

FILED FOR RECORD: 1-6- 1983 at 1:00 o'clock P M
DULY RECORDED: 1-11- 1983 at 9:00 o'clock A M
INSTRUMENT NO. _____ GRACE BOSTICK, TYLER CO. CLK.
Grace Bostick

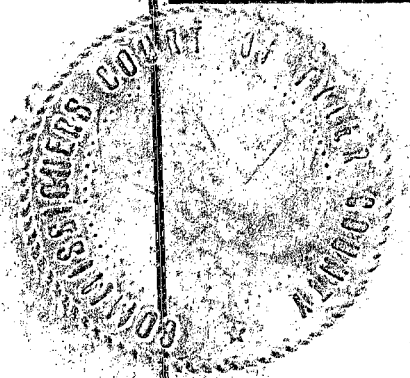
TYLER COUNTY COMMISSIONER'S COURT
EMERGENCY MEETING
DECEMBER 29, 1982

VOL 007 PAGE 612

An Emergency Meeting of the Commissioner's Court, was called to meet, December 29, 1982, at 10:00 A.M. With the County Judge and only one Commissioner, Mr. Riley, being present, which did not give a Quorum, then County Judge Allen Sturrock, declared the meeting as noneffective.

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
J. M. Jerry Mahan, Comm. Pct. #3
B. O. D. Berton Adnell Odom, Comm. Pct. #4
ATTEST: Grace Bostick Grace Bostick, County Clerk



ATTACHED IS CERTIFICATE OF QUALIFICATION OF OFFICIALS

GENERAL ELECTION --- NOVEMBER 2, 1982
 CERTIFICATE OF QUALIFICATION OF COUNTY AND PRECINCT OFFICERS

Article 8.43, Texas Election Code Annotated, requires the county clerk to certify the names and dates of qualification of county and precinct officers to the secretary of state for issuance of commissions together with the \$2.00 statutory fee as required by Article 3914, T.R.C.S.A. Additionally, Article 3882, T.R.C.S.A., states that any official who fails or refuses to take out a commission shall not be eligible to collect or receive fees or compensation for his official services.

INSTRUCTION NOTE: Complete all blanks as appropriate by typing or printing. Use this side of the form for those officers who were elected to regular terms for the offices that are regularly filled at this election. (You may use additional blank sheets as necessary.) The reverse side of this form should be used to list the officers who were elected to UNEXPIRED TERMS for offices that were not regularly to be filled at this election. Mail this form along with the statutorily required \$2.00 fee for each official to: Secretary of State, Elections Division, Post Office Box 12887, Austin, Texas 78711.

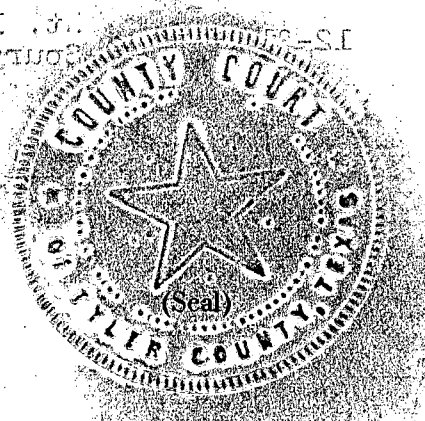
THE STATE OF TEXAS
 COUNTY OF Tyler

I, GRACE BOSTICK, County Clerk of said County, do hereby certify that at the General Election held on the 2nd day of November, 1982, the following named persons were elected to the respective offices, and duly qualified on the date set opposite their names.

NAME	OFFICE TITLE	QUALIFICATION DATE	OFFICE ADDRESS
Allen Sturrock	COUNTY JUDGE	December 31, 82	100 Courthouse Woodville, Texas 75979
	JUDGE, COUNTY COURT AT LAW NO. _____		
	JUDGE, COUNTY COURT AT LAW NO. _____		
	JUDGE, COUNTY COURT AT LAW NO. _____		
	JUDGE, COUNTY CRIMINAL COURT		
	JUDGE, COUNTY PROBATE COURT		
Patricia Brown	DISTRICT CLERK	December 31, 82	100 Courthouse Rm. 203 Woodville, Tx. 75979
	DISTRICT & COUNTY CLERK		
Grace Bostick	COUNTY CLERK	12-31-1982	100 Courthouse Woodville, Tx. 75979
Austin Fuller	COUNTY TREASURER	12-31-1982	100 Courthouse Rm. 100 Woodville, Tx. 75979
	COUNTY SURVEYOR		
	INSPECTOR OF HIDES & ANIMALS		
Kenneth Lowe	COUNTY COMMISSIONER PRECINCT 2	12-31-1982	Rt. 1 Box 196 Chester, Tx. 75936
Adnell Odom	COUNTY COMMISSIONER PRECINCT 4	12-31-1982	Rt. 3 Box 510 Woodville, Tx. 75979
<i>Wanda Boosker</i> (resign) Appointment on another form	JUSTICE OF THE PEACE PRECINCT 1		
Grady James	JUSTICE OF THE PEACE PRECINCT 2	12-31-1982	P.O. Box 487 Woodville, Tx. 75979
Jimmy W. Davis	JUSTICE OF THE PEACE PRECINCT 3	12-31-1982	P.O. Box 98 Colmesneil, Tx. 75938
Roy Drake	JUSTICE OF THE PEACE PRECINCT 4	12-31-1982	Rt. 1 Box 495 Spurger, Tx. 77660
	JUSTICE OF THE PEACE PRECINCT _____ PLACE 2		
	JUSTICE OF THE PEACE PRECINCT _____ PLACE 2		
	JUSTICE OF THE PEACE PRECINCT _____ PLACE 2		
	JUSTICE OF THE PEACE PRECINCT _____ PLACE 2		

The following persons were elected to UNEXPIRED TERMS to the respective offices set opposite their names:

NAME	OFFICE TITLE	QUALIFICATION DATE	OFFICE ADDRESS
	COUNTY ATTORNEY		
	SHERIFF		
	SHERIFF/TAX ASSESSOR-COLLECTOR		
	TAX ASSESSOR-COLLECTOR		
	COUNTY COMMISSIONER PRECINCT 1		
	COUNTY COMMISSIONER PRECINCT 3		
	JUSTICE OF THE PEACE, PRECINCT _____ PLACE 1		
	JUSTICE OF THE PEACE, PRECINCT _____ PLACE 1		
	JUSTICE OF THE PEACE, PRECINCT _____ PLACE 1		
	JUSTICE OF THE PEACE, PRECINCT _____ PLACE 1		
Elton Johnson, Sr.	CONSTABLE, PRECINCT 1	12-31-1982	Rt. 2 Box 118 Warren, Texas 77664
	CONSTABLE, PRECINCT 2		
	CONSTABLE, PRECINCT 3		
	CONSTABLE, PRECINCT 4		



WITNESS my hand and official seal, this the
6th day of January,
 1983
Grace Bostick
 GRACE BOSTICK
 COUNTY CLERK

 Tyler COUNTY, TEXAS
 (713) 283-2281
 Telephone Number



OFFICE OF THE SECRETARY OF STATE

DAVID A. DEAN
SECRETARY OF STATE

STATE CAPITOL
P.O. Box 12697
AUSTIN, TEXAS 78711

December 15, 1982

VOL 007 PAGE 615

Honorable Grace Bostick
County Clerk, Tyler County
Tyler County Courthouse
Woodville, Texas 75979

Dear Ms. Bostick:

Enclosed are two copies of the "Certificate of Qualification of County and Precinct Officers" as required by Article 8.43, Texas Election Code. Please follow the instructions printed on the certificate for completing the forms.

Pursuant to Article 16 and 17, Vernon's Annotated Revised Civil Statutes of Texas, persons elected or appointed to county and precinct offices shall, before entering the duties of the office, take and subscribe to the oath prescribed by Article 16, Section 1 of the Constitution of this State; and if required by law to give an official bond, the oath of office shall be filed with said bond. Persons elected to regular terms shall qualify and assume the duties of their offices on the FIRST day of JANUARY following their election or as soon thereafter as possible. The qualification date for those officers who were elected to fill "Unexpired Terms" is the date that they qualified. These dates will be different since these officers were eligible to assume their duties as soon as the commissioner's court certified the results of their election.

If you have already sent in the qualification forms for officials elected to unexpired terms along with the \$2.00 fee for issuance of a commission, you do not have to include these persons on the form enclosed.

The enclosed certificates have been color coded to be easily recognized. Please return the yellow form, together with the \$2.00 statutory fee that you have collected from each officer, as soon after January 1, 1983, as possible. Please make checks payable to the Secretary of State's Office. This Office will issue commissions and identification cards for each officer on the certificate. The white copy of the certificate is for your files. We are requesting that, if there are any changes made due to deaths, resignations, etc., you note the changes on your white form. This action will assist you and this Office at the time we notify the county chairmen of the vacant offices in certain counties for inclusion in the 1984 primary elections.

December 15, 1982
Page Two

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The green and blue appointment forms that have been provided to you by this Office are to be used when the commissioners court or the county judge makes an appointment to fill a vacancy.

If you have any questions regarding the completion of these forms, please contact Donnette Smith in the Elections Division toll-free at 1-800-252-9602.

Sincerely,



David A. Dean
Secretary of State

DAD:lbn
Enclosure

INSTRUCTIONS TO COUNTY CLERK: Complete this form only when a vacancy is filled by the Commissioners Court in the offices of COUNTY JUDGE, COUNTY CLERK, SHERIFF, COUNTY ATTORNEY, COUNTY TREASURER, SURVEYOR, INSPECTOR OF HIDES AND ANIMALS, TAX ASSESSOR-COLLECTOR, JUSTICES OF THE PEACE, CONSTABLES, or COUNTY SCHOOL SUPER-INTENDENTS (where the office of school superintendent is still in existence). [Article 2355, V.A.C.S.]

Mail one copy of this form to: Secretary of State, Elections Division, Post Office Box 12887, Capitol Station, Austin, Texas 78711 together with the \$2.00 statutory fee required by Article 3918, V.A.C.S. A commission and identification card will be issued to the appointee. [Article 8.43, V.T.E.C.]

CERTIFICATE OF APPOINTMENT
MADE BY COMMISSIONERS COURT
TO FILL A VACANCY
IN A COUNTY OR PRECINCT OFFICE

STATE OF TEXAS
COUNTY OF Tyler

I, GRACE BOSTICK, County Clerk in and for the above

named county, DO HEREBY CERTIFY that in a (regular or special) session of Commissioners Court held on

December 13, 1982 said court appointed Wanda Brasher

(Name of appointee)

P.O. Box 481

Woodville, Texas 75979

(Residence address)

(City, State, and Zip Code)

to the office of Justice of Peace, one (1)

(Office title)

(Precinct No.)

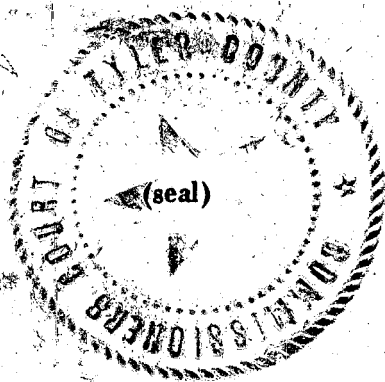
(Place No.)

(if applicable)

to fill the vacancy until the next general election or the end of the term as may be appropriate. This vacancy was caused by resignation (death, resignation, removal from office, etc.).

This order is contained in Commissioner Court Minutes Records on file in my office.

I FURTHER CERTIFY that the appointee's oath and bond (if bond is required) were filed in my office and in the Bond and Deputation records on the 31st day of December, 1982.



Grace Bostick

COUNTY CLERK GRACE BOSTICK

BY: _____

STATE OF TEXAS

COUNTY OF TYLER

I, GRACE BOSTICK, COUNTY CLERK OF Tyler

COUNTY, TEXAS, hereby certify that the minutes of the COMMISSIONERS COURT of the said COUNTY show that at a meeting of said COURT, held on the 13th day of December, 1982,

the COURT appointed Wanda Brasher

whose post office address is P.O. Box 481 Woodville, Texas

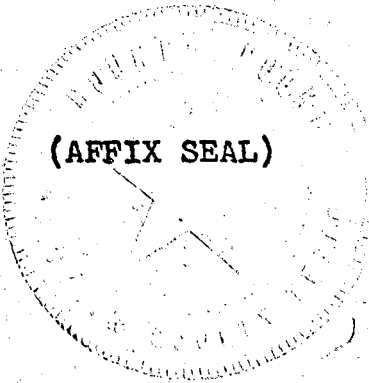
to the office of Justice of Peace, Precinct 1

Precinct No. 1, ~~PRECINCT NO.~~ , to fill

the unexpired term of John Spanhanks.

The vacancy was caused by resignation
(resignation, death, removal from office)

I FURTHER CERTIFY that the records of this office show that the said Wanda Brasher qualified for said office on the 31st day of December, 1982.



Grace Bostick GRACE BOSTICK
COUNTY CLERK

Allen Sturrock ALLEN STURROCK
COUNTY JUDGE

HOUSTON REGIONAL GROUP OFFICE
AMERICAN NATL INS CO
1120 NASA ROAD 1 BUILDING STE
HOUSTON TX 77058

FORM 151C



POST OFFICE
FIRST CLASS

Mr. J. W. Ray
P. O. Box 777
Woodville, Texas 75979

PROPOSAL
OF
GROUP INSURANCE PROTECTION

For

TYLER COUNTY EMPLOYEES ASSOC.
Woodville, Tx.

This proposal is valid for: 60 days
for an effective date not later than: December 1, 1981
An extension will be considered upon written request.

Submitted By

J. W. Ray

AMERICAN NATIONAL INSURANCE COMPANY

Galveston, Texas

SCHEDULE OF BENEFITS

TERM LIFE and ACCIDENTAL DEATH and DISMEMBERMENT

Insurance <u>Classification</u>	Term <u>Life & AD&D</u>
------------------------------------	------------------------------------

CURRENT BENEFITS TO CONTINUE FOR GROUP TERM LIFE,
ACCIDENTAL DEATH & DISMEMBERMENT AND WEEKLY INCOME.

