


Transamerica Life Insurance Company (TLIC)

PROGRAM REQUIREMENTS & PROCEDURES

Acknowledgement

Navarro County acknowledges the attached document has been read and agrees to comply with the retiree program requirements and procedures.


Signature of County Judge or Contracting Authority

HM Davenport, Jr.
Print Name

09/30/2025
Date
County Judge
Title

If there are questions about requirements and procedures, please contact Andrea Walker or Drea Smith at 800-456-5974.

PLEASE PROVIDE A COPY OF THIS NOTICE TO YOUR PRIMARY CONTACT AND BILLING CONTACT



Amwins & Transamerica Life Insurance Company (TLIC)

Group Authorization Form

Navarro County has elected to offer the CountyChoice Silver (CCS) retiree medical benefits program and authorizes its retirees to participate in CCS. Furthermore, the group agrees to comply with the participation requirements listed below.

Effective date for retiree benefits: 01/01/2026

PACKAGE OPTIONS

Indicate below the plan selection that will be offered to your retirees:

Select one:

- ☒ **PACKAGE 1** (Medicare Advantage Plan 1 and Senior Supplement Plan F with Rx Plan 1)
- ☐ **PACKAGE 2** (Medicare Advantage Plan 2 and Senior Supplement Plan K with Rx Plan 2)
- ☐ **PACKAGE 3** (Medicare Advantage Plan 2 and Senior Supplement Plan G with Rx Plan 3)

BILLING OPTIONS

Indicate below billing method that will be offered to your retirees:

Select one:

- ☐ **Direct Bill:** Retiree pays 100% of premium and will be billed directly by Amwins each month.
- ☐ **List Bill:** A monthly invoice will be sent to the designated Billing Contact.
Payment must be submitted directly to Amwins. The group will be responsible for collecting premiums from retirees/spouses.

Please indicate monthly contribution levels for Employer and Retirees: amount totals below must equal 2026 premium.

Medical Premium

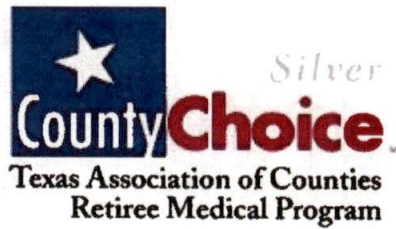
\$_____ paid by Employer

\$_____ paid by Retiree

Rx Premium

\$_____ paid by Employer

\$_____ paid by Retiree



BILLING OPTIONS CONTINUED

☒ **Split Bill** – The Employer pays a portion of the premium.

- Employer must indicate the contribution levels for Employer and for Retirees.
- Bills will be created and sent to the Employer for the Employer portion and to the Retiree for any remaining balance.
- Amount totals below must equal 2026 premium.

Please indicate monthly contribution levels for Employer and Retirees:

Medical Premium

**Medical
w/Rx Premium**

\$ 200.00 paid by Employer

\$ 200.00 paid by Employer

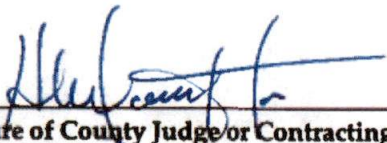
\$ 98.51 paid by Retiree

\$ 392.84 paid by Retiree

MAPD Option

\$ 200.00 paid by Employer

\$ 227.50 paid by Retiree



Signature of County Judge or Contracting Authority

09/30/2025

Date

HM Davenport, Jr. County Judge

Please PRINT Name and Title

Member Contact Designations

Contracting Authority: As specified in the Interlocal Participation Agreement, each Member hereby designates and appoints, as indicated in the space provided below, 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 HEBP.

Name: Julie Wright
Title: HR coordinator
Address: 300 West 3rd Ave, Ste 2
Corsicana, TX 75110
Phone: 903-654-3039
Fax: 903-874-6053
Email: jwright@navarrocounty.org


Primary Contact: Main contact for daily matters pertaining to the retiree benefits.

Name: Julie Wright
Title: HR Coordinator
Address: 300 West 3rd Ave, Ste 2
Corsicana, TX 75110
Phone: 903-654-3039
Fax: 903-874-6053
Email: jwright@navarrocounty.org

Billing Contact: Responsible for receiving all invoices relating to retiree benefits.

****NOTE: NOT REQUIRED FOR DIRECT BILL GROUPS****

Name: Julie Wright
Title: HR Coordinator
Address: 300 West 3rd Ave, Ste 2
Corsicana, TX 75110
Phone: 903-654-3039
Fax: 903-874-6053
Email: jwright@navarrocounty.org
HIPAA Secured FAX number: 903-874-6053


Signature of County Judge or Contracting Authority
HM Davenport, Jr. County Judge
Please PRINT Name and Title

09/30/2025

Date