

## Request for Proposals

# City of Mercedes

(GROUP HEALTH INSURANCE)

Employee Benefit Plans

Fully Insured Medical/Prescription Drug Program

DUE: October 16, 2020

10:00AM - City of Mercedes, City Manager's Office

Effective Coverage: December 1, 2020

## NOTICE

The City of Mercedes is accepting Sealed Proposals for GROUP HEALTH/RX INSURANCE until 10:00 AM, Friday, October 16, 2020.

Proposal criteria is available and can be obtained on the City's website at [www.cityofmercedes.com](http://www.cityofmercedes.com) or at the Office of the City Secretary and or City Manager, 400 South Ohio, Mercedes, Texas, 78570, (956) 565-3114, fax (956) 565-8592. Be advised, the city will not have an agent of record.

POSTED THIS THE 30TH DAY OF SEPTEMBER, 2020.

Joselynn Castillo  
City Secretary

## NOTICE

The City of Mercedes is accepting Sealed Proposals for GROUP HEALTH/RX INSURANCE until 10:00 AM, Wednesday, October 16, 2020, at which time they will be opened in the City Manager's office. Any proposals received after the time for opening shall be returned unopened. Proposals submitted via faxes or emails will not be accepted.

Specifications are available and can be obtained at the Office of the City Secretary, 400 South Ohio, Mercedes, Texas, 78570, (956) 565-3114 ext. 137, beginning Tuesday, September 29, 2020 at 10:00 AM or on the City's website at; [www.cityofmercedes.com](http://www.cityofmercedes.com).

Each bidder shall furnish the information required on the proposal forms. The proposals shall be sealed and addressed to: City Manager Sergio Zavala, P.O. Box 837, Mercedes, TX 78570, or delivered to 400 South Ohio, Mercedes, Texas and clearly marked "PROPOSAL – GROUP HEALTH/RX INSURANCE" on the lower left-hand cover.

The City of Mercedes reserves the right to postpone, to accept or to reject any or all proposals, or to waive any informalities in the proposal process and will select on the best value to the City. Proposals may be held by the City of Mercedes for a period not to exceed sixty (60) days from the date of the opening for the purpose of reviewing the proposals and investigation of the proposer's qualifications and making recommendation to the City of Mercedes for contract award.

Please direct your questions to Sergio Zavala, City Manager at [szavala@cityofmercedes.com](mailto:szavala@cityofmercedes.com) and cc'd to [jcastillo@cityofmercedes.com](mailto:jcastillo@cityofmercedes.com) or at (956) 565-3114.

Joselynn Castillo  
City Secretary

INTRODUCTION  
CITY OF  
MERCEDES

These proposal specifications have been prepared to solicit competitive proposals for the fully insured Group Medical/RX with PPO insurance program of the City of Mercedes, Texas, hereafter referred to as "the entity".

A. Effective Date

Unless otherwise specified, the effective date of the coverage will be DECEMBER 1, 2020 at 12:01 A.M. Central Standard time.

B. Underwriting Data

The underwriting, exposure, and loss data included in these specifications have been assembled by the entity. While every effort has been made to ensure the accuracy of this information, it cannot be guaranteed. It shall be the responsibility of the successful broker, insurer(s), and/or intergovernmental pool to review this information and work with the City of Mercedes on an ongoing basis to ensure all relevant information is included in the City's insurance coverage.

If it becomes necessary to revise any part of this proposal, a written addendum will be provided to all who submitted proposals who have completed and returned the "Notice of Intent to Submit Proposal" form. The entity is not bound by any oral representations, clarifications, or changes made in the written specifications by the City of Mercedes' employees, unless such clarification or change is provided to Proposers in written addendum from City Manager, Sergio Zavala, the authorized representative of the City.

c. Agent/Broker and Insurer Requirements

All insurers involved must be authorized and/or licensed to operate in the State of Texas. Non-admitted or surplus line carriers must be on the approved list of the Texas Insurance Department and any applicable taxes or fees must be fully disclosed. Insurers must have a rating in the current edition of Best's Insurance Reports (Property/Liability Edition) of at least "A" or better or, if an intergovernmental pool, provide a copy of the most recent audited financial statements complete with auditor's notes and reinsurance arrangements.

D. Compliance with Laws

All Proposers shall observe and comply with all regulations, laws, ordinances, etc., of local, state, and federal governments as they apply to this proposal process.

E. Proposal Rules

1. Deviations From Specifications. All deviations from these specifications must be clearly stated in your proposal. Any significant limitations of coverage, restrictive conditions, etc., should also be clearly described.

These specifications are not intended to be restrictive with respect to any innovative techniques for rating or for providing coverage, if a distinct advantage can be demonstrated. Proposals failing to meet all of the specifications will not necessarily be rejected, but any deviations must be clearly noted to be considered.

2. Proposals. One (1) electronic, One (1) paper original and Seven (7) copies of sealed proposals must be submitted. in writing at, or before, 10:00 AM on October 16, 2020 to City Manager Sergio Zavala, City of Mercedes, Texas at the following address:

City of Mercedes

Phone# (956) 565-3114 ex. 137

400 South Ohio or

mailed to: P.O.Box 837 Mercedes,

TX 78570

The sealed envelope must clearly state it is an Insurance Proposal and the date and time of the opening of Proposals. The proposals will be publicly opened at 10:01 AM at Mercedes City Hall on October 16, 2020 at the following location:

City of Mercedes

Phone: (956) 565-3114 ex. 137

City Hall, 400 South Ohio

Mercedes, TX 78570

**THE REST OF THIS PAGE LEFT BLANK**

Proposals must be submitted with complete specimen policy forms and all applicable endorsements attached. IF SPECIMEN POLICY FORMS AND ENDORSEMENTS ARE NOT PROVIDED, AN EXPLANATION IS REQUIRED AS TO WHY THEY ARE NOT INCLUDED, AND PROPOSALS MAY BE SUBJECT TO DISQUALIFICATION. Every effort will be made to compare proposals on an equitable basis. Please be assured your efforts will be well received and thoroughly considered. Our evaluation of the proposals will consider the limits, terms, conditions and exclusions of the coverage provided, cost, and services available from the broker, insurer(s) and pool(s), and the financial solvency of the carriers. The City reserves the right to accept or reject all or any part of any proposals, based upon its own selection criteria. Preference will be given to the carrier who can provide all lines of coverage in a package format. Preference shall be given to proposers willing and able to provide all coverage being proposed. The term of coverage will be for a two-year period provided there is no rate increase with the option to extend two additional years if there is a rate reduction.

### 3. Anti-lobbying Provision

During the period between the Request For Proposals solicitation, submission date, and the contract award, respondents, including their agents and/or representatives/owners, shall not contact or promote their Proposal to any member of the Mercedes City Commission or City staff except in the course of City-sponsored inquires, briefings, interviews, and/or presentations requests through the City Manager. Violation of this provision may result in the rejection of the respondent's Proposal submittal.

4. Coverage Quotations. If the proposed coverage is contingent upon the entity providing additional information, inspections, completed applications, or is subject to any other conditions, such requirements must be stated clearly in the proposal. AS NOTED PREVIOUSLY, PROPOSALS WITH SEPARATE QUOTATIONS FOR EACH LINE OF COVERAGE REQUESTED MUST BE SUBMITTED WITH COMPLETE SPECIMEN POLICY FORMS AND ENDORSEMENTS ATTACHED.

5. Loss and Claim Reports. Each insurer (or its claims administrator) will be required to provide the City with periodic reports.

6. Loss Prevention Services. Please provide a description of the specific services available to the employees from you and/or the insurer(s), and indicate any additional fees that will be charged for such services.

7. Claims Adjusting Services. Please provide a description of claims adjusting services. If independent firms are to be used, the names and addresses of the firms are required to be shown. It is also required that the Claims Administration forms be completed and returned with your proposal.

8. Duration of Proposal. We require that all proposals remain valid without material change for at least 60 days after the due date noted in "2." above.

9. Non-Compliance with Signed Proposal. It is understood and agreed, in the event an insurance policy(ies) does not meet the terms and conditions accepted by the entity as specified in this proposal, the entity shall at its sole option have the right to:

- a. Cancel the policy or policies on a pro-rata basis (not short rate); OR

- b. Require the insurer, agent/broker, or intergovernmental pool to provide the coverage as stated in this proposal at the proposed premium.

10. Pro-Rata Cancellation. The entity may choose a common effective date for all policies. If this option is selected, the rates must be guaranteed for the extended coverage period required to bring all policies to a common effective date.

THE REST OF

THIS PAGE

LEFT BLANK

## Introduction Notice General

This Notice is to highlight the main requirements of the Request for Proposals

1. The City of Mercedes is accepting Sealed Proposals from qualified firms for Benefit Plan relating to fully insured Group Medical/RX with PPO Insurance.

2 Data contained in the specifications is confidential and must be used solely in preparation of a proposal for Insurance services or coverage as follows:

- PPO Network
- Utilization Review
- Prescription Drug Card

3 Where applicable, all companies submitting proposal must be licensed by the Texas Department of Insurance and permitted to contract with the State or any of its subdivision. All insurance carriers must provide their company rating. Proposers who fall under the guideline of the Interlocal Cooperation Act, Chapter 791, Title 7, Government Code, will be acceptable.

4. The City of Mercedes may award to contract with the proposal that provided the services at the best value for the City. In determining the best value for the City, the City may consider.