LIFE RATES HAVE DECREASED - PLEASE SEE THE RATE PAGE.

Term Life reduces 75% at age 70. AD&D terminates
at age 70.

SUPPLEMENTAL ACCIDENT EXPENSE INSURANCE

Maximum Benefit \$300.

* MATERNITY EXPENSE INSURANCE

Maximum Benefit Same As Any Other Illness

* Maternity Coverage (currently being self insured by the
County) may be deleted from this plan. Please see the
rate page following for both sets of rates.

COMPREHENSIVE MAJOR MEDICAL EXPENSE INSURANCE

**Maximum Lifetime Benefit	\$1,000,000
Mental and Nervous Maximum	15,000
Annual Automatic Restoration	2,000
Cash Deductible per Calendar Year (waived for accidents)	100
Maximum Deductibles per Family Accumulation Period	3 Calendar Year
***Percentage Payable by American National:	
Outpatient Psychiatric Care	50%
All Other Covered Expenses	80%
Maximum Daily Room and Board Rate	
Hospital Normal Care	Average Semi-Private
Hospital Intensive Care	2½ times ASP
Convalescent Facility	½ times ASP

**The Maximum Lifetime Benefit for individuals elig-
ible for Medicare is \$25,000.

***After the insured person has paid \$ 1100.00 out of
pocket including the Deductible for covered expen-
ses in a calendar year, American National will pay
100% of any further covered expenses incurred by
such insured person during that calendar year. For
purposes of this statement, benefits payable for
treatment of mental and nervous disorders are not
included.

COST SUMMARY AND PLAN SPECIFICATIONS

Employee Coverage

Term Life Insurance per \$1,000 (based on a volume of 330,000)	\$.74
AD&D (24 hour coverage) per \$1,000 (based on a volume of 329,167)	.09

Employee and Dependent Coverage

	<u>WITHOUT MAT.</u>	<u>WITH MAT.</u>
Medical Expense Insurance		
Employee	\$33.90	\$35.56
Additional for Dependents	47.00	51.04
Supplemental Medicare Expense Insurance		
Per eligible individual	23.14	23.14

WE ARE ONLY QUOTING ONE MEDICARE RATE STRUCTURE THAT WOULD APPLY TO ALL MEDICARE ELIGIBLE INDIVIDUALS. THIS IS TO SIMPLIFY ADMINISTRATION ON BOTH ENDS.

This proposal is based on the following conditions:

- 1) The employer pays 70 % of the employee premium and 0 % of the dependent premium.
- 2) 75 % of the eligible employees must be enrolled and 75 % of those employees who have eligible dependents must enroll their dependents in the plan.*
- 3) The waiting period for present and future employees must be satisfactory to American National.

*In determining the dependent participation, American National will allow those employees who have dependent(s) employed and covered under their own employer's group plan to waive dependent coverage provided at least one-half of all the employees with dependents enroll their dependents. These dependents will not be considered eligible under the plan written by American National. A waiver card must be completed giving the reason for waiver and include the name of the dependent's employer and name of the employer's group health carrier.

COST SUMMARY AND PLAN SPECIFICATIONS

The rates quoted in this proposal are based upon the information submitted and the census data which indicated 64 eligible employees. The final rates may be adjusted if there is a significant change in composition of the employees actually enrolled.

There will be no pre-existing conditions limitations for present insured employees and their eligible dependents who have satisfied such limitations, if any under the prior carrier's plan. For employees and eligible dependents not currently insured, the pre-existing illness limitation applies to all medical benefits under the policy. For further explanation, see the Continuity During Change in Carrier page.

Standard Eligibility provisions extend eligibility to persons on Approved Leave of Absence or Disability for up to an additional three months after coverage would have otherwise terminated due to termination of employment, provided the insured is considered an employee who will be re-employed, the group policy remains in force, and the appropriate premiums are submitted by the employer. This is a negotiable contract provision and in the absence of specific agreement beforehand to the contrary the extension indicated would apply.

GENERAL PROVISIONS

CONTRIBUTIONS

The employer must make a substantial contribution toward the total cost of insurance. The contribution necessary is indicated in the Cost Summary.

WAITING PERIOD

A waiting period related to the turnover of your group is recommended for both present and future employees.

DEFINITION OF ELIGIBLE EMPLOYEES

Employees must actively work in full-time at least 30 hours per week for the employer in order to be eligible for this plan (unless otherwise indicated in the Plan Specifications).

EMPLOYEE ELIGIBILITY

Employees absent from work on the day their insurance would otherwise become effective will become insured on their first day back at work.

DEFINITION OF DEPENDENTS ELIGIBLE FOR HEALTH INSURANCE

- The employee's wife or husband, if not legally separated.
- The employee's unmarried child(ren)* from birth who is less than nineteen years of age. Unless otherwise specified on the Plan Specifications page, coverage is extended to an unmarried child up to age 23, provided that such child is attending an accredited school on a full-time basis and is dependent on the employee for principal support and maintenance.
- *A child is (1) a natural or adopted child, or (2) any other child dependent upon the employee for support and living with him in a parent-child relationship.

MENTAL RETARDATION OR PHYSICAL HANDICAP

Health coverage is extended beyond the normal termination date for dependent children if they are incapable of self-sustaining employment by reason of mental retardation or physical handicap and are chiefly dependent upon the insured for support and maintenance, provided that proof of incapacity is properly submitted.

DEPENDENT ELIGIBILITY

Dependents confined in a hospital, convalescent facility, similar institution or house on the date their insurance would otherwise become effective will be insured on the day after they cease to be confined. However, a child born to a parent insured under the plan is covered on the day he would otherwise be eligible even though he is still confined.

EVIDENCE OF INSURABILITY

No evidence of insurability is required for employees or their dependents, if enrolled within 31 days after becoming eligible.

LAY-OFF OR LEAVE OF ABSENCE

The policyholder and American National may contractually agree to continue the coverage for employees absent from work because of disability, temporary lay-off or leave of absence, provided that the continuance is upon a non-discriminatory basis.

CONVERSION

The Life insurance and the Hospital and Surgical insurance may be converted, without evidence of insurability, within 31 days after termination of membership in an American National group plan, as provided in the conversion provisions.

COORDINATION OF BENEFITS

Benefits are coordinated with other health insurance plans. In California, benefits are reduced by the California U.C.D. Law.

CONFORMITY WITH STATE STATUTES

Any provision of this proposal which is in conflict with the statutes of the state in which the policy is to be delivered is hereby altered to conform to the minimum requirements of such statute.

TERM LIFE INSURANCE

Payable in event of death from any cause.

American National's complete range of settlement options is available to the insured or his beneficiary. These options include lump-sum payment; the automatic settlement option, in which proceeds will be held by the Company at competitive interest rates and the beneficiary will have full right of withdrawal; and monthly installments.

The insured may convert (at eligible times) to any form of individual policy of Life insurance issued by American National except Term Life insurance. No evidence of insurability is required if application is made within 31 days following termination of insurance.

EMPLOYEE

The beneficiary may be changed at any time.

The employee may elect to convert his Life insurance upon termination of employment and under the conditions specified in the Group Policy.

Protection in the event of total and permanent disability is provided to the employee who becomes disabled prior to age 60. His insurance is kept in force without premium payment during the continuance of that disability, provided he annually furnishes proof of his continued disability. Amounts of Life insurance will reduce in the same manner as that provided for active employees.

DEPENDENT *(if scheduled)*

Eligible dependents are defined in the Schedule of Benefits.

Payable to the employee.

The spouse may elect to convert his Life insurance in the event of the employee's termination of insurance, death, divorce, or legal separation under the conditions specified in the Group Policy.

A child may elect to convert his Life insurance upon attainment of the limiting age or marriage under the conditions specified in the Group Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

(If indicated in the Schedule of Benefits)

Payable for losses occurring within 90 days of an accident as the result of an accidental bodily injury and independent of all other causes.

The full amount will be paid for the loss of:

- Life
- Both hands or both feet
- Sight of both eyes
- One hand and one foot
- One hand and sight of one eye
- One foot and sight of one eye.

One half of the full amount will be paid for the loss of:

- One hand
- One foot
- Sight of one eye.

There is no aviation restriction; coverage includes flying in private aircraft.

The following causes are excluded, if permitted by law: drug abuse, criminal acts by the insured, voluntary ingestion of poison, inhalation of gas, self-destruction, acts attributable to war, and other causes specified in the policy.

Not more than the full amount is paid for all losses resulting from any one accident.

EMPLOYEE

24-hour coverage if indicated in the Plan Specifications

Benefits for loss of life payable to the beneficiary

Benefits for dismemberment payable to the employee

DEPENDENT *(If scheduled)*

All benefits payable to the employee

ITEMS NOT COVERED:

Occupational disabilities (unless 24-hour coverage is indicated in the Plan Specifications)

Treatment received from the U.S. Government, or charges which the insured is not legally obligated to pay

War

Pregnancy (unless scheduled)

Dental treatment (unless scheduled) other than removal of tumors and accidental injury

Eye refractions, or purchase of hearing aids or eyeglasses, or the fitting thereof (unless scheduled)

Charges incurred by non-residents of the United States or Canada

Services of a close relative

Operations which are performed for cosmetic purposes (unless for a newborn child)

Any injury which is not sustained while the person is insured under the policy

Alcoholism and narcotism (unless required by state insurance code)

A service or supply not medically necessary for diagnosis or treatment of a disability

Routine Physicals

Normal nursery care for a newborn child

HEALTH INSURANCE

INJURY

Medically diagnosed accidental bodily injury which receives treatment by a physician

ILLNESS

Bodily sickness, psychiatric disorders, and congenital abnormalities of a newborn child. Pregnancy is not considered an illness.

PHYSICIAN

Any doctor of medicine, osteopathy, podiatry, chiropractic, optometry, dentistry, or a clinical psychologist, and others required by state statute

NURSE

An RN, LVN, or LPN

TOTAL DISABILITY

Prevents an employee from working at any occupation, and causes a dependent to be confined in a hospital, convalescent facility, similar institution, or house.

AN EXPENSE IS COVERED IF:

The service or supply is usual and customary for the treatment of the disability (acupuncture and other unusual treatments are excluded).

The expense is incurred on the recommendation and approval of a physician.

The expense is incurred while insurance is in effect, or during any period of extended benefits. An expense is deemed to be incurred on the date the service or supply is rendered or obtained.

The expense does not exceed:

- For all non-scheduled coverages, the reasonable and customary expense for the locality in which the charge is incurred; and
- For scheduled coverages, the scheduled amount.

CONTINUITY DURING CHANGE IN CARRIER

Employees and dependents will not lose medical expense coverage in the areas specified below solely because of the change in insurance carrier, provided that the following conditions are met:

1. The individual was insured (i.e., premiums were being paid for the individual and the individual was covered) under the prior policy immediately before the effective date of American National's group policy; and
2. The individual is a member of a class eligible for insurance under the group policy on the effective date of American National's group policy.

A and B below apply to an individual only if the individual meets both of the above conditions.

- A. **PRE-EXISTING CONDITIONS.** No benefits are available for a pre-existing condition as defined in the plan until the date on which the prior carrier's pre-existing conditions elimination period would have ended with respect to the insured person if the prior carrier's policy had remained in force.

Any benefits to which an insured person would have been entitled under the prior carrier's plan, or the benefits under this plan if lesser, where like benefits are provided, will be available until the date on which the pre-existing conditions elimination period ends with respect to the insured person under this plan.

This plan's full benefits will be available after the expiration of the elimination period prescribed herein.

- B. **THE MAJOR MEDICAL CASH DEDUCTIBLE.** The major medical cash deductible must be satisfied in the manner indicated in American National's plan. If part or all of the cash deductible has already been satisfied in this manner under the prior carrier in the 90 days immediately preceding the effective date of American National's group policy, that part or all of the cash deductible need not again be satisfied in the period prescribed in the plan which next succeeds the effective date of American National's group policy.

SUPPLEMENTAL ACCIDENT EXPENSE

Provides unallocated reimbursement up to a maximum amount selected for the plan.

Benefits are payable for expenses incurred as a consequence of accidental injury before such expenses are considered to be covered under the Major Medical provision, if any.

The expenses must be incurred within 90 days of the accident. The treatment must be recommended by a Physician.

Covered items are:

- Medical and surgical treatment and supplies,
- Confinement in a legally qualified hospital,
- Services of a nurse—(RN) (LVN) (LPN),
- Laboratory and X-ray examinations,
- Local ambulance service.

MAJOR MEDICAL EXPENSE INSURANCE

THE FOLLOWING ITEMS ARE COVERED with respect to injury or illness.

- Hospital room and board for normal care and intensive care up to the amount specified in the Schedule of Benefits, plus necessary hospital services and supplies
- Convalescent facility room and board up to the amount specified in the Schedule of Benefits after 5 days of hospital confinement, payable for 100 days per calendar year
- Physician fees, regardless of location of treatment except that outpatient psychiatric treatment is payable at 50%, up to \$25 per visit and 50 visits per calendar year. Only one visit per day is considered for payment.
- Professional services of a nurse—RN, LPN, or LVN
- Professional services of an anesthetist
- Professional services of a physiotherapist
- Professional services of a speech therapist for speech loss or impairment due to an illness other than a functional nervous disorder, or due to surgery on account of such an illness
- X-ray examinations, microscopic and laboratory tests, and other diagnostic services

- X-ray and radiation therapy
- Local ambulance service to and from the nearest hospital where care can be given
- Medical supplies as follows:

Anesthetics, oxygen, blood, plasma; and

Casts, splints, trusses, braces, crutches; and

Rental of Hospital-type equipment including wheel chair, hospital bed, iron lung and other mechanical equipment for treatment of respiratory paralysis, and equipment for the administration of oxygen; and

Purchase or rental of Hospital-type equipment for kidney dialysis for the insured's personal and exclusive use, the purchase price to be pro-rated over 24 months. Provides for supplies and repairs necessary to operate equipment for the sole benefit of the insured; and

Lens, each eye (contact or frames) immediately following and because of cataract surgery; and

Drugs and medicines requiring the prescription of a Physician.

- Charges for donor of transplanted organ when the donee is the insured.

