75454	46966.465	Juvenile Supervision Officer	7/1/2015
F	9/12/1980	75495	109910.601	Court Reporter	7/1/2015
M	6/15/1992	75071	64278.750	Deputy Sheriff	7/1/2015
F	2/29/1988	75189	39218.609	Title Specialist	7/1/2015

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F	2/3/1964	75069	33605.012	Security Guard	7/1/2015
M	7/24/1972	75173	64337.447	Deputy Constable	7/1/2015
M	1/23/1969	75035	69554.819	Criminal Investigator	6/1/2015
M	10/24/1984	75098	92051.815	Felony Prosecutor	6/1/2015
F	10/5/1978	75454	40906.250	Accounts Payable Technician	6/1/2015
F	6/19/1981	75093	92809.470	Felony Prosecutor	6/1/2015
M	8/10/1966	75490	41550.243	Housekeeping Coordinator	6/1/2015
F	1/11/1974	76258	63287.738	Functional Analyst	6/1/2015
F	5/10/1977	75041	36673.171	Legal Clerk I	5/1/2015
F	2/15/1982	75071	72331.853	Program Coordinator	5/1/2015
M	4/5/1994	75407	43968.991	Detention Officer	5/1/2015
M	10/28/1968	75070	39706.139	Grounds Maintenance Tech	5/1/2015
M	10/23/1963	75034	43968.991	Detention Officer	5/1/2015
M	9/4/1968	75048	41832.302	Equipment Operator	5/1/2015
F	8/25/1966	75098	35777.520	Eligibility Clerk	4/1/2015
F	4/23/1989	75072	92812.055	Felony Prosecutor	4/1/2015
F	8/26/1988	75214	92051.815	Felony Prosecutor	4/1/2015
M	10/22/1940	75098	113931.660	Justice Of The Peace Judge	4/1/2015
M	8/25/1996	75442	57941.680	Deputy Sheriff	4/1/2015
M	6/19/1977	75089	84424.395	Project Manager	4/1/2015
F	10/13/1990	75072	57069.098	Field Agent	3/1/2015
M	8/20/1991	75424	41832.302	Equipment Operator	3/1/2015
F	10/10/1966	75078	44548.980	Deputy District Clk II	3/1/2015
M	12/7/1952	75070	81990.033	Superintendent R & B	3/1/2015
F	8/4/1967	75035	126233.050	Commissioner	3/1/2015
F	2/4/1973	75071	69927.073	Senior Administrator	3/1/2015
F	1/6/1981	75475	57941.680	Deputy Sheriff	3/1/2015
M	2/9/1989	75075	43968.991	Detention Officer	3/1/2015
F	1/12/1971	75070	38719.253	Deputy County Clerk I	3/1/2015
F	4/4/1968	75092	65446.902	Senior Administrator	3/1/2015
F	2/7/1978	75070	112835.000	Felony Appellate Attorney	3/1/2015
F	8/20/1969	75075	41000.598	Administrative Secretary	3/1/2015
M	1/22/1980	75076	68878.771	Deputy Sheriff	3/1/2015
M	4/30/1990	75479	66242.685	Deputy Sheriff	3/1/2015
F	11/11/1978	75409	45462.909	Legal Secretary II	3/1/2015
F	1/2/1960	75442	41875.314	Deputy County Clerk II	3/1/2015
M	7/14/1971	75409	53558.872	Equipment Technician	2/1/2015
F	6/2/1958	75070	43968.991	Detention Officer	2/1/2015
M	5/25/1995	75034	43968.991	Detention Officer	2/1/2015
F	9/21/1980	75173	47068.501	Dispatcher	2/1/2015
F	8/9/1980	75424	111140.870	Court Reporter	2/1/2015
M	10/24/1989	75401	43968.991	Detention Officer	2/1/2015
F	8/17/1978	75244	47068.501	Dispatcher	2/1/2015
F	10/20/1977	75035	58532.320	Human Resources Generalist	2/1/2015
M	12/5/1991	75409	65604.582	Deputy Sheriff	2/1/2015
F	1/26/1958	75002	42065.586	Deputy District Clk II	2/1/2015
M	10/8/1985	75075	92051.815	Felony Prosecutor	1/1/2015

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F	11/22/1967	75409	55017.019	Buyer I	1/1/2015
F	1/29/1991	75002	43524.953	Deputy District Clk II	1/1/2015
F	5/28/1979	75040	40600.813	Title Specialist - NTTA	1/1/2015
M	4/4/1972	75071	43300.299	Deputy District Clk II	12/1/2014
F	10/12/1987	75078	93777.961	Felony Prosecutor	12/1/2014
M	8/27/1946	75071	196873.729	Director Of Engineering	12/1/2014
M	4/4/1974	75409	46102.742	Asset Management Technician	12/1/2014
F	6/24/1990	75002	40863.471	Title Specialist	12/1/2014
F	2/19/1970	75078	45287.489	Administrative Secretary	12/1/2014
M	7/28/1990	75407	49885.428	Detention Officer	12/1/2014
F	9/6/1978	75070	47059.433	Administrative Secretary	12/1/2014
F	11/29/1947	75069	36077.637	Information Clerk/Receptionist	12/1/2014
F	4/10/1959	75173	45747.767	Administrative Secretary	12/1/2014
F	6/21/1976	75424	38710.022	Legal Clerk II	12/1/2014
F	1/22/1990	75081	59690.441	Human Resources Generalist	11/1/2014
F	7/29/1993	75070	65604.582	Deputy Sheriff	11/1/2014
M	9/17/1986	76227	43973.102	Detention Officer	11/1/2014
F	6/3/1976	75002	41875.314	Deputy County Clerk II	11/1/2014
M	3/1/1965	75424	69290.928	Misdemeanor Invest	11/1/2014
M	9/14/1980	75043	41712.903	Control Room Operator	11/1/2014
M	10/11/1960	75166	38679.477	Truck Driver	11/1/2014
F	3/10/1983	75080	45362.441	Legal Secretary II	11/1/2014
M	4/27/1985	75495	50680.944	Juvenile Probation Officer	11/1/2014
M	2/11/1957	75252	42221.260	Accounts Payable Technician	10/1/2014
M	6/21/1973	75407	44086.719	Detention Officer	10/1/2014
M	11/1/1968	75452	54073.775	Building Maint Technician II	10/1/2014
M	9/28/1990	75495	66242.685	Deputy Sheriff	10/1/2014
M	4/15/1988	75189	43122.892	Animal Control Lead	10/1/2014
F	12/20/1988	75452	44086.719	Detention Officer	10/1/2014
M	6/22/1978	75071	69740.109	Deputy Sheriff	10/1/2014
F	11/23/1989	75454	40455.459	Deputy District Clk II	9/1/2014
F	4/2/1966	75409	44191.787	Detention Officer	9/1/2014
M	5/10/1991	75021	63688.480	Deputy Sheriff	9/1/2014
F	3/21/1978	75407	41475.507	Deputy County Clerk II	9/1/2014
F	9/12/1974	75009	33605.012	Security Guard	9/1/2014
M	11/21/1976	75068	41948.316	Shop Technician	9/1/2014
M	7/16/1955	75407	38679.477	Truck Driver	8/1/2014
M	8/28/1962	75040	57941.680	Jail Sergeant	8/1/2014
M	10/8/1993	75407	41832.302	Equipment Operator	8/1/2014
M	4/22/1986	75070	44310.015	Detention Officer	8/1/2014
M	11/9/1959	75068	42956.849	Legal Secretary II	8/1/2014
F	11/16/1990	75459	47068.501	Dispatcher	8/1/2014
F	8/25/1977	75089	48919.683	Juvenile Supervision Officer	8/1/2014
M	6/11/1954	75069	42112.507	Control Room Operator	7/1/2014
F	11/11/1986	75454	58234.297	Human Resources Generalist	7/1/2014
M	6/23/1963	75092	64329.781	Functional Analyst	7/1/2014
M	4/6/1976	75071	105224.321	SQL Database Analyst	7/1/2014

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F	6/2/1980	75407	44415.103	Detention Officer	7/1/2014
M	2/13/1979	75009	49395.979	Juvenile Supervision Officer	7/1/2014
F	6/2/1971	75409	37745.405	Title Specialist	7/1/2014
F	2/16/1988	75491	49653.172	Juvenile Supervision Officer	7/1/2014
M	6/28/1959	75068	95314.000	Assistant Chief Deputy	6/1/2014
M	7/17/1986	75126	64276.094	Deputy Sheriff	6/1/2014
F	5/7/1988	75002	36374.617	Eligibility Clerk	6/1/2014
M	6/20/1969	75070	44520.213	Detention Officer	6/1/2014
M	3/23/1980	75442	41832.302	Equipment Operator	6/1/2014
F	2/14/1982	75074	40852.301	Secretary	6/1/2014
F	1/14/1966	75071	50370.375	Detention Officer	5/1/2014
F	1/28/1956	75013	37858.966	Animal Control Officer	5/1/2014
M	4/23/1976	75071	57941.680	Jail Sergeant	5/1/2014
M	12/9/1955	75442	41832.302	Equipment Operator	5/1/2014
F	8/23/1986	75069	68938.640	Financial Analyst II	4/1/2014
F	2/9/1988	75409	59519.097	Deputy Sheriff - Recruit	4/1/2014
F	9/17/1978	75409	63698.270	Accounts Payable Supervisor	4/1/2014
F	3/2/1969	75454	42813.877	Deputy Tax Clerk II	4/1/2014
M	9/13/1976	75173	37858.966	Animal Control Officer	4/1/2014
M	3/24/1979	75454	70780.378	Deputy Sheriff	4/1/2014
F	2/2/1987	75495	42184.872	Deputy District Clk II	3/1/2014
M	10/8/1980	75442	63377.494	Deputy Constable	3/1/2014
F	2/24/1976	75009	42488.579	Deputy County Clerk II	3/1/2014
F	4/8/1960	75071	38747.105	Collections Clerk	3/1/2014
M	12/31/1975	75068	43919.692	Deputy District Clk II	3/1/2014
M	5/3/1955	75035	94711.307	Epidemiologist	2/1/2014
F	8/9/1984	75071	37162.919	Medical Assistant	2/1/2014
F	11/13/1979	75070	46550.033	Lead Clerk	2/1/2014
M	5/7/1983	75251	65604.582	Deputy Sheriff	2/1/2014
M	7/26/1970	76051	95895.730	Audit Manager	1/1/2014
M	11/17/1959	75035	54360.584	Juvenile Probation Officer	1/1/2014
F	4/22/1982	75070	45506.594	Legal Secretary II	1/1/2014
F	4/25/1988	75409	45947.991	Detention Officer	1/1/2014
M	1/18/1962	75071	41293.597	Lead Worker	1/1/2014
F	7/19/1989	75002	75684.880	Epidemiologist -Grant	1/1/2014
M	7/20/1964	75409	42220.646	Equipment Operator	1/1/2014
F	6/2/1982	75409	68618.894	Nurse (RN)	1/1/2014
M	12/29/1980	75495	51815.839	Juvenile Probation Officer	12/1/2013
F	8/18/1980	75002	49135.492	Lead Clerk	12/1/2013
F	12/2/1976	75070	67786.266	Senior Administrator	12/1/2013
M	5/27/1988	75072	42453.833	Deputy County Clerk II	12/1/2013
M	10/28/1985	75009	72583.200	Corporal	12/1/2013
F	6/7/1954	75002	32136.266	Voter Registration/Elect Clerk	11/1/2013
M	1/6/1971	75020	45071.874	Detention Officer	11/1/2013
F	4/28/1989	75414	39408.116	Title Specialist	11/1/2013
F	4/13/1957	75409	45362.441	Legal Secretary II	11/1/2013
F	2/28/1963	75418	42367.572	Deputy County Clerk II	10/1/2013