- The purchase price
- The reputation of the bidder and of the bidder's goods or services;
- The quality of the bidder's services
- The extent to which the goods and services meet the City's needs;
- The bidder's past relationship with the City;
- The total long-term cost to the City to acquire the bidder's goods or services; and
- Any relevant criteria specifically listed in this request for proposals.

5. The term of this contract is for two (2) year term provided there is no rate increase with two (2) optional one year extensions provided there is no rate increase. Lower rates would be considered with no change in coverage.

6. Any questions regarding the bid documents, such as requests for clarifications and/or information or additional documents concerning this request for proposals shall be submitted in writing to: City Manager Sergio Zavala, P.O. Box 837, Mercedes, TX 78570 or by email to [szavala@cityofmercedes.com](mailto:szavala@cityofmercedes.com) and cc'd to [jcastillo@cityofmercedes.com](mailto:jcastillo@cityofmercedes.com) No phone calls regarding this RFP will be accepted. Replies to written questions will be issued via email to requesting parties as well as to any other persons who have requested the packet for proposals. Oral interpretations or clarifications will be without legal effect.



7. Any form of contact by a respondent or potential respondent regarding this request for proposals at any time during the solicitation process from initial advertisement through time of award, with the City Commission or any person employed by the City of Mercedes other than through the communication channels included in this request for proposal, or as subsequently instructed by the City of Mercedes through the solicitation process, will constitute grounds for rejection of their proposal.

8. Public sector employers are not allowed, under current state law, to execute a document containing a Hold Harmless/Indemnification Clause causing the employer to be responsible for other parties' liability. Therefore, your documents should not contain any such clauses.

9. The City of Mercedes reserves the right to reject any or all proposals, or part of proposals, waive technicalities and to select the proposal in the best interest of the City. Price alone will not be the sole determining criteria in the selection process.

10. The respondents will submit: one (1) Electronic Submission is required (flash drive or CD) along with one (1) paper original and seven (7) copies. Materials must be submitted in a sealed envelope and addressed to: City Manager Sergio Zavala, City of Mercedes, P.O. Box 837, Mercedes, TX 78570 or hand delivered to: City Manager's office, 400 S. Ohio, Mercedes, TX 78570 and clearly marked "PROPOSAL-GROUP HEALTH/RX INSURANCE" on the outside of the Envelope.

#### 11. Digital Format

If any respondent obtains the proposal specifications in digital format in order to prepare a proposal, the proposal must be submitted in hard copy according to the instructions contained in this package. If, in its proposal response, respondents make any changes whatsoever to the published specifications, the specifications as published shall control.

Furthermore, if any alteration of any kind to the bid specification is discovered after the contract is executed and is or is not being performed, the contract is subject to immediate cancellation without recourse.

#### 12. Review

The City of Mercedes will analyze vendor pricing, services and capabilities for the medical/Rx plans. The City's current vendor is as indicated below:

Medical/prescription

Humana

A summary of the benefits and eligibility provisions are included in this RFP.

Options:

The City of Mercedes is seeking sealed proposals from organizations (hereinafter referred to as "vendor") for the following: Medical/Rx. Proposals should be submitted for:

1. Fully Insured Group Medical/RX program

Proposals should include at least Option 1.

OPTION 1-Should be the current plan design.

OPTIONS 2 or more - Alternate proposals will also be considered, provided the alternative(s) are clearly identified and completely explained. Alternates can be a lower or higher cost option(s)

**ELIGIBILITY**

**ACTIVE EMPLOYEES, SOME RETIRED EMPLOYEES, AND EDC EMPLOYEES**

All regular, full-time, active employees, working at least 40 hours per week are eligible to participate in the City's benefits plan (medical/RX). Elected officials serving in office (members of the City Commission) are not eligible to participate in the City's medical and prescription benefit plan. Retired employees with a minimum of fifteen years of service who retire in good standing are covered by the City's medical and prescription drug plan for two years. EDC full-time employees are also eligible to be covered. All eligible dependents and spouses of active employees are allowed to elect health coverage at the employee's expense, provided that the employee has also elected coverage. Dependent children who are under 26 years old are eligible, regardless of student status. The City contributes 100% of the Employee Only Cost for:

- Medical/Rx

**PLAN EFFECTIVE DATE**

December 1, 2020

**Coverage:** Coverage will be on the 1<sup>st</sup> day of the month before the expiration of 90 days from initial date of employment, unless otherwise required by law.

Commissions/Agent of Record:

The City does not currently have an agent of record, and will not have an agent of record via the FY 20-21 coverage.

**Disqualification**

Disqualification may occur for any of the following reasons:

- The respondent is involved in any litigation against the City of Mercedes;
- The respondent is in arrears on any existing contract or has defaulted on a previous contract with the City;
- The respondent is disbarred, suspended, or otherwise excluded from or ineligible for participation in State or Federal assistance programs.
- The respondent contacts any member of the City Commission from the time proposals are bid up to and during the time to award to promote their proposal.

**Confidentiality**

All proposals submitted shall remain confidential. After award, proposals will be made available for public inspection pursuant to Public Information Act. The City shall not be responsible for the confidentiality of any trade secrets or other information contained or disclosed in the proposal unless clearly identified as such.

**Award of Contract**

The City reserves the right to accept or reject any or all proposals, and to waive any formalities, or irregularities in the RFP process and award the proposal to best serve the interest of the City. Proposals may be awarded or rejected in any combination the City selects.

The City will select the most highly qualified respondent(s) of the requested services based on demonstrated competence and qualifications and then attempt to negotiate with respondent(s) a contract(s) at a fair and reasonable price.

**Acceptance of Proposal Content**

Before submitting a proposal, each Respondent shall make all investigations and examinations necessary to ascertain all conditions and requirements affecting the performance of the contract and to verify any representations made by the City upon which the proposal will rely.

The estimated timeline for specifications is noted below and followed by the detailed requirements.

First Publication:            October 1, 2020  
Second Publication        October 7, 2020  
Proposals Due:             10:00 AM., Friday October 16, 2020

Contract Effective Date: December 1, 2020

## **DEADLINE AND DELIVER LOCATION**

### **Deadline**

Sealed submittals must be received and time stamped by 10:00 A.M., Local Time, October 16, 2020. The clock located at the City will be the official time. It is the sole responsibility of the respondent to ensure that the sealed RFP submittal arrives at the below location by specified deadline.

One (1) Electronic Submission is required (flash drive or CD) along with (1) one paper original and seven (7) copies. Materials must be submitted in a sealed envelope and addressed to: City Manager Sergio Zavala, City of Mercedes, P.O. Box 837, Mercedes, TX 78570 or hand delivered to: City Manager Sergio Zavala, 400 S. Ohio, Mercedes, TX 78570 and clearly marked on the outside of the Envelope: **"PROPOSAL- GROUP HEALTH/RX INSURANCE"**. Faxed or emailed file submittals will not be accepted. Proposals received after the deadline will be considered unacceptable and will not be opened. The City of Mercedes is not responsible for lateness of mail, courier service, etc.

## **SCOPE OF SERVICES REQUESTED**

The City shall require that the respondents provide all necessary services including, but not limited to the following:

- Maintain a fully automated claims adjudication system in compliance with electronic transmission standards and security requirements and all other regulations as required by HIPAA. Provide WEB access to plan participants that allows for claim status and offers various customer service functions.
- Maintain records and management reports, including claims and accounting information as required by the contract.
- Provide timely response to inquiries from plan participants and providers regarding eligibility and status of claim, correspondence, payment, and any other information requested by such parties in a manner that will limit the City's involvement in day-to-day inquiries.
- Prepare and review with the Human Resources and Payroll staff, and print summary plan documents, claim forms, and any other communication material as required by the contract.
- If vendor uses ID cards, the City prefers vendor to mail the initial identification cards to the City of Mercedes address.

- Deliver utilization reports. The City needs to be able to access standard reports online, preferably in excel format.
- Provide online access to additional standard or ad hoc reports as needed by the City. If a specific report cannot be generated online, prepare and provide such to the City electronically.
- Meet with representatives of the City's Human Resources and Payroll Departments as often as deemed necessary by City.

### **Contract Terms**

The City desires to receive proposals with at least a two (2) year guarantee, with an optional (2) year extensions if there will be no increase in premium rates.

### **Exhibits**

Any information necessary for the submittal of a proposal is included by way of the attached exhibits. The exhibits include Exhibits 1-5

### **PROPOSALFORMAT**

#### **General**

Proposals shall be submitted in the following format with each element requested and/or form furnished as specified to facilitate evaluation of the proposals. The detailed requirements in this RFP are mandatory.

#### **Letter of Transmittal**

A letter of transmittal must be submitted with a Respondent's proposal. The Letter must include:

A statement of the respondent's understanding of the services required by the Request for Proposal and attached specifications.

A statement that the Respondent can and will furnish the required services in full compliance to the terms, conditions and specifications set forth in this RFP within the designated time frames.

A statement of the Respondent's status (ie. corporation, partnership, other), and its affiliation with any other corporation or firm along with the names of the person(s) authorized to make representations on behalf of the respondent, binding the firm to a contract.

#### **Table of Contents**

A Table of Contents should indicate the material included in the proposal.

#### **Required Attachments**

All quoting respondents should complete the appropriate items outlined in the RFP.

Quoting respondents may include additional information, flyers brochures, etc. in each tab of their hard copy responses in addition to the completed required attachments.

Quoting respondents should also include the name, address, phone number, fax number, email address of the contact person(s) within the organization.

