

FILED FOR RECORD: 12-14- 1981 at 11:00 o'clock A M  
DULY RECORDED: 12-15- 1981 at 9:00 o'clock A M  
INSTRUMENT NO. \_\_\_\_\_ GRACE BOSTICK, TYLER CO. CLK.

Grace Bostick

TYLER COUNTY COMMISSIONER'S COURT  
SPECIAL MEETING  
NOVEMBER 30, 1981

A Special Meeting of the Commissioner's Court, met on Monday November 30, 1981 at 10:00 A.M. All members being present. The meeting was opened with prayer by County Judge Allen Sturrock.

A motion was made by Commissioner Lowe and seconded by Commissioner Mahan to accept the low bid of Knapp Ford, Woodville, Texas for a Dump Truck, for Pct. II. The price of \$18,751.00. All voted yes and none no. See Bids attached.

A motion was made by Commissioner Riley and seconded by Commissioner Lowe to accept the charitable donation of a building for use as a group home by the Tyler County Youth Development Center, which has recently been organized. The Commissioners Court will take temporary responsibility for the structure until the Youth Center is legally incorporated, as long as there is no expense to Tyler County. All voted yes and none no.

A motion was made by Commissioner Riley and seconded by Commissioner Odom to table the purchasing of Office Building for Pct. #1, until December 14, 1981 Comm. Court meeting. All voted yes and none no. Bids attached.

A motion was made by Commissioner Lowe and seconded by Commissioner Odom to renew the Bond for Herman Nolan, as Deputy Constable for Pct. #4 at no expense to the County. All voted yes and none no. See attached.

A motion was made by Commissioner Lowe and seconded by Commissioner Riley to approve of Veterans Service Officer to attend the Seminar in Austin on January 26, 27 and 28th. All voted yes and none no.

A motion was made by Commissioner Mahan and seconded by Commissioner Lowe to table the discussion of a Plat from Earl King, until December 14, 1981. All voted yes and none no.

There being no further business, the meeting adjourned.

SIGNED: Allen Sturrock Allen Sturrock, County Judge

Maxie Riley Maxie Riley, Comm. Pct. #1

H.K. Lowe H.K. Lowe, Comm. Pct. #2

Jerry Mahan Jerry Mahan, Comm. Pct. #3

Berton Adnell Odom Berton Adnell Odom, Comm. Pct. #4

ATTEST: Grace Bostick Grace Bostick, County Clerk



Vol. 6 pg. 916

Texas

Vol. 6 pg. 917



# Western Surety Company

## OFFICIAL BOND AND OATH

THE STATE OF TEXAS

County of TYLER } ss

KNOW ALL MEN BY THESE PRESENTS:

BOND No. 1617509

That we, HERMAN NOLEN, as Principal, and the WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State of Texas, as Surety, are held and bound unto CONSTABLE PRECINCT #4, TYLER COUNTY, his successors in office, in the sum of ONE THOUSAND FIVE HUNDRED AND NO/100 (\$ 1,500.00 ) DOLLARS, for the payment of which we hereby bind ourselves and our heirs, executors and administrators, jointly and severally, by these presents.

Dated this 5th day of AUGUST, 19 81.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the above bounden Principal was on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, duly APPOINTED to the office of DEPUTY CONSTABLE, in and for TYLER (Elected-Appointed) PRECINCT #4 County, State of Texas, for a term of 4 years commencing on the 5th day of NOVEMBER, 19 81.

NOW THEREFORE, if the said Principal shall well and faithfully perform and discharge all the duties required of him by law as the aforesaid officer, ~~and shall~~

then this obligation to be void, otherwise to remain in full force and effect.

Herman Nolen Principal  
WESTERN SURETY COMPANY  
By Joe Kirby  
JOE P. KIRBY, PRESIDENT

### ACKNOWLEDGMENT OF PRINCIPAL

THE STATE OF TEXAS

County of Tyler } ss

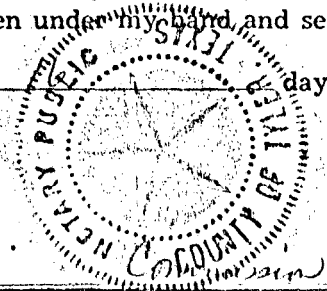
Before me, Carolyn Collier on this day, personally appeared Herman Nolen, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office at Woodville, Texas, this November day of November, 19 81.

Carolyn Collier  
Tyler County, Texas

SEAL

862A-7-80



*(Signature)* Expires 7-30-84

OATH OF OFFICE  
(COUNTY COMMISSIONERS and COUNTY JUDGE)

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will faithfully execute the duties of the office of \_\_\_\_\_ of the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws of the United States and of this State; and I furthermore solemnly swear (or affirm) that I have not directly nor indirectly paid, offered, or promised to pay, contributed, nor promised to contribute any money, or valuable thing, or promised any public office or employment, as a reward for the giving or withholding a vote at the election at which I was elected; and I furthermore solemnly swear (or affirm) that I will not be, directly or indirectly, interested in any contract with or claim against the County, except such warrants as may issue to me as fees of office. So help me God.

Signed \_\_\_\_\_

Sworn to and subscribed before me at \_\_\_\_\_, Texas, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

SEAL \_\_\_\_\_ County, Texas

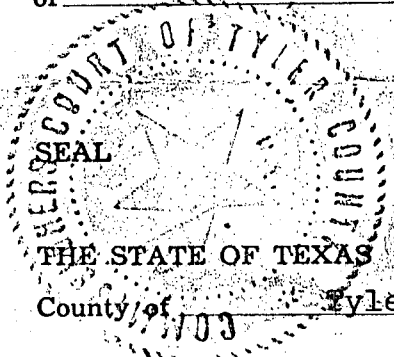
OATH OF OFFICE  
(General)

I, Herman Nolen, do solemnly swear (or affirm) that I will faithfully execute the duties of the office of Deputy Constable, Prec. #4 of the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws of the United States and of this State; and I furthermore solemnly swear (or affirm) that I have not directly nor indirectly paid, offered, or promised to pay, contributed, nor promised to contribute any money, or valuable thing, or promised any public office or employment, as a reward for the giving or withholding a vote at the election at which I was elected. So help me God.

Signed Herman Nolen

Sworn to and subscribed before me at Woodville, Texas, this 4th day of December, 1981.

\* Donece Langham  
Donece Langham  
Tyler County, Texas



County of Tyler } ss

The foregoing bond of Herman Nolen as Deputy Constable, #4 in and for Tyler County and State of Texas, this day approved in open Commissioner's Court.

ATTEST: Grace Bastick Clerk  
County Court Tyler County  
Date November 30, 1981  
Alfred [Signature] County Judge,  
Tyler County, Texas

I, GRACE BOSTICK, County Clerk, in and for said County, do hereby certify that the foregoing Bond dated the 5th day of August, 19 81, with its certificates of authentication, was filed for record in my office the 30th day of November, 19 81, at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and duly recorded the 15 day of December, 19 81, at 9:00 o'clock A M., in the Records of Official Bonds of said County in Volume \_\_\_\_\_, on page \_\_\_\_\_.

WITNESS my hand and the seal of the County Court of said County, at office in Woodville, Texas, the day and year last above written.

By \_\_\_\_\_ Deputy County Court Tyler County Clerk Grace Bostick

OFFICIAL BOND REQUIREMENTS

OFFICIAL	2. AMOUNT	1. TO WHOM PAYABLE	APPROVED BY	Art. of Statutes	4. CONDITIONS
District Attorney	\$5,000.	Governor	District Judge	323	"Will faithfully pay over, in the manner prescribed by law, all money which he may collect or which may come to his hands for the State or for any county."
County Attorney	\$2,500.	Governor	Commissioner's Court	330	"That he will faithfully pay over in the manner prescribed by law all moneys which he may collect or which may come to his hands for the State or any county."
County Judge	*\$1,000.-10,000.	County Treasurer	Commissioner's Court	1928 and 5998	"That he will pay over to the person or officer entitled to receive it, all moneys that may come into his hands as county judge, and that he will pay over to his county all moneys illegally paid to him out of county funds, as voluntary payments or otherwise, and that he will not vote or give his consent to pay out county funds except for lawful purposes."
County Clerk	*\$2,000.-10,000.	Governor	Commissioner's Court	1937	"For the safekeeping of the records and the faithful discharge of the duties of his office, and further conditioned that said clerk will pay over to his county all moneys illegally paid to him out of the county funds, as voluntary payments or otherwise."
Auditor	\$5,000. & up	District Judge(s)	District Judge(s)	1649	"For the faithful performance of his duties."
County Treasurer	Fixed by the Commissioner's Court	County Judge	Commissioner's Court	1704 and 5998	"Shall faithfully execute the duties of his office and pay over according to law, all moneys which shall come into his hands as county treasurer, and render a true account thereof to said court at each regular term of said court."
District Clerk	\$5,000.	Governor	Commissioner's Court	1897 and 5998	"For the faithful discharge of the duties of his office."
County School Superintendent	\$1,000.	Commissioner's Court	Commissioner's Court	2689 and 5998	"Upon the faithful performance of his duties."
County Surveyor	*\$500.-10,000.	Not Stated (Suggested to County Judge)	Commissioner's Court	5284 and 5998	"That he will faithfully perform the duties of his office."
Hide and Animal Inspector	*\$1,000.-10,000.	County Judge	Commissioner's Court	6973	"That he shall well and truly perform the duties of his office."
Sheriff	†\$5,000.-30,000.	Governor	Commissioner's Court	6866	"That he will account for and pay over to the persons authorized by law to receive the same, all fines, forfeitures and penalties that he may collect for the use of the State or any county, and that he will well and truly execute and make due return of all process and precepts to him lawfully directed, and pay over all sums of money collected by him by virtue of any such process or precepts, to the persons to whom the same are due, or their lawful attorney, and that he will faithfully perform all such duties as may be required of him by law, and further conditioned that he will pay over to his county all moneys illegally paid to him out of county funds, as voluntary payments or otherwise."
Assessor and Collector of Taxes (State Bond)	10% of State Tax in County not to exceed \$50,000.	Governor	Commissioner's Court & Comptroller	7247	"For the faithful performance of the duties of his office as Assessor and Collector of taxes for and during the full term for which he was elected or appointed."
Assessor and Collector of Taxes (County Bond)	Not less than 10% of County tax as shown by the last preceding assessment not to exceed \$50,000.	County Judge	Commissioner's Court	7249	"Same as State Bond."
County Commissioners	\$3,000.	County Treasurer	County Judge	2340 and 5998	"For the faithful performance of the duties of his office, that he will pay over to his county all moneys illegally paid to him out of county funds, as voluntary payments or otherwise, and that he will not vote or give his consent to pay out county funds except for lawful purposes."
Justice of the Peace	\$1,000.	County Judge	Not Stated	2373 and 5998	"That he will faithfully and impartially discharge the duties required of him by law, and will promptly pay over to the party entitled to receive it, all moneys that may come into his hands during his term of office."
Constable	\$500.-1,500.	Not Stated Governor	Commissioner's Court	6881	"For the faithful performance of all the duties required of him by law."
Public Weigher	*\$2,500.-5,000.	County Judge	Commissioner's Court	5688 and 5998	"Upon the faithful and impartial performance of the duties of his office."

