

AGENDA ITEM  
21

**FORT BEND COUNTY    FY 2010**  
**COMMISSIONERS COURT AGENDA REQUEST FORM**

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: 1/25/2010

Submitted By: Risk Management  
Department:

Court Agenda Date: 2/2/2010

Phone Number: 281 341 8630

**SUMMARY OF ITEM: Consent Agenda Item:**

Consider and approve amendment to administrative service agreement with Boon-Chapman for retiree premium collection, process and reporting.

RENEWAL AGREEMENT/APPOINTMENT                      YES ☐                      NO ☐  
REVIEWED BY COUNTY ATTORNEY'S OFFICE:           YES ☐                      NO ☐

List Supporting Documents Attached:

**FINANCIAL SUMMARY:**

BUDGETED ITEM:    YES ☐                      NO ☐

FUNDNG SOURCE:    Accounting Unit:  
   Activity (If Applicable):

Account Number: \_\_\_\_\_

COUNTY JUDGE  
RECEIVED

JAN 25 2010

DESCRIPTION OF LAWSOM ACCOUNT: \_\_\_\_\_

**Instructions to submit Agenda Request Form:**

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

**DISTRIBUTION:**

Original Form Submitted with back up to County Judge's Office ☐ (✓ when completed)  
If by E-Mail to [ospindon@co.fort-bend.tx.us](mailto:ospindon@co.fort-bend.tx.us)                      If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

<input type="checkbox"/> Auditor	(281-341-3774)	<input type="checkbox"/> Comm. Pct. 1	(281-342-0587)
<input type="checkbox"/> Budget Officer	(281-344-3954)	<input type="checkbox"/> Comm. Pct. 2	(281-403-8009)
<input type="checkbox"/> Facilities/Planning	(281-633-7022)	<input type="checkbox"/> Comm. Pct. 3	(281-242-9060)
<input type="checkbox"/> Purchasing Agent	(281-341-8642)	<input type="checkbox"/> Comm. Pct. 4	(281-980-9077)
<input type="checkbox"/> Information Technology	(281-341-4526)	<input type="checkbox"/> County Clerk	(281-341-8697)
<input type="checkbox"/> Other:		<input type="checkbox"/> County Atty	(281-341-4557)

**RECOMMENDATION / ACTION REQUESTED:**

Special Handling Requested (specify):

2-2-10    copy received

**AMENDMENT #4**

**TO**

Administrative Service Agreement dated January 1, 2001

**BETWEEN**

Fort Bend County and Boon-Chapman Benefit Administrators, Inc.


The Effective date of this amendment is March 1, 2010.

The Administrative Service Agreement referenced above, Exhibit A is hereby amended as follows:

- VI. **Retiree Premium Collection:** The Employer shall pay the Administrator, by the 10<sup>th</sup> of each month, \$4.00 per retiree on the plan per month.

**AGREED AND ACCEPTED:**

**FORT BEND COUNTY**

  
\_\_\_\_\_  
Signature     Robert Hebert

County Judge

\_\_\_\_\_  
Title

February 2, 2010

\_\_\_\_\_  
Date

**BOON-CHAPMAN BENEFIT ADMINISTRATORS, INC.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date