#### Selection Process

The City shall evaluate all submissions and present such to the City Commission. The City Manager shall make a recommendation to the City Commission of the selection of the most qualified respondent to enter into contract negotiations with the City. The City will evaluate the quotes based on price, coverage area, billing and technical support. The City reserves the right to negotiate the final fee schedule prior to recommending any respondent a contract.

#### Selection Criteria

Respondents are advised that the City reserves the right to evaluate and rank the proposals without input from the respondents. Therefore, proposals should be complete as initially submitted.

When services and fees are agreed upon, the selected respondent shall be offered a contract subject to City Commission approval.

The selected respondent shall enter into negotiations with the City for the services to be performed. Should negotiations be unsuccessful, the City shall enter into negotiations with the next, highest-ranked respondent until an agreement for services and fees are reached. This process shall continue until an agreement is reached.

This RFP does not commit the City to pay for any direct and/or indirect costs incurred in the preparation and presentation of a response. The City reserves the right to accept or reject all or part of proposals.

## NOTICE TO RESPONDENTS

### Disclosure of Certain Relationships

Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local governmental entity make certain disclosures concerning any affiliation or business relationship that might cause a conflict of interest with the local governmental entity. The provisions of Chapter 176 and the Form CIQ questionnaire that must be completed to comply with this law are available at the Texas Ethics Commission website.

A current list of City of the Mercedes City Commission members and City Manager is available at the City, or on the City's website at <http://www.cityofmercedes.com>. If you are considering doing business with the City of Mercedes and have an affiliation or business relationship that requires you to submit a completed Form CIQ, it must be filed with the City Secretary's office of the City of Mercedes no later than the seventh (7th) business day after the date you become aware of facts that require the form to be filed. You may also include the statement along with the proposal. See Section 176.006, Texas Local Government Code. It is a Class C misdemeanor to violate this provision.

By submitting a response to the City of Mercedes Request for Proposal, Request for Bid, or Request for Qualifications or by conducting business with said entity, you are representing that you are in compliance with the requirements of Chapter 176 of the Texas Local Government Code.

**THE REST OF THIS PAGE LEFT BLANK**

Letter of Interest

RFP: Group Medical/Rx.

The undersigned firm submits the following information in response to Request for Proposal, issued by the City of Mercedes, Texas ("City") for a Group Medical/RX. This proposal Includes:

- \_ Completed RFP Letter of Interest form. (Required)
- \_ Completed Conflict of Interest form (Required)
- \_ Completed Debarment and Suspension Certificate (Required)
- \_ Non-Collusion Statement (Required)
- \_ One (1) electronic copy of proposal (Required)
- \_ One (1) original and seven (7) paper copies of proposal (Required)

Respondent is responsible for calling the City Manager of the City of Mercedes to determine if any addendums have been issued.

Respondent also understands that the City is not bound to select any proposals for the final pre-qualified list and may reject any RFP submittal that the City receives.

Respondent further understands that all costs and expenses incurred by them in preparing this RFP and participating in this process will be borne solely by the respondent, and that the RFP submittal materials will become the property of the City and will not be returned.

Respondent agrees that the City will not be responsible for any errors. Omissions, inaccuracies, or incomplete statements in this RFP and accepts all terms of the RFP submittal process by signing this letter of interest and making the RFP submittal.

The respondent certifies, by submission of this proposal or acceptance of this contract that neither it, nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State departments or agencies.

Any offer submitted because of this RFP shall be binding on the Respondent for 90 calendar days following the specified opening date. Any proposal for which the respondent specifies a shorter acceptance period may be rejected.

This RFP shall be governed by and construed in all respects according to the laws of the State of Texas.

Firm (Company) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tax ID: \_\_\_\_\_

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title



# EXHIBIT 1

## CURRENT MEDICAL PLAN COVERAGE

Effective Date: 12/01/2020

## Current Plan

### Product Specification

RN NPOS 16 COPAYF/8050

#### Health Plan Highlights

Network Key: POS TX

Network - Med: National POS-Open Access Rx: NATIONAL

|                                     |          |   |           |
|-------------------------------------|----------|---|-----------|
| Non Par Fee Schedule                | STANDARD | Lifetime Maximum Benefit                              | UNLIMITED |
| Coinsurance % Par                   | 80%      | Phy/Occup/Cogn/Speech/Hear/Chiro Therapy Limit Visits | 30        |
| Coinsurance % NonPar                | 50%      | Skilled Nursing Day Limits                            | 60        |
| Individual Annual Par Deductible    | \$3000   | Injection Copay                                       | \$5       |
| Individual Annual NonPar Deductible | \$9000   | Specialty Drug Admin Office/Home/Clinic               | \$50      |
| Family Annual Par Deductible        | \$6000   | RX Copay Tier 1                                       | \$10      |
| Family Annual NonPar Deductible     | \$18000  | RX Copay Tier 2                                       | \$40      |
| Individual Annual Par OOP Limit     | \$6500   | RX Copay Tier 3                                       | \$70      |
| Ind Annual NonPar OOP Limit         | \$19500  | RX Coinsurance % Tier 4                               | 25%       |
| Family Annual Par OOP Limit         | \$13000  | Rx Deductible   | \$0       |
| Family Ann. NonPar OOP Limit        | \$39000  | RX Mail Order Copay Tier 1                            | \$25      |
| PCP OV Copay                        | \$25     | RX Mail Order Copay Tier 2                            | \$100     |
| Specialist OV Copay                 | \$25     | RX Mail Order Copay Tier 3                            | \$175     |
| Hospital Emergency Copay            | \$350    | RX Mail Order Coinsurance % Tier 4                    | 25%       |
| Urgent Care Copay                   | \$100    | State of Issue  | TX        |

|                     | EE       | EESP     | EECH     | FAM        |
|---------------------|----------|----------|----------|------------|
| Current Subscribers | 124      | 0        | 6        | 1          |
| Current Rates       | \$426.35 | \$878.28 | \$758.90 | \$1,432.53 |

## EXHIBIT 2

# MEDICAL/PRESCRIPTION BILLING STATEMENT



# Invoice

For coverage in October 2020

## CITY OF MERCEDES

Billing ID  
808402-001

Invoice number - Invoice date  
953616838 - September 16, 2020

Billing Contact  
1-800-872-7207  
TEAM 4 BILLING UNIT

Payment due  
October 1, 2020

HBSGAFPLETHBSG141A0917202001160004672  
CITY OF MERCEDES  
GRACIELA ALANIS  
P.O. BOX 837  
MERCEDES, TX 78570

## Invoice Summary

|                                    |                     |
|------------------------------------|---------------------|
| Amount due from last invoice       | \$120,332.98        |
| Total payments received            | -\$60,558.73        |
| Amount past due                    | \$59,774.25         |
| Premiums this period               | \$64,395.88         |
| Member adjustments                 | \$0.00              |
| Fees and other adjustments         | \$0.00              |
| <b>Please pay total amount due</b> | <b>\$124,170.13</b> |

In accordance with Texas SB51 & SB1143 the employer is liable for premiums on any individual who is terminated until Humana receives notice of the individual's termination. To terminate coverage please go to **Humana.com**, select "Employers" and log in to the Employer Self-Service Center or contact Customer Service at 1-800-872-7207.

When an employee covered by a Humana health plan leaves your company for any reason, you'll need to provide that information to Humana. You now can use the Employer Self-Service Center to make changes in an employee's status by visiting **Humana.com**, selecting "Other Humana Sites", then click on "Employers", and logging into the Employer Self-Service Center.

continued ►



RETURN THIS PORTION WITH YOUR PAYMENT

## Payment Coupon

Billing ID: 808402-001  
Invoice number: 953616838

Payment due date: October 1, 2020  
Amount due: \$124,170.13  
Amount enclosed:

953615694 001 0012417013 10012020 85457 2

HBSGAFPLETHBSG141A0917202001160004672  
CITY OF MERCEDES  
GRACIELA ALANIS  
P.O. BOX 837  
MERCEDES, TX 78570

Please remit to:

  
HUMANA HLTH PLAN OF TX  
PO BOX 4612  
CAROL STREAM, IL 60197-4612

For change of address, please contact your Billing Representative.

## Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

1. Write your Billing ID on your check.
2. Fill out all information on the remittance stub.
3. Put your check and remittance stub in the envelope provided.

Payments received after the end of your grace period will cause the account to automatically terminate and result in a disruption of coverage for your employees. If your policy terminates, request for reinstatement may be made. Reinstatements are at our discretion. Reinstatement fees may apply.

## Humana's Employer Self-Service Center

You can log in anytime to your Self-Service Center to receive personalized information and tools to help you manage your employees' benefits. To register, go to the "Employers" section on [Humana.com](https://www.humana.com), click "Register Today."

Through Humana.com you can:

- View your monthly statement and make a premium payment;
- Complete daily enrollment maintenance tasks like adding a new employee, changing coverage, and terminating an employee's benefits;
- Enjoy features that simplify plan administration, such as links to eligibility information.

## Paper Enrollment Submissions

Please ensure that all paper enrollment submissions are completed thoroughly, including group names and numbers associated with your account. Mail your enrollment forms to the following address:

Humana Inc.  
P.O. Box 14209  
Lexington, Kentucky 40512-4209

There may be a delay in updates on your invoice due to timing and processing. Please continue to pay the "Total Amount Due" to save time and money on reconciliation efforts. Please ensure all adjustments are accurately reflected on your invoice. If not, please contact your Billing Representative.