TO COMPUTE BENEFITS, subtract from an insured's total covered expenses in a calendar year (including the major medical room and board benefit) the cash deductible, the amount payable under other integrated provisions of the plan (including any basic room and board benefit) and any cash deductible and co-insurance factor which applies to the other integrated provisions. American National will pay the remainder of covered expenses at the percentage payable rate up to the maximum lifetime benefit specified in the Schedule of Benefits.

THE CASH DEDUCTIBLE

Payable once each calendar year

Satisfied during the accumulation period specified in the Schedule of Benefits

Carry-over provision. Any covered expenses incurred in October, November or December which apply toward the cash deductible in that year may also be applied toward the cash deductible for the following calendar year.

The Cash Deductible applies separately to each person, except:

- **Common Accident:** If two or more insured family members are injured in the same accident, only one cash deductible will apply to covered expenses resulting from the accident during the calendar year in which the accident occurs.
- **Family Deductible:** The maximum number of family members required to satisfy the cash deductible for the entire family is indicated in the Schedule of Benefits (this provision does not apply if there is no figure listed).

THE MAXIMUM LIFETIME BENEFIT

The maximum lifetime benefit applies to each person, whether or not insurance is continuous. It may be restored to its full amount on evidence of insurability after benefits totaling \$1,000 have been paid. (Restoration on Evidence of Insurability is prohibited in Florida.)

On each January 1, American National will restore the used portion of the maximum lifetime benefit, up to the annual automatic restoration listed in the Schedule of Benefits.

EXTENSION OF BENEFITS

If an individual's insurance terminates while he is totally disabled, benefits for that total disability may be extended for 12 months as if insurance had not terminated. If indicated in the Plan Specifications, American National's liability will not extend beyond policy termination, employer-group termination, or an amendment to terminate insurance.

MAJOR MEDICAL EXPENSE INSURANCE

THE FOLLOWING ITEMS ARE COVERED with respect to injury or illness.

- Hospital room and board for normal care and intensive care up to the amount specified in the Schedule of Benefits, plus necessary hospital services and supplies
- Convalescent facility room and board up to the amount specified in the Schedule of Benefits after 5 days of hospital confinement, payable for 100 days per calendar year
- Physician fees, regardless of location of treatment except that outpatient psychiatric treatment is payable at 50%, up to \$25 per visit and 50 visits per calendar year. Only one visit per day is considered for payment.
- Professional services of a nurse—RN, LPN, or LVN
- Professional services of an anesthetist
- Professional services of a physiotherapist
- Professional services of a speech therapist for speech loss or impairment due to an illness other than a functional nervous disorder, or due to surgery on account of such an illness
- X-ray examinations, microscopic and laboratory tests, and other diagnostic services

- X-ray and radiation therapy
- Local ambulance service to and from the nearest hospital where care can be given
- Medical supplies as follows:

Anesthetics, oxygen, blood, plasma; and

Casts, splints, trusses, braces, crutches; and

Rental of Hospital-type equipment including wheel chair, hospital bed, iron lung and other mechanical equipment for treatment of respiratory paralysis, and equipment for the administration of oxygen; and

Purchase or rental of Hospital-type equipment for kidney dialysis for the insured's personal and exclusive use, the purchase price to be pro-rated over 24 months. Provides for supplies and repairs necessary to operate equipment for the sole benefit of the insured; and

Lens, each eye (contact or frames) immediately following and because of cataract surgery; and

Drugs and medicines requiring the prescription of a Physician.

- Charges for donor of transplanted organ when the donee is the insured.

TO COMPUTE BENEFITS, subtract from an insured's total covered expenses in a calendar year (including the major medical room and board benefit) the cash deductible, the amount payable under other integrated provisions of the plan (including any basic room and board benefit) and any cash deductible and co-insurance factor which applies to the other integrated provisions. American National will pay the remainder of covered expenses at the percentage payable rate up to the maximum lifetime benefit specified in the Schedule of Benefits.

THE CASH DEDUCTIBLE

Payable once each calendar year

Satisfied during the accumulation period specified in the Schedule of Benefits

Carry-over provision. Any covered expenses incurred in October, November or December which apply toward the cash deductible in that year may also be applied toward the cash deductible for the following calendar year.

The Cash Deductible applies separately to each person, except:

- **Common Accident:** If two or more insured family members are injured in the same accident, only one cash deductible will apply to covered expenses resulting from the accident during the calendar year in which the accident occurs.
- **Family Deductible:** The maximum number of family members required to satisfy the cash deductible for the entire family is indicated in the Schedule of Benefits (this provision does not apply if there is no figure listed).

THE MAXIMUM LIFETIME BENEFIT

The maximum lifetime benefit applies to each person, whether or not insurance is continuous. It may be restored to its full amount on evidence of insurability after benefits totaling \$1,000 have been paid. (Restoration on Evidence of Insurability is prohibited in Florida.)

On each January 1, American National will restore the used portion of the maximum lifetime benefit, up to the annual automatic restoration listed in the Schedule of Benefits.

EXTENSION OF BENEFITS

If an individual's insurance terminates while he is totally disabled, benefits for that total disability may be extended for 12 months as if insurance had not terminated. If indicated in the Plan Specifications, American National's liability will not extend beyond policy termination, employer-group termination, or an amendment to terminate insurance.

**PROPOSAL
OF
GROUP INSURANCE PROTECTION**

For

TYLER COUNTY EMPLOYEES ASSOC.
Woodville, Tx.

This proposal is valid for: 60 days
for an effective date not later than: December 1, 1981
An extension will be considered upon written request.

Submitted By

J. W. Ray

AMERICAN NATIONAL INSURANCE COMPANY

Galveston, Texas

SCHEDULE OF BENEFITS

TERM LIFE and ACCIDENTAL DEATH and DISMEMBERMENT

Insurance	Term
<u>Classification</u>	<u>Life & AD&D</u>

CURRENT BENEFITS TO CONTINUE FOR GROUP TERM LIFE, ACCIDENTAL DEATH & DISMEMBERMENT AND WEEKLY INCOME.

LIFE RATES HAVE DECREASED - PLEASE SEE THE RATE PAGE.

Term Life reduces 75% at age 70. AD&D terminates at age 70.

SUPPLEMENTAL ACCIDENT EXPENSE INSURANCE

Maximum Benefit \$300.

* MATERNITY EXPENSE INSURANCE

Maximum Benefit Same As Any Other Illness

* Maternity Coverage (currently being self insured by the County) may be deleted from this plan. Please see the rate page following for both sets of rates.

✓ COMPREHENSIVE MAJOR MEDICAL EXPENSE INSURANCE

**Maximum Lifetime Benefit	\$1,000,000 ✓
Mental and Nervous Maximum	15,000
Annual Automatic Restoration	2,000 ✓
✓ Cash Deductible per Calendar Year (waived for accidents)	100 ✓
Maximum Deductibles per Family Accumulation Period	3 ✓
	Calendar Year
***Percentage Payable by American National:	
Outpatient Psychiatric Care	50% ✓
All Other Covered Expenses	80% ✓
Maximum Daily Room and Board Rate	
✓ Hospital Normal Care	Average Semi-Private ✓
✓ Hospital Intensive Care	2½ times ASP ✓
✓ Convalescent Facility	½ times ASP ✓

**The Maximum Lifetime Benefit for individuals eligible for Medicare is \$25,000.

✓ ***After the insured person has paid \$ 1100.00 out of pocket including the Deductible for covered expenses in a calendar year, American National will pay 100% of any further covered expenses incurred by such insured person during that calendar year. For purposes of this statement, benefits payable for treatment of mental and nervous disorders are not included.

COST SUMMARY AND PLAN SPECIFICATIONS

Employee Coverage

Term Life Insurance per \$1,000 (based on a volume of 330,000)	\$.74
AD&D (24 hour coverage) per \$1,000 (based on a volume of 329,167)	.09

Employee and Dependent Coverage

Medical Expense Insurance

	<u>WITHOUT MAT.</u>	<u>WITH MAT.</u>
Employee	\$33.90	\$35.56
Additional for Dependents	47.00	51.04

Supplemental Medicare Expense Insurance

Per eligible individual	23.14	23.14
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WE ARE ONLY QUOTING ONE MEDICARE RATE STRUCTURE THAT WOULD APPLY TO ALL MEDICARE ELIGIBLE INDIVIDUALS. THIS IS TO SIMPLIFY ADMINISTRATION ON BOTH ENDS.

This proposal is based on the following conditions:

- 1) The employer pays 70 % of the employee premium and 0 % of the dependent premium.
- 2) 75 % of the eligible employees must be enrolled and 75 % of those employees who have eligible dependents must enroll their dependents in the plan.*
- 3) The waiting period for present and future employees must be satisfactory to American National.

*In determining the dependent participation, American National will allow those employees who have dependent(s) employed and covered under their own employer's group plan to waive dependent coverage provided at least one-half of all the employees with dependents enroll their dependents. These dependents will not be considered eligible under the plan written by American National. A waiver card must be completed giving the reason for waiver and include the name of the dependent's employer and name of the employer's group health carrier.

COST SUMMARY AND PLAN SPECIFICATIONS

The rates quoted in this proposal are based upon the information submitted and the census data which indicated 64 eligible employees. The final rates may be adjusted if there is a significant change in composition of the employees actually enrolled.

There will be no pre-existing conditions limitations for present insured employees and their eligible dependents who have satisfied such limitations, if any under the prior carrier's plan. For employees and eligible dependents not currently insured, the pre-existing illness limitation applies to all medical benefits under the policy. For further explanation, see the Continuity During Change in Carrier page.

Standard Eligibility provisions extend eligibility to persons on Approved Leave of Absence or Disability for up to an additional three months after coverage would have otherwise terminated due to termination of employment, provided the insured is considered an employee who will be re-employed, the group policy remains in force, and the appropriate premiums are submitted by the employer. This is a negotiable contract provision and in the absence of specific agreement beforehand to the contrary the extension indicated would apply.

GENERAL PROVISIONS

CONTRIBUTIONS

The employer must make a substantial contribution toward the total cost of insurance. The contribution necessary is indicated in the Cost Summary.

WAITING PERIOD

A waiting period related to the turnover of your group is recommended for both present and future employees.

DEFINITION OF ELIGIBLE EMPLOYEES

Employees must actively work in full-time at least 30 hours per week for the employer in order to be eligible for this plan (unless otherwise indicated in the Plan Specifications).

EMPLOYEE ELIGIBILITY

Employees absent from work on the day their insurance would otherwise become effective will become insured on their first day back at work.

DEFINITION OF DEPENDENTS ELIGIBLE FOR HEALTH INSURANCE

- The employee's wife or husband, if not legally separated.
- The employee's unmarried child(ren)* from birth who is less than nineteen years of age. Unless otherwise specified on the Plan Specifications page, coverage is extended to an unmarried child up to age 23, provided that such child is attending an accredited school on a full-time basis and is dependent on the employee for principal support and maintenance.
- *A child is (1) a natural or adopted child, or (2) any other child dependent upon the employee for support and living with him in a parent-child relationship.

MENTAL RETARDATION OR PHYSICAL HANDICAP

Health coverage is extended beyond the normal termination date for dependent children if they are incapable of self-sustaining employment by reason of mental retardation or physical handicap and are chiefly dependent upon the insured for support and maintenance, provided that proof of incapacity is properly submitted.

DEPENDENT ELIGIBILITY

Dependents confined in a hospital, convalescent facility, similar institution or house on the date their insurance would otherwise become effective will be insured on the day after they cease to be confined. However, a child born to a parent insured under the plan is covered on the day he would otherwise be eligible even though he is still confined.

EVIDENCE OF INSURABILITY

No evidence of insurability is required for employees or their dependents, if enrolled within 31 days after becoming eligible.

LAY-OFF OR LEAVE OF ABSENCE

The policyholder and American National may contractually agree to continue the coverage for employees absent from work because of disability, temporary lay-off or leave of absence, provided that the continuance is upon a non-discriminatory basis.

CONVERSION

The Life Insurance and the Hospital and Surgical Insurance may be converted, without evidence of insurability, within 31 days after termination of membership in an American National group plan, as provided in the conversion provisions.

COORDINATION OF BENEFITS

Benefits are coordinated with other health insurance plans. In California, benefits are reduced by the California U.C.D. Law.

CONFORMITY WITH STATE STATUTES

Any provision of this proposal which is in conflict with the statutes of the state in which the policy is to be delivered is hereby altered to conform to the minimum requirements of such statute.

TERM LIFE INSURANCE

Payable in event of death from any cause.

American National's complete range of settlement options is available to the insured or his beneficiary. These options include lump-sum payment; the automatic settlement option, in which proceeds will be held by the Company at competitive interest rates and the beneficiary will have full right of withdrawal; and monthly installments.

The insured may convert (at eligible times) to any form of individual policy of Life insurance issued by American National except Term Life insurance. No evidence of insurability is required if application is made within 31 days following termination of insurance.

EMPLOYEE

The beneficiary may be changed at any time.

The employee may elect to convert his Life insurance upon termination of employment and under the conditions specified in the Group Policy.

Protection in the event of total and permanent disability is provided to the employee who becomes disabled prior to age 60. His insurance is kept in force without premium payment during the continuance of that disability, provided he annually furnishes proof of his continued disability. Amounts of Life insurance will reduce in the same manner as that provided for active employees.

DEPENDENT *(if scheduled)*

Eligible dependents are defined in the Schedule of Benefits.

Payable to the employee.

The spouse may elect to convert his Life insurance in the event of the employee's termination of insurance, death, divorce, or legal separation under the conditions specified in the Group Policy.

A child may elect to convert his Life insurance upon attainment of the limiting age or marriage under the conditions specified in the Group Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

(If indicated in the Schedule of Benefits)

Payable for losses occurring within 90 days of an accident as the result of an accidental bodily injury and independent of all other causes.

The full amount will be paid for the loss of:

- Life
- Both hands or both feet
- Sight of both eyes
- One hand and one foot
- One hand and sight of one eye
- One foot and sight of one eye.

One half of the full amount will be paid for the loss of:

- One hand
- One foot
- Sight of one eye.

There is no aviation restriction; coverage includes flying in private aircraft.

