

REQUEST FOR AGENDA PLACEMENT FORM

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Randy Gillespie TODAY'S DATE: July 19, 2022

DEPARTMENT: Personnel

SIGNATURE OF DEPARTMENT HEAD: 

REQUESTED AGENDA DATE: July 25, 2022

SPECIFIC AGENDA WORDING:

Acknowledgement of Current Vision Insurance Rates Good Through 9/30/24;
Superior Vision Acquired by MetLife Effective 10/01/22-

COMMISSIONERS COURT

JUL 25 2022

Approved

PERSON(S) TO PRESENT ITEM:

Julie Rickman w/Holmes Murphy and Adam Kinyicky w/Holmes Murphy

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME: 5 min

(Anticipated number of minutes needed to discuss item)

ACTION ITEM:

WORKSHOP: ✓

CONSENT:

EXECUTIVE:

STAFF NOTICE:

COUNTY ATTORNEY:

AUDITOR:

PERSONNEL:

BUDGET COORDINATOR:

IT DEPARTMENT:

PURCHASING

DEPARTMENT: PUBLIC

WORKS: OTHER:

This Section to be completed by County Judge's Office

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE:

COURT MEMBER APPROVAL: _____

DATE: _____



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York

APPLICATION FOR GROUP INSURANCE

The applicant named below is applying for Group Insurance to provide coverage for the class(es) of persons specified below.

APPLICANT DATA

1. Full legal name of Applicant: JOHNSON COUNTY (the "Policyholder")
2. Address: 2 N MAIN ST ROOM 215 City CLEBURNE State TX Zip 76033

EFFECTIVE DATE

The effective date of the applied for group insurance will be 10/1/2022, subject to MetLife's acceptance of this application and the applicant's payment of the Premium due on or before such date.

SITUS

Group Policy forms will be issued for delivery in and governed by the laws of Texas.

COVERAGE DATA

Employees / Members

Vision Insurance

Dependents

Vision Insurance

PREMIUM DATA

Premiums will be paid: Monthly Quarterly Annually Other: Same as current

Attached is an advance payment of: \$0.00

AGREEMENT

The Applicant signing below agrees to accept the terms and provisions of all Group Policy forms issued pursuant to this application; including all Exhibits, amendments and endorsements, if any.

Fraud Warning. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

[Signature]
(Signature of Applicant's Authorized Representative)

County Judge Roger Harmon
(Print Name and Title of Authorized Representative)

Signed at: Cleburne, Tx 76033
(City) (State)

Date: 7-25-22

(Signature of Licensed Agent or Resident Agent as required by law)

(Agent's State License No.)

(Print Name of Agent)