\*Sum to be fixed by the Commissioners Court within the limits prescribed by law.  
 †In counties where Sheriff performs the duties of the Assessor and Collector of Taxes he shall make the bond required of the Assessor and Collector of Taxes.  
 3. If precinct insert the number.  
 4. Conditions.

ACKNOWLEDGMENT OF SURETY  
(Corporate Officer)

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STATE OF SOUTH DAKOTA }  
County of Minnehaha } ss

Before me, a Notary Public, in and for said County and State on this 5th day of

AUGUST, 19 81, personally appeared JOE P. KIRBY

to me known to be the identical person who subscribed the name of the WESTERN SURETY COMPANY, Surety, to the foregoing instrument as the aforesaid officer and acknowledged to me that he executed the same as his free and voluntary act and deed, and as the free and voluntary act and deed of such corporation for the uses and purposes therein set forth.

J. RHONE  
NOTARY PUBLIC  
SOUTH DAKOTA  
My Commission Expires 6-12-88

*J Rhone*

Notary Public



Western Surety Company

OFFICIAL  
BOND AND OATH

On Behalf of

*Herman Nolen*  
Principal

*Deputy Const Sec IV*  
Official Title

*Woodville*, Texas

Filed the 14 day of

*Dec*, 1971,

at 10:00'clock A.M.

*Wrae Beck*  
Clerk

County Court *Deffen* County,  
Texas

**KNAPP FORD SALES, Inc.**



104 Pine Street  
Woodville, Texas 75979

vol. 6 pg. 9a1

Tyler County Commissioners' Court  
Bid For Dump Truck

NO. \_\_\_\_\_ TIME: 9:45 <sup>AM</sup> <sub>PM</sub>

NOV 30 1981

GRACE BOSTICK, COUNTY CLERK  
TYLER COUNTY, TEXAS  
BY: *Teresa Hailer*



# KNAPP FORD SALES, Inc.

104 Pine Street

Telephone 713/ 283-2526 or 283-2515

WOODVILLE, TEXAS 75979

November 30, 1981

Tyler County Commissioner's Court

*Vol. 6 pg. 922*

SUBJECT: Bod for Dump Truck

Knapp Ford Sales is pleased to offer the following Dump Truck which meets all specifications as required:

- 1982 Ford F700 153" Wheelbase Chassis Cab
- 18,500 Pound 2 Speed Rear Axle
- 1000 x 20 12 Ply Tires
- Rear Tires On-Off Road
- 10 Hole Disc Wheels
- 370 2V Cubic Inch Engine
- 5 Speed Clark Transmission
- 6 Yard Water Level/8 Yard Dirt Dump Bed
- Single Hydraulic Brake System
- Regular Size Cab-Heater Only
- All Instruments
- Heavy Cooling System
- Heavy Duty Reinforced Frame
- 10,400 Pound Rear Springs

Price for Truck as described	\$17,845.00
------------------------------	-------------

Additional Charge for Full Air Brakes	\$ 1,119.00
---------------------------------------	-------------

Price for Truck as described only with Air Brakes	\$18,964.00
---------------------------------------------------	-------------

Credit on either price if 141" Wheelbase selected instead of 153" Wheelbase:	\$ (213.00)
------------------------------------------------------------------------------	-------------

This would allow a 9 Foot Dump Body to be used instead of a 10 Foot Dump Body, but it would have the same capacity.

F700 141" Wheelbase with Hydraulic Brakes	\$17,632.00
-------------------------------------------	-------------

F700 141" Wheelbase with Full Air Brakes	\$18,751.00
------------------------------------------	-------------

This truck must be ordered with an anticipated production and delivery time of eight weeks.

*Accepted*

*Tom Knapp*  
Tom Knapp



ALLISON CHEVROLET, INC.  
HIGHWAY 69 P.O. BOX 460  
COLMESNEIL, TEXAS 75938

Vol. 6 pg. 923

NO. \_\_\_\_\_ TIME: 9:30 AM

NOV 30 1981

GRACE BOSTICK, COUNTY CLERK  
TYLER COUNTY, TEXAS

BY *Reggy Chrisley*

County of Tyler  
100 Courthouse  
Woodville, Texas 75979

~~ATTN: Dump Truck BID for Precinct II~~





## ALLISON CHEVROLET, INC.

HIGHWAY 69 P. O. BOX 460  
COLMESNEIL, TEXAS 75938

vol. 6 pg. 924

November 30, 1981

County of Tyler  
Precinct II  
Woodville, Texas

Dear Mrs. Bostich & Gentlemen:

Allison Chevrolet, Inc. can order and deliver within ninety (90) days,  
a 1982 Chevrolet Dump truck with the following equipment:

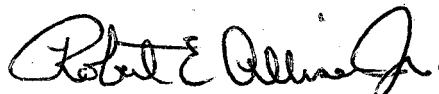
C7D042 - 4 $\frac{1}{2}$  Ton Truck  
366 V-8 Engine  
Clark 285V - 5 Speed Transmission  
Eaton 18,500lb., 2 Speed - Rear Axle  
23,000lb. Rear Springs  
4,000lb. Multi-leaf Overloads  
10 Hole Budd wheels (Front and rear)  
7,000lb. Front Axle (Air Brake)  
9,000lb. Front Springs  
149" Wheelbase - 84" Cab-to-Axle  
Air Brakes - Straight Air  
13 Cubic foot Air Compressor  
Heavy Duty Radiator  
Heavy Duty Reinforced Frame  
1000x20 Tires (on and off on rear)  
Heavy Duty Battery  
Heavy Duty Generator  
6/8 Yard Dump Bed - Installed

Total Delivered Price - \$18,994.60

With hydraulic brakes instead of air brakes - \$18,122.46.

If we can be of service, please let us know.

Sincerely yours,

  
Allison Chevrolet, Inc.



A & M MOTOR CO., INC.

P. O. BOX 509

WOODVILLE, TEXAS 75979

Vol. 6 pg. 925

Bid on Truck

Tyler County - Precinct 2

NO. \_\_\_\_\_ TIME: 8:45 <sup>AM</sup> <sub>PM</sub>

NOV 30 1981

GRACE BOSTICK, COUNTY CLERK  
TYLER COUNTY, TEXAS

BY: *E. Owen*



# A & M MOTOR CO., INC.

P. O. BOX 509

605 SOUTH MAGNOLIA

PHONE (713) 283-2534

WOODVILLE, TEXAS 75979



PONTIAC



F. M. ARCHER, President  
VERA F. OGDEN, Secretary-Treasurer

November 28, 1981

Tyler County - Precinct 2  
Woodville, Texas 75979

Re: Bid - Dump Truck


Dear Sirs:

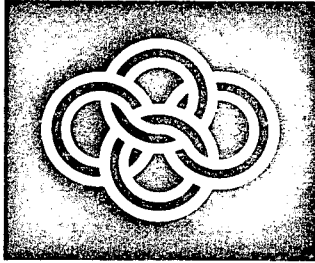
We could not meet your specs on bid for 2 ton truck with 18,500 lb. rear end.

We would like to submit a bod on what specs we believe would be appropriate for hauling 8 yards of dirt:

- 1982 GMC 4 $\frac{1}{2}$  ton Truck
- 10/20 12 Ply Tires - On & Off Road on Rear
- 366 Engine
- Clark 5 Speed Transmission
- Rear Axle 18,500 lb. 2 Speed
- 6.50 Rear Axle Ratio
- 23,000 lb. Capacity Rear Suspension
- 20x7.5 - 10 Hole Budd Wheels
- Heavy Duty Cooling
- Front Axle 7,000 lb.
- Front Axle Suspension 9,000 lb.
- 149" Wheelbase
- Air Brake System
- Auxiliary Rear Springs
- Reinforced Frame
- 8 Yd. Dirt Dump Bed

List Price . . . . .	\$ 26,370.00
Less Discount. . . . .	6,605.00
Net Price-Delivered. . . . .	\$ 19,765.00

Yours very truly,  
  
 Forrest Archer, Jr.



# THE ABC PLANS

A PROPOSAL FOR: TYLER COUNTY

PRESENTED BY: \_\_\_\_\_

This proposal expires on December 15, 1981



# THE ABC PLANS Rate and Premium Summary

## PROPOSED RATE STRUCTURE: Comprehensive Major Medical Plan Plan A-1

Term Life Insurance:	\$ <u>    .90</u> /\$1,000
Accidental Death & Dismemberment:	\$ <u>    .07</u> /\$1,000
Dependent Term Life Insurance:	\$ Included
Employee Medical:	\$ <u>48.77</u> *
Dependent Medical: Children Only	\$ <u>33.96</u>
Spouse and Children	\$ <u>71.71</u> *
Over Age 65 Medical: Employee	\$ <u>31.64</u>
Dependent	\$ <u>31.64</u>

### Optional Coverages:

Short-Term Weekly Income:	\$ <u>    .98</u> /\$10 Benefit*
Prescription Card Plan:	\$2.00 Deductible
Employee	\$ <u>4.19</u>
Dependent	\$ <u>6.44</u>
Dental: Plan A -	\$50.00 Deductible
Employee	\$ <u>9.23</u>
Dependent	\$ <u>14.71</u>
Monthly Service Fee:	\$15.00

\*Rate includes maternity coverage.

Proposed rates and estimated monthly premium are based on information submitted. Final rates and monthly premium will be based on actual enrollment data and will be subject to underwriting approval and acceptance by Pacific Guardian Life Insurance Company, Limited.

This proposal expires on December 15, 1981



# THE ABC PLANS BENEFITS

## GUARANTEED ISSUE TERM LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS:

For Employees:

Class	Class Description	Amount
I		\$ 10,000

## DEPENDENT TERM LIFE INSURANCE BENEFITS:

For Dependents:

Spouse .....	\$2,000.00
Children	
Age 14 days, but less than 6 months .....	100.00
Age 6 months, but less than Age 19 .....	2,000.00
Age 19 but less than Age 23 (if attending school on a full-time basis) .....	2,000.00

## OPTIONAL SHORT-TERM WEEKLY INCOME BENEFITS—Included in Proposal Yes No

Weekly Income Benefit Amounts:

Scheduled by Life Insurance Class Description

Class 1 \$ \_\_\_\_\_ per week    2 \$ \_\_\_\_\_ per week    3 \$ \_\_\_\_\_ per week

\$ 100 Weekly Benefit for all employees.

\_\_\_\_\_ Percent of salary or wages for all employees.

Elimination Period:

  1   Day Accident Disability /   8   Day Sickness Disability

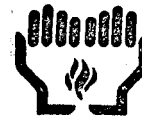
Maximum Benefit Period:   26   Weeks.

The Maximum Weekly Benefit is limited to 66 2/3% of the covered Employee's Basic Weekly Earnings. Weekly Benefit Amounts will be reduced by 50% if disability continues for more than 26 weeks for Plans with Benefit Periods of 52 weeks.

Maternity: Covered as any other accident or sickness at the option of the Employer.

Included in proposed rates:  Yes  No.





# COMPREHENSIVE GROUP DENTAL BENEFITS

## PLAN A

(Without Orthodontic Benefit)

ANNUAL MAXIMUM BENEFIT .....\$1,000.

