



**RESOLUTION NO. 20181127-06**

**LIFE AND SUPPLEMENTAL BENEFITS RENEWAL WITH ONE AMERICA**

**WHEREAS**, TexAmericas Center is a political subdivision of the State of Texas with the powers and authorities specified in Chapter 3503 of the Special District Local Laws Code of the State of Texas; and

**WHEREAS**, TexAmericas Center has a health insurance policy for TexAmericas Center employees; and

**WHEREAS**, TexAmericas Center adopted a Personnel Policy Manual by **Resolution #20140923-20** on September 23, 2014 with a Revision date of September 25, 2018 by **Resolution #20180925-19**; and

**WHEREAS**, TexAmericas Center has sought, through a competitive process, bids to provide employee life and supplemental benefits; and

**WHEREAS**, **ONE AMERICA** has submitted a satisfactory proposal and can provide employee life and supplemental benefits starting January 1, 2019.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors that the Board of TexAmericas Center approves the life and supplemental benefits and the Executive Director/CEO shall be and is hereby authorized to execute any necessary documents.

**PASSED AND APPROVED THIS 27<sup>th</sup> day of November 2018.**

A handwritten signature in blue ink that reads "Boyd Sartin".

**Boyd Sartin, Chairman of the Board**

**ATTEST:**

A handwritten signature in blue ink that reads "Ben King".

**Ben King, Secretary**

**Attached: Renewal**

# Group Basic Life Insurance

Effective: January 1, 2019

## CURRENT / RENEWAL

Insurance Company:	One America
Eligibility:	All Active Full-time Employees, Working 30+ Hours Per Week
Maximum Benefit:	\$10,000
AD&D Benefit:	Equal to Life Benefit
Guarantee Issue Amount:	\$10,000
Age Reduction:	Reduced to:
Age 65	65%
Age 70	50%
Age 75	N/A
Options:	
Accelerated Death Benefit:	Included
Conversion:	Included
Notes:	

RATE GUARANTEE	January 1, 2020
Covered Monthly Volume:	<b>CURRENT</b>
Monthly Rate per \$1000:	\$140,000
<b>Monthly Premium:</b>	<b>0.270</b>
<b>Annual Premium:</b>	<b>\$37.80</b>
	<b>\$453.60</b>

THIS BENEFIT SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY.

This proposal is not to be construed as an exact or complete analysis of the policies nor as legal evidence of insurance. The provisions of the actual policy will prevail.

THIS INFORMATION IS PROPRIETARY AND SHOULD NOT BE DISTRIBUTED.

# Voluntary Term Life

Effective: January 1, 2019

<b>CURRENT/RENEWAL</b>	
<b>Insurance Company:</b>	One America
<b>Eligibility:</b>	All Active Full-time Employees, working 30+ hours per week
<b>Employee Benefit:</b>	
Minimum Benefit:	\$10,000
Maximum Benefit:	\$300,000, Not to Exceed 5x's Annual Salary
AD&D Benefit:	Equal to Life Benefit
Guarantee Issue Amount:	\$50,000
<b>Spouse Benefit:</b>	
Minimum Benefit:	\$5,000
Maximum Benefit:	\$150,000, Not to Exceed 50% of EE Amount
AD&D Benefit:	Not Included
Guarantee Issue Amount:	\$25,000
Based On Employee Age:	Yes
<b>Child Benefit:</b>	
Birth to 14 Days:	\$0
14 Days to 6 Months:	\$10,000
6 Months to 19 Years:	\$10,000
AD&D Benefit:	Not Included
<b>Age Reduction:</b>	Reduced to:
Age 65	45%
Age 70	30%
Age 75	20%
Age 85	15%
Age 90	10%
<b>Options:</b>	
Accelerated Death Benefit:	75% To \$300,000 With 12 Months Life Expectancy
Waiver of Premium:	Included
Portability:	Included
<b>Notes:</b>	
Open Enrollment:	Yes
Annual Enrollment:	No