The following causes are excluded, if permitted by law: drug abuse, criminal acts by the insured, voluntary ingestion of poison, inhalation of gas, self-destruction, acts attributable to war, and other causes specified in the policy.

Not more than the full amount is paid for all losses resulting from any one accident.

EMPLOYEE

24-hour coverage if indicated in the Plan Specifications

Benefits for loss of life payable to the beneficiary

Benefits for dismemberment payable to the employee

DEPENDENT *(If scheduled)*

All benefits payable to the employee

ITEMS NOT COVERED:

Occupational disabilities (unless 24-hour coverage is indicated in the Plan Specifications)

Treatment received from the U.S. Government, or charges which the insured is not legally obligated to pay

War

Pregnancy (unless scheduled)

Dental treatment (unless scheduled) other than removal of tumors and accidental injury

Eye refractions, or purchase of hearing aids or eyeglasses, or the fitting thereof (unless scheduled)

Charges incurred by non-residents of the United States or Canada

Services of a close relative

Operations which are performed for cosmetic purposes (unless for a newborn child)

Any injury which is not sustained while the person is insured under the policy

Alcoholism and narcotism (unless required by state insurance code)

A service or supply not medically necessary for diagnosis or treatment of a disability

Routine Physicals

Normal nursery care for a newborn child

HEALTH INSURANCE

INJURY

Medically diagnosed accidental bodily injury which receives treatment by a physician

ILLNESS

Bodily sickness, psychiatric disorders, and congenital abnormalities of a newborn child. Pregnancy is not considered an illness.

PHYSICIAN

Any doctor of medicine, osteopathy, podiatry, chiropractor, optometry, dentistry, or a clinical psychologist, and others required by state statute

NURSE

An RN, LVN, or LPN

TOTAL DISABILITY

Prevents an employee from working at any occupation, and causes a dependent to be confined in a hospital, convalescent facility, similar institution, or house.

AN EXPENSE IS COVERED IF:

The service or supply is usual and customary for the treatment of the disability (acupuncture and other unusual treatments are excluded).

The expense is incurred on the recommendation and approval of a physician.

The expense is incurred while insurance is in effect, or during any period of extended benefits. An expense is deemed to be incurred on the date the service or supply is rendered or obtained.

The expense does not exceed:

- For all non-scheduled coverages, the reasonable and customary expense for the locality in which the charge is incurred; and
- For scheduled coverages, the scheduled amount.

CONTINUITY DURING CHANGE IN CARRIER

Employees and dependents will not lose medical expense coverage in the areas specified below solely because of the change in insurance carrier, provided that the following conditions are met:

1. The individual was insured (i.e., premiums were being paid for the individual and the individual was covered) under the prior policy immediately before the effective date of American National's group policy; and
2. The individual is a member of a class eligible for insurance under the group policy on the effective date of American National's group policy.

A and B below apply to an individual only if the individual meets both of the above conditions.

- A. ~~PRE-EXISTING CONDITIONS.~~ No benefits are available for a pre-existing condition as defined in the plan until the date on which the prior carrier's pre-existing conditions elimination period would have ended with respect to the insured person if the prior carrier's policy had remained in force.

Any benefits to which an insured person would have been entitled under the prior carrier's plan, or the benefits under this plan if lesser, where like benefits are provided, will be available until the date on which the pre-existing conditions elimination period ends with respect to the insured person under this plan.

This plan's full benefits will be available after the expiration of the elimination period prescribed herein.

- B. ~~THE MAJOR MEDICAL CASH DEDUCTIBLE.~~ The major medical cash deductible must be satisfied in the manner indicated in American National's plan. If part or all of the cash deductible has already been satisfied in this manner under the prior carrier in the 90 days immediately preceding the effective date of American National's group policy, that part or all of the cash deductible need not again be satisfied in the period prescribed in the plan which next succeeds the effective date of American National's group policy.

SUPPLEMENTAL ACCIDENT EXPENSE

Provides unallocated reimbursement up to a maximum amount selected for the plan.

Benefits are payable for expenses incurred as a consequence of accidental injury before such expenses are considered to be covered under the Major Medical provision, if any.

The expenses must be incurred within 90 days of the accident. The treatment must be recommended by a Physician.

Covered items are:

- Medical and surgical treatment and supplies,
- Confinement in a legally qualified hospital,
- Services of a nurse—(RN) (LVN) (LPN),
- Laboratory and X-ray examinations,
- Local ambulance service.

**PROPOSAL
OF
GROUP INSURANCE PROTECTION**

For

TYLER COUNTY EMPLOYEES ASSOC.
Woodville, Texas

This proposal is valid for: 60 days
for an effective date not later than: 1/1/82
An extension will be considered upon written request.

Submitted By

J. W. Ray

AMERICAN NATIONAL INSURANCE COMPANY

Galveston, Texas

FACTS ABOUT AMERICAN NATIONAL INSURANCE COMPANY

American National Insurance Company is Texas' largest insurance company.

American National Insurance Company was chartered in 1905 and has experienced persistent growth since its beginning.

American National Insurance Company is licensed to do business in 49 states, the District of Columbia, Puerto Rico, Western Europe, and Guam.

American National Insurance Company is an industry leader, ranking among the top stock life insurance companies in the United States with over 16 billion of life insurance in force.

Up-to-date American National Group policies and certificate-booklets clearly define benefits and provisions.

Accounting and administration are streamlined for policyholder convenience.

Modern computer technology constantly improves service to policyholders.

SCHEDULE OF BENEFITS

DENTAL EXPENSE INSURANCE

Maximum Benefit per Calendar Year \$ 1,000.

(Class III - Orthodontia expenses - are limited, in addition, to a Maximum Lifetime Benefit of \$ 500.).

Cash Deductible per Calendar Year \$ 100.

Accumulation Period Calendar Year

Percentage Payable by American National:

Class I Expenses	80%
Class II Expenses	50%
Class III Expenses	50%

COST SUMMARY AND PLAN SPECIFICATIONS

Dental Expense Insurance

Employee \$4.39

Additional for Dependents 8.07

DENTAL EXPENSE INSURANCE

THE FOLLOWING ITEMS ARE COVERED

Class 1 Expenses:

- An oral examination, including prophylaxis, once every 6 months
- Topical application of sodium or stannous fluoride
- Dental X-rays
- Fillings, extractions, space maintainers, and oral surgery
- Anesthetics administered in connection with covered dental services
- Injection of antibiotic drugs by the attending dentist
- Treatment of periodontal and other diseases of the gums and tissues of the mouth
- Endodontic treatment, including root canal therapy

Class II Expenses:

- Inlays, gold fillings, crowns, and initial installation of fixed bridgework to replace one or more natural teeth extracted while insured
- Repair or recementing of crowns, inlays, or bridge-work, or the relining or repair of dentures

- Replacement of an existing partial or full removable denture, or fixed bridgework, by a new denture or new bridgework, or the addition of teeth to an existing partial removable denture or to bridgework to replace extracted natural teeth, if (a) the existing denture or bridgework cannot be made serviceable and was installed at least 5 years prior to its replacement; or (b) the existing denture is an immediate temporary denture, and replacement by a permanent denture is required and takes place within 12 months from the date of installation of the immediate denture; or (c) the extraction, while insured, of additional natural teeth necessitates the replacement and/or addition of teeth to the existing denture or bridgework.

Class III Expenses *(if indicated in the Schedule of Benefits):*

- Orthodontic treatment, including correction of malocclusion

THE FOLLOWING ITEMS ARE NOT COVERED

~~The items listed as not covered on form 2G-2000~~

Dental services and supplies which are covered under any other medical expense coverage provision of this plan

Charges made by a person other than a dentist, except a licensed dental hygienist working under the supervision of a dentist with respect to prophylaxis only

Replacement of a lost or stolen appliance

Initial installation of dentures or bridgework (including crowns and inlays forming abutments) for replacement of teeth which were extracted prior to an individual's becoming insured

Prosthetic devices, (including bridges and crowns) and the fitting thereof, which were ordered for an individual prior to his becoming insured

Any treatment which was first diagnosed, recommended or initiated prior to the individual's becoming insured

THE CASH DEDUCTIBLE

Payable once each calendar year

Satisfied during the accumulation period described in the Schedule of Benefits

Carry-over provision. Any covered expenses incurred in October, November or December which apply toward the cash deductible in that year may also be applied toward the cash deductible for the following calendar year.

The Cash Deductible applies separately to each person, except:

- **Common Accident:** If two or more insured family members are injured in the same accident, only one cash deductible will apply to covered expenses resulting from the accident during the calendar year in which the accident occurs.

- **Family Deductible:** The maximum number of family members required to satisfy the cash deductible for the entire family is indicated in the Schedule of Benefits (this provision does not apply if there is no figure listed).

THE MAXIMUM BENEFIT

The amount of benefits available for any insured person during the period indicated in the Schedule of Benefits, whether or not there has been an interruption in the continuity of his insurance.

INTEGRATED WITH MAJOR MEDICAL *(if indicated in the Plan Specifications)*

The larger cash deductible applies to both Dental and Major Medical. Benefits paid under this provision reduce the maximum benefit specified under Major Medical.

BENEFITS ARE NOT EXTENDED

PROPOSAL
OF
GROUP INSURANCE PROTECTION

For

TYLER COUNTY EMPLOYEES ASSOC.
Woodville, Tx.

This proposal is valid for: 60 days
for an effective date not later than: December 1, 1981
An extension will be considered upon written request.

Submitted By

J. W. Ray

AMERICAN NATIONAL INSURANCE COMPANY

Galveston, Texas

SCHEDULE OF BENEFITS

TERM LIFE and ACCIDENTAL DEATH and DISMEMBERMENT

Insurance	Term
<u>Classification</u>	<u>Life & AD&D</u>

CURRENT BENEFITS TO CONTINUE FOR GROUP TERM LIFE, ACCIDENTAL DEATH & DISMEMBERMENT AND WEEKLY INCOME.

LIFE RATES HAVE DECREASED - PLEASE SEE THE RATE PAGE.

Term Life reduces 75% at age 70. AD&D terminates at age 70.

SUPPLEMENTAL ACCIDENT EXPENSE INSURANCE

Maximum Benefit \$300.

* MATERNITY EXPENSE INSURANCE

Maximum Benefit Same As Any Other Illness

* Maternity Coverage (currently being self insured by the County) may be deleted from this plan. Please see the rate page following for both sets of rates.

✓ COMPREHENSIVE MAJOR MEDICAL EXPENSE INSURANCE

**Maximum Lifetime Benefit	\$1,000,000 ✓
Mental and Nervous Maximum	15,000
Annual Automatic Restoration	2,000 ✓
✓ Cash Deductible per Calendar Year (waived for accidents)	100 ✓
Maximum Deductibles per Family Accumulation Period	3 ✓
	Calendar Year
***Percentage Payable by American National:	
Outpatient Psychiatric Care	50% ✓
All Other Covered Expenses	80% ✓
Maximum Daily Room and Board Rate	
✓ Hospital Normal Care	Average Semi-Private ✓
✓ Hospital Intensive Care	2½ times ASP ✓
✓ Convalescent Facility	½ times ASP

**The Maximum Lifetime Benefit for individuals eligible for Medicare is \$25,000.

✓ ***After the insured person has paid \$ 1100.00 out of pocket including the Deductible for covered expenses in a calendar year, American National will pay 100% of any further covered expenses incurred by such insured person during that calendar year. For purposes of this statement, benefits payable for treatment of mental and nervous disorders are not included.

COST SUMMARY AND PLAN SPECIFICATIONS

Employee Coverage

Term Life Insurance per \$1,000 (based on a volume of 330,000)	\$.74
AD&D (24 hour coverage) per \$1,000 (based on a volume of 329,167)	.09

Employee and Dependent Coverage

	<u>WITHOUT MAT.</u>	<u>WITH MAT.</u>
Medical Expense Insurance		
Employee	\$33.90	\$35.56
Additional for Dependents	47.00	51.04
Supplemental Medicare Expense Insurance		
Per eligible individual	23.14	23.14

WE ARE ONLY QUOTING ONE MEDICARE RATE STRUCTURE THAT WOULD APPLY TO ALL MEDICARE ELIGIBLE INDIVIDUALS. THIS IS TO SIMPLIFY ADMINISTRATION ON BOTH ENDS.

This proposal is based on the following conditions:

- 1) The employer pays 70 % of the employee premium and 0 % of the dependent premium.
- 2) 75 % of the eligible employees must be enrolled and 75 % of those employees who have eligible dependents must enroll their dependents in the plan.*
- 3) The waiting period for present and future employees must be satisfactory to American National.

*In determining the dependent participation, American National will allow those employees who have dependent(s) employed and covered under their own employer's group plan to waive dependent coverage provided at least one-half of all the employees with dependents enroll their dependents. These dependents will not be considered eligible under the plan written by American National. A waiver card must be completed giving the reason for waiver and include the name of the dependent's employer and name of the employer's group health carrier.

COST SUMMARY AND PLAN SPECIFICATIONS

The rates quoted in this proposal are based upon the information submitted and the census data which indicated 64 eligible employees. The final rates may be adjusted if there is a significant change in composition of the employees actually enrolled.

There will be no pre-existing conditions limitations for present insured employees and their eligible dependents who have satisfied such limitations, if any under the prior carrier's plan. For employees and eligible dependents not currently insured, the pre-existing illness limitation applies to all medical benefits under the policy. For further explanation, see the Continuity During Change in Carrier page.

Standard Eligibility provisions extend eligibility to persons on Approved Leave of Absence or Disability for up to an additional three months after coverage would have otherwise terminated due to termination of employment, provided the insured is considered an employee who will be re-employed, the group policy remains in force, and the appropriate premiums are submitted by the employer. This is a negotiable contract provision and in the absence of specific agreement beforehand to the contrary the extension indicated would apply.

GENERAL PROVISIONS

CONTRIBUTIONS

The employer must make a substantial contribution toward the total cost of insurance. The contribution necessary is indicated in the Cost Summary.

WAITING PERIOD

A waiting period related to the turnover of your group is recommended for both present and future employees.

DEFINITION OF ELIGIBLE EMPLOYEES

Employees must actively work in full-time at least 30 hours per week for the employer in order to be eligible for this plan (unless otherwise indicated in the Plan Specifications).