Calendar Year Deductible ..... \$25   
..... \$50   
..... \$100

Percentage Paid by Insurance Company:

Type I Expense (Preventative Care) Not Subject to Deductible ..... 100%  
Type II Expense (Routine Care) ..... 80%  
\* Type III Expense (Major Care) ..... 50%  
Type IV Expense (Orthodontics) ..... Not Included

\* Waiting period for Type III (Major) expense is 6 months of continual coverage under this Plan, EXCEPT that "continuous credit" may be granted to any person if, (1) another similar dental plan was in effect immediately preceding this Plan, and (2) the person was covered under that plan on the day immediately preceding the effective date of this plan. This "continuous credit" will be equal to the length of time covered under the prior plan.

TYPE I EXPENSE	TYPE II EXPENSE	TYPE III EXPENSE	TYPE IV EXPENSE
<ul style="list-style-type: none"> <li>* Dental Examinations</li> <li>* Cleaning and Scaling</li> <li>* Dental X-rays</li> <li>* Fluoride Treatments</li> </ul>	<ul style="list-style-type: none"> <li>Fillings</li> <li>Oral Surgery</li> <li>Extractions</li> <li>Periodontal Care</li> <li>Root Canal Therapy</li> <li>Injection of Anti-biotic Drugs</li> </ul>	<ul style="list-style-type: none"> <li>* Inlays, Onlays</li> <li>* Gold Fillings</li> <li>* Crowns, Bridgework</li> <li>* Dentures</li> </ul>	<p>( Plan A Does Not Provide Any Benefits For Orthodontic Treatment )</p>

There are limitations applicable to these procedures:

- \* Dental examinations, cleaning and scaling limited to one such service each six months.
- \* Dental X-rays – limit one (1) full-mouth series in any 24 consecutive month period.
- \* Fluoride treatment – limited to children under the age of 15 (under Type I expense)
- \* Inlays, Onlays, Gold Fillings, Crowns, Bridgework and Dentures limited to replacement of teeth extracted or lost while covered by this benefit.

This brochure is merely a brief summary of the dental benefits available and should not be construed to be an insurance policy or even a legal description of policy provisions.



A  
PROGRAM  
OF  
BENEFITS

ESPECIALLY  
DESIGNED  
FOR

TYLER COUNTY EMPLOYEES

SUBMITTED  
BY

ALLEN FORTENBERRY

DATE  
PROPOSED

NOVEMBER 4, 1981

**Southwestern Life Insurance Company**



SCHEDULE OF BENEFITS

TYLER COUNTY EMPLOYEES

CLASSIFICATION OF EMPLOYEES

CLASS 01 ALL FULL-TIME, PERMANENT EMPLOYEES.

BENEFITS FOR EMPLOYEES

CLASS	LIFE INSURANCE	ACCIDENTAL DEATH AND DISMEMBERMENT	WEEKLY INCOME BENEFITS
01	\$10,000	\$10,000	\$50.00

LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS WILL REDUCE 30.000% AT AGE 65 AND WILL FURTHER REDUCE 20.000% AT AGE 70.

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS ARE 24 HOUR COVERAGE.

EMPLOYEE WEEKLY INCOME BENEFITS ARE NONOCCUPATIONAL COVERAGE.

PREGNANCY BENEFITS ARE INCLUDED IN THE WEEKLY INCOME BENEFITS.

THE DAILY EMPLOYEE WEEKLY INCOME BENEFIT WILL BEGIN ON THE 1ST DAY FOR ACCIDENT AND THE 8TH DAY FOR SICKNESS. THE BENEFIT WILL BE PAYABLE FOR A MAXIMUM OF 26 WEEKS.

DEPENDENT LIFE INSURANCE

- SCHEDULE OF INSURANCE: MAXIMUM AMOUNTS
- \$2,000 SPOUSE
  - \$ 100 CHILDREN LESS THAN 6 MONTHS OF AGE
  - \$2,000 CHILDREN 6 MONTHS OR OLDER

IN NO EVENT WILL ANY DEPENDENT CHILD WHO IS LESS THAN 10 DAYS OR WHO IS 21 YEARS OF AGE OR OVER BE INSURED FOR DEPENDENT LIFE INSURANCE.

MEDICAL BENEFITS FOR EMPLOYEES AND DEPENDENTS

ADDITIONAL ACCIDENT  
EXPENSE BENEFIT

MAXIMUM PAYMENT \$500.00

LIFETIME COMPREHENSIVE  
MAXIMUM BENEFIT

\$1,000,000.00

ROOM LIMITS

REGULAR CONFINEMENT

STANDARD SEMIPRIVATE

INTENSIVE CARE

THE HOSPITAL'S STANDARD INTENSIVE CARE  
CHARGE.

CONVALESCENT CARE

THE FACILITY'S STANDARD CONVALESCENT CARE  
CHARGE, IN NO EVENT TO EXCEED \$53.50

CASH DEDUCTIBLE

\$100.00 CALENDAR YEAR 12 MONTH DEDUCTIBLE  
ACCUMULATION PERIOD.

PERCENTAGE PAYABLE

80% OF THE FIRST \$2,500 OF COVERED  
EXPENSES IN ANY CALENDAR YEAR AND  
100% THEREAFTER FOR THE BALANCE OF  
THE YEAR.

OUTPATIENT CARE FOR MENTAL  
OR NERVOUS DISORDERS

IS A COVERED EXPENSE UP TO 62.5% OF  
CHARGES SUBJECT TO A MAXIMUM COVERED  
EXPENSE OF \$40.00 PER DAY FOR PHYSICIAN'S  
FEES.

COVERAGE FROM BIRTH

DEPENDENTS ARE COVERED FROM BIRTH  
FOR MEDICAL EXPENSES DUE TO SICKNESS  
OR INJURY. ROUTINE BABY CARE IS NOT  
COVERED.

PREEXISTING CONDITIONS LIMITATION



A PREEEXISTING CONDITIONS LIMITATION IS INCLUDED.

THIS LIMITATION IS WAIVED FOR INITIALLY INSURED EMPLOYEES AND DEPENDENTS WHO ARE INSURED UNDER THE PREVIOUS CARRIER.

THE MAXIMUM AMOUNT PAYABLE DURING THE PREEEXISTING CONDITIONS LIMITATION PERIOD IS \$1,000.

EFFECT OF OTHER GROUP INSURANCE

ALL MEDICAL EXPENSE BENEFITS WILL BE SUBJECT TO A COORDINATION OF BENEFITS PROVISION.

MEDICARE PROVISION

THE PROPOSED PLAN ASSUMES THAT MEDICAL EXPENSE BENEFITS WILL BE INTEGRATED WITH BENEFITS PAYABLE UNDER THE MEDICARE PROGRAM.

SPECIAL PROVISIONS

THIS PROPOSAL IS SUBMITTED WITH THE UNDERSTANDING THAT:

ALL PERSONS TO BE INSURED REGULARLY DEVOTE 20 OR MORE HOURS PER WEEK FOR TWELVE MONTHS PER YEAR TO THE DAILY CONDUCT OF THE EMPLOYER'S BUSINESS AT THE EMPLOYER'S PLACE OF BUSINESS.

THE LIMITATIONS CONTAINED IN THIS PROPOSAL RELATING TO PREGNANCY WILL NOT APPLY. ANY POLICY ISSUED AS A RESULT OF THIS PROPOSAL WILL COVER PREGNANCY AS ANY OTHER SICKNESS.

SUBMITTED TO TYLER COUNTY EMPLOYEES

SUBMITTED BY ALLEN FORTENBERRY

EFFECTIVE DATE DECEMBER 1, 1981

PROPOSED DATE NOVEMBER 3, 1981

SUMMARY OF COST FOR TYLER COUNTY EMPLOYEES

EMPLOYEE LIFE INSURANCE

COST PER \$1,000	\$ .85	TOTAL VOLUME	\$ 646,000
		TOTAL COST	\$ 549.10

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

COST PER \$1,000	\$ .07	TOTAL VOLUME	\$ 646,000
		TOTAL COST	\$ 45.22

WEEKLY INCOME

COST PER \$10.00	\$ 1.11	TOTAL VOLUME	\$ 3,300
		TOTAL COST	\$ 366.30

DEPENDENT LIFE INSURANCE

COST PER UNIT	\$ 1.58	TOTAL NUMBER OF UNITS	47
		TOTAL COST	\$ 74.26



MEDICAL EXPENSE BENEFITS:

EMPLOYEE RATES

	NO. OF EMPLOYEES	RATES	EXTENDED COSTS
NOT ELIGIBLE FOR MEDICARE	62	\$ 49.56	\$ 3,072.72
ELIGIBLE FOR MEDICARE	4	\$ 37.17	\$ 148.68
TOTAL EMPLOYEE EXTENDED MEDICAL COSTS			\$ 3,221.40

DEPENDENT RATES

	NO. OF DEP. UNITS	RATES	EXTENDED COSTS
MORE THAN ONE DEPENDENT	47	\$ 80.03	\$ 3,761.41
ONE DEPENDENT ONLY			
NOT ELIGIBLE FOR MEDICARE	0	\$ 80.03	\$ 0
ELIGIBLE FOR MEDICARE	0	\$ 37.17	\$ 0
TOTAL DEPENDENT EXTENDED MEDICAL COSTS			\$ 3,761.41
TOTAL MEDICAL EXPENSE COSTS			\$ 6,982.81
TOTAL COSTS OF PROPOSED PLAN			\$ 8,017.69
TOTAL COST FOR EMPLOYEE ONLY BENEFITS			\$ 4,182.02
TOTAL COST FOR DEPENDENT BENEFITS			\$ 3,835.67

PREMIUMS SHOWN ARE PAYABLE MONTHLY

ELIGIBLE DEPENDENTS

AN EMPLOYEE'S SPOUSE AND UNMARRIED CHILDREN WHO ARE LESS THAN 19 YEARS OF AGE. UNMARRIED CHILDREN WHO ARE 19 BUT LESS THAN 23 ARE ELIGIBLE IF THEY ARE ATTENDING HIGH SCHOOL OR COLLEGE, AND UNMARRIED HANDICAPPED DEPENDENT CHILDREN OVER AGE 19.

NUMBER OF DEPENDENTS

THE DEPENDENT DATA FURNISHED DOES NOT INDICATE WHETHER ANY SPOUSES ARE ELIGIBLE FOR MEDICARE. SOUTHWESTERN IS ASSUMING THAT NO SPOUSES ARE ELIGIBLE FOR MEDICARE AND THIS MAY RESULT IN AN OVERESTIMATION OF PREMIUMS.

ENROLLMENT AND EFFECTIVE DATE

ENROLLMENT

AT LEAST 75.000% OF ALL ELIGIBLE EMPLOYEES MUST ENROLL FOR EMPLOYEE BENEFITS AND 60.000% OF THE ELIGIBLE EMPLOYEES WITH DEPENDENTS MUST ENROLL FOR DEPENDENT BENEFITS.