# Group Summary

## Payments

| Date   | Description                  | Amount       | Balance            |
|--------|------------------------------|--------------|--------------------|
|        | Amount due from last invoice |              | \$120,332.98       |
| Aug 31 | Payment received (thank you) | -\$60,558.73 | \$59,774.25        |
|        | <b>Amount past due</b>       |              | <b>\$59,774.25</b> |

## Premiums by Product Type

| Product type | QTY        | Employee (EMP)     | QTY      | Employee Plus Spouse (ESP) | QTY      | Employee Plus Children (ECH) | QTY      | Family (FAM)      | Total              |
|--------------|------------|--------------------|----------|----------------------------|----------|------------------------------|----------|-------------------|--------------------|
| Medical      | 137        | \$58,409.95        | 0        | \$0.00                     | 6        | \$4,553.40                   | 1        | \$1,432.53        | \$64,395.88        |
| <b>Total</b> | <b>137</b> | <b>\$58,409.95</b> | <b>0</b> | <b>\$0.00</b>              | <b>6</b> | <b>\$4,553.40</b>            | <b>1</b> | <b>\$1,432.53</b> | <b>\$64,395.88</b> |

## Premiums by Plan Type

| Plan type    | QTY        | Employee (EMP)     | QTY      | Employee Plus Spouse (ESP) | QTY      | Employee Plus Children (ECH) | QTY      | Family (FAM)      | Total              |
|--------------|------------|--------------------|----------|----------------------------|----------|------------------------------|----------|-------------------|--------------------|
| NPO          | 137        | \$58,409.95        | 0        | \$0.00                     | 6        | \$4,553.40                   | 1        | \$1,432.53        | \$64,395.88        |
| <b>Total</b> | <b>137</b> | <b>\$58,409.95</b> | <b>0</b> | <b>\$0.00</b>              | <b>6</b> | <b>\$4,553.40</b>            | <b>1</b> | <b>\$1,432.53</b> | <b>\$64,395.88</b> |

### Plan Type Legend

NPO NATIONAL POINT OF SERVICE

Employee Detail:  
CITY OF MERCEDES  
808402-001

## CITY OF MERCEDES

| Member Name          | Member ID Number | Plan | Type | Premium  |        |           | Total Premium |
|----------------------|------------------|------|------|----------|--------|-----------|---------------|
|                      |                  |      |      | Medical  | Dental | Specialty |               |
| AGUEROS, ALBERT      | 112207464        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| AHUMADA, OLIVIA      | 112207407        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| ALANIS, GRACIELA     | 112207460        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| ALVARADO, ADEL       | 113429963        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| ALVARADO, ISIDRO     | 112207440        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| ARRIAGA, CHRISTOPHER | 116289016        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| BENNETT, GUALBERTO   | 116435299        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| BOCANEGRA, ALEJANDRO | 112207399        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| CAMPOS, JAVIER       | 113707835        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| CAMPOS, JESUS        | 116260132        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| CARRASCO, LEONARDO   | 116602261        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| CASTANEDA, AARON     | 116573471        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| CASTILLO, JOSELYNN   | 112207393        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| CASTILLO, KRISTINA   | 112207428        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| CASTILLO, RICARDO    | 112207453        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| CAVAZOS, JESSICA     | 115851690        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| CAVAZOS, OSCAR       | 115859864        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |



## CITY OF MERCEDES (Continued)

| Member Name             | Member ID Number | Plan | Type | Premium  |        |           | Total Premium |
|-------------------------|------------------|------|------|----------|--------|-----------|---------------|
|                         |                  |      |      | Medical  | Dental | Specialty |               |
| CELEDON ZAMORA, JOSE    | 113430106        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| CHAPA, AMADO            | 113711759        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| CHAVEZ, DAGOBERTO       | 114000549        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| CORTEZ, CARLOS          | 116602269        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| CUEVAS, JORGE           | 989823208        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| DE LA FUENTE, HORTENCIA | 112207461        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| DIAZ, GEORGE            | 112207423        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| DIAZ, ORLANDO           | 112207459        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| ESCOBAR, JESSICA        | 116530114        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| ESCOBEDO, NARCISO       | 112207471        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| ESPINOZA, ENRIQUE       | 115859921        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| FARIAS, VIDAL           | 116435229        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| FIGUEROA, JOSE          | 112207472        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| FLORES, ARMANDO         | 112207400        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| FLORES, JOSE            | 116573477        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| FLORES, JUAN            | 114640716        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| GALVAN, ARNOLDO         | 113430167        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| GARCIA, RENE            | 112207465        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |
| GARCIA, SANTOS          | 116644484        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total          |                  |      |      |          |        |           | \$426.35      |





## CITY OF MERCEDES (Continued)

| Member Name          | Member ID |      | Type | Premium  |        |           | Total Premium |
|----------------------|-----------|------|------|----------|--------|-----------|---------------|
|                      | Number    | Plan |      | Medical  | Dental | Specialty |               |
| GARZA, DIANNA        | 112207437 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GARZA, GERARDO       | 114620714 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GARZA, RUBEN         | 112207441 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GIL, REYNALDO        | 113711541 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GOMEZ, AARON         | 113711484 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GOMEZ, KAYLA         | 115859911 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GONZALEZ, ABEL       | 112207444 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GONZALEZ, ARMANDO    | 112207435 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GONZALEZ, DAVID      | 114640763 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GONZALEZ, ERNESTO    | 112207414 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GONZALEZ, ISMAEL     | 112207489 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GONZALEZ, OSCAR      | 112207493 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GONZALEZ, SALVADOR   | 116260130 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GUAJARDO, JOSE       | 112207418 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| GUTIERREZ, RUBEN     | 116231024 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| HATHORN, MARK        | 116578784 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| HERNANDEZ, JOSE      | 114629953 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| HERNANDEZ, LEROY     | 112207482 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| HERNANDEZ, MARY JANE | 112207452 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |



## CITY OF MERCEDES (Continued)

| Member Name         | Member ID Number | Plan | Type | Premium  |        |           | Total Premium |
|---------------------|------------------|------|------|----------|--------|-----------|---------------|
|                     |                  |      |      | Medical  | Dental | Specialty |               |
| HERNANDEZ, MEREDITH | 112207492        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| HERNANDEZ, RANDY    | 116644497        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| HINOJOSA, RAVYN     | 114186358        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| HUTTON, JUAN        | 112207439        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| JOHNSON, MARTIN     | 112207390        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| JONES, JOSEPH       | 116290082        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| LEDESMA, ELIJAH     | 116202613        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| LEDESMA, JUAN       | 112207417        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| LEDESMA, MARIA      | 112207397        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| LIRA, ARMANDO       | 112207451        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| LONGORIA, DANNY     | 113711855        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| LONGORIA, KRISTINE  | 114629960        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| LOPEZ, YSIDRO       | 112221146        | NPO  | ECH  | \$758.90 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$758.90      |
| LOZANO, JULIEN      | 116231026        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| MACIAS, JOSE        | 116231025        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| MALDONADO, OLGA ±   | 112207405        | NPO  | ECH  | \$758.90 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$758.90      |
| MALDONADO, ROLANDO  | 112208736        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| MARTINEZ, JOSE      | 116202795        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |
| MARTINEZ, JUAN      | 115859926        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total      |                  |      |      |          |        |           | \$426.35      |



Questions about your invoice? Call your Billing Representative at 1-800-872-7207.  
Don't forget, you can pay your invoice online at Humana.com.

## CITY OF MERCEDES (Continued)

| Member Name          | Member ID |      | Type | Premium  |        |           | Total Premium |
|----------------------|-----------|------|------|----------|--------|-----------|---------------|
|                      | Number    | Plan |      | Medical  | Dental | Specialty |               |
| MATA, BERNALDO       | 116446603 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MELCHOR, MIKE        | 116573336 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MENA, DAVID          | 115859910 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MENDOZA, CHRISTOPHER | 116602163 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MENDOZA, MARIA       | 112207396 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MENDOZA, RAMIRO      | 114629954 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MONTELONGO, ANTONIO  | 114629957 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MORA, ISAAC          | 115859886 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MORA, JUSTIN         | 113432145 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MORALES, FERMIN      | 112207467 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MORALES, IRMA        | 112207457 | NPO  | ECH  | \$758.90 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$758.90      |
| MORALES, ROCIO       | 113431855 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MORIN, RICARDO       | 112207449 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MUNIZ, MARGARET      | 112207411 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| MUNIZ, MICHELLE      | 112207476 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| NORIEGA, ERIKA       | 112207466 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| OVIEDO, LUZ          | 112207455 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| PALACIOS, SAN JUANA  | 112207458 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |
| PEDRAZA, JOSE        | 112207468 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |           |      |      |          |        |           | \$426.35      |



## CITY OF MERCEDES (Continued)

| Member Name          | Member ID Number | Plan | Type | Premium  |        |           | Total Premium |
|----------------------|------------------|------|------|----------|--------|-----------|---------------|
|                      |                  |      |      | Medical  | Dental | Specialty |               |
| PERALES TORRES, HUGO | 114186273        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| PEREZ, NEREIDA       | 114698373        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RAMIREZ, FERNANDO    | 116146397        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RAMIREZ, GERARDO     | 112207430        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RAMIREZ, JESUS       | 116446124        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RAMIREZ, MELISSA     | 112207474        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RAMOS, JANIE         | 116202604        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RIVAS, FRANCISCO     | 113711945        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| ROCHA, ROY           | 112207425        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RODRIGUEZ, ESMERALDA | 114186368        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RODRIGUEZ, ISAIAS    | 112207403        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RODRIGUEZ, JESUS     | 113432050        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RODRIGUEZ, MONICA    | 112207486        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RODRIGUEZ, NATALIO   | 112207426        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RODRIGUEZ, OCTOVIANO | 115863653        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RODRIGUEZ, RICARDO   | 112207406        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RUBIO, OSCAR         | 115859906        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| RUIZ, ODETTE         | 116290131        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |
| SAENZ, JORGE         | 114640461        | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total       |                  |      |      |          |        |           | \$426.35      |