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F	12/9/1957	75002	45957.198	Administrative Secretary	10/1/2013
M	8/25/1980	75409	62224.503	Deputy Sheriff	10/1/2013
M	11/12/1952	75002	82099.900	Audit Manager	10/1/2013
F	8/6/1971	75452	40335.202	Secretary	10/1/2013
F	3/26/1991	75094	54467.935	Payroll Coordinator	9/1/2013
M	8/31/1967	75418	60135.675	Shop Coordinator	9/1/2013
F	11/27/1974	75166	42569.254	Deputy District Clk II	9/1/2013
F	8/10/1989	75173	40525.810	Title Specialist	8/1/2013
M	5/9/1959	75452	42239.731	Equipment Operator	7/1/2013
F	4/24/1959	75023	44711.190	Deputy District Clk II	7/1/2013
M	3/12/1974	75452	46064.830	Building Maint Technician I	7/1/2013
M	7/13/1957	75068	46637.567	Detention Officer	7/1/2013
F	1/14/1967	75002	45071.874	Detention Officer	7/1/2013
F	3/2/1983	75002	49955.721	Auxiliary Court Liaison	7/1/2013
M	8/11/1961	75090	42760.327	Equipment Operator	7/1/2013
F	10/9/1962	75230	112796.679	Felony Appellate Attorney	7/1/2013
M	3/3/1955	75424	121214.000	Physician Assistant	7/1/2013
M	4/8/1981	75454	43968.991	Detention Officer	7/1/2013
M	11/24/1977	75070	72950.991	Lieutenant	7/1/2013
F	2/6/1989	75495	40940.751	Deputy County Clerk II	7/1/2013
F	11/24/1972	75070	32940.795	Tech I	6/1/2013
F	11/30/1953	75002	35993.843	Legal Clerk I	6/1/2013
F	5/28/1988	75401	70427.981	Deputy Sheriff	6/1/2013
F	10/16/1966	75452	50674.714	Juvenile Supervision Officer	6/1/2013
F	6/2/1987	75442	68080.857	Misdemeanor Invest	6/1/2013
M	2/9/1989	75495	45071.874	Detention Officer	5/1/2013
F	4/27/1979	75078	58207.611	Field Agent	5/1/2013
M	11/1/1973	75452	70202.772	Deputy Constable II	5/1/2013
M	4/22/1971	75189	64272.831	Deputy Constable	5/1/2013
F	10/1/1981	75070	49389.346	Assistant Law Librarian	5/1/2013
M	10/14/1971	75070	72285.690	Accountant/Auditor	5/1/2013
M	11/30/1964	75007	42220.646	Equipment Operator	5/1/2013
M	6/28/1975	75075	113931.660	Justice Of The Peace Judge	5/1/2013
M	6/28/1986	75098	49885.428	Detention Officer	5/1/2013
F	8/31/1970	75078	57363.121	Court Coordinator	5/1/2013
F	10/13/1986	75089	66678.592	WIC Supervisor	5/1/2013
F	10/25/1961	75023	75556.000	Chief Deputy Clerk	5/1/2013
F	8/17/1975	75414	54015.867	Juvenile Supervision Officer	5/1/2013
F	4/13/1982	75216	49091.294	Juvenile Probation Officer	4/1/2013
F	6/4/1975	75071	40821.267	Deputy District Clk II	4/1/2013
M	5/9/1965	75070	56941.010	Court Coordinator	4/1/2013
F	11/4/1954	75409	39279.883	Crim Justice Info Spec	4/1/2013
M	9/9/1985	75442	60319.364	IT Security Analyst	4/1/2013
M	4/26/1982	75056	45071.874	Detention Officer	4/1/2013
F	4/16/1980	75495	55203.512	Health Care Analyst	4/1/2013
M	4/11/1948	75002	113931.660	Justice Of The Peace Judge	4/1/2013
F	11/2/1966	75070	40690.947	Accounting Tech	4/1/2013

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F	11/11/1985	75071	83372.051	Court Administrator	3/1/2013
M	1/2/1958	75409	42220.646	Traffic Maint Tech	3/1/2013
F	4/10/1987	75495	45071.874	Detention Officer	3/1/2013
F	8/17/1968	75075	41475.507	Deputy County Clerk II	3/1/2013
M	4/20/1989	76227	66242.685	Deputy Sheriff	3/1/2013
M	3/30/1971	75069	70092.200	Accountant/Auditor	3/1/2013
F	7/29/1960	75069	41875.314	Deputy County Clerk II	3/1/2013
M	9/1/1968	75023	161704.000	Deputy Chief Information Offcr	2/1/2013
F	10/15/1964	75453	54563.638	Lead Clerk	2/1/2013
M	12/19/1990	75442	79281.200	Lieutenant	1/1/2013
M	12/14/1980	76209	58849.729	Deputy Sheriff	12/1/2012
F	9/3/1958	75173	54068.790	Accounting/Audit Specialist	12/1/2012
M	9/4/1963	75075	46441.956	Detention Officer	12/1/2012
M	7/4/1961	75078	174712.650	CCL Judge	12/1/2012
M	3/22/1983	75407	39781.478	Traffic Maint Tech	12/1/2012
F	7/7/1986	75035	108191.933	Chief Felony Prosecutor	11/1/2012
F	7/18/1972	75071	52476.992	Senior Nutritionist	11/1/2012
M	9/23/1972	75115	52102.718	Juvenile Supervision Officer	11/1/2012
F	3/8/1987	75424	38402.547	Animal Control Officer	10/1/2012
M	8/11/1980	75454	47725.540	Deputy County Clerk II	10/1/2012
F	7/6/1977	76258	60342.437	Court Coordinator	10/1/2012
F	7/27/1989	75424	39752.114	Title Specialist	10/1/2012
F	5/21/1987	75459	43799.563	Deputy District Clk II	10/1/2012
M	3/11/1971	75025	53304.149	Health Care Analyst	10/1/2012
F	1/30/1970	75048	40694.971	Title Specialist	10/1/2012
F	10/16/1948	75013	37264.486	Medical Assistant	9/1/2012
F	9/4/1990	75442	48058.957	Help Desk Support Specialist	9/1/2012
M	1/11/1989	75009	59678.903	Jail Sergeant	9/1/2012
M	4/19/1967	75025	101343.776	System Analyst/Programmer	9/1/2012
F	12/14/1977	75490	45362.441	Legal Secretary II	9/1/2012
M	10/17/1961	75424	41953.089	Equipment Operator	9/1/2012
F	5/11/1984	75205	93166.948	Felony Prosecutor	8/1/2012
M	1/29/1990	75040	46840.217	Detention Officer	8/1/2012
F	7/18/1986	75036	92809.470	Felony Prosecutor	8/1/2012
M	4/12/1989	75025	59678.903	Deputy Sheriff	7/1/2012
F	9/20/1976	75078	44074.253	Deputy County Clerk II	7/1/2012
F	2/17/1974	75069	53116.791	PHEP Specialist	7/1/2012
M	1/18/1991	75407	46686.596	Building Maint Technician I	6/1/2012
M	8/31/1973	75442	54592.475	Building Maint Technician II	6/1/2012
M	11/19/1971	75087	108461.837	Emergency Mgr / Fire Marshal	6/1/2012
M	9/20/1987	75048	46981.101	Detention Officer	6/1/2012
M	4/13/1973	75454	59331.281	Veterans Service Officer	6/1/2012
F	10/29/1984	75229	93435.072	Felony Prosecutor	6/1/2012
F	9/5/1960	75069	61965.143	Administrative Manager (D.A.)	6/1/2012
M	11/30/1970	75071	47908.945	Lead Operator	6/1/2012
F	11/24/1982	75071	72307.696	Deputy Sheriff	5/1/2012
F	2/1/1961	75069	42786.297	Deputy County Clerk II	5/1/2012

