



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

ACA Reporting and Tracking Service (ARTS) Contact Designation Form

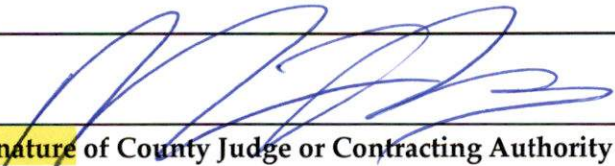
Contracting Authority: Tyler County (Group Name) hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that any notice to, or agreement by, a Group's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Group. Each Group reserves the right to change its Contracting Authority from time to time by giving written notice to HEBP.

Name: Milton Powers Title: County Judge
Address: 100 W Bluff Woodville TX 75979
Phone: 409 283-8141 Fax: _____
Email: Judge@co.tyler.tx.us

Primary Contact: Main contact for data file and reporting matters pertaining to the ARTS program.

Name: Leann Monk Title: County Treasurer
Mailing Address: PO Box 2010 Woodville TX 75979
Delivery Address (no PO Boxes): 100 W Bluff, Room 003, Woodville TX 75979
Phone: 409-283-3034 HIPAA Secured Fax#: _____
Email: lmonk.cotreas@co.tyler.tx.us

Other Contact Emails for ARTS correspondence regarding data files, if any:


Signature of County Judge or Contracting Authority

3/24/25
Date

Milton Powers, County Judge
Print Name and Title

Payroll Software provider: _____
Software Version #: _____



TEXAS ASSOCIATION *of* COUNTIES HEBP MEMBER AND EMPLOYEE BENEFITS POOL

ACA Reporting and Tracking Service (ARTS) HEBP Member (Fully Insured or ASO) 2025 Fee Schedule for Renewing Participant

1	<input checked="" type="checkbox"/>	ARTS Annual Subscription Fee	*\$4.75 / form	Waived
2	<input type="checkbox"/>	Optional Forms Distribution (<i>group chooses to have TAC mail employee forms</i>)	\$ 1.50 / form	If applicable, will be billed in 2026 after forms are produced
3	<input type="checkbox"/>	Late fee for service election form (<i>after 3/31/2025</i>)	\$1,500	
4	<input type="checkbox"/>	Late fee for data submission (<i>after 8/4/2025 and/or 1/9/2026</i>)	\$3,000	If applicable, will be billed in 2026 after forms are produced
		Total Amount Due: (if zero, enter 0.00)		\$ _____

**Per 1095C form*

Fees subject to change annually

 **Initials**