EFFECTIVE DATE

YOUR GROUP INSURANCE CAN BE MADE EFFECTIVE ON ANY DATE AGREED UPON BY YOU AND SOUTHWESTERN IN WRITING AND AFTER RECEIPT OF A COMPLETED PRELIMINARY APPLICATION AND EMPLOYEE ENROLLMENT CARDS. IF ON THE EFFECTIVE DATE, AN EMPLOYEE IS NOT ACTIVELY AT WORK DUE TO SICKNESS OR INJURY, HIS PERSONAL INSURANCE WILL BECOME EFFECTIVE ON THE FIRST DAY THAT HE RETURNS TO WORK. DEPENDENT INSURANCE FOR OTHER THAN A NEWBORN WILL BECOME EFFECTIVE ON THE FIRST DAY THAT HE IS NOT IN A HOSPITAL.

PREMIUMS

PREMIUMS SHOWN ARE ESTIMATES BASED ON THE CENSUS DATA FURNISHED FOR 66 EMPLOYEES OF WHOM 24.200% ARE FEMALES. THE EXACT PREMIUMS TO BE CHARGED WILL DEPEND ON THE EMPLOYEES ACTUALLY ENROLLED AND THE EFFECTIVE DATE AGREED UPON. THIS ESTIMATE OF COST WILL BE EFFECTIVE FOR THREE MONTHS UNLESS YOU ARE NOTIFIED TO THE CONTRARY

THIS IS A PROPOSAL AND NOT AN INSURANCE CONTRACT.



SINGLE EMPLOYEE  
UNDER AGE 65

0.\*  
0.\*  
9.20+  
5.55+  
49.56+

003

MARRIED EMP  
EMPLOYEE WITH  
DEPENDENTS  
EMPLOYEE UNDER  
AGE 65

64.31\*  
9.20+  
5.55+  
1.58+  
49.56+  
80.03+

005

145.92\*

SINGLE EMPLOYEE  
OVER AGE 65 BUT  
LESS THAN 70

0.\*  
37.17+  
5.98+  
5.55+

003

48.70\*

MARRIED EMPLOYEE  
OVER 65 BUT LESS  
THAN 70 WITH  
DEPENDENTS WIFE  
OVER AGE 65

0.\*  
37.17+  
5.98+  
5.55+  
1.58+  
37.17+

005

87.45\*

MARRIED EMP  
OVER 70 WITH  
DEPENDENT WIFE  
OVER AGE 65

0.\*  
37.17+  
37.17+  
4.60+  
5.55+  
1.58

004

84.49\*  
1.58  
86.07  
0.\*

TYLER COUNTY EMPLOYEES

MINIMUM EMPLOYER CONTRIBUTION IS 50% OF TOTAL EMPLOYER, 100% OF  
EMPLOYEE COST.

Here is the most  
practical method  
of providing  
Basic Employee Security

Probably the most difficult financial hazards for an employee or his family to cope with are those resulting from death and disability. Financial disasters caused by death and disability cannot, in the vast majority of instances, be predicted and cannot, therefore, be budgeted.

Through a sound plan of Group Insurance, you as an Employer can provide the financial security your employees need for themselves and their families. The program of Group Insurance outlined in this proposal will establish a businesslike method of providing financial security so needed in event of an employee's death or in the event of serious accident or illness which may befall him or a member of his family.

The wholesale purchasing power which only you as the Employer can exercise in behalf of your employees will make available to them a program of insurance protection that would cost them substantially more as individuals.

## Group Life Insurance for Employees

### **DEATH BENEFIT**

The amount for which an employee is insured in accordance with the Schedule of Benefits will be paid to his beneficiary in the event of his death at any time or place and from any cause.

### **BENEFICIARY**

An employee may name any beneficiary he desires and may change his beneficiary whenever he wishes.

### **METHODS OF PAYING THE DEATH BENEFIT**

Normally the death benefit is paid to the beneficiary in one sum but the employee, or the beneficiary after the employee's death, may elect to have the proceeds paid in monthly or annual installments over a period of time, not to exceed ten years.

### **EXTENDED INSURANCE**

If an insured employee becomes totally and permanently disabled prior to age 60, his group life insurance will be kept in full force without the payment of premiums during the continuance of his disability subject to annual proof of his continued disability.

### **CONVERSION PRIVILEGE**

When an insured employee terminates his employment, his group life insurance protection will automatically be continued for 31 days during which time he can convert it, without medical examination, to any form of individual life insurance, except term insurance, then being issued by Southwestern. The individual policy will be issued at standard rates and at the attained age of the terminating employee.

### **LAYOFFS AND LEAVES OF ABSENCE**

The group life insurance contract permits the Employer, if he so desires, to continue for a limited period the insurance protection on his employees who are temporarily laid off or who have been granted leaves of absence other than for military service.



# Accidental Death and Dismemberment Benefits for Employees

Accidental Death and Dismemberment Benefits are designed to provide payment in accordance with the following schedule in the event of loss of life, sight, or limb resulting from and within 90 days after bodily injuries due to external, violent, and accidental means. The full amount, as referred to below, is defined in the Schedule of Benefits.

<b>BENEFITS</b>	LOSS	BENEFIT
	Life	The full amount
	Both hands or both feet	The full amount
	Both eyes	The full amount
	One hand and one foot	The full amount
	One hand and one eye	The full amount
	One foot and one eye	The full amount
	One hand or one foot	One-half the full amount
	One eye	One-half the full amount

Accidental Death and Dismemberment Benefits do not cover losses resulting from

- LIMITATIONS**
- (1) self-destruction, while sane or insane, or injury intentionally self-inflicted, or
  - (2) actual warfare, riot or insurrection or any act incident thereto, or
  - (3) ptomaines or bacterial infection, except bacterial infection resulting from an accidental bodily injury, or
  - (4) bodily or mental disease or infirmity, or medical or surgical treatment therefor.

## Dependent Group Life Insurance

### **DEATH BENEFIT**

The amount for which a dependent is insured as determined in accordance with the Schedule of Insurance indicated in the Schedule of Benefits is payable in the event of his death at any time or place and from any cause.

### **BENEFICIARY**

The death benefit will be paid to the employee, or, if the employee is not living at the time of the dependent's death, it will be paid to the employee's beneficiary.

### **CONVERSION PRIVILEGE**

When an insured employee terminates his employment, his dependent group life insurance protection will automatically be continued for 31 days during which time it may be converted, without a medical examination, to any form of individual life insurance, except term insurance, then being issued by Southwestern. The individual policy will be issued at standard rates and at the dependent's attained age.



# Accident Expense Benefits for Employees and Dependents

## **BENEFITS**

Accident Expense Benefits are designed to reimburse an insured employee for the unusually high expenses frequently incurred in connection with treatment for accidental injury suffered by the employees or their insured dependent(s). These benefits are payable in an amount not to exceed the maximum payment shown in the Schedule of Benefits.

Benefits are payable if an insured employee or one of his insured dependents while under the care of a physician, undergoes treatment for accidental bodily injury which commences within 30 days following the accident. Payment, subject to the maximum shown in the Schedule of Benefits for any one accident, will be made for the actual cost of treatment received within 6 months following the accident with regard to charges for

- (1) hospital room and board and other hospital services required for purposes of treatment,
- (2) professional services of a physician,
- (3) services of a registered graduate nurse or licensed physiotherapist, other than a family member or regular resident in the employee's household,
- (4) drugs and dressings,
- (5) braces, crutches, artificial limbs, artificial eyes, rental of a wheel chair or hospital-type bed, or an artificial respirator,
- (6) X-ray and laboratory examinations, and
- (7) necessary transportation by ambulance service to and from a hospital, to the extent that such charges do not exceed the usual and customary charges for the treatment or services rendered.

## **WHEN BENEFITS ARE PAYABLE**

Accident Expense Benefits are not payable with regard to charges for

- (1) any treatment or service not prescribed by a physician, or
- (2) any treatment or service due to injury arising out of, or in the course of, any employment or occupation whatsoever for compensation or profit, or
- (3) any treatment or service rendered in an institution owned or operated by the United States Government or any agency thereof, or any charges for which benefits are payable pursuant to the Dependents' Medical Care Act (Medicare) or similar legislation, or
- (4) any treatment or service for which the employee would not legally be required to pay, or
- (5) any treatment on or to teeth or gums, except for repair or replacement of natural teeth due to accidental injury sustained while insured.

## **LIMITATIONS**

# Comprehensive Medical Expense Benefits for Employees and Dependents

## **BENEFITS**

## **WHEN BENEFITS ARE PAYABLE**

Comprehensive Medical Expense Benefits are designed not only to help an insured employee meet normal medical expenses due to minor accident or illness, but also to ease the burden of certain unusually high medical expenses which can result from a major accident or illness.

Benefits are payable if an insured employee or his insured dependent incurs certain Covered Expenses during the calendar year which are in excess of the Deductible Amount. Payment will be made for a specified percentage of this excess of Covered Expenses over the Deductible Amount during that calendar year subject to a lifetime maximum. The lifetime maximum and the percentage payable are shown in the Schedule of Benefits.

The Deductible Amount and the coinsurance feature, represented by the percentage payable, are used in the plan to eliminate the smaller, more easily budgeted losses which would greatly increase the cost of insurance, and to give the employee a definite financial interest in restricting these benefits to necessary medical expenses.

The lifetime maximum, as referred to above, applies to each insured person individually.

The Deductible Amount is the cash deductible shown in the Schedule of Benefits.

The Deductible Amount applies to each person separately, although only one cash deductible per person is applied each calendar year regardless of the number of different disabilities. In no event will more than three times the amount of the cash deductible be applied in any year for all members of the same family.

If two or more members of a family are injured in the same accident, only one cash deductible will be applied each year to all Covered Expenses incurred because of such injuries.

Any Covered Expenses which are used to satisfy the cash deductible must be incurred within the period of consecutive months during a calendar year shown in the Schedule of Benefits as the Deductible Accumulation Period. However, any Covered Expenses applied against the cash deductible in the last three months of a calendar year may also be applied against the cash deductible for the next calendar year.

## **DEDUCTIBLE AMOUNT**





Out-Patient  
Psychiatric Care  
for  
Employees and Dependents

**OUT-PATIENT  
PSYCHIATRIC  
CARE**

If an employee or dependent incurs charges for the treatment of mental illness or functional nervous disorder and the employee or dependent is not confined in a hospital, such charges which are incurred on any one day will be considered Covered Expenses only to the extent that such charges do not exceed the smaller of (a) the total of such charges multiplied by the Psychiatric Percentage shown in the Schedule of Benefits, and (b) the Psychiatric Daily Limit shown in the Schedule of Benefits, and in no event will such charges in excess of the Psychiatric Annual Limit shown in the Schedule of Benefits, if any, be considered Covered Expenses in any calendar year.