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M	9/2/1969	75078	72453.000	Deputy Constable	4/1/2012
F	1/24/1968	75002	101223.645	Felony Prosecutor	4/1/2012
M	3/13/1988	75407	47068.501	Dispatcher	4/1/2012
F	9/17/1964	75407	44189.916	Deputy County Clerk II	4/1/2012
F	9/26/1973	76227	56789.708	Juvenile Probation Officer	3/1/2012
M	12/4/1958	75078	69086.174	Deputy Constable	3/1/2012
F	3/10/1983	75248	94007.135	Felony Prosecutor	3/1/2012
M	8/23/1984	75075	48109.709	Detention Officer	3/1/2012
F	9/9/1965	76227	59905.000	Voter Registration Coordinator	3/1/2012
F	8/27/1959	75071	65179.752	Law Librarian	3/1/2012
F	10/27/1957	75409	41139.960	Crim Justice Info Spec	3/1/2012
F	3/12/1987	75407	45459.831	Administrative Secretary	3/1/2012
F	12/4/1978	75035	38360.539	Eligibility Clerk	3/1/2012
M	8/31/1974	75442	51885.699	Inspector	3/1/2012
M	4/2/1979	75407	48109.709	Detention Officer	3/1/2012
M	1/20/1987	75496	66242.685	Deputy Sheriff	2/1/2012
F	3/13/1955	75002	37100.513	Title Specialist	2/1/2012
F	10/6/1973	75090	41115.794	Crim Justice Info Spec	2/1/2012
M	9/22/1952	75407	41470.658	Equipment Operator	1/1/2012
F	2/20/1978	75013	114094.327	Chief Felony Prosecutor	1/1/2012
F	5/7/1987	75409	42975.023	Deputy County Clerk II	1/1/2012
M	6/6/1957	75056	47516.042	Detention Officer	12/1/2011
M	5/1/1983	75069	49885.428	Detention Officer	12/1/2011
F	10/19/1957	75098	53566.030	Payroll Coordinator	12/1/2011
F	10/15/1961	75071	39403.916	Eligibility Clerk	12/1/2011
M	7/20/1990	75057	57936.000	Jail Sergeant	12/1/2011
F	8/4/1972	75098	49653.485	Indigent Care Coordinator	12/1/2011
M	6/23/1968	75407	74112.680	Felony Investigator	11/1/2011
F	9/4/1986	75020	66076.714	Senior Benefits Representative	11/1/2011
M	8/11/1977	75424	42383.180	Equipment Operator	11/1/2011
F	3/12/1990	75074	38947.165	Legal Clerk II	11/1/2011
F	2/7/1984	75069	45607.606	Deputy District Clk II	11/1/2011
M	7/30/1983	75070	65131.274	Deputy Constable	10/1/2011
F	9/8/1953	75070	39459.014	Account/Office Clerk	10/1/2011
M	12/8/1976	75070	47867.909	Detention Officer	10/1/2011
F	6/18/1972	75495	55058.901	Legal Secretary II	10/1/2011
F	6/8/1986	75071	54154.089	Teen Court Coordinator	10/1/2011
F	8/29/1954	75071	38487.008	Title Specialist	10/1/2011
M	2/19/1990	75070	47845.018	Detention Officer	10/1/2011
M	7/22/1973	75069	42220.646	Equipment Operator	10/1/2011
F	6/17/1989	75459	49188.510	Lead Clerk	10/1/2011
F	5/5/1985	75407	45070.007	Administrative Secretary	9/1/2011
F	2/24/1957	75072	38612.405	Information Clerk/Receptionist	9/1/2011
F	6/26/1971	75002	66729.428	Financial Analyst	9/1/2011
M	7/14/1972	75173	111459.825	Senior System Analyst/Prog	8/1/2011
F	3/19/1972	75035	48594.355	JP Court Administrator	8/1/2011
F	4/30/1956	75407	47855.562	Administrative Secretary	8/1/2011

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F	8/31/1983	75409	57744.592	Court Coordinator	8/1/2011
M	6/19/1966	75035	109699.346	Senior System Analyst/Prog	8/1/2011
M	3/18/1977	75071	83944.217	Chief Deputy Constable	7/1/2011
M	1/3/1983	75452	42220.646	Equipment Operator	7/1/2011
F	11/24/1964	75454	40577.493	Title Specialist	6/1/2011
M	5/19/1951	75069	105099.350	Constable	6/1/2011
F	11/2/1963	75002	38389.756	Title Specialist	6/1/2011
F	1/23/1979	75407	40450.509	Legal Clerk I	6/1/2011
M	9/1/1990	75407	48363.027	Detention Officer	5/1/2011
F	3/18/1988	75490	39680.881	Deputy District Clk I	5/1/2011
F	11/13/1984	75204	93806.472	Felony Prosecutor	5/1/2011
F	12/5/1975	75454	111166.195	Court Reporter	5/1/2011
F	6/20/1988	75069	49703.593	Lead Clerk	5/1/2011
M	8/23/1991	75070	45169.553	Building Maint Technician I	5/1/2011
F	8/8/1963	75070	51075.834	Lead Clerk	5/1/2011
M	2/26/1971	75035	122739.595	Chief Deputy	5/1/2011
M	10/2/1984	75407	59379.267	Jail Sergeant	5/1/2011
F	7/29/1983	75071	59693.714	Court Coordinator	5/1/2011
F	5/4/1980	75173	62111.080	Farm Museum Coordinator	5/1/2011
M	11/22/1960	75071	82773.818	Felony Investigator	5/1/2011
M	9/3/1960	75071	174712.650	CCL Judge	4/1/2011
M	12/12/1977	75070	52696.184	Juvenile Supervision Officer	4/1/2011
M	4/27/1955	75093	126233.050	Commissioner	4/1/2011
F	1/8/1959	75082	126233.050	Commissioner	4/1/2011
M	9/8/1960	75424	48551.691	Detention Officer	3/1/2011
M	1/19/1971	75409	38090.169	Maintenance Specialist	3/1/2011
M	4/28/1979	75068	49469.673	Detention Officer	3/1/2011
F	4/11/1972	75424	50745.163	Dispatcher	2/1/2011
F	12/21/1961	75071	44386.992	Traffic Maint Tech	2/1/2011
F	11/11/1973	75070	51747.331	Juvenile Probation Officer	1/1/2011
M	1/9/1966	75442	43005.633	Equipment Operator	1/1/2011
M	6/25/1980	75454	61914.218	Field Agent	12/1/2010
F	11/5/1971	75071	70645.228	Inmate Program Coordinator	10/1/2010
F	4/16/1981	75495	47561.389	Legal Secretary II	10/1/2010
F	10/17/1970	75071	111873.867	Court Reporter	9/1/2010
F	10/10/1951	75069	42230.747	Deputy County Clerk I	9/1/2010
F	3/7/1955	75034	46258.506	Deputy County Clerk II	9/1/2010
M	6/6/1970	75071	174712.650	CCL Judge	8/1/2010
M	3/16/1975	75024	80526.216	Sergeant	8/1/2010
M	3/30/1964	75093	174712.650	CCL Judge	8/1/2010
F	1/11/1959	75013	62331.101	Asst WIC Program Supervisor	7/1/2010
F	11/25/1983	75023	107213.148	Chief Felony Prosecutor	6/1/2010
F	1/4/1973	75070	81257.680	Section Leader/Compliance Aud	6/1/2010
M	1/1/1972	75009	67236.000	Court Officer	6/1/2010
F	12/15/1978	75409	54167.400	Network Support Specialist	6/1/2010
F	6/8/1967	75035	80435.310	Accountant/Auditor	5/1/2010
F	12/25/1957	75071	70818.664	Adolescent Counselor	5/1/2010

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F	12/2/1957	75454	47790.400	Accounts Payable Technician	5/1/2010
M	10/12/1966	75071	65604.582	Jail Sergeant	4/1/2010
M	12/27/1970	75088	56130.303	Election Supply & Ops Coord	4/1/2010
M	4/10/1978	75009	52074.577	Juvenile Supervision Officer	4/1/2010
M	1/5/1979	75092	52075.350	Juvenile Supervision Officer	3/1/2010
F	6/29/1971	75407	48636.560	Accounts Payable Technician	3/1/2010
F	8/4/1985	75071	58975.659	Court Coordinator	3/1/2010
F	6/26/1981	75036	69961.996	Functional Analyst	3/1/2010
F	12/13/1951	75407	49137.042	Administrative Secretary	2/1/2010
M	5/12/1968	75023	62637.046	Deputy Constable	2/1/2010
M	9/19/1963	75058	61528.183	Facilities Tech Coordinator	2/1/2010
F	7/7/1984	75069	53993.752	Network Support Specialist	2/1/2010
M	2/1/1961	75025	57408.923	Courthouse Deputy	2/1/2010
M	5/12/1976	75074	56757.102	Audio/Visual Administrator	1/1/2010
F	10/17/1966	75072	84825.719	Parks Manager	1/1/2010
F	4/11/1984	75407	66451.347	Functional Analyst	1/1/2010
F	5/29/1963	75404	37994.712	Tech II	1/1/2010
M	5/21/1959	75076	43078.118	Truck Driver	12/1/2009
F	2/8/1959	76227	48911.772	Lead Clerk	12/1/2009
M	1/30/1972	75070	52343.723	Juvenile Supervision Officer	12/1/2009
M	7/17/1980	75071	57191.051	Juvenile Supervision Officer	10/1/2009
M	4/20/1965	75007	44198.458	Equipment Operator	9/1/2009
F	2/27/1957	75070	38672.517	Legal Clerk I	9/1/2009
M	3/28/1967	75407	45645.111	Building Maint Technician I	9/1/2009
M	2/13/1960	75490	50385.677	Detention Officer	9/1/2009
F	12/17/1980	75407	55066.141	Probate Auditor	8/1/2009
F	8/25/1977	75287	50646.348	Detention Officer	8/1/2009
M	4/19/1984	75071	62196.039	Juvenile Alt Educ Prog Coord	7/1/2009
F	12/4/1983	75442	50172.576	Lead Clerk	7/1/2009
M	8/30/1980	75056	57826.261	Court Officer	7/1/2009
M	6/13/1961	75071	47292.854	Food Service Tech	7/1/2009
F	10/25/1978	75401	74209.942	IT Security Administrator	6/1/2009
F	10/14/1962	75069	123513.636	Assistant Director I	6/1/2009
M	7/27/1968	75220	43508.067	Truck Driver	6/1/2009
F	9/21/1955	75002	37629.445	Title Specialist	6/1/2009
M	12/27/1950	75070	50751.611	Detention Officer	5/1/2009
F	5/18/1957	75071	34917.926	Voter Registration/Elect Clerk	5/1/2009
F	12/16/1956	75454	72587.777	Adolescent Counselor	4/1/2009
M	4/17/1970	75135	41492.637	Deputy District Clk II	4/1/2009
M	12/28/1984	75424	64972.036	Juvenile Service Compliance	4/1/2009
M	10/15/1983	75044	50870.991	Detention Officer	4/1/2009
M	12/15/1976	75409	105099.350	Constable	4/1/2009
F	6/15/1982	75069	65537.739	Court Coordinator	3/1/2009
M	6/16/1967	75089	58232.530	Juvenile Supervision Officer	3/1/2009
F	11/3/1981	75454	58701.390	Court Coordinator	2/1/2009
M	1/14/1983	75248	119969.403	Chief Felony Prosecutor	2/1/2009
F	9/4/1964	75002	110369.307	Court Reporter	2/1/2009