## CITY OF MERCEDES (Continued)

| Member Name        | Member ID |      | Type | Premium  |        |           | Total Premium |
|--------------------|-----------|------|------|----------|--------|-----------|---------------|
|                    | Number    | Plan |      | Medical  | Dental | Specialty |               |
| SAENZ, ROSE        | 112207442 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| SALAZAR, ANGEL     | 116202763 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| SALINAS, MARIA     | 112231260 | NPO  | ECH  | \$758.90 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$758.90      |
| SALINAS, NELDA     | 112207433 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| SALINAS, PAULA     | 112207420 | NPO  | ECH  | \$758.90 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$758.90      |
| SANCHEZ, BLANCA    | 112207409 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| SANCHEZ, FELIPE    | 113432071 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| SANCHEZ, FRANCISCO | 112207483 | NPO  | ECH  | \$758.90 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$758.90      |
| SARVER, BRIANNA    | 116230123 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| SOTO, ANDRES       | 112207475 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| SUSTAITA, DANIEL   | 113712465 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| TAFOLLA, FRANK     | 116573512 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| TIJERINA, ANTHONY  | 114186287 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| TIPTON, TIMOTHY    | 112207424 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| TORRES, DONATO     | 114640530 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| TREVINO, EDUARDO   | 112207421 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| TREVINO, JONTHAN   | 116435311 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| TREVINO, MARCO     | 112207484 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |
| VALDEZ, ELIZANDRO  | 113710961 | NPO  | EMP  | \$426.35 |        |           |               |
| Employee Total     |           |      |      |          |        |           | \$426.35      |



## CITY OF MERCEDES (Continued)

| Member Name         | Member ID |  | Plan | Type | Premium    |        |           | Total Premium |
|---------------------|-----------|--|------|------|------------|--------|-----------|---------------|
|                     | Number    |  |      |      | Medical    | Dental | Specialty |               |
| VALDEZ, ISMAEL      | 112207398 |  | NPO  | EMP  | \$426.35   |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$426.35      |
| VALDEZ, RAMIRO      | 116202573 |  | NPO  | EMP  | \$426.35   |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$426.35      |
| VALDEZ, RUBEN       | 114186337 |  | NPO  | EMP  | \$426.35   |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$426.35      |
| VALLEJO RIVAS, AXEL | 116202775 |  | NPO  | EMP  | \$426.35   |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$426.35      |
| VEGA, JUAN          | 112207412 |  | NPO  | EMP  | \$426.35   |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$426.35      |
| VEGA, JUAN          | 112207419 |  | NPO  | EMP  | \$426.35   |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$426.35      |
| VELEZ, JUAN         | 115613643 |  | NPO  | EMP  | \$426.35   |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$426.35      |
| VELEZ, PABLO        | 115613609 |  | NPO  | EMP  | \$426.35   |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$426.35      |
| VERA, ROEL          | 112207487 |  | NPO  | EMP  | \$426.35   |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$426.35      |
| VIDALES, MARISOL    | 112207469 |  | NPO  | EMP  | \$426.35   |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$426.35      |
| ZAVALA, SERGIO      | 112223371 |  | NPO  | FAM  | \$1,432.53 |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$1,432.53    |
| ZAVALA, VICTOR      | 112207456 |  | NPO  | EMP  | \$426.35   |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$426.35      |
| ZUNIGA, RODOLFO     | 114186137 |  | NPO  | EMP  | \$426.35   |        |           |               |
| Employee Total      |           |  |      |      |            |        |           | \$426.35      |

± Cobra Coverage    "    State Continuation Coverage    ž    State Continuation with Subsidy



Questions about your invoice? Call your Billing Representative at 1-800-872-7207.  
Don't forget, you can pay your invoice online at Humana.com.



Humana

# EXHIBIT 3

## EMPLOYEE CENSUS



| Zip   | Title                          | Birth date | Sex    | Coverage Plan |
|-------|--------------------------------|------------|--------|---------------|
| 78570 | PAYROLL BOOKKEEPER             | 09/03/1969 | FEMALE | E+EC          |
| 78596 | LABORER, DRIVER/BLDG MAINTEN   | 09/14/1958 | MALE   | E             |
| 78570 | LABORER/DRVR HVY EQUIP OPERATO | 07/18/1960 | MALE   | E             |
| 78557 | POLICE OFFICER                 | 05/31/1976 | MALE   | E             |
| 78570 | LABORER/DRIVER STRIKE TEAM     | 02/20/1961 | MALE   | E             |
| 78550 | OFFICER/RESOURCE OFFICER       | 12/04/1958 | MALE   | E             |
| 78577 | BAILIFF/WARRANTS OFFICER       | 12/21/1973 | MALE   | E             |
| 78516 | SERGEANT                       | 02/28/1975 | MALE   | E             |
| 78570 | METER READER                   | 07/26/1970 | MALE   | E             |
| 78570 | LABORER/DRIVER                 | 12/28/1965 | MALE   | E             |
| 78570 | UTILITY BILLING CLERK          | 02/13/1973 | FEMALE | E+EC          |
| 78570 | MECHANIC                       | 11/28/1956 | MALE   | E             |
| 78570 | ACCTS PAYABLE/INTIM PURCH AGNT | 12/12/1981 | FEMALE | E             |
| 78570 | LABORER/DRIVER STRIKE TEAM     | 06/20/1965 | MALE   | E             |
| 78570 | LIEUTENANT                     | 08/20/1983 | MALE   | E+EC          |
| 78570 | UTILITY BILLING SUPERVISOR     | 07/18/1963 | FEMALE | E             |
| 78570 | LABORER/DRIVER                 | 09/12/1955 | MALE   | E             |
| 78539 | LABORER/DRIVER                 | 05/06/1968 | MALE   | E             |
| 78589 | CORPORAL                       | 02/15/1978 | MALE   | E             |
| 78542 | RECREATION CENTER DIRECTOR     | 05/23/1967 | MALE   | E             |
| 78516 | OFFICER/INVESTIGATOR           | 08/04/1978 | MALE   | E             |
| 78570 | LABORER/DRIVER                 | 10/11/1973 | MALE   | E             |
| 78596 | GRANTS COORDINATOR/ADM ASSIS   | 09/13/1963 | FEMALE | E+EC          |
| 78570 | LABORER/DRIVER                 | 04/21/1962 | MALE   | E+EC          |
| 78596 | LABORER/DRIVER                 | 10/29/1968 | MALE   | E             |
| 78570 | ASSISTANT REC DIRECTOR         | 08/03/1992 | MALE   | E             |
| 78596 | HEAVY EQUIPMENT OPERATOR       | 07/07/1966 | MALE   | E             |
| 78570 | CITY SECRETARY                 | 06/04/1993 | FEMALE | E             |
| 78550 | LIBRARY DIRECTOR               | 06/13/1980 | FEMALE | E             |
| 78570 | UTILITY CASHIER CLERK          | 04/08/1973 | FEMALE | E             |
| 78570 | OFFICER/RESOURCE OFFICER       | 08/22/1967 | FEMALE | E             |
| 78570 | PARKS SUPERVISOR               | 01/18/1964 | MALE   | E             |
| 78570 | FIRE DEPT CLERK                | 06/20/1988 | FEMALE | E             |
| 78596 | WORKING SUPERVISOR(W&S CREW)   | 12/10/1964 | MALE   | E             |
| 78542 | LABORER/DRIVER                 | 04/05/1960 | MALE   | E             |
| 78537 | HEAVY EQUIPMENT OPERATOR       | 10/21/1983 | MALE   | E             |
| 78596 | ASSISTANT LIBRARY DIRECTOR     | 12/12/1988 | FEMALE | E             |
| 78570 | POLICE OFFICER                 | 08/27/1971 | MALE   | E             |
| 78516 | HEAVY EQUIP OPERATER           | 08/27/1964 | MALE   | E             |
| 78570 | LABORER/DRIVER                 | 03/15/1959 | MALE   | E             |
| 78543 | FIREFIGHTER                    | 08/05/1991 | MALE   | E             |
| 78537 | FIREFIGHTER/LIEUTENANT         | 06/04/1989 | MALE   | E             |
| 78599 | LIBRARY AIDE                   | 03/29/1959 | FEMALE | E             |
| 78570 | RESOURCE SPECIALIST/CTLGR.     | 12/10/1968 | FEMALE | E             |
| 78572 | HEAVY EQUIPMENT OPERATOR       | 03/26/1977 | MALE   | E             |

