



GALVESTON COUNTY, TEXAS

COMMISSIONERS COURT

SPECIAL MEETING

AGENDA

722 Moody
County Courthouse
Galveston, TX 77550
(409) 766-2244

Mark Henry
County Judge

Darrell Apffel
Commissioner, Precinct 1

Joe Giusti
Commissioner, Precinct 2

Hank Dugie
Commissioner, Precinct 3

Robin Armstrong, MD
Commissioner, Precinct 4

Monday, December 1, 2025

2:00 PM

CALDER MEETING LOCATION

174 Calder Rd., Room 100
League City, Texas 77573
SPECIAL MEETING

CONSENT AGENDA: ALL ITEMS MARKED WITH A SINGLE ASTERISK (*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE COMMISSIONERS COURT. ANY COMMISSIONERS COURT MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation to participate in this proceeding shall, within three (3) days prior to any proceeding contact the County Judge's office at 722 Moody, Galveston, Texas 77550 (409) 766-2244.

Call to Order

Public Comment

Consent Agenda

1. Consideration of approval of a Resolution Asserting Galveston County's Exclusive Pilotage Authority and Opposing any Extraterritorial Rate-Setting or Regulatory Action by the Board of Pilot Commissioners for Harris County Ports submitted by Commissioner, Precinct 2
2. Consideration of a Resolution proclaiming December 6, 2025, as Galveston Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. Day submitted by Commissioner, Precinct 4
3. Consideration of authorizing the County Judge to execute an Interlocal Agreement between Galveston County, Texas, and the City of Bryan, Texas, for Retirement Benefit Coordination, submitted by Human Resources
4. Consideration of approval of the Aetna Supplemental Benefits Proposal for a Critical Illness Plan submitted by Human Resources
- * Consideration of approval of the following budget amendment submitted by Professional Services:
 5. 25-197-1201-A
Sheriff's Office - Request transfer from General Fund - Budgeted Reserves to Sheriff Administration - Uniforms to fund FY2025 clothing invoices

Adjourn

Appearances before Commissioners Court

A speaker whose subject matter as submitted relates to an identifiable item of business on this agenda will be requested by the County Judge or other presiding court members to come to the podium where they will be limited to three minutes (3). A speaker whose subject matter as submitted does not relate to an identifiable item of business on this agenda will be limited to three minutes (3) and will be allowed to speak before the meeting is adjourned. Please arrive prior to the meeting and sign in with the County Clerk.

Executive Sessions

The Galveston County Commissioners Court may recess into closed meeting (Executive Session) on any item listed on this agenda if the Executive Session is authorized under the Open Meetings Act pursuant to one or more the following exceptions: Tex. Gov't Code §§ 551.071 (consultation with attorney), 551.072 (deliberation regarding real property), 551.073 (deliberation regarding a prospective gift or donation), 551.074 (personnel matters), 551.0745 (personnel matters affecting County advisory body), 551.076 (deliberation regarding security devices or security audits), and/or 551.087 (deliberations regarding economic development negotiations). The Presiding Officer of the Commissioners Court shall announce the basis for the Executive Session prior to recessing into Executive Session. However, the Commissioners Court may only enter into the Executive Session on any agenda item for which a separate Executive Session has not been separately posted if, prior to conducting the Executive Session, a majority of the Commissioners Court votes to go into Executive Session. This motion requirement does not apply to any agenda item that has been previously noticed to constitute or include an Executive Session.



GALVESTON COUNTY, TEXAS

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1.

Consideration of approval of a Resolution Asserting Galveston County's Exclusive Pilotage Authority and Opposing any Extraterritorial Rate-Setting or Regulatory Action by the Board of Pilot Commissioners for Harris County Ports submitted by Commissioner, Precinct 2

Approval History

Seq #	Approver	Action	Action Date
1	Dianna Martinez	Approve	11/3/25 2:27 pm
1	Commissioners Court	11/10/2025 deferred	Pass

Action Text: Motion to defer by County Judge Henry, seconded by Commissioner Dugie that the above action be taken by the Court.

Passed: 5-0

Aye: 5 County Judge Henry, Commissioner Apffel, Commissioner Giusti, Commissioner Dugie,
Commissioner Armstrong

Nay: 0



GALVESTON COUNTY, TEXAS

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2.

Consideration of a Resolution proclaiming December 6, 2025, as Galveston Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. Day submitted by Commissioner, Precinct 4

Approval History

Seq #	Approver	Action	Action Date
1	Dianna Martinez	Approve	11/21/25 2:19 pm



COUNTY OF GALVESTON

On this, the 1st day of December 2025, the **Commissioners' Court of Galveston County, Texas**, convened in a specially scheduled meeting with the following members thereof present:

Mark Henry, County Judge;
Darrell Apffel, Commissioner, Precinct No. 1;
Joe Giusti, Commissioner, Precinct No. 2;
Hank Dugie, Commissioner, Precinct No. 3;
Robin Armstrong, MD, Commissioner, Precinct No. 4; and
Dwight D. Sullivan, County Clerk

when the following proceedings, among others, were had, to-wit:

Whereas, the Galveston Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. was founded on December 2, 1950, and has for seventy-five years exemplified the fraternity's noble purpose of "Achievement in Every Field of Human Endeavor"; and

Whereas, since its chartering, the Galveston Alumni Chapter has been a steadfast pillar of leadership, service, and brotherhood within Galveston County and the greater Texas Gulf Coast region; and

Whereas, the chapter has made a lasting impact through mentorship programs, educational initiatives, scholarship awards, and partnerships that uplift local youth and promote academic excellence, civic engagement, and social equity; and

Whereas, for seventy-five years, the members of the Galveston Alumni Chapter have continued to embody the principles of Kappa Alpha Psi Fraternity, Inc. by fostering leadership, promoting community service, and advancing opportunities for future generations; and

Whereas, the year 2025 marks the 75th Charter Anniversary of the Galveston Alumni Chapter, a milestone that honors its legacy of dedication, fellowship, and positive influence throughout Galveston County; and

Whereas, the chapter will commemorate this significant occasion with its **75th Charter Anniversary Gala** on **Saturday, December 6, 2025**, at **The Marquee at the Mainland**, celebrating decades of achievement and service to the community.