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F	7/17/1982	75056	44014.839	Accounting Tech	2/1/2009
F	2/21/1959	75074	39858.843	Deputy County Clerk I	2/1/2009
M	9/10/1971	75009	72453.000	Deputy Constable	2/1/2009
F	12/29/1966	75070	51705.749	Office Administrator	1/1/2009
F	11/20/1980	75409	45547.407	Senior Eligibility Clerk	1/1/2009
M	6/8/1967	75070	88151.992	Sergeant	12/1/2008
M	11/12/1983	75442	41832.302	Equipment Operator	12/1/2008
M	8/1/1963	75414-2739	58048.799	Building Maint Technician II	12/1/2008
F	6/6/1956	75070	72137.330	Accountant/Auditor	12/1/2008
F	1/21/1988	75407	65219.180	Senior Buyer	12/1/2008
F	1/10/1961	75070	47918.947	Deputy County Clerk II	11/1/2008
M	6/14/1965	75002	61514.159	Public Works Representative	11/1/2008
M	2/3/1982	75071	53854.795	Juvenile Supervision Officer	11/1/2008
M	1/15/1968	75407	53584.531	Juvenile Supervision Officer	11/1/2008
F	1/10/1952	75454	41202.164	Information Clerk/Receptionist	11/1/2008
M	5/17/1969	75090	52814.968	Juvenile Supervision Officer	11/1/2008
M	5/6/1984	75013	64597.176	Financial Analyst	10/1/2008
F	11/7/1972	75071	58432.189	Office Coordinator	10/1/2008
F	7/1/1971	75454	67214.562	Functional Analyst	10/1/2008
M	5/9/1989	75407	59235.704	Jail Sergeant	10/1/2008
F	9/4/1969	75002	44655.010	Senior Eligibility Clerk	10/1/2008
M	9/9/1970	75454	57864.852	Juvenile Supervision Officer	10/1/2008
M	1/9/1976	75069	78080.712	Felony Investigator	10/1/2008
F	1/9/1983	75409	48393.715	Deputy County Clerk II	10/1/2008
F	4/1/1966	75007	51495.205	Office Administrator	9/1/2008
M	1/23/1970	75092	55039.990	Detention Officer	9/1/2008
F	9/7/1978	75071	59452.763	Jail Case Officer	8/1/2008
M	3/17/1964	75495	78437.643	Felony Investigator	8/1/2008
M	3/13/1976	75413	37393.254	Security Guard	8/1/2008
M	9/15/1970	75058	65234.812	Events Coordinator	8/1/2008
F	5/29/1974	75070	56941.010	Court Coordinator	8/1/2008
F	8/2/1952	75076	47975.328	Legal Secretary II	6/1/2008
F	3/21/1961	75069	44657.549	Deputy Tax Clerk II	6/1/2008
F	12/23/1963	75491	51811.945	Detention Officer	6/1/2008
F	9/25/1970	76210	76726.384	Adolescent Counselor	6/1/2008
F	11/15/1981	75070	55749.072	Juvenile Probation Officer	5/1/2008
M	3/26/1963	75407	51925.828	Detention Officer	5/1/2008
M	12/20/1971	75092	62307.808	Deputy Sheriff	5/1/2008
M	12/22/1958	75442	47168.483	Equipment Operator	5/1/2008
M	12/6/1963	75070	105099.350	Constable	4/4/2008
M	4/25/1961	75409	64184.564	Building Maint Technician II	4/1/2008
F	12/5/1964	75070	57880.710	Juvenile Supervision Officer	4/1/2008
M	3/29/1981	75002	81636.279	Lieutenant	3/1/2008
M	3/18/1956	75070	54344.542	Juvenile Supervision Officer	3/1/2008
F	8/16/1977	75409	81636.279	Lieutenant	3/1/2008
F	8/16/1974	75287	51911.567	Detention Officer	3/1/2008
M	12/13/1951	75173	105099.350	Constable	2/1/2008

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F	11/23/1961	75071	66619.070	Functional Analyst	2/1/2008
M	11/1/1984	75409	52230.526	Detention Officer	1/1/2008
F	11/25/1955	75035	40782.947	Title Specialist	1/1/2008
F	8/21/1970	75069	51750.710	Detention Officer	1/1/2008
M	1/23/1957	75069	64685.344	Building Maint Technician II	1/1/2008
M	7/9/1977	75424	62748.392	Equipment Technician	12/1/2007
M	12/10/1972	75092	81732.802	Building Projects Coordinator	12/1/2007
M	8/20/1974	75424	60994.740	Building Maint Technician II	12/1/2007
F	3/14/1980	75442	53735.044	JP Court Administrator	12/1/2007
F	3/23/1984	75070	84761.900	HR Manager	12/1/2007
F	4/17/1953	75069	41868.235	Information Clerk/Receptionist	11/1/2007
M	12/28/1978	75009	55176.710	Juvenile Supervision Officer	10/1/2007
F	2/23/1978	75093	57985.936	Juvenile Probation Officer	10/1/2007
F	6/24/1973	75090	76502.341	Health Care Coord	9/1/2007
F	3/22/1982	75454	56073.635	Right Of Way Coordinator	9/1/2007
M	10/22/1956	75078	100344.303	Public Information Officer	9/1/2007
M	4/9/1981	75009	56019.089	Juvenile Probation Officer	9/1/2007
F	3/31/1959	75070	46619.946	Secretary	8/1/2007
M	7/3/1960	75009	72444.290	Deputy Constable	8/1/2007
F	7/18/1970	75490	65612.424	Records Management Officer	8/1/2007
M	1/20/1970	75070	122848.975	IT Security Officer	8/1/2007
M	6/27/1967	75459	111459.825	Database Administrator	8/1/2007
F	5/18/1959	75002	52042.486	Administrative Secretary	7/1/2007
M	8/23/1958	75009	55727.403	Juvenile Supervision Officer	7/1/2007
F	9/8/1982	75072	88136.867	Risk Manager	7/1/2007
M	7/14/1980	75068	55248.356	Juvenile Supervision Officer	7/1/2007
M	1/19/1978	75414	56071.367	Juvenile Supervision Officer	7/1/2007
M	4/20/1964	76227	52035.980	Juvenile Probation Officer	7/1/2007
M	7/7/1974	75078	52990.926	Detention Officer	7/1/2007
F	2/18/1964	75495	53133.269	Detention Officer	6/1/2007
M	11/22/1961	75407	52924.172	Detention Officer	6/1/2007
M	8/1/1977	75020	58080.148	Juvenile Probation Officer	6/1/2007
M	9/4/1985	75070	42118.150	Equipment Operator	6/1/2007
M	6/9/1965	75489	47368.207	Equipment Operator	6/1/2007
F	6/11/1976	75002	55274.474	Juvenile Supervision Officer	6/1/2007
M	7/9/1964	75043	82816.000	Criminal Investigator	6/1/2007
F	8/13/1977	75490	74236.377	Program Coordinator	6/1/2007
M	1/20/1973	75070	77621.000	Deputy Sheriff	5/1/2007
M	9/4/1957	75414	91056.196	Clinical Services Coordinator	5/1/2007
M	2/2/1967	75093	156580.383	Chief Appellate Attorney	5/1/2007
F	8/1/1969	75071	111883.482	Court Reporter	5/1/2007
M	12/7/1976	75407	53231.197	Detention Officer	5/1/2007
M	10/18/1959	75013	174712.650	CCL Judge	5/1/2007
F	2/11/1960	75002	46765.936	Secretary	4/1/2007
F	8/14/1965	75071	68471.783	Court Coordinator	4/1/2007
M	12/25/1961	75442	63160.308	Inspector	4/1/2007
F	4/28/1978	75070	59905.000	Juvenile Supervision Officer	3/1/2007

