

UnitedHealthcare 2016 Renewal Notice and Benefit Confirmation

Group: 4439 – Sutton County

Anniversary Date: 1/01/2016

Return to TAC by: 11/02/2015

Please initial and complete each section confirming your group's renewal. Fax to 1-512-481-8481 or email to melissal@county.org.

RETIREE MEDICAL

Current 2015 Rates: \$227.00

New Rates Effective 1/1/2016: \$235.68

41

Initial to accept 2016 Retiree Medical Rates.

BILLING METHOD

Direct Bill - The Employer pays \$0 premium. The bill is sent to the Retiree monthly.

Initial to accept Billing Method.

- Rates effective from 1/1/2016 through 12/31/2016.
- Signature on the following page is required to confirm and accept your group's renewal.

CountyChoice Silver UnitedHealthcare

Member Contact Designations

Contracting Authority: As specified in the Interlocal Participation Agreement, each Member hereby designates and appoints a Contracting Authority of department head rank or above and agrees that TAC HEBP shall NOT be required to contact or provide notices to ANY OTHER person. Further, any notice to, or agreement by, a Member's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP. Please complete each category below:

Name:	Mayen Weingart	
Title:	Auditor	-
Address:	Box 16	-
	Gonora, Ox 16950	•
Phone:	325/387-5380	•
Fax:	325/387- 2379	•
Email:	auditor a Sutton County org	•
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Primary C	ontact: Main contact for daily matters pertaini	ng to the retiree benefits.
Name:	Same as Above	
Title:		
Address:		
Phone:		
Fax:		
Email:		
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Signature of	County Judge or Contracting Authority	Date
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Please PRINT Name and Title		