## COVERED EXPENSES

The following charges for hospital and medical services and supplies which are necessary for the treatment of an employee and of any of his dependents, which are reasonable and which are not in excess of the usual and customary charges for the services or supplies furnished are considered Covered Expenses, subject to the limitations set forth below:

- (1) charges made by a hospital for room and board and all other hospital services or supplies required for treatment, provided that daily charges for a room will be considered Covered Expenses only up to the Room Limit shown in the Schedule of Benefits;
- (2) charges made by a physician for professional services;
- (3) charges for the services of a registered graduate nurse or a licensed physiotherapist, provided such services are not rendered by a person who is a member of the employee's or his spouse's family or who ordinarily resides in the employee's household;
- (4) charges for
  - (a) professional ambulance service, or
  - (b) emergency transportation within the continental limits of the United States or Canada to a hospital for confinement therein and from such hospital following such confinement by railroad or regularly scheduled airline when consideration of time or distance necessitates their use in lieu of professional ambulance service;
- (5) charges for the following medical services to the extent that they do not duplicate charges included under items (1), (2), and (3) above;
  - (a) anesthetics and the administration thereof;
  - (b) diagnostic X-ray and laboratory services and electrocardiograms;
  - (c) X-ray and radioactive therapy;
  - (d) blood transfusions, including the cost of blood or blood plasma, and
  - (e) oxygen, including the rental of equipment for its use;
- (6) charges for the following medical supplies to the extent that they do not duplicate charges incurred under items (1), (2), and (3) above;
  - (a) drugs and medicines purchased under a physician's prescription;
  - (b) rental of durable medical equipment for temporary therapeutic use;
  - (c) artificial limbs or eyes made necessary by accidental bodily injury sustained or sickness contracted while insured; and
  - (d) casts, splints, trusses, braces, crutches and surgical dressings.

## Preexisting Conditions Limitation

Medical Expense Benefits are payable up to the Preexisting Conditions Limit shown on the Schedule of Benefits page for sicknesses commencing or injuries sustained before insurance became effective.

This limitation, however, will not apply to any preexisting sickness or injury after (a) an employee or dependent has not incurred expenses or received treatment for such sickness or injury for a 3-month period ending after the effective date of his insurance; or (b) the employee has been continuously insured and actively at work for at least six consecutive months; or (c) the employee or dependent has been continuously insured for twelve consecutive months.



## EXTENDED BENEFITS

If the insurance of an employee or one of his dependents terminates while he is totally disabled, benefits will be continued for Covered Expenses incurred because of the sickness or injury which caused the disability, until the end of the calendar year following the year in which the termination occurred, provided the person continuously remains totally disabled, except that if the group policy terminates, no payment will be made for any services or supplies furnished on and after the date of such termination if such person is eligible for any benefits with respect to such services or supplies under any other group insurance or prepayment plan.

The following charges are not Covered Expenses:

- (1) charges due to sickness or injury arising out of, or in the course of, any employment or occupation whatsoever for compensation or profit whether covered by Workmen's Compensation or not;
- (2) charges for which the employee would not legally be required to pay, charges incurred while confined in a United States Government institution, or charges which can be reimbursed under the Dependents' Medical Care Act, the Social Security Act, or similar legislation;
- (3) charges for cosmetic surgery, or for examination of the eye or ear for eye glasses or hearing aids, or the fitting of either unless such charges are necessitated by accidental injury sustained while insured;
- (4) charges due to pyorrhea or for treatment on or to teeth or gums except
  - (a) charges due to treatment of tumors, and
  - (b) charges for repair or replacement of natural teeth due to accidental injury sustained while insured, and
  - (c) charges for surgical removal of impacted wisdom teeth;
- (5) charges due to mental illness or nervous disorder except when incurred while necessarily confined to a hospital for treatment thereof for a period of at least 24 consecutive hours;
- (6) charges due to sickness or injury resulting directly or indirectly from war whether declared or undeclared or due to intentionally self-inflicted injury;
- (7) charges for any services or supplies furnished for an employee or one of his dependents prior to the effective date or subsequent to the termination date of the insurance with respect to such employee or dependent, except as provided for under Extended Benefits;
- (8) charges not incurred because of sickness or accidental bodily injury; and
- (9) charges for which no benefits are payable under any other portion of the plan due to the application of a specified deductible amount.

## LIMITATIONS

In addition to the limitations above, charges for confinement due to mental illness or functional nervous disorder for more than a total of 24 months in a person's lifetime are not Covered Expenses after benefits in excess of \$50,000 have been paid under Comprehensive Medical Expense Benefits.

## Intensive Care Benefits for Employees and Dependents

If an insured employee or one of his insured dependents is confined in an Intensive Care Unit, benefits will be payable as described in the Schedule of Benefits.

### **INTENSIVE CARE UNIT DEFINED**

An Intensive Care Unit is defined as a section, ward, or wing within a hospital which is operated exclusively for critically ill patients and provides special supplies and equipment and is under constant observation and care by registered graduate nurses or other highly trained hospital personnel. Any hospital facility maintained for the purpose of providing normal post-operative recovery treatment or service is not considered an Intensive Care Unit.

# Convalescent Facility Benefit For Employees and Dependents

## **BENEFITS PAYABLE**

If an insured employee or one of his insured dependents is necessarily confined in a Convalescent Facility because of sickness or a non-occupational accident, payment up to the limits indicated in the Schedule of Benefits will be made for the confinement provided that:

- (1) prior to the convalescent facility confinement, benefits were payable under the group policy for a regular hospital confinement of at least three continuous days or for a previous convalescent facility confinement; and
- (2) the confinement is due to the same sickness or injury which caused the previous hospital or convalescent facility confinement; and
- (3) the confinement commences within 14 days after the termination of the previous hospital or convalescent facility confinement,

## **CONVALESCENT FACILITY DEFINED**

A convalescent facility is defined as an institution or distinct part thereof which is operated under the law for the care and treatment of registered bed patients convalescing from sickness or accident and which is not primarily a rest home, a home for the aged or a place primarily for the treatment of drug addiction or alcoholism. The convalescent facility must provide organized facilities for medical treatment, 24-hour nursing service, be under the full-time supervision of a physician or a registered graduate nurse, maintain daily clinical records on each patient and have available the services of a physician under a written agreement.

**CONTINUANCE  
OF  
INSURANCE FOR  
HANDICAPPED  
DEPENDENT  
CHILDREN**

Coverage for insured dependent children will normally terminate on the date shown on the Summary of Cost page.

However, if within 31 days of the normal termination age, proper proof has been submitted that an unmarried dependent child is incapable of sustaining employment by reason of mental retardation or physical handicap, coverage will be continued, subject to periodic proof of disability, for as long as the dependent child remains so disabled. Premiums for dependent insurance must be paid in order for coverage to remain in force.

The disabled dependent child must rely on the insured employee for his principal support and maintenance. Dependent coverage will terminate if insurance on the employee terminates.

## COORDINATION OF BENEFITS

The group policy will contain a coordination of benefits provision so that the amount of Medical Expense Benefits payable under the group policy and the amount of benefits payable and services provided under any other group insurance or prepayment plan for which any employer makes payroll deductions or pays any part of the cost will not exceed the total amount of allowable expenses incurred by the Insured.





## What About Medicare?

Charges which would otherwise be considered in determining benefits payable under the plan for any hospital confinement, surgical procedure, or other medical service with respect to an employee or an insured dependent will be considered only to the extent that the charges exceed the total benefits for which the employee or dependent is eligible with respect to the charges, or would have been eligible except for an election not to apply or enroll for benefits, under any Health Insurance for the Aged provisions of the Federal Social Security Act.

# Some Things You'll Want to Know About Your Plan

## **ELIGIBILITY OF EMPLOYEES**

To give you an opportunity to screen your new full-time employees so that only those who prove themselves to be satisfactory will be offered the benefits of your Group Insurance Program, it is advisable to require the completion of a specified period of service before a new employee becomes eligible. Generally 1 to 3 months is an adequate waiting period.

It is customary to make this waiting period apply only to full-time employees hired after the effective date of your plan. To facilitate enrollment and treat all present full-time employees alike, the waiting period is normally waived with regard to all employees in your service on the effective date of your plan.

An employee is considered to be full-time if he works at least 20 hours per week for compensation at your place of business or at another location to which you may require that he travel to perform the customary duties of his employment.

## **MASTER POLICY AND CERTIFICATES**

Since the group insurance contract is between you, the Employer, and Southwestern, the master policy is issued to you with each of your insured employees receiving a certificate of insurance which will describe the benefits of your plan and other pertinent information.

## **WHO PAYS THE PREMIUMS**

You may pay the entire cost of the plan or the cost may be divided between you and your insured employees; in either case your portion of the cost is deductible as a business expense for income tax purposes. If the employee is to pay a part of the cost, his application for group insurance will authorize payroll deduction for his share.

Experience has shown that a group insurance program will be more satisfactory and will more nearly produce the desired results when the Employer pays a substantial part of the cost.

**HOW PREMIUMS  
ARE PAID**

Group insurance premiums are paid monthly.

**WHEN  
INSURANCE  
TERMINATES**

An employee's group insurance terminates when his employment is discontinued or when he requests discontinuance of his contributions. If the employee has dependent insurance, it will also terminate when his personal insurance terminates or when the dependent ceases to be a dependent as defined in the Schedule of Benefits.

**EASE OF  
ADMINISTRATION**

Southwestern's simplified method of group insurance administration substantially reduces clerical effort on the part of you, the Employer. With ease of operation for the Employer being the basic consideration, an extensive study was made of all methods used, with the result being a method of administration which is noted for its simplicity, its effectiveness, and a minimum number of forms to be completed.

**SERVICE TO YOU**

Southwestern's group insurance plans are serviced by a staff of Specialized Markets personnel located in key cities throughout the country. These specialists are thoroughly trained in all phases of group insurance and have a primary interest in the smooth operation of your program. They will be available to you at any time their services are needed.

**MEDICAL EXPENSE  
BENEFITS  
CONVERSION  
PRIVILEGE**

If the plan outlined in this proposal contains Medical Expense Benefits, you may have a conversion privilege included in the plan so that upon termination of employment the employee may apply for an individual policy providing certain specific hospital and surgical expense benefits. This conversion privilege will also be available to the spouse of an employee who dies.

## A LOOK AT SOUTHWESTERN LIFE

Since its organization in 1903, Southwestern Life has experienced steady, healthy growth in financial strength, insurance in force and service to the insured public.

Ranked by its assets, Southwestern Life stands in the top 2% of the nation's more than 1,800 life insurance companies. Insurance in force totals more than \$8 billion.

The Company has adequate surplus and reserves to guarantee payment of its obligations under abnormal as well as normal conditions.

Quality service to policyowners and the insured public was adopted by management during the Company's formative years as Southwestern Life's guiding principal. This credo is emphasized first, last, and always at Southwestern Life.

A  
PROGRAM  
OF  
BENEFITS

ESPECIALLY  
DESIGNED  
FOR

TYLER COUNTY EMPLOYEES

SUBMITTED  
BY

ALLEN FORTENBERRY

DATE  
PROPOSED

NOVEMBER 4, 1981

**Southwestern Life Insurance Company**

SCHEDULE OF BENEFITS

TYLER COUNTY EMPLOYEES

CLASSIFICATION OF EMPLOYEES

CLASS 01 ALL FULL-TIME, PERMANENT EMPLOYEES.

BENEFITS FOR EMPLOYEES

CLASS	LIFE INSURANCE	ACCIDENTAL DEATH AND DISMEMBERMENT	WEEKLY INCOME BENEFITS
01	\$10,000	\$10,000	\$50.00

LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS WILL REDUCE 30.000% AT AGE 65 AND WILL FURTHER REDUCE 20.000% AT AGE 70.

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS ARE 24 HOUR COVERAGE.

EMPLOYEE WEEKLY INCOME BENEFITS ARE NONOCCUPATIONAL COVERAGE.

PREGNANCY BENEFITS ARE INCLUDED IN THE WEEKLY INCOME BENEFITS.

