AGENDA ITEM
A 6

AGENDA PLACEMENT FORM

Send to: ccagenda@johnsoncountytx.org

Date: May 27, 2026

Meeting Date: June 8, 2026

Submitted By: Randy Gillespie

Department: Personnel

Signature of Elected Official/Department Head:

Court Decision:
This section to be completed by County Judge's Office

Johnson County APPROVED Commissioners Court

6.08.2026

Description:

Consideration to approve the Statement of Responsibility for Group Critica Illness with the Texas Municipal League Joint Self-Insurance Fund and au County Judge's signature.

(May attach additional sheets if necessary)

Person to Present: Randy Gillespie

(Presenter must be present for the item unless the item is on the Consent Agenda)

Supporting Documentation: (check one) ☐ PUBLIC ☐ CONFIDENTIAL

(PUBLIC documentation may be made available to the public prior to the Meeting)

Estimated Length of Presentation: 5 minutes

Session Requested: (check one)

☑ Action Item ☐ Consent ☐ Workshop ☐ Executive ☐ Public Announcement

Check All Departments That Have Been Notified:

☑ County Attorney ☐ IT ☐ Purchasing ☐ Auditor

☐ Personnel ☐ Development Services ☐ Facilities Management

Other Department/Official (list) _____

Please List All External Persons Who Need a Copy of Signed Documents In Your Submission Email

Approved in CC on 9/11/2023

STATEMENT OF RESPONSIBILITY
FOR GROUP CRITICAL ILLNESS

This Statement of Responsibility is entered into by and between the Texas Municipal League Joint Self-Insurance Fund (the "Fund") and the political subdivision of the state of Texas identified below (hereinafter referred to as "Electing Pool Member") which has elected to sign a certain Group Critical Illness Interlocal Agreement to acquire and access Group Critical Illness Coverage, as required by House Bill 4144, passed in the 89th Texas Legislative Session (hereinafter referred to as the "Coverage"). The Coverage shall be issued to the Fund through Metropolitan Life Insurance Company ("MetLife") and shall cover members of the Electing Pool Member.

WITNESSETH:

The undersigned political subdivision has elected to become an Electing Pool Member for the purpose of acquiring and accessing the Coverage and has agreed to adopt and accept the coverage, provisions, terms, conditions, exclusions, and limitations as further provided for in the Coverage. In connection with acquiring and accessing the Coverage, the Electing Pool Member hereby makes the following representations:

1) The Electing Pool Member must enroll all eligible members in the Coverage;
2) The Electing Pool Member shall be required to pay 100% of the premium for enrolled members throughout their entire three-year eligibility period and remit such premium to MetLife through a designated third-party administrator;
3) The Electing Pool Member shall provide all necessary information to MetLife through a designated third-party administrator to administer the Coverage in a timely manner.
4) This provision applies to any Electing Pool Member that is not required, under applicable state law, to offer the Coverage but nonetheless elects to participate in the program. Any such Electing Pool Member agrees as follows: (i) all eligible retirees of the Electing Pool Member must be enrolled in the Coverage while the Electing Pool Member participates in the program; and (ii) the Electing Pool Member shall enroll each retiree and pay the applicable premium for each such retiree for a minimum period of thirty-six (36) months, measured from the effective date of that retiree's Coverage. This obligation shall survive cancellation or termination of participation in the program and shall continue until a full thirty-six (36) months of premium has been paid for each enrolled retiree.

Premiums and fees are due and payable by the Electing Pool Member on the first day of each month for which coverage for members of that Electing Pool Member is to be provided. The Electing Pool Member's first premiums/fees must be paid within 31 days of the effective date of Coverage. If a payment other than the Electing Pool Member's first payment is not received within 31 days after the due date, Coverage will terminate on the earlier of the 31st day following the due date and the date requested in writing by the Electing Pool Member, provided the request is made before the 30th day following the due date. The Electing Pool Member will be liable for payment of the premium and fees which accrue while any Coverage remains in force.

The term of this Statement of Responsibility shall be continuous commencing 12:01 a.m. on the date designated in the Coverage until terminated by the Electing Pool Member or Provider as provided in the Coverage, or until terminated for any reason by the Fund by providing 60 days' written notice to the Electing Pool Member.

Electing Pool Member Fax Number
_817 556-6899_____
Fund Contact Information (if different from member)
Address_____
Telephone_____Fax_____
E-mail_____

TO BE COMPLETED BY ELECTING POOL MEMBER:

ELECTING POOL MEMBER'S FUND CONTACT:

Member Name ____Johnson County_____
Name of Contact ___Randy Gillespie_____Title ___Personnel Director_____
Mailing Address ____2 N Main St Rm 215_____
Street Address (if different from above) _____

City ____Cleburne_____Zip ___76033_____ Phone__817 556-6350_____

SIGNATURE OF AUTHORIZED ELECTING POOL MEMBER OFFICIAL

County Judge — Title

6-8-26 — Date

Electing Pool Member's Federal Tax I.D. Number _7__5_ - _6__0__0__1__0__3__0_
This Information is MANDATORY

TO BE COMPLETED BY FUND: (OFFICE USE ONLY)

Effective Date of This Agreement _____

Member Name _____

Contract Number _____

SIGNATURE OF AUTHORIZED FUND OFFICIAL

Title _____ Date _____