EMPLOYEE ELIGIBILITY

Employees absent from work on the day their insurance would otherwise become effective will become insured on their first day back at work.

DEFINITION OF DEPENDENTS ELIGIBLE FOR HEALTH INSURANCE

- The employee's wife or husband, if not legally separated.
- The employee's unmarried child(ren)* from birth who is less than nineteen years of age. Unless otherwise specified on the Plan Specifications page, coverage is extended to an unmarried child up to age 23, provided that such child is attending an accredited school on a full-time basis and is dependent on the employee for principal support and maintenance.
- A child is (1) a natural or adopted child, or (2) any other child dependent upon the employee for support and living with him in a parent-child relationship.

MENTAL RETARDATION OR PHYSICAL HANDICAP

Health coverage is extended beyond the normal termination date for dependent children if they are incapable of self-sustaining employment by reason of mental retardation or physical handicap and are chiefly dependent upon the insured for support and maintenance, provided that proof of incapacity is properly submitted.

DEPENDENT ELIGIBILITY

Dependents confined in a hospital, convalescent facility, similar institution or house on the date their insurance would otherwise become effective will be insured on the day after they cease to be confined. However, a child born to a parent insured under the plan is covered on the day he would otherwise be eligible even though he is still confined.

EVIDENCE OF INSURABILITY

No evidence of insurability is required for employees or their dependents, if enrolled within 31 days after becoming eligible.

LAY-OFF OR LEAVE OF ABSENCE

The policyholder and American National may contractually agree to continue the coverage for employees absent from work because of disability, temporary lay-off or leave of absence, provided that the continuance is upon a non-discriminatory basis.

CONVERSION

The Life Insurance and the Hospital and Surgical Insurance may be converted, without evidence of insurability, within 31 days after termination of membership in an American National group plan, as provided in the conversion provisions.

COORDINATION OF BENEFITS

Benefits are coordinated with other health insurance plans. In California, benefits are reduced by the California U.C.D. Law.

CONFORMITY WITH STATE STATUTES

Any provision of this proposal which is in conflict with the statutes of the state in which the policy is to be delivered is hereby altered to conform to the minimum requirements of such statute.

TERM LIFE INSURANCE

Payable in event of death from any cause.

American National's complete range of settlement options is available to the insured or his beneficiary. These options include lump-sum payment; the automatic settlement option, in which proceeds will be held by the Company at competitive interest rates and the beneficiary will have full right of withdrawal; and monthly installments.

The insured may convert (at eligible times) to any form of individual policy of Life insurance issued by American National except Term Life insurance. No evidence of insurability is required if application is made within 31 days following termination of insurance.

EMPLOYEE

The beneficiary may be changed at any time.

The employee may elect to convert his Life insurance upon termination of employment and under the conditions specified in the Group Policy.

Protection in the event of total and permanent disability is provided to the employee who becomes disabled prior to age 60. His insurance is kept in force without premium payment during the continuance of that disability, provided he annually furnishes proof of his continued disability. Amounts of Life insurance will reduce in the same manner as that provided for active employees.

DEPENDENT *(if scheduled)*

Eligible dependents are defined in the Schedule of Benefits.

Payable to the employee.

The spouse may elect to convert his Life insurance in the event of the employee's termination of insurance, death, divorce, or legal separation under the conditions specified in the Group Policy.

A child may elect to convert his Life insurance upon attainment of the limiting age or marriage under the conditions specified in the Group Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

(If Indicated in the Schedule of Benefits)

Payable for losses occurring within 90 days of an accident as the result of an accidental bodily injury and independent of all other causes.

The full amount will be paid for the loss of:

- Life
- Both hands or both feet
- Sight of both eyes
- One hand and one foot
- One hand and sight of one eye
- One foot and sight of one eye.

One half of the full amount will be paid for the loss of:

- One hand
- One foot
- Sight of one eye.

There is no aviation restriction; coverage includes flying in private aircraft.

The following causes are excluded, if permitted by law: drug abuse, criminal acts by the insured, voluntary ingestion of poison, inhalation of gas, self-destruction, acts attributable to war, and other causes specified in the policy.

Not more than the full amount is paid for all losses resulting from any one accident.

EMPLOYEE

24-hour coverage if indicated in the Plan Specifications

Benefits for loss of life payable to the beneficiary

Benefits for dismemberment payable to the employee

DEPENDENT *(if scheduled)*

All benefits payable to the employee

ITEMS NOT COVERED:

Occupational disabilities (unless 24-hour coverage is indicated in the Plan Specifications)

Treatment received from the U.S. Government, or charges which the insured is not legally obligated to pay

War

Pregnancy (unless scheduled)

Dental treatment (unless scheduled) other than removal of tumors and accidental injury

Eye refractions, or purchase of hearing aids or eyeglasses, or the fitting thereof (unless scheduled)

Charges incurred by non-residents of the United States or Canada

Services of a close relative

Operations which are performed for cosmetic purposes (unless for a newborn child)

Any injury which is not sustained while the person is insured under the policy

Alcoholism and narcotism (unless required by state insurance code)

A service or supply not medically necessary for diagnosis or treatment of a disability

Routine Physicals

Normal nursery care for a newborn child

HEALTH INSURANCE

INJURY

Medically diagnosed accidental bodily injury which receives treatment by a physician

ILLNESS

Bodily sickness, psychiatric disorders, and congenital abnormalities of a newborn child. Pregnancy is not considered an illness.

PHYSICIAN

Any doctor of medicine, osteopathy, podiatry, chiropractor, optometry, dentistry, or a clinical psychologist, and others required by state statute

NURSE

An RN, LVN, or LPN

TOTAL DISABILITY

Prevents an employee from working at any occupation, and causes a dependent to be confined in a hospital, convalescent facility, similar institution, or house.

AN EXPENSE IS COVERED IF:

The service or supply is usual and customary for the treatment of the disability (acupuncture and other unusual treatments are excluded).

The expense is incurred on the recommendation and approval of a physician.

The expense is incurred while insurance is in effect, or during any period of extended benefits. An expense is deemed to be incurred on the date the service or supply is rendered or obtained.

The expense does not exceed:

- For all non-scheduled coverages, the reasonable and customary expense for the locality in which the charge is incurred; and
- For scheduled coverages, the scheduled amount.

CONTINUITY DURING CHANGE IN CARRIER

Employees and dependents will not lose medical expense coverage in the areas specified below solely because of the change in insurance carrier, provided that the following conditions are met:

1. The individual was insured (i.e., premiums were being paid for the individual and the individual was covered) under the prior policy immediately before the effective date of American National's group policy; and
2. The individual is a member of a class eligible for insurance under the group policy on the effective date of American National's group policy.

A and B below apply to an individual only if the individual meets both of the above conditions.

- A. **PRE-EXISTING CONDITIONS.** No benefits are available for a pre-existing condition as defined in the plan until the date on which the prior carrier's pre-existing conditions elimination period would have ended with respect to the insured person if the prior carrier's policy had remained in force.

Any benefits to which an insured person would have been entitled under the prior carrier's plan, or the benefits under this plan if lesser, where like benefits are provided, will be available until the date on which the pre-existing conditions elimination period ends with respect to the insured person under this plan.

This plan's full benefits will be available after the expiration of the elimination period prescribed herein.

- B. **THE MAJOR MEDICAL CASH DEDUCTIBLE.** The major medical cash deductible must be satisfied in the manner indicated in American National's plan. If part or all of the cash deductible has already been satisfied in this manner under the prior carrier in the 90 days immediately preceding the effective date of American National's group policy, that part or all of the cash deductible need not again be satisfied in the period prescribed in the plan which next succeeds the effective date of American National's group policy.

SUPPLEMENTAL ACCIDENT EXPENSE

Provides unallocated reimbursement up to a maximum amount selected for the plan.

Benefits are payable for expenses incurred as a consequence of accidental injury before such expenses are considered to be covered under the Major Medical provision, if any.

The expenses must be incurred within 90 days of the accident. The treatment must be recommended by a Physician.

Covered items are:

- Medical and surgical treatment and supplies,
- Confinement in a legally qualified hospital,
- Services of a nurse—(RN) (LVN) (LPN),
- Laboratory and X-ray examinations,
- Local ambulance service.

MAJOR MEDICAL EXPENSE INSURANCE

THE FOLLOWING ITEMS ARE COVERED with respect to injury or illness.

- Hospital room and board for normal care and intensive care up to the amount specified in the Schedule of Benefits, plus necessary hospital services and supplies
- Convalescent facility room and board up to the amount specified in the Schedule of Benefits after 5 days of hospital confinement, payable for 100 days per calendar year
- Physician fees, regardless of location of treatment except that outpatient psychiatric treatment is payable at 50%, up to \$25 per visit and 50 visits per calendar year. Only one visit per day is considered for payment.
- Professional services of a nurse—RN, LPN, or LVN
- Professional services of an anesthetist
- Professional services of a physiotherapist
- Professional services of a speech therapist for speech loss or impairment due to an illness other than a functional nervous disorder, or due to surgery on account of such an illness
- X-ray examinations, microscopic and laboratory tests, and other diagnostic services

- X-ray and radiation therapy
- Local ambulance service to and from the nearest hospital where care can be given
- Medical supplies as follows:

Anesthetics, oxygen, blood, plasma; and

Casts, splints, trusses, braces, crutches; and

Rental of Hospital-type equipment including wheel chair, hospital bed, iron lung and other mechanical equipment for treatment of respiratory paralysis, and equipment for the administration of oxygen; and

Purchase or rental of Hospital-type equipment for kidney dialysis for the insured's personal and exclusive use, the purchase price to be pro-rated over 24 months. Provides for supplies and repairs necessary to operate equipment for the sole benefit of the insured; and

Lens, each eye (contact or frames) immediately following and because of cataract surgery; and

Drugs and medicines requiring the prescription of a Physician.

- Charges for donor of transplanted organ when the donee is the insured.

TO COMPUTE BENEFITS, subtract from an insured's total covered expenses in a calendar year (including the major medical room and board benefit) the cash deductible, the amount payable under other integrated provisions of the plan (including any basic room and board benefit) and any cash deductible and co-insurance factor which applies to the other integrated provisions. American National will pay the remainder of covered expenses at the percentage payable rate up to the maximum lifetime benefit specified in the Schedule of Benefits.

THE CASH DEDUCTIBLE

Payable once each calendar year

Satisfied during the accumulation period specified in the Schedule of Benefits

Carry-over provision. Any covered expenses incurred in October, November or December which apply toward the cash deductible in that year may also be applied toward the cash deductible for the following calendar year.

The Cash Deductible applies separately to each person, except:

- **Common Accident:** If two or more insured family members are injured in the same accident, only one cash deductible will apply to covered expenses resulting from the accident during the calendar year in which the accident occurs.
- **Family Deductible:** The maximum number of family members required to satisfy the cash deductible for the entire family is indicated in the Schedule of Benefits (this provision does not apply if there is no figure listed).

THE MAXIMUM LIFETIME BENEFIT

The maximum lifetime benefit applies to each person, whether or not insurance is continuous. It may be restored to its full amount on evidence of insurability after benefits totaling \$1,000 have been paid. (Restoration on Evidence of Insurability is prohibited in Florida.)

On each January 1, American National will restore the used portion of the maximum lifetime benefit, up to the annual automatic restoration listed in the Schedule of Benefits.

EXTENSION OF BENEFITS

If an individual's insurance terminates while he is totally disabled, benefits for that total disability may be extended for 12 months as if insurance had not terminated. If indicated in the Plan Specifications, American National's liability will not extend beyond policy termination, employer-group termination, or an amendment to terminate insurance.

PROPOSAL
OF
GROUP INSURANCE PROTECTION

For

TYLER COUNTY EMPLOYEES ASSOC.
Woodville, Tx.

This proposal is valid for: 60 days
for an effective date not later than: December 1, 1981
An extension will be considered upon written request.

Submitted By

J. W. Ray

AMERICAN NATIONAL INSURANCE COMPANY

Galveston, Texas

SCHEDULE OF BENEFITS

TERM LIFE and ACCIDENTAL DEATH and DISMEMBERMENT

<u>Insurance</u>	<u>Term</u>
<u>Classification</u>	<u>Life & AD&D</u>

CURRENT BENEFITS TO CONTINUE FOR GROUP TERM LIFE, ACCIDENTAL DEATH & DISMEMBERMENT AND WEEKLY INCOME.

LIFE RATES HAVE DECREASED - PLEASE SEE THE RATE PAGE.

Term Life reduces 75% at age 70. AD&D terminates at age 70.

SUPPLEMENTAL ACCIDENT EXPENSE INSURANCE

Maximum Benefit \$300.

* MATERNITY EXPENSE INSURANCE

Maximum Benefit Same As Any Other Illness

* Maternity Coverage (currently being self insured by the County) may be deleted from this plan. Please see the rate page following for both sets of rates.

✓ COMPREHENSIVE MAJOR MEDICAL EXPENSE INSURANCE

**Maximum Lifetime Benefit	\$1,000,000 ✓
Mental and Nervous Maximum	15,000
Annual Automatic Restoration	2,000 ✓
✓ Cash Deductible per Calendar Year (waived for accidents)	100 ✓
Maximum Deductibles per Family Accumulation Period	3 ✓
	Calendar Year
***Percentage Payable by American National:	
Outpatient Psychiatric Care	50% ✓
All Other Covered Expenses	80% ✓
Maximum Daily Room and Board Rate	
✓ Hospital Normal Care	Average Semi-Private ✓
✓ Hospital Intensive Care	2½ times ASP ✓
✓ Convalescent Facility	½ times ASP ✓

**The Maximum Lifetime Benefit for individuals eligible for Medicare is \$25,000.

✓ ***After the insured person has paid \$ 1100.00 out of pocket including the Deductible for covered expenses in a calendar year, American National will pay 100% of any further covered expenses incurred by such insured person during that calendar year. For purposes of this statement, benefits payable for treatment of mental and nervous disorders are not included.