THE DAILY EMPLOYEE WEEKLY INCOME BENEFIT WILL BEGIN ON THE 1ST DAY FOR ACCIDENT AND THE 8TH DAY FOR SICKNESS. THE BENEFIT WILL BE PAYABLE FOR A MAXIMUM OF 26 WEEKS.

DEPENDENT LIFE INSURANCE

- SCHEDULE OF INSURANCE: MAXIMUM AMOUNTS
- \$2,000 SPOUSE
  - \$ 100 CHILDREN LESS THAN 6 MONTHS OF AGE
  - \$2,000 CHILDREN 6 MONTHS OR OLDER

IN NO EVENT WILL ANY DEPENDENT CHILD WHO IS LESS THAN 10 DAYS OR WHO IS 21 YEARS OF AGE OR OVER BE INSURED FOR DEPENDENT LIFE INSURANCE.

MEDICAL BENEFITS FOR EMPLOYEES AND DEPENDENTS

ADDITIONAL ACCIDENT  
EXPENSE BENEFIT

MAXIMUM PAYMENT \$500.00

LIFETIME COMPREHENSIVE  
MAXIMUM BENEFIT

\$1,000,000.00

ROOM LIMITS

REGULAR CONFINEMENT STANDARD SEMIPRIVATE

INTENSIVE CARE THE HOSPITAL'S STANDARD INTENSIVE CARE CHARGE.

CONVALESCENT CARE THE FACILITY'S STANDARD CONVALESCENT CARE CHARGE, IN NO EVENT TO EXCEED \$53.50

CASH DEDUCTIBLE

\$100.00 CALENDAR YEAR 12 MONTH DEDUCTIBLE ACCUMULATION PERIOD.

PERCENTAGE PAYABLE

80% OF THE FIRST \$2,500 OF COVERED EXPENSES IN ANY CALENDAR YEAR AND 100% THEREAFTER FOR THE BALANCE OF THE YEAR.

OUTPATIENT CARE FOR MENTAL  
OR NERVOUS DISORDERS

IS A COVERED EXPENSE UP TO 62.5% OF CHARGES SUBJECT TO A MAXIMUM COVERED EXPENSE OF \$40.00 PER DAY FOR PHYSICIAN'S FEES.

COVERAGE FROM BIRTH

DEPENDENTS ARE COVERED FROM BIRTH FOR MEDICAL EXPENSES DUE TO SICKNESS OR INJURY. ROUTINE BABY CARE IS NOT COVERED.

PREEXISTING CONDITIONS LIMITATION

A PREEXISTING CONDITIONS LIMITATION IS INCLUDED.

THIS LIMITATION IS WAIVED FOR INITIALLY INSURED EMPLOYEES AND DEPENDENTS WHO ARE INSURED UNDER THE PREVIOUS CARRIER.

THE MAXIMUM AMOUNT PAYABLE DURING THE PREEXISTING CONDITIONS LIMITATION PERIOD IS \$1,000.

#### EFFECT OF OTHER GROUP INSURANCE

ALL MEDICAL EXPENSE BENEFITS WILL BE SUBJECT TO A COORDINATION OF BENEFITS PROVISION.

#### MEDICARE PROVISION

THE PROPOSED PLAN ASSUMES THAT MEDICAL EXPENSE BENEFITS WILL BE INTEGRATED WITH BENEFITS PAYABLE UNDER THE MEDICARE PROGRAM.

#### SPECIAL PROVISIONS

THIS PROPOSAL IS SUBMITTED WITH THE UNDERSTANDING THAT:

ALL PERSONS TO BE INSURED REGULARLY DEVOTE 20 OR MORE HOURS PER WEEK FOR TWELVE MONTHS PER YEAR TO THE DAILY CONDUCT OF THE EMPLOYER'S BUSINESS AT THE EMPLOYER'S PLACE OF BUSINESS.

THE LIMITATIONS CONTAINED IN THIS PROPOSAL RELATING TO PREGNANCY WILL NOT APPLY. ANY POLICY ISSUED AS A RESULT OF THIS PROPOSAL WILL COVER PREGNANCY AS ANY OTHER SICKNESS.

SUBMITTED TO TYLER COUNTY EMPLOYEES

SUBMITTED BY ALLEN FORTENBERRY

EFFECTIVE DATE DECEMBER 1, 1981

PROPOSED DATE NOVEMBER 3, 1981



SUMMARY OF COST FOR TYLER COUNTY EMPLOYEES

EMPLOYEE LIFE INSURANCE

COST PER \$1,000 \$ .65

TOTAL VOLUME

\$ 646,000

TOTAL COST \$ 549.10

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

COST PER \$1,000 \$ .07

TOTAL VOLUME

\$ 646,000

TOTAL COST \$ 45.22

WEEKLY INCOME

COST PER \$10.00 \$ 1.11

TOTAL VOLUME

\$ 3,300

TOTAL COST \$ 366.30

DEPENDENT LIFE INSURANCE

COST PER UNIT \$ 1.58

TOTAL NUMBER OF UNITS

47

TOTAL COST \$ 74.26

MEDICAL EXPENSE BENEFITS:

EMPLOYEE RATES

	NO. OF EMPLOYEES	RATES	EXTENDED COSTS
NOT ELIGIBLE FOR MEDICARE	62	\$ 49.56	\$ 3,072.72
ELIGIBLE FOR MEDICARE	4	\$ 37.17	\$ 148.68

TOTAL EMPLOYEE EXTENDED MEDICAL COSTS \$ 3,221.40

DEPENDENT RATES

	NO. OF DEP. UNITS	RATES	EXTENDED COSTS
MORE THAN ONE DEPENDENT	47	\$ 80.03	\$ 3,761.41
ONE DEPENDENT ONLY			
NOT ELIGIBLE FOR MEDICARE	0	\$ 80.03	\$ 0
ELIGIBLE FOR MEDICARE	0	\$ 37.17	\$ 0

TOTAL DEPENDENT EXTENDED MEDICAL COSTS \$ 3,761.41

TOTAL MEDICAL EXPENSE COSTS \$ 6,982.81

TOTAL COSTS OF PROPOSED PLAN \$ 8,017.69

TOTAL COST FOR EMPLOYEE ONLY BENEFITS \$ 4,182.02

TOTAL COST FOR DEPENDENT BENEFITS \$ 3,835.67

PREMIUMS SHOWN ARE PAYABLE MONTHLY

SINGLE EMPLOYEE  
UNDER AGE 65

003

0.\*  
0.\*  
9.20+  
5.55+  
49.56+

MARRIED EMP  
EMPLOYEE WITH  
DEPENDENTS  
EMPLOYEE UNDER  
AGE 65

005

64.31\*  
9.20+  
5.55+  
1.58+  
49.56+  
80.03+

SINGLE EMPLOYEE  
OVER AGE 65 BUT  
LESS THAN 70

003

145.92\*  
0.\*  
37.17+  
5.98+  
5.55+

MARRIED EMPLOYEE  
OVER 65 BUT LESS  
THAN 70 WITH  
DEPENDENTS WIFE  
OVER AGE 65

005

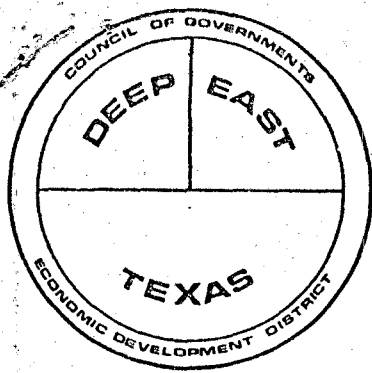
48.70\*  
0.\*  
37.17+  
5.98+  
5.55+  
1.58+  
37.17+

MARRIED EMP  
OVER 70 WITH  
DEPENDENT WIFE  
OVER AGE 65

004

87.45\*  
0.\*  
37.17+  
37.17+  
4.60+  
5.55+  
1.58

84.49\*  
1.58  
86.07



DEEP EAST TEXAS  
COUNCIL OF GOVERNMENTS  
ECONOMIC DEVELOPMENT DISTRICT

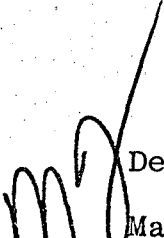
P.O. Drawer 1170  
272 East Lamar Street  
Jasper, Texas 75951  
Phone (713) 384-5704

P.O. Box 1423  
222 South 2nd St.  
Lufkin, Texas 75901  
Phone (713) 634-2247

P.O. Box 661  
2800 Woden Road  
Nacogdoches, Texas 75961  
Phone (713) 569-0492

July 16, 1982

M E M O R A N D U M

TO:  Deep East Texas Subcontractors  
FROM: Martha Jones, Director of Area Agency on Aging  
SUBJECT: ATTACHED CONTRACTS (1981 Carryover Funds)

Enclosed please find three (3) executed contracts for 1981 Carry-over Funds. Sign and date all contracts and have your secretary/clerk attest each one. Keep one copy for your files (or for your project director), then return the remaining two (2) to our office in the stamped self-addressed envelope that is attached. Please return as soon as possible.

If you have any questions, please call your contact person.

emb

Enclosures

DETCOG Counties Served: Angelina • Houston • Jasper • Nacogdoches • Newton • Polk • Sabine • San Augustine •

San Jacinto • Shelby • Trinity • Tyler

AN EQUAL OPPORTUNITY EMPLOYER

AGREEMENT MODIFYING CONTRACT  
AWARD NO. AA3-8248-014

THE STATE OF TEXAS

COUNTY OF JASPER

KNOW ALL MEN BY THESE PRESENTS

THAT this Agreement is entered into by and between the DEEP EAST TEXAS COUNCIL OF GOVERNMENTS, Jasper, Jasper County, Texas, a regional planning commission organized under Article 1011m, V.A.C.S., as a political subdivision of the State of Texas, and the County of Tyler, State of Texas, a subdivision of the State.

The parties hereto entered into an Agreement on the 4th day of November, 1981, to provide for the operation of an Aging Service Center in Tyler County, as provided for under Title III of the Older Americans Act, as amended.

A copy of that Agreement is attached hereto and, insofar as it is not inconsistent with the terms hereof, made a part of this Agreement.

The parties hereto desire to, and do hereby, modify the said Agreement, attached hereto, in the following respects:

1. To increase the attached budget by \$ 9,263.50 to reflect the 1981 carryover funds as per the attached budget.
2. All remaining terms and conditions shall remain in full force and effect.
3. This contract automatically terminates on September 30, 1982.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed by their duly authorized officers this 19th day of July, 1982.