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F	3/29/1974	75072	105143.875	Felony Prosecutor	3/1/2007
F	3/3/1977	75070	80352.290	Grant Resource Administrator	3/1/2007
M	1/14/1972	75002	53704.117	Detention Officer	3/1/2007
M	3/20/1973	75070	50031.978	Detention Officer	3/1/2007
M	9/1/1956	75069	102872.000	Public Information Officer	3/1/2007
F	2/4/1985	75490	45969.206	Administrative Secretary	2/1/2007
F	7/21/1987	75002	49533.340	Administrative Secretary	2/1/2007
F	1/27/1978	75490	64292.680	Deputy Sheriff	2/1/2007
M	11/10/1979	75071	77621.000	Deputy Sheriff	2/1/2007
M	4/4/1959	75454	39074.076	Security Guard	2/1/2007
F	10/9/1978	75002	50866.000	Senior Eligibility Clerk	2/1/2007
F	1/22/1970	75070	53870.155	Detention Officer	2/1/2007
M	6/28/1981	75407	53525.082	Detention Officer	2/1/2007
F	12/8/1974	75407	44837.652	Legal Clerk II	1/1/2007
M	2/14/1981	75454	68738.185	Field Agent	1/1/2007
M	4/2/1978	75009-5133	48125.167	Title Specialist II	12/1/2006
M	8/29/1982	75454	54417.318	Building Maint Technician II	10/1/2006
M	10/23/1958	75071	59905.000	Lead Operator	10/1/2006
F	10/10/1977	75409	57784.457	Jail Case Officer	10/1/2006
F	12/12/1981	75097	55828.638	Lead Clerk	10/1/2006
F	11/15/1968	75409	81167.104	Nurse (RN)	10/1/2006
F	4/22/1969	76208	81005.000	Adolescent Counselor	10/1/2006
F	1/31/1962	75002	58882.326	Lead Clerk	10/1/2006
M	2/5/1970	75490	78099.769	Juvenile Detention Unit Supvr	10/1/2006
F	10/24/1974	75071	93710.767	Senior Project Manager	10/1/2006
M	3/31/1977	75409	77621.000	Deputy Sheriff	10/1/2006
M	6/29/1968	75422	87406.070	Superintendent R & B	10/1/2006
M	10/10/1965	75093	112796.679	Felony Prosecutor	10/1/2006
F	3/4/1978	75409	54113.000	Detention Officer	10/1/2006
M	7/31/1974	75424	88388.000	Sergeant	10/1/2006
F	8/27/1975	75070-9455	138956.992	Director of Budget	10/1/2006
M	7/13/1967	75068	85875.980	Accountant/Auditor	10/1/2006
F	10/28/1966	75485	50866.000	Deputy Tax Clerk II	10/1/2006
F	3/15/1953	75036	111883.482	Court Reporter	10/1/2006
F	8/27/1966	75462	59732.174	Juvenile Supervision Officer	10/1/2006
F	12/26/1945	75071	50859.603	Deputy County Clerk II	10/1/2006
F	6/21/1979	75424	46906.996	Account/Office Clerk	10/1/2006
F	11/11/1961	75048	47490.695	Legal Secretary I	10/1/2006
F	2/10/1973	75495	65308.000	JP Court Administrator	10/1/2006
F	5/5/1958	75407	46904.456	Title Specialist	10/1/2006
M	1/31/1975	75418	77621.000	Deputy Sheriff	10/1/2006
F	7/18/1965	75087	71393.000	Office Coordinator	10/1/2006
M	3/5/1960	75092	82773.818	Felony Investigator	10/1/2006
F	4/22/1971	75078	92501.080	Audit Manager	10/1/2006
M	7/13/1963	75068	50866.000	Equipment Operator	10/1/2006
F	2/22/1973	75009	66643.340	Functional Analyst	10/1/2006
M	3/31/1965	75070	271738.606	County Administrator	10/1/2006

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F	9/27/1964	75021	160440.000	Health Care Administrative Mgr	10/1/2006
M	11/26/1982	75495	76364.330	Deputy Sheriff	10/1/2006
M	5/15/1973	75071	75606.349	Juvenile Probation Unit Supvr	10/1/2006
F	6/8/1963	75424	65308.000	JP Court Administrator	10/1/2006
M	8/28/1968	75069	77621.000	Deputy Sheriff	10/1/2006
F	1/5/1970	75094	112964.426	Court Reporter	10/1/2006
M	6/6/1967	75424	39640.415	Lead Security Guard	10/1/2006
M	8/12/1946	75407	54113.000	Detention Officer	10/1/2006
F	1/24/1974	75070	59661.698	Juvenile Probation Officer	10/1/2006
F	7/28/1956	75452	50859.603	Accounting Tech	10/1/2006
M	12/26/1975	75071	54113.000	Detention Officer	10/1/2006
F	10/19/1966	75078	125948.000	Development Srvs Mgr	10/1/2006
M	7/5/1969	75071-3370	72444.290	Deputy Constable	10/1/2006
M	7/22/1963	75189	50839.656	Equipment Operator	10/1/2006
M	9/6/1969	75070	82816.000	Criminal Investigator	10/1/2006
M	12/21/1962	75407	59905.000	Juvenile Supervision Officer	10/1/2006
F	9/10/1957	75424	55160.000	Administrative Secretary	10/1/2006
M	11/24/1968	75009	93852.916	Lieutenant	10/1/2006
M	1/29/1953	75082	80989.254	Adolescent Counselor	10/1/2006
M	4/5/1959	75070	148558.757	Director of Building Projects	10/1/2006
M	1/13/1968	75090	67236.000	Court Officer	10/1/2006
F	5/26/1973	75090	54113.000	Detention Officer	10/1/2006
M	5/25/1965	75150	54113.000	Detention Officer	10/1/2006
M	8/11/1955	75442	50662.493	Control Room Operator	10/1/2006
F	2/14/1969	75495	49394.100	Payroll Specialist	10/1/2006
M	9/7/1979	75442	49751.296	Equipment Operator	10/1/2006
M	6/24/1952	75442	73480.481	Network/Systems Administrator	10/1/2006
F	6/26/1974	75401	59905.000	Juvenile Supervision Officer	10/1/2006
F	8/9/1960	75424	64842.717	Office Coordinator	10/1/2006
F	10/28/1967	75447	54914.268	Nurse (LVN)	10/1/2006
M	11/4/1981	75409	67236.000	Court Officer	10/1/2006
F	11/5/1980	75071	65678.408	Functional Analyst	10/1/2006
M	1/27/1979	75071	76394.851	Deputy Sheriff	10/1/2006
M	3/30/1978	75409	77621.000	Deputy Sheriff	10/1/2006
M	3/30/1947	75401	82773.818	Felony Investigator	10/1/2006
F	3/9/1971	75071	65308.000	Budget Technician	10/1/2006
M	1/17/1978	75126	59343.693	Juvenile Probation Officer	10/1/2006
F	2/2/1967	75407	55130.580	Administrative Secretary	10/1/2006
F	3/27/1970	75098	50719.970	Deputy Tax Clerk II	10/1/2006
F	3/28/1975	75407	74812.053	Juvenile Detention Unit Supvr	10/1/2006
M	10/18/1982	75070	79280.078	Lieutenant	10/1/2006
M	5/20/1971	75071	54113.000	Detention Officer	10/1/2006
F	4/20/1959	75407	86139.274	Unified Communication Admin	10/1/2006
M	2/7/1974	75071	76506.079	Felony Investigator	10/1/2006
F	6/3/1962	75442	59905.000	Lead Clerk	10/1/2006
M	6/1/1983	75459	71674.113	Deputy Sheriff	10/1/2006
F	9/22/1974	75454	54113.000	Detention Officer	10/1/2006

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F	2/23/1966	75442	55160.000	Administrative Secretary	10/1/2006
M	4/25/1968	75098	99799.261	Assistant Director	10/1/2006
F	7/7/1966	75488	77621.000	Jail Sergeant	10/1/2006
M	5/25/1967	75092	54113.000	Detention Officer	10/1/2006
M	6/19/1973	75140	63474.916	Food Service Supervisor	10/1/2006
F	10/16/1958	75002	54914.268	Nurse (LVN)	10/1/2006
F	7/16/1974	75092	50866.000	Inventory Control Clerk	10/1/2006
M	9/17/1963	75485	55960.092	Inspector	10/1/2006
M	5/19/1951	75069	175849.410	Probate Judge	10/1/2006
F	1/27/1969	75069	80426.616	Project Manager	10/1/2006
M	7/5/1972	75409	54113.000	Detention Officer	10/1/2006
M	2/25/1975	76227	59732.174	Juvenile Supervision Officer	10/1/2006
M	11/11/1970	75423	103238.210	Captain	10/1/2006
M	6/19/1959	75071	71393.000	Facilities Tech Coordinator	10/1/2006
M	8/15/1967	75020	59905.000	Juvenile Probation Officer	10/1/2006
F	10/29/1970	75078	61208.267	Court Coordinator	10/1/2006
M	1/3/1970	75078	123782.970	Assistant Chief Deputy	10/1/2006
F	9/3/1968	75126	59732.174	Juvenile Supervision Officer	10/1/2006
M	2/7/1971	75069	65308.000	Network Support Specialist	10/1/2006
M	10/22/1962	75442	57242.885	Animal Control Supervisor	10/1/2006
F	4/1/1968	75491	54113.000	Detention Officer	10/1/2006
M	6/13/1973	75442	54113.000	Detention Officer	10/1/2006
F	12/9/1963	75442	43418.828	Account/Office Clerk	10/1/2006
F	6/20/1964	75069	50866.000	Deputy District Clk II	10/1/2006
M	2/21/1974	76273	54113.000	Detention Officer	10/1/2006
M	5/8/1972	75424	54113.000	Detention Officer	10/1/2006
F	2/14/1967	75442	54113.000	Detention Officer	10/1/2006
M	9/5/1982	75409	63436.000	Jail Case Officer	10/1/2006
M	11/17/1973	75002	77621.000	Jail Sergeant	10/1/2006
M	12/20/1979	76227	77621.000	Deputy Sheriff	10/1/2006
F	7/2/1974	75069	42341.446	Legal Clerk I	10/1/2006
F	4/29/1969	75409	122536.734	IT Senior Manager	10/1/2006
M	4/23/1956	75423	71355.351	Foreman	10/1/2006
M	4/18/1963	75442	59831.094	Foreman	10/1/2006
M	9/9/1971	75069	55130.580	Mail/Supply Supervisor	10/1/2006
M	11/23/1975	75459	78248.000	Functional Analyst	10/1/2006
M	9/28/1952	75491	54113.000	Detention Officer	10/1/2006
F	3/31/1978	75092	54113.000	Detention Officer	10/1/2006
F	5/3/1976	75020	59814.396	Juvenile Supervision Officer	10/1/2006
M	12/12/1960	75092	71393.000	Facilities Tech Coordinator	10/1/2006
M	3/20/1973	75458	77621.000	Deputy Sheriff	10/1/2006
F	4/27/1959	75092	51126.755	Administrative Secretary	10/1/2006
M	6/30/1965	75035	86607.509	Sergeant	10/1/2006
F	1/14/1970	75424	43856.394	Veterinary Technician	10/1/2006
F	2/14/1963	75495	111883.482	Court Reporter	10/1/2006
M	7/22/1964	75013	122921.926	Engineering Project Manager	10/1/2006
M	7/2/1982	75092	70210.142	Jail Sergeant	10/1/2006

