

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Transamerica Life Insurance Company
Cedar Rapids, IA United States

Certificate Number:
2016-126904

Date Filed:
10/20/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

17956
Retiree Supplemental Insurance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Mullin, Mark	Baltimore, MD United States	X	
	Orlandi, Jay	Baltimore, MD United States	X	
	Schulz, David	Cedar Rapids, IA United States	X	
	van Katwijk, Michiel	Baltimore, MD United States	X	
	Bostwick, Blake	Denver, CO United States	X	
	Commonwealth General Corporation	Cedar Rapids, IA United States	X	

5 Check only if there is NO interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Mary J. Trisnak

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary J. Trisnak, this the 24th day of October, 2016, to certify which, witness my hand and seal of office.

Elizabeth R. Smith Elizabeth R. Smith Sr. Paralegal

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Transamerica Premier Life Insurance Company
Cedar Rapids, IA United States

Certificate Number:
2016-126895

Date Filed:
10/20/2016

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

17956
Retiree Supplemental Insurance

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary
Bostwick, Blake	Denver, CO United States	X	
Commonwealth General Corporation	Cedar Rapids, IA United States	X	
Schulz, David	Cedar Rapids, IA United States	X	
Orlandi, Jay	Baltimore, MD United States	X	
Mullin, Mark	Baltimore, MD United States	X	
van Katwijk, Michiel	Baltimore, MD United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Mary J. Tresnak

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary J. Tresnak, this the 20th day of October, 2016, to certify which, witness my hand and seal of office.

Elizabeth R. Smith

Signature of officer administering oath

Elizabeth R. Smith

Printed name of officer administering oath

S. Paralegal

Title of officer administering oath



RISK MANAGEMENT DEPARTMENT

Fort Bend County, Texas

Wyatt O. Scott
Director

Phone: 281-341-8630
Fax: 281-341-3751

TO: Gilbert Jalomo
Purchasing Agent

FROM: Wyatt Scott
Director of Risk Management

DATE: September 28, 2016

SUBJECT: 2017 Retiree Medicare Supplement Benefit Renewal

Texas Association of Counties has offered terms of renewal of the Transamerica County Choice Silver Medicare Supplement program for the benefit year 2017 with no increase in rates.

Risk Management recommends renewing this proposed benefit.

Please submit this renewal to Commissioners Court for approval at the next Commissioners Court.

Thank you,



Wyatt Scott
Director of Risk Management



**Transamerica Premiere Life Insurance Company
(TPLIC)
2017 Renewal Notice and Benefit Confirmation**

Fort Bend County

Plan Year 2017

Return to TAC by: October 17, 2016

Listed below are the new renewal rates for Retiree Medical coverage.

Attained Age	Current Rates 2016	New Rates Effective 1/1/2017
65 – 69	\$186.66	\$186.66
70 – 74	\$223.74	\$223.74
75 – 79	\$306.85	\$306.85
80+	\$329.87	\$329.87

_____ Initial to accept 2017 retiree plan rates.

- Rates effective from 1/1/2017 through 12/31/2017.
- Signature on the following page is required to confirm and accept your group's renewal.