TYLER COUNTY COMMISSIONERS COURT

DEEP EAST TEXAS COUNCIL OF GOVERNMENTS

BY: *Allen Sturrock*

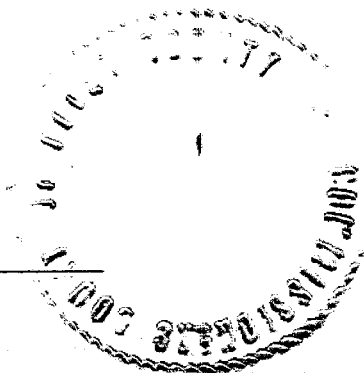
Allen Sturrock, County Judge

BY: *Martha Jones*

Martha Jones, Director  
Deep East Texas Area Agency on Aging

ATTEST:

*Wraul Beck*  
Tyler County Clerk



TYLER COUNTY AGING SERVICE CENTER

BUDGET AMENDMENT

	<u>ORIGINAL 1982 BUDGET</u>	<u>1981 CARRYOVER</u>	<u>MATCH</u>	<u>AMENDED 1982 BUDGET</u>
<b>1. <u>PERSONNEL:</u></b>				
A. Project Director	3,900.00	-0-	-0-	3,900.00
Office Supervisor	3,838.00	-0-	-0-	3,838.00
Bus Driver	-0-	-0-	2,883.00	2,883.00
B. Fica, Workers' Comp., Tec.	718.00	-0-	-0-	718.00
Sub-Total	8,456.00	-0-	2,883.00	11,339.00
<b>2. <u>TRAVEL:</u></b>				
	300.00	-0-	-0-	300.00
<b>3. <u>EQUIPMENT:</u></b>				
A. Capital	-0-	-0-	-0-	-0-
B. Minor	-0-	-0-	-0-	-0-
Sub-Total	-0-	-0-	-0-	-0-
<b>4. <u>CONTRACT SERVICES:</u></b>				
A. In-Home Services	-0-	-0-	-0-	-0-
B. Minor Home Repair	-0-	-0-	-0-	-0-
C. Legal Services	-0-	-0-	-0-	-0-
Sub-Total	-0-	-0-	-0-	-0-
<b>5. <u>VEHICLES:</u></b>				
A. Gas and Oil	2,400.00	-0-	-0-	2,400.00
B. Maintenance	1,200.00	-0-	-0-	1,200.00

ATTACHMENT

TYLER COUNTY AGING SERVICE CENTER

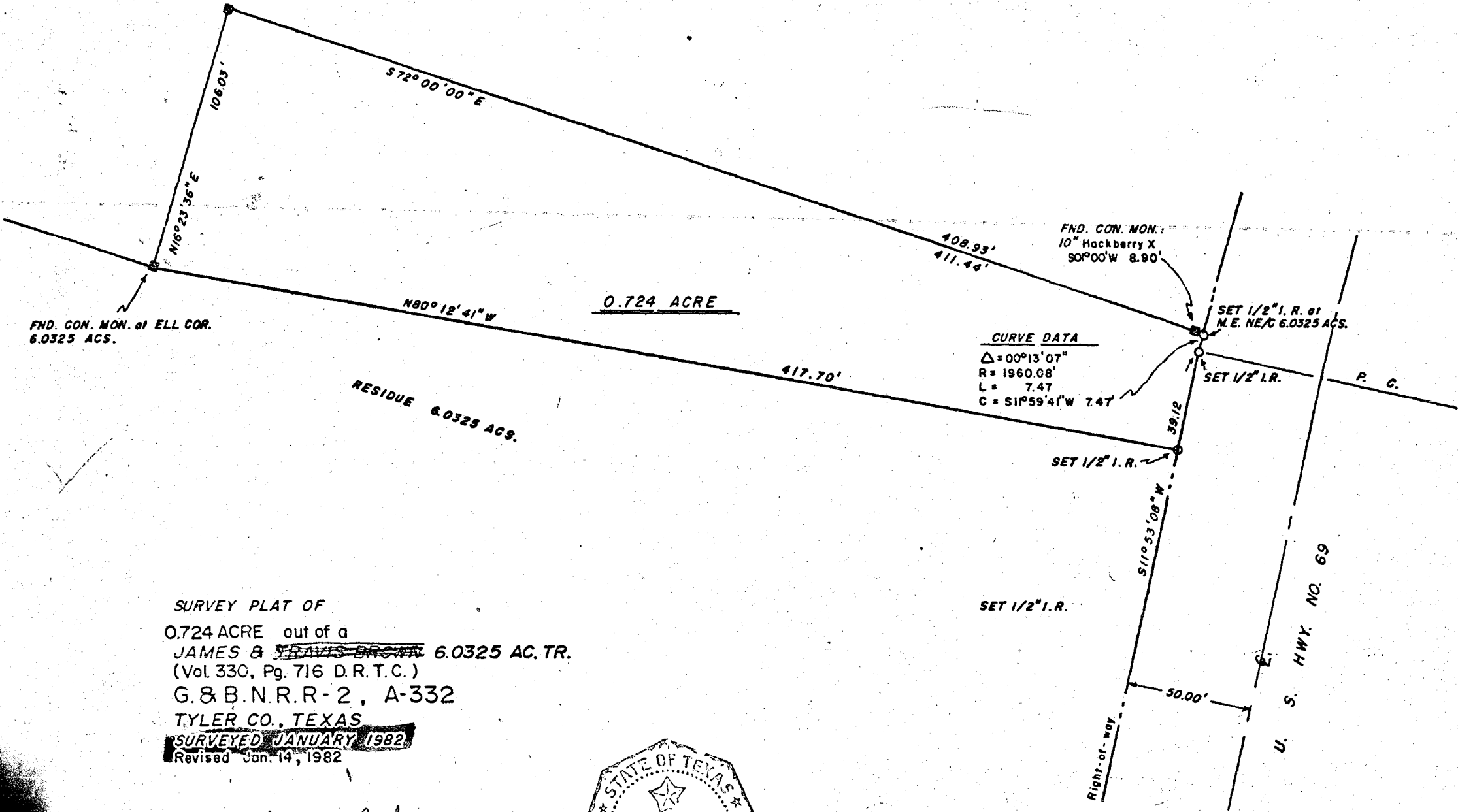
Budget Amendment

Page 2

	ORIGINAL 1982 <u>BUDGET</u>	1981 <u>CARRYOVER</u>	<u>MATCH</u>	AMENDED 1982 <u>BUDGET</u>
5. <u>VEHICLES:</u> (Continued)				
C. Insurance	-0-	-0-	-0-	-0-
Sub-Total	3,600.00	-0-	-0-	3,600.00
6. <u>OTHER COSTS:</u>				
A. Space Costs (Rent)	-0-	-0-	-0-	-0-
B. Utilities/Communications	2,326.00	-0-	-0-	2,326.00
C. Printing and Supplies	300.00	-0-	-0-	300.00
D. Insurance	1,200.00	-0-	-0-	1,200.00
E. Renovation/Repairs	500.00	9,263.50	-0-	9,763.50
F. Bookkeeper	-0-	-0-	-0-	-0-
Sub-Total	<u>4,326.00</u>	<u>9,263.50</u>	<u>-0-</u>	<u>13,589.50</u>
TOTAL BUDGET	\$ 16,682.00	9,263.50	2,883.00	28,828.50

ATTACHMENT

FND. CON. MON. of M.E. NW/C 6.0325 ACS.  
 & ORIG. NE/C Colmasneil School 4 ACS.  
 14" Post O X S69°30'E 30.80'  
 14" Post O X S16°30'W 4.40'



FND. CON. MON. at ELL COR.  
 6.0325 ACS.

FND. CON. MON.:  
 10" Hackberry X  
 90°00'W 8.90'

CURVE DATA  
 Δ = 00°13'07"  
 R = 1960.08'  
 L = 7.47  
 C = S195°41'W 7.47

SET 1/2" I.R. of  
 M.E. NE/C 6.0325 ACS.

SET 1/2" I.R.

SET 1/2" I.R.

SET 1/2" I.R.

Right-of-Way

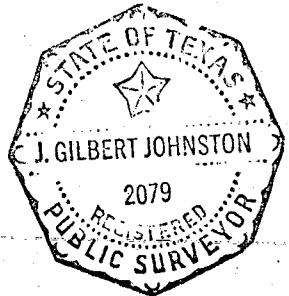
U. S. HWY. NO. 69

RESIDUE 6.0325 ACS.

0.724 ACRE

SURVEY PLAT OF  
 0.724 ACRE out of a  
 JAMES & ~~FRANK BROWN~~ 6.0325 AC. TR.  
 (Vol. 330, Pg. 716 D.R.T.C.)  
 G. & B. N. R. R. - 2, A-332  
 TYLER CO., TEXAS  
 SURVEYED JANUARY 1982  
 Revised Jan. 14, 1982

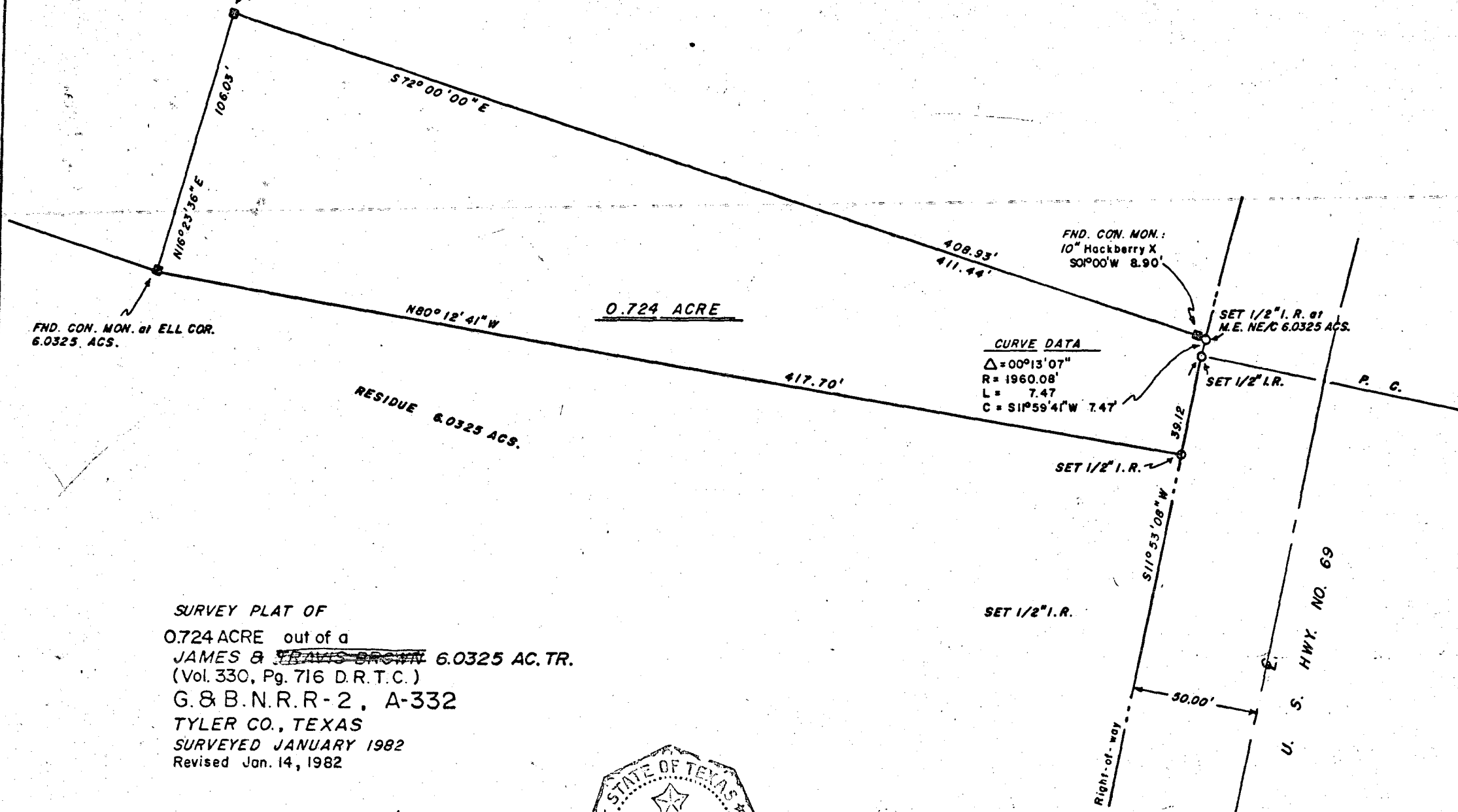
*J. Gilbert Johnston*  
 J. GILBERT JOHNSTON  
 REGISTERED PUBLIC SURVEYOR NO. 2079



SCALE: 1" = 50'



FND. CON. MON. of M.E. NW/C 6.0325 ACS.  
 @ ORIG. NE/C Colmesneil School 4 ACS.  
 14" Post O X S69°30'E 30.80'  
 14" Post O X S16°30'W 4.40'



FND. CON. MON. of ELL COR.  
 6.0325 ACS.