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M	5/21/1966	75090	63436.000	Assistant Communications Supv	10/1/2006
F	7/30/1980	75452	63436.000	Crim Justice Info Supervisor	10/1/2006
M	9/29/1971	75070	50849.629	Deputy District Clk II	10/1/2006
M	1/19/1956	75070	67236.000	Court Officer	10/1/2006
F	5/25/1984	75452	52926.587	Administrative Secretary	10/1/2006
M	1/26/1962	75442	54113.000	Detention Officer	10/1/2006
M	10/21/1966	75070	131756.000	Master Architect	10/1/2006
F	1/25/1969	75070	52925.541	Lead Clerk	10/1/2006
M	10/22/1969	75402	115948.515	Application Administrator	10/1/2006
F	3/12/1957	75491	50866.000	Deputy District Clk II	10/1/2006
F	11/30/1968	75495	47042.000	Crim Justice Info Spec	10/1/2006
M	1/15/1970	75071	73650.020	Lead Juv Probation Officer	10/1/2006
M	4/16/1977	75080	66551.650	Court Officer	10/1/2006
M	10/17/1976	75002	59905.000	Juvenile Supervision Officer	10/1/2006
F	8/16/1960	75424	70493.440	Court Coordinator	10/1/2006
M	5/24/1956	75070	67236.000	Court Officer	10/1/2006
F	4/15/1956	75407	54113.000	Detention Officer	10/1/2006
M	10/28/1973	76227	59905.000	Juvenile Probation Officer	10/1/2006
F	4/23/1955	75248	50859.603	Deputy County Clerk II	10/1/2006
M	1/22/1963	76209	102861.680	GIS Supervisor	10/1/2006
M	8/12/1968	75071	93852.916	Lieutenant	10/1/2006
M	2/9/1953	75069	131547.219	System Programming Supervisor	10/1/2006
M	7/29/1967	75002	77800.389	Network/Systems Administrator	10/1/2006
F	6/22/1966	75438	49394.100	Accounts Payable Technician	10/1/2006
F	8/8/1957	75495	43671.000	Information Clerk/Receptionist	10/1/2006
M	1/28/1970	75459	54113.000	Detention Officer	10/1/2006
F	10/31/1963	75495	48523.100	Deputy County Clerk II	10/1/2006
F	2/13/1959	75071	50859.603	Deputy County Clerk II	10/1/2006
F	2/4/1970	75173	111636.000	HRIS/Systems Manager	10/1/2006
M	1/11/1973	75069	93852.916	Lieutenant	10/1/2006
M	11/18/1976	75452	93230.384	Lieutenant	10/1/2006
F	12/15/1975	76227	71193.456	Lead Juv Probation Officer	10/1/2006
F	6/21/1974	75023	43933.445	Title Specialist	10/1/2006
M	7/30/1976	75453	53898.102	ERMS Specialist	10/1/2006
M	3/26/1980	75424	77621.000	Deputy Sheriff	10/1/2006
F	9/19/1958	75424	55152.211	Administrative Secretary	10/1/2006
F	7/28/1985	75407	43665.481	Legal Clerk I	10/1/2006
M	11/7/1966	75495	67236.000	Court Officer	10/1/2006
F	6/7/1968	75495	46842.428	Deputy District Clk I	10/1/2006
M	2/25/1963	75452	50739.918	Equipment Operator	10/1/2006
M	6/29/1964	75452	50839.656	Equipment Operator	10/1/2006
M	7/25/1974	75454	57871.000	Detention Officer	10/1/2006
F	8/27/1980	75454	67888.169	Deputy Sheriff	10/1/2006
F	10/28/1972	75407	71393.000	Office Coordinator	10/1/2006
M	4/2/1976	75002	59905.000	Juvenile Supervision Officer	10/1/2006
F	6/3/1983	75071	54683.386	Dispatcher	10/1/2006
F	3/12/1969	75070	112796.679	Felony Prosecutor	10/1/2006

Exhibit 6 - Short and Long Term Disability Census - May 2019

M	7/3/1961	75173	77621.000	Deputy Sheriff	10/1/2006
F	5/26/1956	75069	65234.810	Accounting/Audit Specialist	10/1/2006
M	6/23/1980	75092	54113.000	Detention Officer	10/1/2006
F	6/26/1940	75002	71393.000	Fleet Analyst	10/1/2006
M	8/6/1968	75495	72401.670	Deputy Constable	10/1/2006
F	2/16/1974	75495	54180.757	Administrative Secretary	10/1/2006
M	8/13/1960	75092	59946.369	Buyer II	10/1/2006
M	1/8/1955	75490	59905.000	Lead Operator	10/1/2006
M	10/7/1983	75409	74543.299	Deputy Sheriff	10/1/2006
M	7/18/1962	75490	103327.068	Senior Network Administrator	10/1/2006
F	6/11/1977	75072	56749.874	Lead Clerk	10/1/2006
F	5/25/1961	75023	43671.000	Information Clerk/Receptionist	10/1/2006
M	5/4/1976	75454	129719.849	Director Of Juvenile Services	10/1/2006
M	6/24/1976	75173	59905.000	Juvenile Probation Officer	10/1/2006
M	7/9/1968	75401	50866.000	Accounting Tech	10/1/2006
F	4/28/1947	75071	44707.706	Account/Office Clerk	10/1/2006
M	7/8/1973	75070	75287.939	Jail Sergeant	10/1/2006
M	2/6/1950	75082	102872.000	System Analyst/Programmer	10/1/2006
F	1/7/1962	75407	47036.132	Legal Clerk II	10/1/2006
M	5/28/1976	75424	81316.213	Felony Investigator	10/1/2006
F	12/15/1975	75020	59826.142	Juvenile Probation Officer	10/1/2006
M	3/1/1975	75071	93852.916	Lieutenant	10/1/2006
M	8/28/1963	75070	50719.970	Food Service Tech	10/1/2006
M	11/10/1972	75033	93852.916	Lieutenant	10/1/2006
M	2/6/1978	75409	55178.000	Dispatcher	10/1/2006
F	9/10/1974	75409	77621.000	Deputy Sheriff	10/1/2006
F	4/28/1965	75072	85972.000	Accountant/Auditor	10/1/2006
F	8/19/1963	75069	52346.214	Lead Clerk	10/1/2006
F	6/22/1953	75069	55160.000	Administrative Secretary	10/1/2006
F	8/15/1963	75442	59905.000	Lead Clerk	10/1/2006
F	7/13/1960	75069-1791	50866.000	Deputy District Clk II	10/1/2006
M	8/3/1969	75454	75402.515	Deputy Sheriff	10/1/2006
M	10/16/1969	75021	98364.273	Deputy Chief Investigator (DA)	10/1/2006
M	4/25/1969	75007	71393.000	Foreman	10/1/2006
M	7/25/1973	75454	54113.000	Detention Officer	10/1/2006
F	3/14/1963	75407	39141.869	Security Guard	10/1/2006
F	11/5/1971	75097	55130.580	Legal Secretary II	10/1/2006
M	9/7/1951	75424-6322	73455.034	Misdemeanor Invest	10/1/2006
F	4/3/1973	75070	71393.000	Senior Buyer	10/1/2006
M	8/3/1969	75442	77621.000	Deputy Sheriff	10/1/2006
M	1/25/1967	76227	94886.868	GIS Analyst	10/1/2006
F	1/9/1973	75094	54113.000	Detention Officer	10/1/2006
M	6/22/1975	75070	58216.942	Juvenile Supervision Officer	10/1/2006
M	5/8/1976	75454	77621.000	Deputy Sheriff	10/1/2006
F	1/30/1975	75442	145279.022	Assistant Director III	10/1/2006
M	11/13/1980	75409	54113.000	Detention Officer	10/1/2006
F	2/29/1956	75442	55130.580	Administrative Secretary	10/1/2006

Exhibit 6 - Short and Long Term Disability Census - May 2019

F	3/9/1957	75424	54113.000	Detention Officer	10/1/2006
F	6/13/1957	75424	50859.603	Deputy County Clerk II	10/1/2006
F	9/21/1958	75454	44095.545	Crim Justice Info Spec	10/1/2006
M	1/22/1979	75002	67236.000	Court Officer	10/1/2006
F	8/9/1961	75442	47036.132	Account/Office Clerk	10/1/2006
M	8/9/1970	75069	54113.000	Detention Officer	10/1/2006
M	2/27/1973	75002	71393.000	Lead Juv Probation Officer	10/1/2006
M	10/17/1972	76227	59905.000	Juvenile Supervision Officer	10/1/2006
M	2/8/1963	75009	71877.465	Juvenile Detention Unit Supvr	10/1/2006
F	5/8/1962	75074	200549.000	Director Of Human Resources	10/1/2006
M	4/15/1956	75491	147243.632	Director Of Facilities	10/1/2006
F	1/3/1968	75474	52957.409	Legal Secretary II	10/1/2006
F	10/7/1964	75407	55000.793	Administrative Secretary	10/1/2006
M	3/3/1981	75442	67388.050	Deputy Sheriff	10/1/2006
F	4/29/1964	75071	71393.000	Juvenile Resource/Special Prog	10/1/2006
F	7/2/1982	75452	64455.066	Functional Analyst	10/1/2006
F	1/26/1973	75002	64916.383	Probate Administrator	10/1/2006
M	8/22/1963	76227	54113.000	Detention Officer	10/1/2006
F	8/22/1967	75071	47042.000	Secretary	10/1/2006
M	6/14/1961	75069	71355.351	Environmental Const Specialist	10/1/2006
M	9/14/1975	75035	78593.798	Asst Detention Superintendent	10/1/2006
M	2/15/1952	75070	54113.000	Detention Officer	10/1/2006
M	4/24/1979	75021	59905.000	Juvenile Supervision Officer	10/1/2006
M	9/7/1968	75442	43671.000	Grounds Keeper	10/1/2006
F	7/28/1955	75482	39967.027	Tech I	10/1/2006
M	5/15/1979	75020	59905.000	Juvenile Supervision Officer	10/1/2006
F	5/18/1963	75407	89842.138	Chief Deputy Clerk	10/1/2006
F	2/19/1965	75070	129952.170	County Clerk	10/1/2006
F	7/13/1954	75009	55160.000	Administrative Secretary	10/1/2006
F	12/24/1965	75010	47036.132	Deputy County Clerk I	10/1/2006
F	6/16/1965	75454	111883.482	Court Reporter	10/1/2006
M	11/11/1981	75002	55012.540	Utilities Manager	10/1/2006
F	8/12/1963	75074	111984.364	Felony Prosecutor	10/1/2006
F	7/10/1973	75076	54113.000	Detention Officer	10/1/2006
M	1/12/1958	75090	54113.000	Detention Officer	10/1/2006
M	3/20/1957	75070	160440.000	Director Of Public Works	10/1/2006
F	12/7/1959	75002	121046.516	Nurse Practitioner	10/1/2006
F	10/8/1959	75409	54113.000	Detention Officer	10/1/2006
F	10/2/1954	75071	59356.302	Purchasing Administrator	10/1/2006
M	9/4/1981	75409	82816.000	Corporal	10/1/2006
M	3/24/1975	75069	82816.000	Criminal Investigator	10/1/2006
M	8/24/1973	75071	85972.000	Chief Field Agent	10/1/2006
F	1/23/1975	75071	82773.818	Felony Investigator	10/1/2006
M	10/22/1973	75442	53687.601	Detention Officer	10/1/2006
F	3/3/1958	75013	59689.004	Office Coordinator	10/1/2006
F	4/8/1973	75424	63436.000	Assistant Communications Supv	10/1/2006
M	6/10/1964	75072	54113.000	Detention Officer	10/1/2006