|                                     |            |        |      |
|-------------------------------------|------------|--------|------|
| 78570 LIBRARY AIDE                  | 04/24/1972 | FEMALE | E    |
| 78516 Police Officer/Sergeant       | 07/09/1991 | MALE   | E+EC |
| 78570 POLICE OFFICER                | 02/15/1990 | MALE   | E    |
| 78520 FINANCE DIRECTOR              | 10/02/1979 | FEMALE | E    |
| 78570 OFFICE MANAGER                | 04/06/1998 | FEMALE | E    |
| 78596 P W SECRETARY                 | 08/13/1965 | FEMALE | E    |
| 78570 CORPORAL                      | 12/04/1991 | MALE   | E    |
| 78577 CITY MANAGER                  | 02/03/1958 | MALE   | E+EF |
| 78599 LABORER/DRIVER                | 06/26/1974 | MALE   | E    |
| 78552 PLANNER/CODE ENFORCER         | 07/16/1986 | FEMALE | E    |
| 78570 LABORER/DRIVER STRIKE TEAM    | 08/15/1984 | MALE   | E    |
| 78520 PUBLIC WORKS DIRECTOR         | 05/10/1986 | MALE   | E    |
| 78572 POLICE OFFICER                | 01/20/1973 | MALE   | E    |
| 78552 PLANNING SECRETARY            | 04/08/1975 | FEMALE | E    |
| 78596 RECREATIONAL COORDINATOR      | 02/08/1988 | FEMALE | E    |
| 78550 CHIEF ACCOUNTANT              | 02/12/1970 | FEMALE | E    |
| 78570 UTIL CLERK/CASHIER            | 04/03/1982 | FEMALE | E    |
| 78596 PATROL/INVESTIGATOR           | 04/15/1995 | FEMALE | E    |
| 78570 LABORER/DRIVER                | 11/18/1975 | MALE   | E    |
| 78570 FIREFIGHTER/LIEUTENANT        | 07/05/1985 | MALE   | E    |
| 78570 PUBLIC WORKS CLERK            | 04/05/1994 | FEMALE | E    |
| 78577 PATROL/INVESTIGATOR           | 12/22/1989 | MALE   | E    |
| 78570 COMMUNICATIONS SUPERVISOR     | 02/13/1993 | MALE   | E    |
| 78570 FIREFIGHTER/EMT               | 02/21/1987 | MALE   | E    |
| 78570 FIRE CHIEF/EMT                | 03/30/1988 | MALE   | E    |
| 78539 FIRE FIGHTER/EMT              | 06/30/1981 | MALE   | E    |
| 78599 FIREFIGHTER/EMT               | 10/21/1977 | MALE   | E    |
| 78516 POLICE OFFICER/INV./COMM.     | 05/23/1994 | MALE   | E    |
| 78504 FIREFIGHTER/EMT               | 02/25/1967 | MALE   | E    |
| 78599 CHILDREN&YOUNG ADULT LIB AIDE | 10/30/1982 | MALE   | E    |
| 78520 FIREFIGHTER/EMT               | 10/25/1971 | FEMALE | E    |
| 78501 ASSIST CITY MGR/POLICE CHIEF  | 04/28/1974 | MALE   | E    |
| 78570 LABORER/DRIVER                | 10/12/1962 | MALE   | E    |
| 78572 IT DIRECTOR                   | 11/06/1968 | MALE   | E    |
| 78596 ACCOUNTANT-FIXED ASSETS       | 01/19/1975 | MALE   | E    |
| 78570 LABORER/DRIVER                | 03/25/1986 | MALE   | E    |
| 78537 FIREFIGHTER/EMT               | 08/29/1996 | MALE   | E    |
| 78570 CITY SECRETARY CLERK          | 09/01/2019 | FEMALE | E    |
| 78570 POLICE OFFICER/INVESTIGATOR   | 02/11/1993 | MALE   | E    |
| 78582 COMMUNICATIONS SPECIALIST     | 08/09/1996 | MALE   | E    |
| 78537 POLICE OFFICER                | 10/24/1996 | MALE   | E    |
| 78596 POLICE OFFICER                | 12/22/1995 | MALE   | E    |
| 78573 POLICE OFFICER                | 04/23/1995 | MALE   | E    |
| 78599 COMMUNICATONS SPECIALIST      | 05/27/2000 | MALE   | E    |
| 78596 LABORER/DRIVER                | 01/21/1999 | MALE   | E    |
| 78596 LABORER/DRIVER                | 11/20/1997 | MALE   | E    |
| 78599 FIREFIGHTER/ EMT              | 09/16/1969 | MALE   | E    |

|       |                                |            |        |      |
|-------|--------------------------------|------------|--------|------|
| 78572 | POLICE OFFICER                 | 11/11/1995 | MALE   | E    |
| 78537 | POLICE OFFICER                 | 01/05/1996 | MALE   | E    |
| 78550 | POLICE OFFICER                 | 02/11/1989 | MALE   | E    |
| 78570 | COMMUNICATONS SPECIALIST       | 04/08/1997 | MALE   | E    |
| 78570 | COMMUNICATIONS SPECIALIST      | 03/04/2001 | MALE   | E    |
| 78526 | POLICE OFFICER                 | 11/10/1989 | FEMALE | E    |
| 78537 | LABORER/DRIVER                 | 06/11/1988 | MALE   | E    |
| 78570 | COMMUNICATIONS SPECIALIST      | 01/26/1997 | MALE   | E    |
| 78596 | LABORER/DRIVER                 | 07/05/1976 | MALE   | E    |
| 78539 | POLICE OFFICER                 | 02/21/1997 | MALE   | E    |
| 78566 | STREETS SUPERVISOR             | 05/30/1966 | MALE   | E    |
| 78570 | LABORER/DRIVER(ANIMAL CONTROL) | 10/18/1999 | MALE   | E    |
| 78596 | POLICE OFFICER                 | 05/22/1998 | FEMALE | E    |
| 78589 | BLD INSPECTOR/CODE HEALTH INSP | 04/02/1966 | MALE   | E    |
| 78570 | CITY MANAGER SECRETARY         | 05/07/2000 | MALE   | E    |
| 78596 | POLICE OFFICER                 | 12/19/1995 | MALE   | E    |
| 78570 | LABORER/DRIVER                 | 05/20/1966 | MALE   | E    |
| 78542 | FIRE MARSHAL                   | 07/24/1965 | MALE   | E    |
| 78596 | LIBRARY AIDE                   | 09/15/1995 | MALE   | E    |
| 78542 | POLICE OFFICER                 | 11/27/1992 | MALE   | E    |
| 78566 | ASST POLICE CHIEF              | 10/06/1964 | MALE   | E+ES |
| 78589 | POLICE OFFICER                 | 11/17/1997 | MALE   | E    |
| 78503 | POLICE OFFICER/CORPORAL        | 08/02/1988 | MALE   | E    |
| 78599 | FIREFIGHTER/EMT                | 08/25/1984 | MALE   | E    |
| 78550 | RECORDS MANAGER                | 11/22/1997 | FEMALE | E    |
| 78521 | PATROL                         | 05/07/2020 | MALE   | E    |
| 78542 | POLICE OFFICER                 | 05/21/2020 | MALE   | E    |
| 78566 | FIREFIGHTER/EMT                | 02/27/1996 | MALE   | E    |
| 78589 | POLICE OFFICER                 | 02/27/1999 | MALE   | E    |
| 78573 | POLICE OFFICER                 | 01/12/1995 | MALE   | E    |
| 78521 | FIREFIGHTER/EMT                | 04/03/1990 | MALE   | E    |
| 78577 | FIREFIGHTER/EMT                | 09/11/1998 | MALE   | E    |
| 78537 | POLICE OFFICER                 | 02/01/1997 | MALE   | E    |
| 78586 | FIREFIGHTER/EMT                | 07/14/1990 | MALE   | E    |
| 78570 | LABORER/DRIVER                 | 04/04/1980 | MALE   | E    |
| 78596 | FIREFIGHTER/EMT                | 03/15/1975 | MALE   | E    |
| 78550 | FIREFIGHTER/EMT                | 07/29/2020 | MALE   | E    |
| 78552 | FIREFIGHTER/EMT                | 07/25/1995 | MALE   | E    |
| 78596 | LABORER/DRIVER                 | 12/18/1999 | MALE   | E    |
| 78570 | ADMINISTRATIVE ASSISTANT       |            | FEMALE | E    |
|       | EDC EXECUTIVE DIRECTOR         |            | FEMALE | E    |

#### RETIREEES

|       |            |        |
|-------|------------|--------|
| 78570 | 07/02/1963 | MALE   |
| 78570 | 04/18/1959 | FEMALE |
| 78570 | 04/25/1965 | MALE   |
| 78596 | 11/17/1955 | FEMALE |

78570

07/04/1963 MALE

COBRA

78570

04/18/1959 FEMALE

DEPENDENTS

78570

06/12/1996 MALE CHILD

78596

03/01/1995 FEMALE CHILD

78570

08/24/1992 MALE CHILD

78570

07/11/2000 MALE CHILD

78570

06/27/2002 FEMALE CHILD

78577

01/29/1963 FEMALE SPOUSE

78577

06/29/2000 MALE CHILD

78570

09/27/1991 FEMALE CHILD

78570

04/02/1998 FEMALE CHILD

78570

03/12/1995 FEMALE CHILD

78570

03/26/1998 FEMALE CHILD

78570

11/22/1999 FEMALE CHILD

78570

05/22/2005 FEMALE CHILD

78570

06/21/2012 FEMALE CHILD

78566

11/08/1965 FEMALE SPOUSE

78550

FEMALE CHILD

**EXHIBIT 4**

**W-9 TAXPAYER ID**

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  | <p><b>Social security number</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:2%; border: 1px solid black;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:2%; border: 1px solid black;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> </tr> </table> <p>or</p> <p><b>Employer identification number</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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 for Part II, later.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**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-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, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

