



December 12, 2016

Mr. Gilbert Jalomo  
Fort Bend County Purchasing Agent  
301 Jackson St.  
Richmond, TX 77469

Re: Fort Bend County Employee Benefit Plan & Trust 2017 Plan Year Renewal

Dear Mr. Jalomo,

Following is the Fort Bend County Employee Benefit Plan renewal by type of service contract:

**Reinsurance: Aetna**

**Specific Coverage:** Aetna offers a 12/36 contract. This type of coverage eliminates large claim run off liability. The carrier has offered the following renewal for the plan year 2017: \$250,000.00 deductible with a rate of \$85.33 per employee per month. This represents less than a 1% increase.

**Aggregate Coverage:** The aggregate rate is \$1.54 per employee per month and the aggregate factor is \$708.55. Your contract will remain the same as last year.

All reinsurance rates and factors are based upon final claims experience.

**PPO:** Aetna Signature Administrators PPO: Access fee will be \$11.20 per employee per month.

It has been a great pleasure to work with you and Fort Bend County and we hope to continue our relationship for many years.

Sincerely,

A handwritten signature in black ink that reads "Sheryl".

Sheryl Bonner  
Director of Service

# 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**

Certificate Number:  
2016-145154

Date Filed:  
12/12/2016

Date Acknowledged:

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

Boon-Chapman Benefit Administrators Inc  
Austin, TX United States

**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

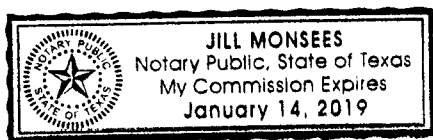
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

949  
Reinsurance and PPO services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Chapman, Kevin	Austin, TX United States	X	
	Leftwich, Nyle	Austin, TX United States	X	
	Mabrito, Carrie	Austin, TX 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.



Kevin S. Chapman  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kevin S. Chapman, this the 12th day of December, 2016, to certify which, witness my hand and seal of office.

Jill Monsees  
Signature of officer administering oath

Jill Monsees  
Printed name of officer administering oath

Notary  
Title of officer administering oath

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\_\_\_\_\_  
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_,  
 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath

\_\_\_\_\_  
 Printed name of officer administering oath

\_\_\_\_\_  
 Title of officer administering oath