



RISK MANAGEMENT DEPARTMENT

Fort Bend County, Texas

Wyatt O. Scott
Director

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

TO: Debbie Kaminski
Purchasing Agent

FROM: Wyatt Scott
Director of Risk Management

DATE: July 31, 2017

SUBJECT: 2018 Benefit Vendor Agreement Renewals

The following benefit vendors have offered to continue their services for the 2018 benefit year with no increases in rates or administration fees (supporting documents attached, of note, Humana vision for current year was quoted last year with a two year rate guarantee. The attached document supports that 2018 will be year two of the original quote):

- Humana for CompDent and Humana Vision 130
- Unum for Long Term Disability and Basic Life/AD&D

Risk Management recommends renewing all of the proposed benefits.

Please submit these renewals to Commissioners Court for approval at the next Commissioners Court meeting.

Thank you,

Wyatt Scott
Director of Risk Management



July 31, 2017

Mr. Wyatt Scott
Director of Risk Management
Fort Bend County
301 Jackson Street, Suite 224
Richmond, TX 77469

RE: UNUM 2017 Renewal

Dear Wyatt,

This letter is to confirm that the contracts between Unum and Fort Bend County for Basic Life Insurance and AD&D, Long Term Disability and Voluntary Life and AD&D has been extended until January 1, 2020 at no change in rates. Please see the enclosed letter from Unum confirming the renewal.

If you have any questions, do not hesitate to contact me.

Regards,

A handwritten signature in blue ink, appearing to read 'Dan Bowen', is written over a light blue horizontal line.

Daniel Bowen
Area Vice President
Gallagher Benefit Services

Enclosed:
Unum Renewal Letter



842 West Sam Houston Parkway North
Suite 325
Houston, Texas 77024

July 28, 2017

Mr. Wyatt Scott
Director of Risk Management
Personal & Confidential
Fort Bend County
301 Jackson Street
Richmond, TX 77469

Re: Group Life/AD&D, LTD, and Voluntary Life/AD&D
Policy #951096, 22814, 931260
Unum Life Insurance Company of America

Dear Wyatt,

Thank you for choosing Unum as your insurance provider. By selecting coverage from Unum, you are partnering with a leader in income protection – and with a company that is dedicated to providing responsive service and reliable protection at an affordable price. We offer innovative plan designs as well as unparalleled employee support programs.

Based on our review of your policies this renewal period, the current rates will remain inforce, effective January 1, 2018:

Product	Current Rate	Rate Guaranteed Until
LTD	\$0.18 per \$100	January 1, 2020
Life/AD&D	\$0.13/\$0.02 per \$1,000	
Voluntary Life/AD&D	Please see rate table below	

If you have any questions, please contact your broker or me. In addition, I can help you review all the options available through our group product portfolio to enable you to craft a cost effective benefit plan that meets the needs of your total employee population.

We look forward to strengthening our partnership and continuing to serve your company's benefit needs.

Regards,

Aaron Shisler

Aaron Shisler
Sr. Account Executive
Unum

cc: Gallagher Benefit Services, Inc. of Houston

MS

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.
CS-1063-Unum

Policy 931260

Voluntary Life	Employee	Spouse	Rate Guaranteed Until
<29	\$0.64 /\$10,000	\$0.64 /\$10,000	January 1, 2020
30-34	\$0.87 /\$10,000	\$0.87 /\$10,000	
35-39	\$1.11 /\$10,000	\$1.11 /\$10,000	
40-44	\$1.42 /\$10,000	\$1.42 /\$10,000	
45-49	\$2.14 /\$10,000	\$2.14 /\$10,000	
50-54	\$3.71 /\$10,000	\$3.71 /\$10,000	
55-59	\$6.55 /\$10,000	\$6.55 /\$10,000	
60-64	\$8.36 /\$10,000	\$8.36 /\$10,000	
65+	\$15.09 /\$10,000	\$15.09 /\$10,000	
Child Rate	\$1.42 /\$10,000		
AD&D	Employee	Spouse	Child
	\$0.20 /\$10,000	\$0.20 /\$10,000	\$0.20 /\$10,000

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.

Unum Life Insurance Company of America
Portland, ME United States

Certificate Number:
2017-234639

Date Filed:
07/11/2017

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.

931260/ 951096/ 22814/ 22136

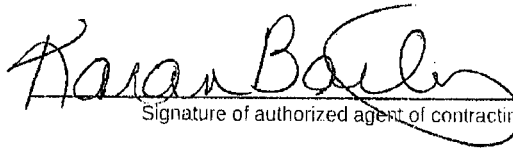
Group Life and Accidental Death Insurance, Group Long Term Disability Insurance, Group Long Term Care Insurance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Gallagher Braniff Inc	Houston, TX United States		X
	Gallagher Benefit Services Inc	Houston, TX United States		X

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

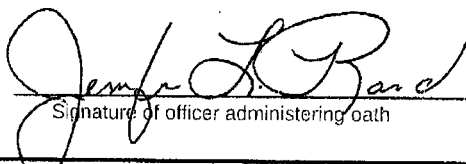
I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.


Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karan Bailey, this the July day of 11th 2017, to certify which, witness my hand and seal of office.

JENNIFER LYNN RAND
NOTARY PUBLIC
STATE OF MAINE
MY COMM. EXP. OCTOBER 18, 2018


Signature of officer administering oath

Printed name of officer administering oath

Notary
Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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Portland, ME United States

Certificate Number:
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Date Filed:
07/11/2017
Date Acknowledged:
09/05/2017

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.
931260/ 951096/ 22814/ 22136
Group Life and Accidental Death Insurance, Group Long Term Disability Insurance, Group Long Term Care Insurance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Gallagher Braniff Inc	Houston, TX United States		X
	Gallagher Benefit Services Inc	Houston, 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.

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