FND. CON. MON.:  
 10" Hackberry X  
 S0°00'W 8.90'

CURVE DATA  
 $\Delta = 00^{\circ}13'07''$   
 $R = 1960.08'$   
 $L = 7.47$   
 $C = S11^{\circ}59'41''W 7.47'$

SET 1/2" I. R. of  
 M.E. NE/C 6.0325 ACS.

SET 1/2" I.R.

P. C.

SET 1/2" I. R.

SET 1/2" I. R.

S11°53'08"W

U. S. HWY. NO. 69

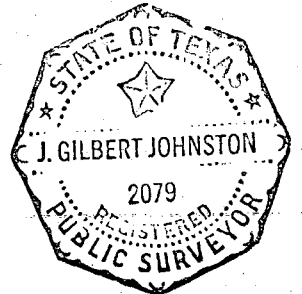
Right-of-way

50.00'

SURVEY PLAT OF  
 0.724 ACRE out of a  
 JAMES & ~~FRANK BROWN~~ 6.0325 AC. TR.  
 (Vol. 330, Pg. 716 D.R.T.C.)  
 G. & B. N. R. R. - 2, A-332  
 TYLER CO., TEXAS  
 SURVEYED JANUARY 1982  
 Revised Jan. 14, 1982

*J. Gilbert Johnston*

GILBERT JOHNSTON  
 REGISTERED PUBLIC SURVEYOR NO. 2079



SCALE: 1" = 50'

## REPLY MESSAGE

TO B. J. Yardeman, Chief Deputy  
Tyler County Sheriff's Department

FROM Keith Denby, A.E.  
Motorola

SUBJECT: Revised equipment pricing

DATE: 3/17/82

FOLD ↑ I have been informed that Motorola has decided to re-open the 1981 HGAC agreement for a brief period due to competitive reasons. I am therefore sending you these revised pages which are to replace the pages I sent to you on March 16. I am sorry that I didn't get this information in time to correct my earlier quotation. I look forward to hearing from you soon.

PLEASE REPLY TO → SIGNED

Best regards,  
Keith Denby

P.S. Please note that these prices will expire on April 15, 1982. Also, due to the very high discount on these products, only grant funded purchases are allowed.

DATE

SIGNED

SEND WHITE AND PINK COPIES WITH CARBONS INTACT

PINK COPY IS RETURNED WITH REPLY

1/

MONTH OF MARCH  
REPORT FOR TYLER COUNTY  
COMMISSIONER'S REPORT

TOTAL NUMBER OF PROBATIONER'S:

A. FELONY	85
B. MISDEMEANOR	258
C. JUVENILE	42

NEW CASES THIS MONTH:

A. FELONY	1
B. MISDEMEANOR	26
C. JUVENILE	13

PROBATIONER CONTACTS THIS MONTH:

A. FELONY	PERSON	58
	MAIL	19
	TOTAL	77
B. MISDEMEANOR	PERSON	145
	MAIL	101
	TOTAL	246
C. JUVENILE	PERSON	24
	MAIL	0
	TOTAL	24

TERMINATIONS:

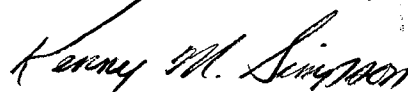
A. FELONY	2
B. MISDEMEANOR	32
C. JUVENILE	1

SPECIAL ANNOUNCEMENT:

As of March 1st Tyler County has a full-time Juvenile Probation Officer currently funded through the Criminal Justice Division of Deep East Texas Council of Governments. Future funding of this position is anticipated through the recently established Texas Juvenile Probation Commission. Mrs. Pamela Willis is a 1979 graduate of Sam Houston State University with a Bachelor of Science degree in Criminal Justice and Corrections. She joins our department following her employment as the Unit Director of the Tyler County Sheltered Workshop.

I will be available upon request to answer any questions that may arise.

Respectfully submitted;



Kenny M. Simpson  
Probation Officer  
Tyler County

INVOICE

COASTAL PORTABLE BUILDING CO.

INV. No. 004774

P. O. BOX 786

WOODVILLE, TEXAS 75979

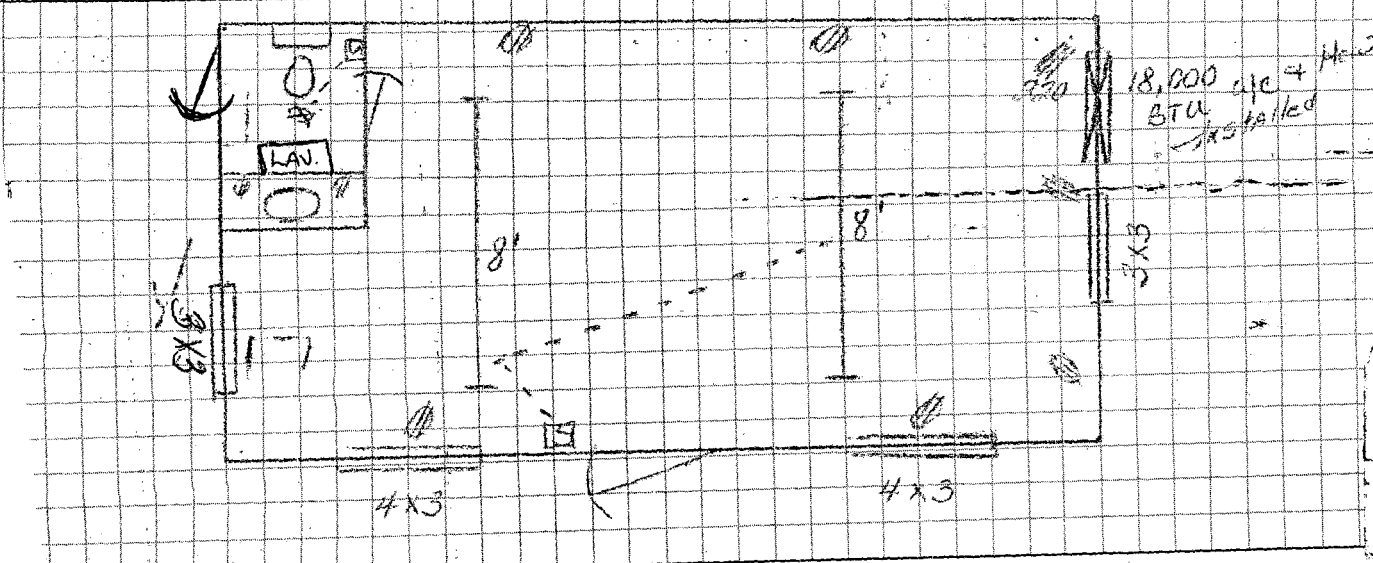
A/C 713 - 283-2594

INV. DATE

SOLD TO CLIENT TO <i>Tyler County Pct. # 3</i>			TERMS								
PHONE			ORDER DATE <i>9-23-81</i>		SALES DATA						
ADDRESS			DELIVERY REQUESTED ON OR BEFORE		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>STD 1</td> <td>MATERIAL 4</td> </tr> <tr> <td>CUSTOM 2 <b>XX</b></td> <td>RENTAL 5</td> </tr> <tr> <td>MOVE 3</td> <td>USED BLD. 6</td> </tr> </table>	STD 1	MATERIAL 4	CUSTOM 2 <b>XX</b>	RENTAL 5	MOVE 3	USED BLD. 6
STD 1	MATERIAL 4										
CUSTOM 2 <b>XX</b>	RENTAL 5										
MOVE 3	USED BLD. 6										
CITY STATE ZIP CODE			PRICE <i>\$ 4,323.00</i>								
SHIP TO: <i>Quotation Only.</i>			TAX								
CONTACT MR. <i>JERRY MAHAN</i>			INVOICE AMOUNT								
BILLING INST.			EARNEST MONEY								
DESCRIPTION			C.O.D.								
MODEL NO.			BALANCE DUE								
SERIAL NO.			NET ON RECEIPT OF INVOICE								
LOT NO.			SALESMAN NAME								
SLM. NO.			(Arrow pointing to right)								

THIS IS AN IRREVOCABLE OFFER BY THE BUYER, HOWEVER, SELLER'S HOME OFFICE RESERVES THE RIGHT TO DECLINE THE ORDER

ORDERED BY	DELIVERED BY	BLDG. LOADS FROM	RECEIVED IN SATISFACTORY CONDIT
USE	ORIGIN	<input type="checkbox"/> EITHER END <input type="checkbox"/> LEFT END <input type="checkbox"/> RIGHT END	BY TIMES



DESCRIPTION  
 24 Lined, WIRED & INSULATION - Colored siding - 2 Flo. lights -  
 OR COVERING - LAVATORY & Commode - 4' Coffee BAR WITH  
 K - 18,000 BTU a/c with heat installed

NOTICE OF TIME AND PLACE OF MEETING

COMMISSIONERS COURT  
TYLER COUNTY, TEXAS

THIS NOTICE POSTED IN ACCORDANCE WITH V. A. T. S. - ART. 6252-17

NOTICE is hereby given that Commissioners Court will hold it's

Special meeting on MONDAY, NOVEMBER 30 1981 at 10:00 A.M.

in the Commissioners Courtroom, First Floor, Tyler County Courthouse.

A G E N D A

1. OPEN BIDS ON DUMP TRUCK FOR PCT. II.
2. EARL KING ON PLAT FOR RECORDING PURPOSES.
3. JOHN MORRISON AND KEN SIMPSON ON YOUTH DEVELOPMENT CENTER.
4. CONSIDER PURCHASE OF OFFICE BUILDING FOR PCT. I. (Open Bids)
5. RENEW BOND FOR HERMAN NOLAN AS DEPUTY CONSTABLE.
6. PERMISSION FOR VETERANS SERVICE OFFICER TO ATTEND SEMINAR IN AUSTIN ON JANUARY 26, 27 and 28th.



Allen Sturrock, County Judge  
Tyler County, Texas

NO. \_\_\_\_\_ TIME: 8:45 <sup>AM</sup>/<sub>PM</sub>

NOV 25 1981

GRACE BOSTICK, COUNTY CLERK  
TYLER COUNTY, TEXAS

BY: 