



**Transamerica Premiere Life Insurance Company
(TPLIC)
2020 Renewal Notice and Benefit Confirmation**

Fort Bend County

Plan Year 2020

Return to TAC by: October 25, 2019

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

Attained Age	Current Rates 2019	New Rates Effective 1/1/2020
65 – 69	\$198.03	\$198.03
70 – 74	\$237.36	\$237.36
75 – 79	\$325.54	\$325.54
80+	\$349.96	\$349.96

Initial to accept 2020 retiree plan rates.

- Rates effective from 1/1/2020 through 12/31/2020.
- Signature on the following page is required to confirm and accept your group's renewal.

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:
2019-550300

Date Filed:
10/10/2019

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:
11/12/2019

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
	Callahan, Kent	Atlanta, GA United States	X	
	Schultz, David	Cedar Rapids, IA United States	X	
	Commonwealth General Corporation,	Cedar Rapids, IA United States	X	
	Bostwick, Blake	Denver, CO United States	X	
	van Katwijk , C. Michiel	Baltimore, MD United States	X	
	Mullin, Mark	Batimore, MD United States	X	
	Orlandi, Jay	Baltimore, MD United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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