<b>RATE GUARANTEE</b>	<b>January 1, 2020</b>
Current Participation	8 EE's Enrolled
Participation Required	25% Combined on Life & DI; Minimum of 2 on Each Line
<b>Age</b>	<b>AD&amp;D Included In Rates</b>
<25	<b>Employee + Spouse</b>
25-29	\$0.110
30-34	\$0.110
35-39	\$0.130
40-44	\$0.160
45-49	\$0.250
50-54	\$0.390
55-59	\$0.570
60-64	\$0.960
65-69	\$1.180
70-74	\$1.650
<b>Child Life Rate</b>	\$3.880
	<b>\$4.00 Per \$10,000</b>

THIS BENEFIT SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY  
 This proposal is not to be construed as an exact or complete analysis of the policies nor as legal evidence of insurance. The provisions of the actual policy will prevail.  
 THIS INFORMATION IS PROPRIETARY AND SHOULD NOT BE DISTRIBUTED

# Voluntary Short Term Disability

Effective: January 1, 2019

<b>Insurance Company:</b>
<b>Eligibility:</b>
<b>Definition of Disability:</b>
<b>Benefit Percentage:</b>
<b>Maximum Benefit:</b>
<b>Benefit Waiting Period</b>
<b>Accident:</b>
<b>Sickness:</b>
<b>Benefit Duration</b>
<b>Pre-Ex</b>
<b>Earnings Definition:</b>
<b>Options:</b>
W-2 Prep
FICA Match
Annual Open Enrollment
<b>Notes:</b>

<b>CURRENT / RENEWAL</b>	
One America	
All Active Full-time Employees, working 30+ hours per week	
Loss of Duties and Earnings	
60%	
\$1,150	
14 Days	
14 Days	
13 Weeks	
3/12	
Base Wage	
Yes	
No	
No	

<b>RATE GUARANTEE</b>
Current Participation
Participation Required
Rate per \$10 of Weekly Benefit:
Age
<25
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70+

<b>January 1, 2020</b>	
6 EE's Enrolled	
25% Combined on Life & DI; Minimum of 2 on Each Line	
<b>CURRENT</b>	
	0.680
	0.680
	0.680
	0.680
	0.540
	0.540
	0.680
	0.860
	0.990
	1.070
	1.150

THIS BENEFIT SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY.  
 This proposal is not to be construed as an exact or complete analysis of the policies nor as legal evidence of insurance. The provisions of the actual policy will prevail.  
 THIS INFORMATION IS PROPRIETARY AND SHOULD NOT BE DISTRIBUTED.

# Voluntary Long Term Disability

Effective: January 1, 2019

Insurance Company:	CURRENT / RENEWAL
Eligibility: Definition of Disability: Benefit Percentage: Loss of ADL Benefit: Maximum Benefit: Minimum Benefit: Elimination Period Trial work Days Benefit Duration Pre-Ex Own Occupation Gainful Occupation Test Earnings Definition:	One America  All Active Full-time Employees, working 30+ hours per week  Loss of Duties and Earnings 60% None \$5,000 \$100 90 Days 180 Days 5 Years / SSNRA 3/12 24 Months 80 Base Wages
Options:	
W-2 Prep	Yes
FICA Match	No
Provisions:	
Third Party Settlements Return to Work Incentive Partial Disability Formula Social Security Integration Mental, Nervous & Substance Abuse Limitations Self-Reported / Specified Illness Limitations Mandatory Rehab	Offset 12 Months Proportinate Loss Primary and Family 24 Months 24 Months Yes
<b>RATE GUARANTEE</b>	<b>January 1, 2020</b>
Current Participation	8 EE's Enrolled
Participation Required	25% Combined on DI, Minimum of 2 on Each Line
Rate per \$100 of Monthly Benefit:	
Age	
<25	0.140
25-29	0.140
30-34	0.260
35-39	0.350
40-44	0.510
45-49	0.720
50-54	1.060
55-59	1.580
60-64	1.930
65-69	1.930
70+	1.930

THIS BENEFIT SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY.  
 This proposal is not to be construed as an exact or complete analysis of the policies nor as legal evidence of insurance. The provisions of the actual policy will prevail.  
 THIS INFORMATION IS PROPRIETARY AND SHOULD NOT BE DISTRIBUTED.