**a. Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

**b. Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

**c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

**d. Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

**e. Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) . . .   | THEN check the box for . . .  |
|--|---|
| • Corporation  | Corporation   |
| • Individual<br>• Sole proprietorship, or<br>• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.   | Individual/sole proprietor or single-member LLC   |
| • LLC treated as a partnership for U.S. federal tax purposes,<br>• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or<br>• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| • Partnership  | Partnership   |
| • Trust/estate   | Trust/estate  |

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947



The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . .  | THEN the payment is exempt for . . .  |
|--|---|
| Interest and dividend payments   | All exempt payees except for 7  |
| Broker transactions  | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4   |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>   |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4   |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

| For this type of account:  | Give name and SSN of:   |
|--|---|
| 1. Individual  | The individual  |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Two or more U.S. persons (joint account maintained by an FFI)   | Each holder of the account  |
| 4. Custodial account of a minor (Uniform Gift to Minors Act)   | The minor <sup>2</sup>  |
| 5. a. The usual revocable savings trust (grantor is also trustee)<br>b. So-called trust account that is not a legal or valid trust under state law | The grantor-trustee <sup>1</sup><br>The actual owner <sup>1</sup>                                       |
| 6. Sole proprietorship or disregarded entity owned by an individual  | The owner <sup>3</sup>  |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))                                     | The grantor*  |
| For this type of account:  | Give name and EIN of:   |
| 8. Disregarded entity not owned by an individual   | The owner   |
| 9. A valid trust, estate, or pension trust   | Legal entity <sup>4</sup>   |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553   | The corporation   |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization  | The organization  |
| 12. Partnership or multi-member LLC  | The partnership   |
| 13. A broker or registered nominee   | The broker or nominee   |

| For this type of account:   | Give name and EIN of: |
|---|-----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity     |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))  | The trust             |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

# EXHIBIT 5

## DEBARMENT AND SUSPENSION CERTIFICATION

## Debarment and Suspension Certification

### INSTRUCTIONS

1. By signing and submitting this proposal, the prospective participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the determination whether to enter into this transaction. However, failure of the prospective participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the City of Mercedes determined to enter into this transaction. If it is later determined that the prospective participant knowingly rendered an erroneous certification, in addition to other remedies available, the City of Mercedes may terminate this transaction for cause.
4. The prospective participant shall provide immediate written notice to the City of Mercedes to which this proposal is submitted if at any time the prospective participant learns that its certification was erroneous when submitted or has become erroneous because of changed circumstances.
5. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549 (13 CFR Part 145). You may contact the City of Mercedes for assistance in obtaining a copy of these regulations.
6. The prospective participant agrees by submitting this proposal that, should the proposed transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the City of Mercedes.
7. The prospective participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment and Suspension" provided by the City of Mercedes, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the City of Mercedes, the City of Mercedes may terminate this transaction for cause.

**Debarment and Suspension Certification**

The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:

Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

Are not presently indicted for or otherwise criminally or civilly charged by a Governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification ; and

Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

# EXHIBIT 6

## NON-COLLUSION STATEMENT AND SIGNATURE SHEET

**"NON-COLLUSION STATEMENT"**

BY THE SIGNATURE BELOW, THE SIGNATORY FOR THE BIDDER AFFIRMS THAT THEY ARE DULY AUTHORIZED TO EXECUTE THIS CONTRACT, THAT THIS COMPANY, FIRM, PARTNERSHIP OR INDIVIDUAL HAS NOT PREPARED THIS PROPOSAL IN COLLUSION WITH ANY OTHER BIDDER, AND THAT THE CONTENTS OF THIS PROPOSAL AS TO PRICES, TERMS OR CONDITIONS OF SAID PROPOSAL HAVE NOT BEEN COMMUNICATED BY THE UNDERSIGNED NOR BY ANY EMPLOYEE OR AGENT TO ANY OTHER PERSON ENGAGED IN THIS TYPE OF BUSINESS PRIOR TO THE OFFICIAL OPENING OF THIS BID. FURTHER, THE SIGNATORY AFFIRM, THAT THEY, OR ANY REPRESENTATIVE OF THE COMPANY, DID NOT CONTACT ANY EMPLOYEE OR MEMBER OF THE CITY COMMISSION OF THE CITY OF MERCEDES AT ANY TIME DURING THE SOLICITATION PROCESS FROM INITIAL ADVERTISEMENT THROUGH AWARD TO DISCUSS THE CONTENTS OF THIS PROPOSAL, OTHER THAN CITY MANAGER'S OFFICE PRIOR TO THE AWARDED OF THIS PROPOSAL. I UNDERSTAND THAT FAILURE TO OBSERVE THIS PROCEDURE MAY CAUSE THE PROPOSAL TO BE REJECTED. I ALSO AFFIRM THAT NO OFFICER OR STOCKHOLDER OF THE RESPONDENT (BIDDER) IS A MEMBER OF THE STAFF, OR RELATED TO ANY EMPLOYEE OR MEMBER OF THE CITY COMMISSION OF THE CITY OF MERCEDES EXCEPT AS NOTED HEREIN:

---

---

By signing this proposal, the vendor (Bidder) makes the assurance that vendor has not been debarred or suspended from conducting business with the U.S. Government according to Executive Order 12549 entitled "Debarment and Suspension."

COMPANY \_\_\_\_\_ EMPLOYER I.D. NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIDDER (SIGNATURE) \_\_\_\_\_

PRINTED NAME) \_\_\_\_\_

POSITION WITH COMPANY \_\_\_\_\_



## **PROPOSAL DOCUMENT SECTION**

**Reminder: Specimen Policies must be included  
for each separate policy**

## NOTICE OF INTENT TO SUBMIT PROPOSAL

If you intend to submit a proposal to provide any insurance coverage outlined in this request for proposals, please sign, date, and return this form to the address below prior to September 19, 2018 so you may receive any addenda or additional information should the need arise. Your intent to submit proposal can be emailed to [szavala@cityofmercedes.com](mailto:szavala@cityofmercedes.com) or [jcastillo@cityofmercedes.com](mailto:jcastillo@cityofmercedes.com). This sheet may also be mailed to P.O. Box 837, Mercedes, TX 78570.

(Entity Contact Person)  
(Entity Name)  
(Street Address)  
(City, State, Zip)

Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**AGENT FELONY CONVICTION NOTIFICATION  
SUBMISSION FORM**

Statutory citation covering notification of criminal history of contractor is found in the Texas Education Code Section 44.034. Following is an example of a felony conviction notice.

State of Texas Legislative Senate Bill No. 1, § 44.034, "Notification of Criminal History", subsection (a), states. "A person or a business entity that enters into a contract with a School District must give advance notice to the district if the person, or an owner or operator of the business entity, has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states, "A School District may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person of business entity for services performed before the termination of the contract."

**THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION**

**PLEASE MARK THE APPROPRIATE BOX AND SIGN IN THE SPACE (S) PROVIDED**

The undersigned agent for the business entity designated certifies that the notification of felony information provided was read and the information is true and correct to the best of his/her knowledge.

\_\_\_\_\_  
Name: \_\_\_\_\_

Authorized official's printed name: \_\_\_\_\_

- My business entity is a publicly held corporation; therefore, this requirement does not apply.

Name \_\_\_\_\_

Authorized official's printed name \_\_\_\_\_

- My business entity is neither owned nor operated by a convicted felon.

Name \_\_\_\_\_

Authorized official's printed name \_\_\_\_\_

- My business entity is owned and operated by the convicted felon (s) described below.

Name of Felon \_\_\_\_\_

Details of Conviction (s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized official's signature \_\_\_\_\_

**ANTI-COLLUSION CERTIFICATION  
SUBMISSION FORM**

The undersigned certifies that:

- a) This Proposal was exclusively developed and prepared without collusion with any competing proposer.
- b) The content of this Proposal has not and will not knowingly be disclosed to any competing or potential competing proposer prior to the opening date, time and place specified.
- c) No act to persuade any person, partnership or corporation to submit or withhold a Proposal has been made.
- d) The undersigned warrants having a complete understanding regarding the accuracy of the statements in this certificate and the penalties applicable to the Proposing vendor and signatory representing the proposer.

Company Name: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Address of Agent: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Signatory Name and Title (Printed): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

## **INSTRUCTIONS FOR CONFLICTS OF INTEREST QUESTIONNAIRE [Form CIQ]**

HB. 914, passed during the 2005 Texas legislative session, as amended by HB. 1491 passed in 2007, requires certain persons who wish to conduct business or be considered for business with a city to file a "conflict of interest questionnaire." The Texas Ethics Commission (TEC) created the conflict of interest questionnaire (FORM CIQ). These laws are codified in Chap. 176 of the Texas Local Government Code.

### **What vendors/persons are subject to Chapter 176?**

- The word "person" includes a partnership, corporation or other corporate body, including those performing professional services. Partnerships or corporations act through individuals, but it is the partnership or corporation that would be seeking to do business with the city. If the "person" seeking to do business with the city is a sole proprietorship, then just the name of the "person" is needed.
- Any "person" who contracts or seeks to contract for the sale or purchase of property, goods, or services with a local governmental entity
- An agent of a "person" who contracts or seeks to contract for the sale or purchase of property, goods, or services with a local governmental entity
- A vendor shall file a completed conflict of interest questionnaire if the person has a business relationship with a local governmental entity and:
  - (1) has an employment or other business relationship with an officer of that local governmental entity, or a family member of the officer that results in taxable income exceeding \$2,500 during the 12 month period preceding the date a contract is executed or a contract is being considered; or
  - (2) has given an officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value of more than \$250 in the 12 month period preceding the date a contract is executed or a contract is being considered

### **What triggers the requirement to file a "conflict of interest questionnaire"?**

When a person begins (1) contract discussions or negotiations with the city or (2) submits an application, response to request for proposals or bids, correspondence, or another writing related to a potential agreement, Form CIQ must be completed. Whether the person initiates the discussion or the city initiates the discussions, Form CIQ must be completed. Even if the vendor has no affiliation or business relationship with an officer or employee of the city, Form CIQ must be completed and submitted

### **To what type of contracts does the bill apply?**

Any written contract and any implied contract, such as purchase orders, procurement card purchases, utility purchases, or any exchange of money or other consideration for some service or property. The monetary amount or value of the contract/purchase does not matter.