COST SUMMARY AND PLAN SPECIFICATIONS

Employee Coverage

Term Life Insurance per \$1,000 (based on a volume of 330,000)	\$.74
AD&D (24 hour coverage) per \$1,000 (based on a volume of 329,167)	.09

Employee and Dependent Coverage

	<u>WITHOUT MAT.</u>	<u>WITH MAT.</u>
Medical Expense Insurance		
Employee	\$33.90	\$35.56
Additional for Dependents	47.00	51.04
Supplemental Medicare Expense Insurance		
Per eligible individual	23.14	23.14

WE ARE ONLY QUOTING ONE MEDICARE RATE STRUCTURE THAT WOULD APPLY TO ALL MEDICARE ELIGIBLE INDIVIDUALS. THIS IS TO SIMPLIFY ADMINISTRATION ON BOTH ENDS.

This proposal is based on the following conditions:

- 1) The employer pays 70 % of the employee premium and 0 % of the dependent premium.
- 2) ~~75 % of the eligible employees must be enrolled and 75 % of those employees who have eligible dependents must enroll their dependents in the plan.*~~
- 3) The waiting period for present and future employees must be satisfactory to American National.

*In determining the dependent participation, American National will allow those employees who have dependent(s) employed and covered under their own employer's group plan to waive dependent coverage provided at least one-half of all the employees with dependents enroll their dependents. These dependents will not be considered eligible under the plan written by American National. A waiver card must be completed giving the reason for waiver and include the name of the dependent's employer and name of the employer's group health carrier.

COST SUMMARY AND PLAN SPECIFICATIONS

The rates quoted in this proposal are based upon the information submitted and the census data which indicated 64 eligible employees. The final rates may be adjusted if there is a significant change in composition of the employees actually enrolled.

There will be no pre-existing conditions limitations for present insured employees and their eligible dependents who have satisfied such limitations, if any under the prior carrier's plan. For employees and eligible dependents not currently insured, the pre-existing illness limitation applies to all medical benefits under the policy. For further explanation, see the Continuity During Change in Carrier page.

Standard Eligibility provisions extend eligibility to persons on Approved Leave of Absence or Disability for up to an additional three months after coverage would have otherwise terminated due to termination of employment, provided the insured is considered an employee who will be re-employed, the group policy remains in force, and the appropriate premiums are submitted by the employer. This is a negotiable contract provision and in the absence of specific agreement beforehand to the contrary the extension indicated would apply.

GENERAL PROVISIONS

CONTRIBUTIONS

The employer must make a substantial contribution toward the total cost of insurance. The contribution necessary is indicated in the Cost Summary.

WAITING PERIOD

A waiting period related to the turnover of your group is recommended for both present and future employees.

DEFINITION OF ELIGIBLE EMPLOYEES

Employees must actively work in full-time at least 30 hours per week for the employer in order to be eligible for this plan (unless otherwise indicated in the Plan Specifications).

EMPLOYEE ELIGIBILITY

Employees absent from work on the day their insurance would otherwise become effective will become insured on their first day back at work.

DEFINITION OF DEPENDENTS ELIGIBLE FOR HEALTH INSURANCE

- The employee's wife or husband, if not legally separated.
- The employee's unmarried child(ren)* from birth who is less than nineteen years of age. Unless otherwise specified on the Plan Specifications page, coverage is extended to an unmarried child up to age 23, provided that such child is attending an accredited school on a full-time basis and is dependent on the employee for principal support and maintenance.
- *A child is (1) a natural or adopted child, or (2) any other child dependent upon the employee for support and living with him in a parent-child relationship.

MENTAL RETARDATION OR PHYSICAL HANDICAP

Health coverage is extended beyond the normal termination date for dependent children if they are incapable of self-sustaining employment by reason of mental retardation or physical handicap and are chiefly dependent upon the insured for support and maintenance, provided that proof of incapacity is properly submitted.

DEPENDENT ELIGIBILITY

Dependents confined in a hospital, convalescent facility, similar institution or house on the date their insurance would otherwise become effective will be insured on the day after they cease to be confined. However, a child born to a parent insured under the plan is covered on the day he would otherwise be eligible even though he is still confined.

EVIDENCE OF INSURABILITY

No evidence of insurability is required for employees or their dependents, if enrolled within 31 days after becoming eligible.

LAY-OFF OR LEAVE OF ABSENCE

The policyholder and American National may contractually agree to continue the coverage for employees absent from work because of disability, temporary lay-off or leave of absence, provided that the continuance is upon a non-discriminatory basis.

CONVERSION

The Life Insurance and the Hospital and Surgical Insurance may be converted, without evidence of insurability, within 31 days after termination of membership in an American National group plan, as provided in the conversion provisions.

COORDINATION OF BENEFITS

Benefits are coordinated with other health insurance plans. In California, benefits are reduced by the California U.C.D. Law.

CONFORMITY WITH STATE STATUTES

Any provision of this proposal which is in conflict with the statutes of the state in which the policy is to be delivered is hereby altered to conform to the minimum requirements of such statute.

TERM LIFE INSURANCE

Payable in event of death from any cause.

American National's complete range of settlement options is available to the insured or his beneficiary. These options include lump-sum payment; the automatic settlement option, in which proceeds will be held by the Company at competitive interest rates and the beneficiary will have full right of withdrawal; and monthly installments.

The insured may convert (at eligible times) to any form of individual policy of Life insurance issued by American National except Term Life insurance. No evidence of insurability is required if application is made within 31 days following termination of insurance.

EMPLOYEE

The beneficiary may be changed at any time.

The employee may elect to convert his Life insurance upon termination of employment and under the conditions specified in the Group Policy.

Protection in the event of total and permanent disability is provided to the employee who becomes disabled prior to age 60. His insurance is kept in force without premium payment during the continuance of that disability, provided he annually furnishes proof of his continued disability. Amounts of Life insurance will reduce in the same manner as that provided for active employees.

DEPENDENT *(if scheduled)*

Eligible dependents are defined in the Schedule of Benefits.

Payable to the employee.

The spouse may elect to convert his Life insurance in the event of the employee's termination of insurance, death, divorce, or legal separation under the conditions specified in the Group Policy.

A child may elect to convert his Life insurance upon attainment of the limiting age or marriage under the conditions specified in the Group Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

(If indicated in the Schedule of Benefits)

Payable for losses occurring within 90 days of an accident as the result of an accidental bodily injury and independent of all other causes.

The full amount will be paid for the loss of:

- Life
- Both hands or both feet
- Sight of both eyes
- One hand and one foot
- One hand and sight of one eye
- One foot and sight of one eye.

One half of the full amount will be paid for the loss of:

- One hand
- One foot
- Sight of one eye.

There is no aviation restriction; coverage includes flying in private aircraft.

The following causes are excluded, if permitted by law: drug abuse, criminal acts by the insured, voluntary ingestion of poison, inhalation of gas, self-destruction, acts attributable to war, and other causes specified in the policy.

Not more than the full amount is paid for all losses resulting from any one accident.

EMPLOYEE

24-hour coverage if indicated in the Plan Specifications

Benefits for loss of life payable to the beneficiary

Benefits for dismemberment payable to the employee

DEPENDENT *(if scheduled)*

All benefits payable to the employee

ITEMS NOT COVERED:

Occupational disabilities (unless 24-hour coverage is indicated in the Plan Specifications)

Treatment received from the U.S. Government, or charges which the insured is not legally obligated to pay

War

Pregnancy (unless scheduled)

Dental treatment (unless scheduled) other than removal of tumors and accidental injury

Eye refractions, or purchase of hearing aids or eyeglasses, or the fitting thereof (unless scheduled)

Charges incurred by non-residents of the United States or Canada

Services of a close relative

Operations which are performed for cosmetic purposes (unless for a newborn child)

Any injury which is not sustained while the person is insured under the policy

Alcoholism and narcotism (unless required by state insurance code)

A service or supply not medically necessary for diagnosis or treatment of a disability

Routine Physicals

Normal nursery care for a newborn child

HEALTH INSURANCE

INJURY

Medically diagnosed accidental bodily injury which receives treatment by a physician

ILLNESS

Bodily sickness, psychiatric disorders, and congenital abnormalities of a newborn child. Pregnancy is not considered an illness.

PHYSICIAN

Any doctor of medicine, osteopathy, podiatry, chiropractor, optometry, dentistry, or a clinical psychologist, and others required by state statute

NURSE

An RN, LVN, or LPN

TOTAL DISABILITY

Prevents an employee from working at any occupation, and causes a dependent to be confined in a hospital, convalescent facility, similar institution, or house.

AN EXPENSE IS COVERED IF:

The service or supply is usual and customary for the treatment of the disability (acupuncture and other unusual treatments are excluded).

The expense is incurred on the recommendation and approval of a physician.

The expense is incurred while insurance is in effect, or during any period of extended benefits. An expense is deemed to be incurred on the date the service or supply is rendered or obtained.

The expense does not exceed:

- For all non-scheduled coverages, the reasonable and customary expense for the locality in which the charge is incurred; and
- For scheduled coverages, the scheduled amount.

CONTINUITY DURING CHANGE IN CARRIER

Employees and dependents will not lose medical expense coverage in the areas specified below solely because of the change in insurance carrier, provided that the following conditions are met:

1. The individual was insured (i.e., premiums were being paid for the individual and the individual was covered) under the prior policy immediately before the effective date of American National's group policy; and
2. The individual is a member of a class eligible for insurance under the group policy on the effective date of American National's group policy.

A and B below apply to an individual only if the individual meets both of the above conditions.

- A. **PRE-EXISTING CONDITIONS.** No benefits are available for a pre-existing condition as defined in the plan until the date on which the prior carrier's pre-existing conditions elimination period would have ended with respect to the insured person if the prior carrier's policy had remained in force.

Any benefits to which an insured person would have been entitled under the prior carrier's plan, or the benefits under this plan if lesser, where like benefits are provided, will be available until the date on which the pre-existing conditions elimination period ends with respect to the insured person under this plan.

This plan's full benefits will be available after the expiration of the elimination period prescribed herein.

- B. **THE MAJOR MEDICAL CASH DEDUCTIBLE.** The major medical cash deductible must be satisfied in the manner indicated in American National's plan. If part or all of the cash deductible has already been satisfied in this manner under the prior carrier in the 90 days immediately preceding the effective date of American National's group policy, that part or all of the cash deductible need not again be satisfied in the period prescribed in the plan which next succeeds the effective date of American National's group policy.

SUPPLEMENTAL ACCIDENT EXPENSE

Provides unallocated reimbursement up to a maximum amount selected for the plan.

Benefits are payable for expenses incurred as a consequence of accidental injury before such expenses are considered to be covered under the Major Medical provision, if any.

The expenses must be incurred within 90 days of the accident. The treatment must be recommended by a Physician.

Covered items are:

- Medical and surgical treatment and supplies,
- Confinement in a legally qualified hospital,
- Services of a nurse—(RN) (LVN) (LPN),
- Laboratory and X-ray examinations,
- Local ambulance service.

MAJOR MEDICAL EXPENSE INSURANCE

THE FOLLOWING ITEMS ARE COVERED with respect to injury or illness.

- Hospital room and board for normal care and intensive care up to the amount specified in the Schedule of Benefits, plus necessary hospital services and supplies
- Convalescent facility room and board up to the amount specified in the Schedule of Benefits after 5 days of hospital confinement, payable for 100 days per calendar year
- Physician fees, regardless of location of treatment except that outpatient psychiatric treatment is payable at 50%, up to \$25 per visit and 50 visits per calendar year. Only one visit per day is considered for payment.
- Professional services of a nurse—RN, LPN, or LVN
- Professional services of an anesthetist
- Professional services of a physiotherapist
- Professional services of a speech therapist for speech loss or impairment due to an illness other than a functional nervous disorder, or due to surgery on account of such an illness
- X-ray examinations, microscopic and laboratory tests, and other diagnostic services

- X-ray and radiation therapy
- Local ambulance service to and from the nearest hospital where care can be given
- Medical supplies as follows:

Anesthetics, oxygen, blood, plasma; and

Casts, splints, trusses, braces, crutches; and

Rental of Hospital-type equipment including wheel chair, hospital bed, iron lung and other mechanical equipment for treatment of respiratory paralysis, and equipment for the administration of oxygen; and

Purchase or rental of Hospital-type equipment for kidney dialysis for the insured's personal and exclusive use, the purchase price to be pro-rated over 24 months. Provides for supplies and repairs necessary to operate equipment for the sole benefit of the insured; and

Lens, each eye (contact or frames) immediately following and because of cataract surgery; and

Drugs and medicines requiring the prescription of a Physician.

- Charges for donor of transplanted organ when the donee is the insured.

TO COMPUTE BENEFITS, subtract from an insured's total covered expenses in a calendar year (including the major medical room and board benefit) the cash deductible, the amount payable under other integrated provisions of the plan (including any basic room and board benefit) and any cash deductible and co-insurance factor which applies to the other integrated provisions. American National will pay the remainder of covered expenses at the percentage payable rate up to the maximum lifetime benefit specified in the Schedule of Benefits.

THE CASH DEDUCTIBLE

Payable once each calendar year

Satisfied during the accumulation period specified in the Schedule of Benefits

Carry-over provision. Any covered expenses incurred in October, November or December which apply toward the cash deductible in that year may also be applied toward the cash deductible for the following calendar year.

The Cash Deductible applies separately to each person, except:

- **Common Accident:** If two or more insured family members are injured in the same accident, only one cash deductible will apply to covered expenses resulting from the accident during the calendar year in which the accident occurs.
- **Family Deductible:** The maximum number of family members required to satisfy the cash deductible for the entire family is indicated in the Schedule of Benefits (this provision does not apply if there is no figure listed).

THE MAXIMUM LIFETIME BENEFIT

The maximum lifetime benefit applies to each person, whether or not insurance is continuous. It may be restored to its full amount on evidence of insurability after benefits totaling \$1,000 have been paid. (Restoration on Evidence of Insurability is prohibited in Florida.)

On each January 1, American National will restore the used portion of the maximum lifetime benefit, up to the annual automatic restoration listed in the Schedule of Benefits.

EXTENSION OF BENEFITS

If an individual's insurance terminates while he is totally disabled, benefits for that total disability may be extended for 12 months as if insurance had not terminated. If indicated in the Plan Specifications, American National's liability will not extend beyond policy termination, employer-group termination, or an amendment to terminate insurance.