Exhibit 6 - Short and Long Term Disability Census - May 2019

F	8/5/1957	75069	54113.000	Detention Officer	10/1/2006
F	3/29/1964	75002	55160.000	Legal Secretary II	10/1/2006
F	3/16/1967	75414	55098.133	Administrative Secretary	10/1/2006
F	5/31/1972	75252	112796.679	Felony Prosecutor	10/1/2006
F	2/10/1963	75071	65308.000	GIS Coordinator	10/1/2006
F	8/13/1961	75069	50859.603	Deputy County Clerk II	10/1/2006
F	9/8/1966	75025	59732.174	Juvenile Supervision Officer	10/1/2006
F	8/6/1971	75071	76733.983	Court Coordinator	10/1/2006
M	12/29/1979	75098	55178.000	Dispatcher	10/1/2006
F	3/2/1968	75002	54113.000	Detention Officer	10/1/2006
F	5/9/1959	75082	174712.650	CCL Judge	10/1/2006
F	3/13/1975	75409	50866.000	Deputy District Clk II	10/1/2006
M	12/22/1938	75069	128496.780	Tax Assessor	10/1/2006
M	5/2/1975	75418	59905.000	Juvenile Supervision Officer	10/1/2006
F	10/25/1977	75009	55178.000	Dispatcher	10/1/2006
M	5/27/1972	75013	118262.364	Commander	10/1/2006
F	3/12/1965	76247	93852.916	Lieutenant	10/1/2006
M	6/14/1975	76227	98899.999	Operation Supervisor	10/1/2006
F	3/14/1974	75407	55130.580	Legal Secretary II	10/1/2006
F	4/5/1977	75454	50859.603	Deputy County Clerk II	10/1/2006
M	2/19/1965	75020	54113.000	Detention Officer	10/1/2006
M	6/3/1979	75454	54113.000	Detention Officer	10/1/2006
M	3/14/1975	75477	71393.000	Juvenile Court Liaison	10/1/2006
M	5/24/1968	75098	82816.000	Felony Investigator	10/1/2006
M	6/4/1979	75058	82816.000	Corporal	10/1/2006
M	12/30/1977	75409	77621.000	Deputy Sheriff	10/1/2006
M	12/13/1975	75098	62229.950	Jail Sergeant	10/1/2006
F	4/8/1959	75074	156677.618	Asst Director Of HR	10/1/2006
F	5/8/1961	75070	59905.000	Early Voting Coordinator	10/1/2006
M	8/10/1969	75071	77621.000	Deputy Sheriff	10/1/2006
M	8/30/1959	75009	109004.663	Captain	10/1/2006
M	10/13/1962	75424	50839.656	Equipment Operator	10/1/2006
F	12/4/1974	75078	55160.000	Geocode Tech Coordinator	10/1/2006
M	8/31/1968	75056	54113.000	Detention Officer	10/1/2006
M	3/25/1974	75438	57871.000	Detention Officer	10/1/2006
M	9/5/1955	75431	59873.126	Lead Operator	10/1/2006
M	2/12/1971	75459	65308.000	Parts Specialist	10/1/2006
F	2/23/1976	75023	51100.189	Lead Clerk	10/1/2006
M	10/27/1944	75088	111329.311	Court Reporter	10/1/2006
M	8/5/1977	75409	67241.794	Deputy Sheriff	10/1/2006
F	8/7/1961	75070	59826.142	Juvenile Supervision Officer	10/1/2006
F	6/8/1972	75454	62137.358	Office Coordinator	10/1/2006
M	3/1/1967	75407	52991.709	Lead Operator	10/1/2006
M	6/26/1971	75454	57871.000	Detention Officer	10/1/2006
F	1/21/1964	75491	59905.000	Office Administrator	10/1/2006
M	10/25/1961	75021	82773.818	Felony Investigator	10/1/2006
F	10/4/1962	75407	68534.840	Accountant/Auditor	10/1/2006

Exhibit 6 - Short and Long Term Disability Census - May 2019

M	12/23/1967	75040	131756.000	IT Senior Manager	10/1/2006
F	3/8/1976	75454	55364.400	Administrative Secretary	10/1/2006
M	5/8/1973	75071	102841.310	System Analyst/Programmer	10/1/2006
M	8/12/1954	75409	50839.656	Equipment Operator	10/1/2006
M	8/13/1974	75409	77621.000	Deputy Sheriff	10/1/2006
M	2/10/1959	75418	40564.477	Mail Technician	10/1/2006
M	10/31/1971	75092	75128.475	Misdemeanor Invest	10/1/2006
F	5/8/1965	75009	118262.364	Commander	10/1/2006
F	9/1/1963	75402	59905.000	Juvenile Supervision Officer	10/1/2006
F	9/22/1960	75002	46123.762	Deputy County Clerk II	10/1/2006
M	9/5/1966	75409	67236.000	Court Officer	10/1/2006
F	7/4/1974	75025	138742.739	2nd Asst District Attorney	10/1/2006
M	12/16/1965	75071	63436.000	Community Corrections Officer	10/1/2006
F	11/8/1959	75071	47036.132	Collections Clerk	10/1/2006
M	4/23/1966	75097	59905.000	Juvenile Probation Officer	10/1/2006
M	2/12/1980	75409	106994.884	Captain	10/1/2006
M	8/24/1971	75035	77581.595	Misdemeanor Invest	10/1/2006
F	11/30/1957	75020	50859.603	IT Assistant	10/1/2006
F	3/4/1961	75098	111636.000	HRIS/Systems Manager	10/1/2006
M	8/11/1978	75020	59732.174	Juvenile Probation Officer	10/1/2006
M	5/29/1974	75035	59569.760	Asset Management Technician	10/1/2006
F	9/30/1975	75070	104251.001	Chief Criminal Investigtr (DA)	10/1/2006
F	11/15/1970	75090	47238.769	Voter Registration Analyst	10/1/2006
M	6/6/1981	75495	63278.754	Court Officer	10/1/2006
F	1/10/1986	75495	67905.327	Sergeant	10/1/2006
M	8/9/1970	75071	67236.000	Court Officer	10/1/2006
F	3/16/1971	75495	75020.113	Juvenile Probation Unit Supvr	10/1/2006
F	4/29/1976	75424	47042.000	Legal Clerk II	10/1/2006
F	10/16/1958	75078	53646.115	TB Outreach	10/1/2006
F	4/30/1966	75424	55178.000	Dispatcher	10/1/2006
M	2/2/1961	75070	67236.000	Court Officer	10/1/2006
M	8/27/1969	75069	54113.000	Detention Officer	10/1/2006
F	10/7/1976	75424	65146.309	Court Coordinator	10/1/2006
M	10/15/1964	75491	65308.000	Building Maint Technician II	10/1/2006
F	12/18/1962	75002	116987.353	Purchasing Agent	10/1/2006
M	10/3/1961	75070	113931.660	Justice Of The Peace Judge	10/1/2006
M	10/19/1972	75409	85805.816	Sergeant	10/1/2006
M	8/30/1954	75002	54113.000	Detention Officer	10/1/2006
M	1/6/1973	75409	101841.927	Felony Prosecutor	10/1/2006
F	12/25/1985	75409	65605.500	Deputy Sheriff	10/1/2006
F	1/30/1979	75409	47042.000	Crim Justice Info Spec	10/1/2006
F	11/4/1959	75071	134178.099	1st Assistant Auditor	10/1/2006
M	4/6/1970	75424	54903.453	Asset Management Technician	10/1/2006
F	10/11/1962	75489	50866.000	Deputy Tax Clerk II	10/1/2006
F	4/27/1967	75069	41539.490	Tech I	10/1/2006
M	8/26/1977	75071	77621.000	Deputy Sheriff	10/1/2006
M	8/29/1967	75495	71393.000	CAD Operator	10/1/2006