### **When must a vendor file the conflict of interest questionnaire?**

No later than seven days after the date the person: (a) begins contract discussions or negotiations with the city, or (b) submits an application or response to a request for proposals or bids, correspondence, or another writing related to a potential agreement with a city, or (c) becomes aware of an employment relationship with a local government officer or family member of the officer, or (d) becomes aware of a qualifying gift.

### **What has to be revealed?**

Section 176.006 requires disclosure of a person's employment or business relationships. This includes each employment or business relationship with a corporation or other business entity with respect to which a local government officer services as an officer or director or holds an ownership interest of 10% or more.

**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.

**DISCLOSURE OF RELATIONS WITH  
ANY MEMBER OF THE CITY COMMISSION, OFFICER, OR EMPLOYEE  
OF CITY OF MERCEDES**

failure to fully and truthfully disclose the information required by this form may result in the termination of any business the City is now doing with the entity listed below and/or could impact future dealings.

1. Name of Entity/Business/Person doing business with City: \_\_\_\_\_  
Is the above entity: (Check one)  
 A corporation     A partnership     A sole proprietorship or an individual  
 A Other (specify): \_\_\_\_\_

Check all applicable boxes.

2. Is any person involved as an owner, principal, or manager of name listed in #1 related to or financially dependent on any City Commission member, officer, or employee of the City of Mercedes?

NO — there is no such relationship between Entity/Business/Person and the City of Mercedes.

YES, a person who is a/an  owner,  principal, or  manager of this entity/business/person is : (Check all applicable boxes below)

related to by blood or marriage\* and/or  a member of the same household as  
*And/or*  financially dependent upon\*\* and/or  financially supporting\*\*  
to a City of Mercedes  City Commission member,  A officer or  employee.

\* As used here, "related to" means a spouse, child or child's spouse, and parent or parent's spouse. It also includes a former spouse if a child of that marriage is living (the marriage is considered to continue as long as a child of that marriage lives).

\*\* As used herein, "financially dependent upon" and "financially supporting" refers to situations in which monetary assistance— including for lodging, food, education, and debt payments—is provided by owner, principal or manager of #1 to any member of the City Commission, officer or employee of City of Mercedes, or that Council member, officer or employee of City of Mercedes provides to owner, principal or manager of #1.

If YES, provide (a) the name of owner, principal, or manager, and (b) the name of the City Commission member, officer or employee (include the department the City officer or employee works for, if known), and (c) if a relationship by marriage or by blood/kinship exists. (Use back of sheet if more space is needed)

| (a) Name of owner, principal, or manager | (b) Name of Council member, officer or employee & department | (c) What is relationship or household arrangement |
|--|--|---|
|  |  |   |

3. Is a current City Commission member or City employee involved with the name listed in #1 as an owner, principal, manager, or employee, or employed as a contractor for name listed in #1?

NO (no person involved/working for Entity/Business/Person is Council member, officer or employee of the City).

YES, a person is (Check all applicable boxes)

(a) a current City of Mercedes:  City Commission member,  officer, or  employee,

(b) and is  an owner,  a principal, or  a manager of the entity/business/person listed in #1,  
or  an employee or  an independent contractor of the entity/business/person listed in #1.

If YES, provide the name of owner, principal, manager, employee or independent contractor who is a member of the City Commission, officer or employee. Include the department the City officer or employee works for, if known.

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Phone#: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

**PLEASE SIGN AND RETURN WITH PROPOSAL**



**RFP ASSUMPTIONS:**

1. Bid must be based on benefits described in the Health Plan publications provided with specifications.
2. COM contribution is 100% for employees, working forty hours or more per week, and 100% for members of the City Commission – however, any city commission member can decline, and 100% for certain retirees. COM employees and City Commission will be eligible after six months probation period unless required by law. Retirees will continue with coverage upon for a period of two years upon retirement provided they meet required number of service years.
3. Quote must be based on COM census of 100 + insured active employees, Retirees and COBRA participants. Elected CITY officials are also eligible.
4. Policy effective date is December 1, 2018.
5. City of Mercedes currently has health insurance for their employees and City Commission.
6. Monthly reports must include the following information base:
  - a) Paid claims by type of benefit,
  - a) Records of individual claim payment indicating diagnosis and date of accident or on-set of illness.
  - b) Monthly analysis of lag time between date medical service rendered and payment to provider,
  - c) Paid claims in excess of \$20,000,
  - d) Suspense claims,
  - e) Claim turnaround time, and
  - b) Earned premium.
7. Renewal rates must be provided to City of Mercedes ninety days prior to date of rate change.
8. Assumption of COBRA and compliance with HIPPA.

**QUESTIONS:**

1. Description of Bidder:
  - a) Name \_\_\_\_\_
  - b) Physical Address \_\_\_\_\_
  - c) Mailing Address \_\_\_\_\_
  - d) Contact name \_\_\_\_\_
  - e) Telephone No: \_\_\_\_\_ Facsimile No \_\_\_\_\_

**FULLY INSURED HEALTH INSURANCE  
PROPOSAL SUBMISSION FORM**

**City of Mercedes  
Employee Benefits  
Request for Proposal**

**2. Describe Financial Stability of Insurance Company.**

| a) Financial Rating Service | Current Rating | Prior Year Rating | Prior Two years Rating |
|-----------------------------|----------------|-------------------|------------------------|
| A.M. Best                   | _____          | _____             | _____                  |
| Standard & Poors            | _____          | _____             | _____                  |
| Moody's                     | _____          | _____             | _____                  |

b) Is the Insurance Company authorized to do business in Texas?  Yes  No

**3. Provide Three Client References**

Please include name, Contact Person, Telephone and Facsimile Number and Number of Employees.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Describe Claim Payment Services:**

- a) Claim payments are made from \_\_\_\_\_
- b) Are employees and their dependents provided a toll-free number for verification of claim status?  
 Yes  No Describe: \_\_\_\_\_
- c) Can COM'S employee representative speak directly to claims examiner concerning claim payment questions? \_\_\_\_\_
- d) Describe "Normal" processing time: \_\_\_\_\_

**5. Describe PPO Network:**

- a) Name of PPO Network: \_\_\_\_\_
- b) Will PPO providers submit statements directly to PPO network?  Yes  No
- c) Will PPO physicians accept employee's co-payment amount as full payment for office services?  
 Yes  No
- d) Are PPO providers required to accept insurance payment after co-payment, deductible, and coin-surance as full payment without balance billing to the employee?  Yes  No.
- e) Please furnish an up-to-date list of PPO providers servicing COM'S metropolitan area. List should stipulate the time in the Network for each provider.

**FULLY INSURED HEALTH INSURANCE  
PROPOSAL SUBMISSION FORM**

City of Mercedes  
Employee Benefits  
Request for Proposal

Drug card must be based on a duplication of benefits described in the CITY'S current health insurance plan.

6. Describe Pharmacy Network:

- a) Provide an up-to-date list of PPO pharmacists in network in COM'S metropolitan area.  
b) Describe relationships with pharmacists. Describe the degree of electronic automation and the reimbursement procedures: \_\_\_\_\_  
\_\_\_\_\_

- c) Other: \_\_\_\_\_  
\_\_\_\_\_

d) Please furnish a sample Identification Card.

7. Explain the procedure for establishment of incurred but not reported (IBNR) claims, first year and thereafter : \_\_\_\_\_  
\_\_\_\_\_

8. Describe trend factors utilized in Proposal:

|        | <u>Utilization</u> | <u>Inflation</u> | <u>Total</u> |
|--------|--------------------|------------------|--------------|
| Health | _____              | _____            | _____        |

9. Describe how trend adjustments are calculated. \_\_\_ Mid-point? \_\_\_ Effective date?  
\_\_\_\_\_  
\_\_\_\_\_

10. Describe the level that health claims are pooled. \_\_\_ First year? \_\_\_ Renewals?  
\_\_\_\_\_  
\_\_\_\_\_

11. Describe in detail your renewal rating formula; include deficit recovery and large claim pooling. Furnish a retention illustration if possible:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Are actively-at-work and disabled dependent provisions waived for the effective date of the contract?  
\_\_\_ Yes \_\_\_ No.

**FULLY INSURED HEALTH INSURANCE  
PROPOSAL SUBMISSION FORM**

**City of Mercedes  
Employee Benefits  
Request for Proposal**

**13. Please describe any variations to the Bid Assumptions or other qualifications for Proposal:**

---

---

---

---

**14. Describe rate guarantee period:** \_\_\_\_\_

---

---

---

**15. Is a longer rate guarantee available?  Yes  No. If available please describe:**

---

---

---

---

**FULLY INSURED HEALTH INSURANCE  
PROPOSAL SUBMISSION FORM**

**Proposers:**

**Include in your proposal:**

**Agents' qualifications and experience**

**Insurance group TX license**

CITY OF MERCEDES FEDERAL ID # 74-600-1715