**PROPOSAL
OF
GROUP INSURANCE PROTECTION**

For

TYLER COUNTY EMPLOYEES ASSOC.
Woodville, Tx.

This proposal is valid for: 60 days
for an effective date not later than: December 1, 1981
An extension will be considered upon written request.

Submitted By

J. W. Ray

AMERICAN NATIONAL INSURANCE COMPANY

Galveston, Texas

SCHEDULE OF BENEFITS

TERM LIFE and ACCIDENTAL DEATH and DISMEMBERMENT

Insurance <u>Classification</u>	<u>Term</u> <u>Life & AD&D</u>
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CURRENT BENEFITS TO CONTINUE FOR GROUP TERM LIFE,
ACCIDENTAL DEATH & DISMEMBERMENT AND WEEKLY INCOME.

LIFE RATES HAVE DECREASED - PLEASE SEE THE RATE PAGE.

Term Life reduces 75% at age 70. AD&D terminates
at age 70.

SUPPLEMENTAL ACCIDENT EXPENSE INSURANCE

Maximum Benefit \$300.

* MATERNITY EXPENSE INSURANCE

Maximum Benefit Same As Any Other Illness

* Maternity Coverage (currently being self insured by the
County) may be deleted from this plan. Please see the
rate page following for both sets of rates.

✓ COMPREHENSIVE MAJOR MEDICAL EXPENSE INSURANCE

**Maximum Lifetime Benefit	\$1,000,000 ✓
Mental and Nervous Maximum	15,000
Annual Automatic Restoration	2,000 ✓
✓ Cash Deductible per Calendar Year (waived for accidents)	100 ✓
Maximum Deductibles per Family Accumulation Period	3 ✓
Calendar Year	
***Percentage Payable by American National:	
Outpatient Psychiatric Care	50% ✓
All Other Covered Expenses	80% ✓
Maximum Daily Room and Board Rate	
✓ Hospital Normal Care	Average Semi-Private ✓
✓ Hospital Intensive Care	2½ times ASP ✓
✓ Convalescent Facility	½ times ASP ✓

**The Maximum Lifetime Benefit for individuals elig-
ible for Medicare is \$25,000.

✓ ***After the insured person has paid \$ 1100.00 out of
pocket including the Deductible for covered expen-
ses in a calendar year, American National will pay
100% of any further covered expenses incurred by
such insured person during that calendar year. For
purposes of this statement, benefits payable for
treatment of mental and nervous disorders are not
included.

COST SUMMARY AND PLAN SPECIFICATIONS

Employee Coverage

Term Life Insurance per \$1,000 (based on a volume of 330,000)	\$.74
AD&D (24 hour coverage) per \$1,000 (based on a volume of 329,167)	.09

Employee and Dependent Coverage

Medical Expense Insurance

Employee
Additional for Dependents

WITHOUT MAT.

\$33.90
~~47.00~~

WITH MAT.

\$35.56
51.04

Supplemental Medicare Expense Insurance
Per eligible individual

23.14

23.14

WE ARE ONLY QUOTING ONE MEDICARE RATE STRUCTURE THAT WOULD APPLY TO ALL MEDICARE ELIGIBLE INDIVIDUALS. THIS IS TO SIMPLIFY ADMINISTRATION ON BOTH ENDS.

This proposal is based on the following conditions:

- 1) The employer pays 70 % of the employee premium and 0 % of the dependent premium.
- 2) 75 % of the eligible employees must be enrolled and 75 % of those employees who have eligible dependents must enroll their dependents in the plan.*
- 3) The waiting period for present and future employees must be satisfactory to American National.

*In determining the dependent participation, American National will allow those employees who have dependent(s) employed and covered under their own employer's group plan to waive dependent coverage provided at least one-half of all the employees with dependents enroll their dependents. These dependents will not be considered eligible under the plan written by American National. A waiver card must be completed giving the reason for waiver and include the name of the dependent's employer and name of the employer's group health carrier.

COST SUMMARY AND PLAN SPECIFICATIONS

The rates quoted in this proposal are based upon the information submitted and the census data which indicated 64 eligible employees. The final rates may be adjusted if there is a significant change in composition of the employees actually enrolled.

There will be no pre-existing conditions limitations for present insured employees and their eligible dependents who have satisfied such limitations, if any under the prior carrier's plan. For employees and eligible dependents not currently insured, the pre-existing illness limitation applies to all medical benefits under the policy. For further explanation, see the Continuity During Change in Carrier page.

Standard Eligibility provisions extend eligibility to persons on Approved Leave of Absence or Disability for up to an additional three months after coverage would have otherwise terminated due to termination of employment, provided the insured is considered an employee who will be re-employed, the group policy remains in force, and the appropriate premiums are submitted by the employer. This is a negotiable contract provision and in the absence of specific agreement beforehand to the contrary the extension indicated would apply.

GENERAL PROVISIONS

CONTRIBUTIONS

The employer must make a substantial contribution toward the total cost of insurance. The contribution necessary is indicated in the Cost Summary.

WAITING PERIOD

A waiting period related to the turnover of your group is recommended for both present and future employees.

DEFINITION OF ELIGIBLE EMPLOYEES

Employees must actively work in full-time at least 30 hours per week for the employer in order to be eligible for this plan (unless otherwise indicated in the Plan Specifications).

EMPLOYEE ELIGIBILITY

Employees absent from work on the day their insurance would otherwise become effective will become insured on their first day back at work.

DEFINITION OF DEPENDENTS ELIGIBLE FOR HEALTH INSURANCE

- The employee's wife or husband, if not legally separated.
- The employee's unmarried child(ren)* from birth who is less than nineteen years of age. Unless otherwise specified on the Plan Specifications page, coverage is extended to an unmarried child up to age 23, provided that such child is attending an accredited school on a full-time basis and is dependent on the employee for principal support and maintenance.
- *A child is (1) a natural or adopted child, or (2) any other child dependent upon the employee for support and living with him in a parent-child relationship.

MENTAL RETARDATION OR PHYSICAL HANDICAP

Health coverage is extended beyond the normal termination date for dependent children if they are incapable of self-sustaining employment by reason of mental retardation or physical handicap and are chiefly dependent upon the insured for support and maintenance, provided that proof of incapacity is properly submitted.

DEPENDENT ELIGIBILITY

Dependents confined in a hospital, convalescent facility, similar institution or house on the date their insurance would otherwise become effective will be insured on the day after they cease to be confined. However, a child born to a parent insured under the plan is covered on the day he would otherwise be eligible even though he is still confined.

EVIDENCE OF INSURABILITY

No evidence of insurability is required for employees or their dependents, if enrolled within 31 days after becoming eligible.

LAY-OFF OR LEAVE OF ABSENCE

The policyholder and American National may contractually agree to continue the coverage for employees absent from work because of disability, temporary lay-off or leave of absence, provided that the continuance is upon a non-discriminatory basis.

CONVERSION

The Life Insurance and the Hospital and Surgical Insurance may be converted, without evidence of insurability, within 31 days after termination of membership in an American National group plan, as provided in the conversion provisions.

COORDINATION OF BENEFITS

Benefits are coordinated with other health insurance plans. In California, benefits are reduced by the California U.C.D. Law.

CONFORMITY WITH STATE STATUTES

Any provision of this proposal which is in conflict with the statutes of the state in which the policy is to be delivered is hereby altered to conform to the minimum requirements of such statute.

TERM LIFE INSURANCE

Payable in event of death from any cause.

American National's complete range of settlement options is available to the insured or his beneficiary. These options include lump-sum payment; the automatic settlement option, in which proceeds will be held by the Company at competitive interest rates and the beneficiary will have full right of withdrawal; and monthly installments.

The insured may convert (at eligible times) to any form of individual policy of Life insurance issued by American National except Term Life insurance. No evidence of insurability is required if application is made within 31 days following termination of insurance.

EMPLOYEE

The beneficiary may be changed at any time.

The employee may elect to convert his Life insurance upon termination of employment and under the conditions specified in the Group Policy.

Protection in the event of total and permanent disability is provided to the employee who becomes disabled prior to age 60. His insurance is kept in force without premium payment during the continuance of that disability, provided he annually furnishes proof of his continued disability. Amounts of Life insurance will reduce in the same manner as that provided for active employees.

DEPENDENT *(if scheduled)*

Eligible dependents are defined in the Schedule of Benefits.

Payable to the employee.

The spouse may elect to convert his Life insurance in the event of the employee's termination of insurance, death, divorce, or legal separation under the conditions specified in the Group Policy.

A child may elect to convert his Life insurance upon attainment of the limiting age or marriage under the conditions specified in the Group Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

(If indicated in the Schedule of Benefits)

Payable for losses occurring within 90 days of an accident as the result of an accidental bodily injury and independent of all other causes.

The full amount will be paid for the loss of:

- Life
- Both hands or both feet
- Sight of both eyes
- One hand and one foot
- One hand and sight of one eye
- One foot and sight of one eye.

One half of the full amount will be paid for the loss of:

- One hand
- One foot
- Sight of one eye.

There is no aviation restriction; coverage includes flying in private aircraft.

The following causes are excluded, if permitted by law: drug abuse, criminal acts by the insured, voluntary ingestion of poison, inhalation of gas, self-destruction, acts attributable to war, and other causes specified in the policy.

Not more than the full amount is paid for all losses resulting from any one accident.

EMPLOYEE

24-hour coverage if indicated in the Plan Specifications

Benefits for loss of life payable to the beneficiary

Benefits for dismemberment payable to the employee

DEPENDENT *(if scheduled)*

All benefits payable to the employee

ITEMS NOT COVERED:

Occupational disabilities (unless 24-hour coverage is indicated in the Plan Specifications)

Treatment received from the U.S. Government, or charges which the insured is not legally obligated to pay

War

Pregnancy (unless scheduled)

Dental treatment (unless scheduled) other than removal of tumors and accidental injury

Eye refractions, or purchase of hearing aids or eyeglasses, or the fitting thereof (unless scheduled)

Charges incurred by non-residents of the United States or Canada

Services of a close relative

Operations which are performed for cosmetic purposes (unless for a newborn child)

Any injury which is not sustained while the person is insured under the policy

Alcoholism and narcotism (unless required by state insurance code)

A service or supply not medically necessary for diagnosis or treatment of a disability

Routine Physicals

Normal nursery care for a newborn child

HEALTH INSURANCE

INJURY

Medically diagnosed accidental bodily injury which receives treatment by a physician

ILLNESS

Bodily sickness, psychiatric disorders, and congenital abnormalities of a newborn child. Pregnancy is not considered an illness.

PHYSICIAN

Any doctor of medicine, osteopathy, podiatry, chiropractor, optometry, dentistry, or a clinical psychologist, and others required by state statute

NURSE

An RN, LVN, or LPN

TOTAL DISABILITY

Prevents an employee from working at any occupation, and causes a dependent to be confined in a hospital, convalescent facility, similar institution, or house.

AN EXPENSE IS COVERED IF:

The service or supply is usual and customary for the treatment of the disability (acupuncture and other unusual treatments are excluded).

The expense is incurred on the recommendation and approval of a physician.

The expense is incurred while insurance is in effect, or during any period of extended benefits. An expense is deemed to be incurred on the date the service or supply is rendered or obtained.

The expense does not exceed:

- For all non-scheduled coverages, the reasonable and customary expense for the locality in which the charge is incurred; and
- For scheduled coverages, the scheduled amount.

CONTINUITY DURING CHANGE IN CARRIER

Employees and dependents will not lose medical expense coverage in the areas specified below solely because of the change in insurance carrier, provided that the following conditions are met:

1. The individual was insured (i.e., premiums were being paid for the individual and the individual was covered) under the prior policy immediately before the effective date of American National's group policy; and
2. The individual is a member of a class eligible for insurance under the group policy on the effective date of American National's group policy.

A and B below apply to an individual only if the individual meets both of the above conditions.

- A. **PRE-EXISTING CONDITIONS.** No benefits are available for a pre-existing condition as defined in the plan until the date on which the prior carrier's pre-existing conditions elimination period would have ended with respect to the insured person if the prior carrier's policy had remained in force.

Any benefits to which an insured person would have been entitled under the prior carrier's plan, or the benefits under this plan if lesser, where like benefits are provided, will be available until the date on which the pre-existing conditions elimination period ends with respect to the insured person under this plan.

This plan's full benefits will be available after the expiration of the elimination period prescribed herein.

- B. **THE MAJOR MEDICAL CASH DEDUCTIBLE.** The major medical cash deductible must be satisfied in the manner indicated in American National's plan. If part or all of the cash deductible has already been satisfied in this manner under the prior carrier in the 90 days immediately preceding the effective date of American National's group policy, that part or all of the cash deductible need not again be satisfied in the period prescribed in the plan which next succeeds the effective date of American National's group policy.

SUPPLEMENTAL ACCIDENT EXPENSE

Provides unallocated reimbursement up to a maximum amount selected for the plan.

Benefits are payable for expenses incurred as a consequence of accidental injury before such expenses are considered to be covered under the Major Medical provision, if any.

The expenses must be incurred within 90 days of the accident. The treatment must be recommended by a Physician.

Covered items are:

- Medical and surgical treatment and supplies,
- Confinement in a legally qualified hospital,
- Services of a nurse—(RN) (LVN) (LPN),
- Laboratory and X-ray examinations,
- Local ambulance service.

MAJOR MEDICAL EXPENSE INSURANCE

THE FOLLOWING ITEMS ARE COVERED with respect to injury or illness.