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M	4/28/1953	75252	334518.667	Medical Examiner	10/1/2006
M	5/19/1959	75020	71393.000	Facilities Tech Coordinator	10/1/2006
M	8/1/1970	75069	50859.603	Deputy County Clerk II	10/1/2006
M	6/3/1954	75071	62173.353	Court Officer	10/1/2006
M	5/20/1977	75071	77596.814	Deputy Constable II	10/1/2006
M	12/23/1978	75409	59826.142	Juvenile Probation Officer	10/1/2006
M	11/20/1961	75071	119711.795	Assistant Chief Deputy	10/1/2006
M	10/20/1956	75490	50866.000	Control Room Operator	10/1/2006
F	11/7/1982	75495	57781.122	PHEP Specialist	10/1/2006
M	12/5/1963	75072	75210.000	Lead Juv Probation Officer	10/1/2006
F	4/23/1952	75002	55130.580	Legal Secretary II	10/1/2006
F	2/9/1960	75407	45767.563	Crim Justice Info Spec	10/1/2006
M	10/31/1959	75407	54113.000	Detention Officer	10/1/2006
F	2/22/1960	75442	55130.580	Legal Secretary II	10/1/2006
F	2/13/1982	75071	54113.000	Detention Officer	10/1/2006
F	8/18/1952	75010	94755.303	Deputy Elections Administrator	10/1/2006
M	7/7/1963	75442	103238.208	Captain	10/1/2006
M	9/1/1984	75409	94826.580	Captain	10/1/2006
M	12/12/1969	75452	80715.874	Network/Systems Administrator	10/1/2006
F	9/27/1966	75452	50650.153	Deputy District Clk II	10/1/2006
M	9/9/1985	75092	80860.091	Equipment Services Manager	10/1/2006
M	7/31/1983	75459	65013.483	Court Officer	10/1/2006
F	2/19/1964	75070	50859.603	Deputy County Clerk II	10/1/2006
F	10/29/1964	75069	50866.000	Accounting Tech	10/1/2006
F	7/4/1967	75173	97572.960	Juvenile Detention Superintend	10/1/2006
M	7/18/1973	75496	54113.000	Detention Officer	10/1/2006
M	6/14/1965	75009	50839.656	Equipment Operator	10/1/2006
F	11/25/1963	75132	200549.000	Chief Information Officer	10/1/2006
M	5/26/1981	75454	92463.872	Lieutenant	10/1/2006
M	12/26/1969	75069	82816.000	Felony Investigator	10/1/2006
M	5/16/1955	75071-7844	67236.000	Court Officer	10/1/2006
M	3/30/1956	75442	65308.000	Building Maint Technician II	10/1/2006
F	6/23/1942	75243	47042.000	Secretary	10/1/2006
F	4/24/1972	75409	70183.926	Deputy Sheriff	10/1/2006
F	4/15/1972	75442	79637.377	Jail Case Coordinator	10/1/2006
F	10/26/1954	75026-1606	41531.424	Title Specialist	10/1/2006
M	3/7/1970	75459	59732.174	Juvenile Supervision Officer	10/1/2006
F	7/29/1972	75074	47042.000	Title Specialist	10/1/2006
F	10/30/1966	75495	62740.595	Indigent Eligibility Spec.	10/1/2006
F	6/14/1973	75490	49092.350	Administrative Secretary	10/1/2006
F	9/12/1962	75002	43648.355	Tech II	10/1/2006
M	5/24/1970	76210	54113.000	Detention Officer	10/1/2006
M	3/6/1975	75098	111636.000	Infrastructure Supervisor	10/1/2006
M	6/8/1973	75442	72017.779	Deputy Sheriff	10/1/2006
M	7/30/1970	75092	59826.142	Juvenile Supervision Officer	10/1/2006
F	8/13/1980	75407	78673.469	Felony Investigator	10/1/2006
M	2/5/1964	75071	61044.282	Environmental Const Specialist	10/1/2006

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M	12/17/1973	76244	59732.174	Juvenile Supervision Officer	10/1/2006
M	6/29/1974	75092	54113.000	Detention Officer	10/1/2006
F	11/16/1963	75013-4794	59826.142	Juvenile Probation Officer	10/1/2006
M	1/28/1986	75495	67905.327	Deputy Sheriff	10/1/2006
F	5/3/1969	75458	54113.000	Detention Officer	10/1/2006
M	12/2/1963	75424	77621.000	Deputy Sheriff	10/1/2006
M	12/19/1977	75424	58402.249	Building Maint Technician II	10/1/2006
M	4/29/1980	75058	77621.000	Deputy Sheriff	10/1/2006
M	9/18/1960	75442	47017.684	Truck Driver	10/1/2006
M	4/12/1963	75070	59732.174	Juvenile Probation Officer	10/1/2006
M	8/16/1977	75454	69375.231	Facilities Tech Coordinator	10/1/2006
M	1/7/1969	75442	109004.663	Captain	10/1/2006
M	3/13/1973	75423	58325.618	Equipment Technician	10/1/2006
F	12/16/1971	75458	55130.580	Legal Secretary II	10/1/2006
F	7/21/1966	75078	111883.482	Court Reporter	10/1/2006
F	6/11/1963	75424	80989.254	Court Coordinator	10/1/2006
M	10/5/1977	75071	88388.000	Sergeant	10/1/2006
F	9/8/1978	75071	63584.014	Court Officer	10/1/2006
M	6/24/1980	75409	46389.339	Animal Control Lead	10/1/2006
F	10/24/1974	75093	59905.000	Juvenile Probation Officer	10/1/2006
M	5/22/1973	75490	59826.142	Juvenile Supervision Officer	10/1/2006
M	3/4/1970	75093	93852.916	Lieutenant	10/1/2006
M	12/24/1961	75149	108605.235	Superintendent Facilities	10/1/2006
M	1/7/1955	75409	82816.000	Corporal	10/1/2006
M	11/14/1962	75454	77621.000	Investigator	10/1/2006
F	12/4/1963	75071	111883.482	Court Reporter	10/1/2006
F	2/1/1972	75069	65209.201	Network Support Specialist	10/1/2006
M	2/24/1975	75409	62972.412	Court Officer	10/1/2006
F	2/16/1962	75025	64742.449	Senior Administrator	10/1/2006
M	9/10/1976	75002	54113.000	Detention Officer	10/1/2006
M	11/10/1980	75092	54113.000	Detention Officer	10/1/2006
F	9/16/1973	75070	130491.171	Chief Felony Prosecutor	10/1/2006
M	6/12/1973	75043	59905.000	Juvenile Probation Officer	10/1/2006
M	5/29/1961	75166	72401.670	Deputy Constable	10/1/2006
F	11/7/1978	75409	59661.698	Juvenile Probation Officer	10/1/2006
M	3/14/1975	75409	82816.000	Corporal	10/1/2006
M	8/8/1971	75490	88388.000	Sergeant	10/1/2006
F	8/8/1966	75461	59732.174	Juvenile Supervision Officer	10/1/2006
F	9/25/1963	75442	88614.102	Chief Deputy Clerk	10/1/2006
F	2/21/1971	75071	110862.138	Court Reporter	10/1/2006
F	11/25/1959	75442	41975.000	Tech I	10/1/2006
F	12/21/1968	75069	50866.000	Deputy District Clk II	10/1/2006
M	5/14/1954	75002	50839.656	Equipment Operator	10/1/2006
F	7/20/1968	75407	50866.000	A.F.I.S. Technician	10/1/2006
M	4/29/1978	75409	67162.692	Court Officer	10/1/2006
F	11/2/1972	75023	98028.084	Web Development Programmer	10/1/2006
F	5/7/1968	75040	50866.000	Title Specialist II	10/1/2006

Exhibit 6 - Short and Long Term Disability Census - May 2019

F	6/4/1970	75488	60695.800	Assistant Communications Supv	10/1/2006
M	12/20/1960	75488	50866.000	Control Room Operator	10/1/2006
F	1/26/1959	75490	59905.000	Office Coordinator	10/1/2006
M	3/9/1969	75072	67236.000	Court Officer	10/1/2006
M	1/3/1961	75491	62188.105	Foreman	10/1/2006
M	10/10/1970	75094	73921.151	Juvenile Probation Unit Supvr	10/1/2006
F	9/13/1968	75013	44695.987	Deputy County Clerk II	10/1/2006
F	7/31/1969	75495	65298.839	JP Court Administrator	10/1/2006
F	7/4/1961	75069	39460.466	Security Guard	10/1/2006
F	8/8/1976	75216	59661.698	Juvenile Supervision Officer	10/1/2006
M	6/26/1973	75452	54113.000	Detention Officer	10/1/2006
F	5/26/1962	75002	95024.116	System Analyst/Programmer	10/1/2006
M	9/29/1972	75002	74371.456	Jail Sergeant	10/1/2006
M	11/21/1960	75075	83629.810	Accountant/Auditor	10/1/2006
F	7/20/1966	75459	55160.000	Legal Secretary II	10/1/2006
M	5/25/1971	75409	78023.055	Juvenile Detention Unit Supvr	10/1/2006
F	7/4/1955	75442	54113.000	Detention Officer	10/1/2006
F	11/25/1950	75070	77813.862	Court Coordinator	10/1/2006
M	7/8/1981	75409	73605.823	Deputy Sheriff	10/1/2006
M	10/4/1967	75490	72401.670	Deputy Constable	10/1/2006
M	10/23/1972	75074	47042.000	Crim Justice Info Spec	10/1/2006
M	12/11/1952	75070	113931.660	Justice Of The Peace Judge	10/1/2006
M	7/9/1960	75413	111459.825	Senior System Analyst/Prog	10/1/2006
M	2/10/1980	75173	54113.000	Detention Officer	10/1/2006
M	1/14/1987	75490	52008.621	Building Maint Technician II	10/1/2006
F	12/26/1960	75490	67579.400	Office Coordinator	10/1/2006

INFORMATION REGARDING CONFLICT OF INTEREST QUESTIONNAIRE

During the 79th Legislative Session, House Bill 914 was signed into law effective September 1, 2015, which added Chapter 176 to the Texas Local Government Code. Recent changes have been made to Chapter 176 pursuant to HB23, which passed the 84th Legislative Session. Chapter 176 mandates the public disclosure of certain information concerning persons doing business or seeking to do business with Collin County, including family, business, and financial relationships such persons may have with Collin County officers or employees involved in the planning, recommending, selecting and contracting of a vendor for this procurement.

For a copy of Form CIQ and CIS:

http://www.ethics.state.tx.us/filinginfo/conflict_forms.htm

The vendor acknowledges by doing business or seeking to do business with Collin County that he/she has been notified of the requirements under Chapter 176 of the Texas Local Government Code and that he/she is solely responsible for complying with the terms and conditions therein. Furthermore, any individual or business entity seeking to do business with Collin County who does not comply with this practice may risk award consideration of any County contract.

For a listing of current Collin County Officers:

<http://www.collincountytx.gov/government/Pages/officials.aspx>

The following County employees will be involved in the planning, recommending, selecting, and contracting for the attached procurement:

Department:

Cynthia Jacobson – Human Resources

Erica Johnson – Human Resources

Delena David – Human Resources

Purchasing:

Michalyn Rains, CPPO, CPPB – Purchasing Agent

Michelle Charnoski, CPPB – Asst. Purchasing Agent

Sara Hoglund – Senior Buyer

Commissioners' Court:

Chris Hill – County Judge

Susan Fletcher – Commissioner Precinct No. 1

Cheryl Williams – Commissioner Precinct No. 2

Darrell Hale – Commissioner Precinct No. 3

Duncan Webb – Commissioner Precinct No. 4

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number												
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Employer identification number												
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.