- Hospital room and board for normal care and intensive care up to the amount specified in the Schedule of Benefits, plus necessary hospital services and supplies
- Convalescent facility room and board up to the amount specified in the Schedule of Benefits after 5 days of hospital confinement, payable for 100 days per calendar year
- Physician fees, regardless of location of treatment except that outpatient psychiatric treatment is payable at 50%, up to \$25 per visit and 50 visits per calendar year. Only one visit per day is considered for payment.
- Professional services of a nurse—RN, LPN, or LVN
- Professional services of an anesthetist
- Professional services of a physiotherapist
- Professional services of a speech therapist for speech loss or impairment due to an illness other than a functional nervous disorder, or due to surgery on account of such an illness
- X-ray examinations, microscopic and laboratory tests, and other diagnostic services

- X-ray and radiation therapy
- Local ambulance service to and from the nearest hospital where care can be given
- Medical supplies as follows:

Anesthetics, oxygen, blood, plasma; and

Casts, splints, trusses, braces, crutches; and

Rental of Hospital-type equipment including wheel chair, hospital bed, iron lung and other mechanical equipment for treatment of respiratory paralysis, and equipment for the administration of oxygen; and

Purchase or rental of Hospital-type equipment for kidney dialysis for the insured's personal and exclusive use, the purchase price to be pro-rated over 24 months. Provides for supplies and repairs necessary to operate equipment for the sole benefit of the insured; and

Lens, each eye (contact or frames) immediately following and because of cataract surgery; and

Drugs and medicines requiring the prescription of a Physician.

- Charges for donor of transplanted organ when the donee is the insured.

TO COMPUTE BENEFITS, subtract from an insured's total covered expenses in a calendar year (including the major medical room and board benefit) the cash deductible, the amount payable under other integrated provisions of the plan (including any basic room and board benefit) and any cash deductible and co-insurance factor which applies to the other integrated provisions. American National will pay the remainder of covered expenses at the percentage payable rate up to the maximum lifetime benefit specified in the Schedule of Benefits.

THE CASH DEDUCTIBLE

Payable once each calendar year

Satisfied during the accumulation period specified in the Schedule of Benefits

Carry-over provision. Any covered expenses incurred in October, November or December which apply toward the cash deductible in that year may also be applied toward the cash deductible for the following calendar year.

The Cash Deductible applies separately to each person, except:

- **Common Accident:** If two or more insured family members are injured in the same accident, only one cash deductible will apply to covered expenses resulting from the accident during the calendar year in which the accident occurs.
- **Family Deductible:** The maximum number of family members required to satisfy the cash deductible for the entire family is indicated in the Schedule of Benefits (this provision does not apply if there is no figure listed).

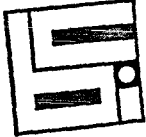
THE MAXIMUM LIFETIME BENEFIT

The maximum lifetime benefit applies to each person, whether or not insurance is continuous. It may be restored to its full amount on evidence of insurability after benefits totaling \$1,000 have been paid. (Restoration on Evidence of Insurability is prohibited in Florida.)

On each January 1, American National will restore the used portion of the maximum lifetime benefit, up to the annual automatic restoration listed in the Schedule of Benefits.

EXTENSION OF BENEFITS

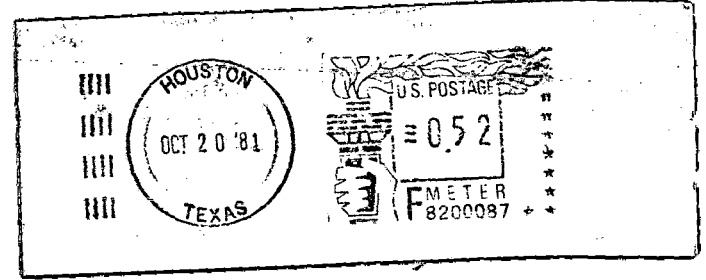
If an individual's insurance terminates while he is totally disabled, benefits for that total disability may be extended for 12 months as if insurance had not terminated. If indicated in the Plan Specifications, American National's liability will not extend beyond policy termination, employer-group termination, or an amendment to terminate insurance.



**CHARLIE BROWN
INSURANCE BROKERAGE, INC.**

PH. 713-781-5040
7211 REGENCY SQUARE BLVD., SUITE 106
HOUSTON, TEXAS 77036

Jodie



*Bid on
County Ims.
(Group)*

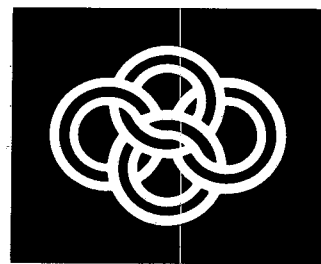
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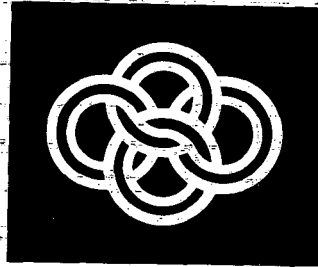
PO Box 490

WILD WOOD

VILLAGE MILLS TX 77663



THE ABC PLANS



THE ABC PLANS

A PROPOSAL FOR: TYLER COUNTY

PRESENTED BY: _____

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

- * Dental Examinations
- * Cleaning and Scaling
- * Dental X-rays
- * Fluoride Treatments

TYPE II EXPENSE

- Fillings
- Oral Surgery
- Extractions
- Periodontal Care
- Root Canal Therapy
- Injection of Anti-biotic Drugs

TYPE III EXPENSE

- * Inlays, Onlays
- * Gold Fillings
- * Crowns, Bridgework
- * Dentures

TYPE IV EXPENSE

(Plan A Does Not Provide Any Benefits For Orthodontic Treatment)

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.

DENTAL LIMITATIONS AND EXCLUSIONS

Covered expenses will not include and no benefits will be payable

1. Expenses incurred as a result of an occupational accident.
2. Treatment by other than a Dentist, (D.D.S. or D.M.D.) except that cleaning and scaling of teeth may be performed by a Licensed Dental Hygienist, under the supervision and direction of a dentist.
3. For Cosmetic purpose or for the correction of congenital malformation, except for a "new born" child.
4. Expenses for prosthetic devices (including bridges and crowns) which were ordered while the individual was covered under this plan but not finally installed or delivered more than 90 days after termination of the insurance.
5. Replacement of lost or stolen appliances or for duplication to be used as a spare.
6. Replacement of any prosthetic appliance, crown or bridge within five years of the date of the last placement of such appliances, crown or bridge.
7. Expenses incurred for any procedure begun before the individual became insured under this Plan.
8. Expenses for appliances or restorations necessary to increase vertical dimension or restore occlusion or for the purpose of splinting.
9. Any Type III procedure, or any expenses in excess of \$100 incurred for Type II procedures during the first 12 months that the individual is insured under this Plan if that individual's effective date is more than 31 days after the date he first became eligible for the insurance.
10. Services for temporomandibular joint (TMJ) dysfunction.
11. General anesthesia, prescribed drugs, pre-medication or analgesia.
12. Failure to keep a scheduled visit and completion of any claim form.
13. Oral hygiene and dietary instruction.
14. Implantation.
15. Any Orthodontic procedure under Plan A or Plan C.

Extended Benefits

If an individual has a dental condition for which treatment was received within 30 days prior to the date his insurance was terminated (for any reason other than termination of the Group Policy) and if the condition requires further treatment, charges for treatment given within 90 days of the date of termination will be considered for claim on the same basis as if termination has not occurred.

Pre-determination of Benefits

The filing of a Dentist's diagnosis of an individual's dental condition, the proposed Course of Treatment and the expected charges therefor, in order that the Insurance Company may estimate the benefits, if any, that would be payable under this Plan. This Pre-determination of Benefits must be filed if the proposed Course of Treatment may reasonably be expected to total \$200 or more. Emergency treatment, oral examination including prophylaxis, and dental x-rays will be considered a part of any succeeding Course of Treatment, even though such services are performed before any Pre-determination of Benefits is filed. If a filing of the Pre-determination of Benefits is not made any benefits payable under this Plan will be determined as though the Pre-determination of Benefits had been filed, except that if Post-verification of a Covered Dental Expense cannot be reasonably be made, no benefit will be payable for that expense.

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.



EXCLUSIONS

Accidental Death & Dismemberment

Benefits will not be payable for any loss caused by:

1. bodily or mental infirmity, disease, or infection unless caused by a cut or wound sustained through accidental means;
2. medical or surgical treatment, unless resulting directly from injuries covered by the insurance contract, and performed within 90 days of the date of the accident;
3. war or any act of war, whether declared or undeclared;
4. suicide or intentionally self-inflicted injury, whether sane or insane;
5. the commission of or the attempt to commit a felony;
6. travel or flight in, or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled, licensed common carrier;
7. the use of intoxicating liquors or improper use of drugs;
8. voluntary ingestion of poison or inhalation of gas.

Optional Short-Term Weekly Income

Benefits will not be payable for:

1. any part of a period of disability during which the covered Employee is not under the regular treatment of a legally qualified physician.
2. disabilities due to bodily injury or sickness arising from or in the course of employment and/or for which benefits are provided under any applicable Worker's Compensation Act or similar law;
3. disabilities due to attempted suicide or intentionally self-inflicted injury, whether sane or insane;
4. disabilities due to the commission of or the attempt to commit a felony.

Comprehensive Major Medical

Benefits will not be payable for:

1. treatment of bodily injury or sickness arising from or in the course of any employment and/or for which benefits are provided under any applicable Worker's Compensation Act or similar law;
2. intentionally self-inflicted injury or sickness;
3. dental care and treatment, except as the result of an accident;
4. eye refractions, eyeglasses, contact lenses or hearing aids, or the fitting or examination therefor;
5. treatment for which no charge is made or charges which are not due to the treatment of an injury or sickness;
6. cosmetic surgery unless required to repair disfigurement due to an accident occurring while covered for Comprehensive Major Medical benefits, except treatment of congenital defects of insured new-born children;
7. injury or illness caused by war, whether declared or undeclared;
8. treatment of alcoholism or narcotic habits;
9. expenses incurred as the result of pregnancy (except complications of pregnancy as defined in the insurance contract) unless maternity coverage is elected by the Employer;
10. expenses for routine "well baby" or nursery care;
11. injury or illness resulting from commission of or the attempt to commit a felony;
12. treatment by a member of the immediate family of the covered Employee or Dependent;
13. transportation or travel other than local use of an ambulance.

CO-ORDINATION OF BENEFITS

Comprehensive Major Medical Benefits are co-ordinated with other group insurance plans so that the total of all benefits payable by all plans considered may be up to, but not exceeding 100% of expenses, if they are considered covered expenses by the plans.



THE ABC PLANS

TERMINATION OF BENEFITS

All benefits available to covered Employees of a Group Policyholder shall automatically terminate on the earliest of:

1. The date the insurance contract is terminated.
2. The date the covered Employee leaves or is dismissed from the employment of the Group Policyholder, or ceases to be a full-time employee working a minimum of 30 hours a week. (A Group Policyholder may pay the employee's premium and continue coverage for a three-month period of approved leave of absence.)
3. The date an Employee is no longer considered a member of a class of employees who are eligible for insurance, or the class of employees of which he is a member is no longer eligible for insurance.
4. The date a dependent ceases to meet the definition of "Dependents" in the insurance contract.
5. The date the Employee reaches his 70th birthday. (Applicable only to Short-Term Weekly Income.)

PRE-EXISTING CONDITION EXCLUSION

Conditions for which a covered Employee or Dependent has had treatment, consultation, or medication, or were diagnosed during the 12-month period immediately preceding the date that a person's coverage becomes effective under **THE ABC PLANS**, will not be considered as covered charges, and no Comprehensive Major Medical or Short-Term Weekly Income benefits will be payable unless one of the following conditions has been satisfied:

1. Such person has not incurred charges, and has not had medical treatment advised or prescribed, and has not taken medication prescribed by a physician for a continuous period of six months commencing on the effective date of that person's coverage under **THE ABC PLANS**;
2. or such person has been covered for a continuous period of twelve months.

WAIVER OF PRE-EXISTING CONDITION EXCLUSION

The Pre-Existing Condition Exclusion will be waived for Comprehensive Major Medical and Short-Term Weekly Income benefits which become payable on covered charges incurred by Employees and Dependents for pre-existing conditions (as defined in the policy) if their coverage becomes effective on the Group Policyholder's effective date, and if they were covered by the Employer's previous group insurance policy. If no benefits are payable by the previous policy, benefits payable will be the lesser of the benefits payable under **THE ABC PLANS**, or the previous group insurance policy had it not terminated. This waiver will not be applicable unless the following items are submitted with the Group Policyholder Application:

1. The last month's premium statement or billing from the previous carrier, and
2. a copy of the previous carrier's policy, booklet, or certificate.

The waiver will not apply if the premium due the previous carrier for the period immediately preceding the Group Policyholder's effective date is not paid by the Employer.

EXTENSION OF BENEFITS

In the event a covered Employee or Dependent is hospital confined on the date insurance terminates, benefits may be extended during the balance of that confinement, but not longer than 30 days. Extended benefits will cease on the date the covered Employee or Dependent became insured under any other policy or contract providing benefits similar to those available under **THE ABC PLANS**.

The intent of Pacific Guardian Life Insurance Company, Limited, is to conform with the insurance statutes of all States where insurance benefits under **THE ABC PLANS** are available. Benefits, limitations, and exclusions summarized in this proposal which conflict with or do not specifically address the requirements of such statutes should be considered to be in compliance and conformity with these statutes.



THE ABC PLANS

Fully Insured By



Pacific Guardian
Life Insurance Co., Ltd.

The majority of stock of Pacific Guardian Life Insurance Company, Limited is owned and controlled by The Meiji Mutual Life Insurance Company, one of the ten largest life insurance companies in the world.

Plan arranged and administered by



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

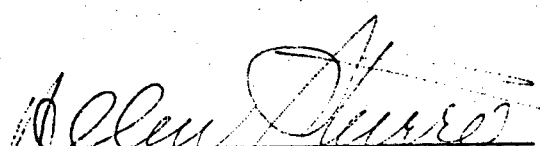
NOTICE is hereby given that Commissioner Court will hold it's

Emergency
~~Special~~ meeting on December 29th 1982 at 10:00 A.M.

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

A G E N D A

1. AMEND SHERIFF BUDGET.
2. CANCEL CAR ORDERED AND EXCEPTED FROM KNAPP FORD.
3. PURCHASE CAR ON 1982 BUDGET
4. STOCKMAN CONTRACT


Allen Sturrock, County Judge
Tyler County, Texas

NO. _____ TIME: 4:20 P^{AM}_{PM}

DEC 27 1982

GRACE BOSTICK, COUNTY CLERK

Grace
BY: Grace