Now, Therefore, Be It Resolved that the **Commissioners' Court of Galveston County, Texas**, hereby proclaims **December 6, 2025**, as "**Galveston Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. Day**".

Upon Motion Duly Made and Seconded, the above Resolution was unanimously passed on this 1st day of December 2025.

Attest:

County of Galveston, Texas

Dwight D. Sullivan, County Clerk

Mark A. Henry, County Judge

Darrell Apffel, Comm., Pct. #1

Hank Dugie, Comm., Pct. #3

Joe Giusti, Comm., Pct. #2

Robin Armstrong, MD, Comm., Pct. #4



GALVESTON COUNTY, TEXAS

COMMISSIONERS COURT

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3.

Consideration of authorizing the County Judge to execute an Interlocal Agreement between Galveston County, Texas, and the City of Bryan, Texas, for Retirement Benefit Coordination, submitted by Human Resources

Approval History

Seq #	Approver	Action	Action Date
1	Dianna Martinez	Approve	11/21/25 2:34 pm

INTERLOCAL AGREEMENT BETWEEN GALVESTON COUNTY, TEXAS AND THE CITY OF BRYAN, TEXAS FOR RETIREMENT BENEFIT COODINATION

This Interlocal Agreement (“**Agreement**”) is between Galveston County, Texas, (“**County**”), acting by and through its Commissioners Court, The City of Bryan, Texas, (the “**City**” and a “**Participant**”), and any other Local Governments, as defined in Tex. Gov’t Code 791.003(4), who become signatories at a later date (each also a “**Participant**”) (collectively, hereinafter sometimes referred to as the “**Parties**”). All parties are local governments and political subdivisions of the State of Texas. This Agreement is made pursuant to Chapter 791 of the Texas Government Code.

1. PURPOSE

The Texas Legislature recently enacted H.B. No. 4144, enacting Tex. Gov’t Code § 607.153, requiring political subdivisions to provide a critical-illness supplemental income benefit for firefighters or peace officers diagnosed with certain diseases within three years of retirement.

The County has procured, through Alliant Insurance Services, Inc., (the County’s “**Administrator**”) a benefit in compliance with H.B. No. 4144 and Tex. Gov’t Code § 607.153. The County wishes to allow Participants to utilize in the County’s HB 4144 retirement benefit to achieve compliance without duplicated administrative burdens.

The City wishes to utilize the County’s benefit plan as a Participant to come into compliance with the new law and offer benefits to its own retirees.

2. AGREEMENT

The Parties therefore agree as follows:

- a) The County agrees to allow each Participant to utilize the County’s benefits program to obtain compliance with HB 4144 and as may otherwise be expedient to the Participant, such as life, accidental death and dismemberment, disability, health, accident, critical illness, and other personal lines of coverage. Benefits are intended for the employees and retirees of Participants, including their dependents. Administrative services related to such benefits, such as Section 125 cafeteria plan administration, also may be offered.
- b) County benefits available for Participants to utilize include only those products and programs and products procured and available through the County’s Administrator. This Agreement is not intended to allow Participants to participate in any of the County’s self-funded employment

benefits, including the County's health plans and the County's Social Security alternate plan.

- c) The County shall bear no direct responsibility or role in payment of premiums or costs of any programs the Participant chooses to utilize. Each Participant shall be responsible to make payment arrangements directly with the County's Administrator or the vendor of the benefits program in question, as directed by the Administrator. Each Participant is not responsible for any payment of any money solely because of the execution of this Agreement. Any payment obligation for each Participant will only arise under the terms of an order or separate agreement to purchase a benefit from a vendor of the County.
- d) Each Participant's contractual relationships with the vendors of each benefit program shall be governed by the policy or benefit agreement document between the vendor and the Participant or the Participant's employees, retirees, and dependents and not this Agreement.
- e) Each Participant is responsible for enforcing its own rights and the rights of its employees, retirees, and their dependents under any specific benefit plan directly with the vendor providing the benefit in question. The County is not responsible to initiate or fund any litigation or claims on behalf of a Participant, though the County may vote to authorize litigation in the County's name if the County's participation is legally required for the Participant to enforce its rights.
- f) Each Participant is also responsible to ensure that its participation in the County's benefits is compliant with applicable state and federal law. Participants also agree to arrange and fund legal defense, if any, arising from Participant's use of benefits programs under this Agreement.
- g) Each Participant agrees and authorizes Administrator to remit to the County an administrative fee of 3% of Participant's total payments for benefits subject to this Agreement.
- h) Any Participant eligible to join his Agreement under Chapter 791 of the Texas Government Code may do so by executing a signature page and returning an executed copy to the County at the address indicated below as well as a copy to the County's Administrator.

3. GENERAL PROVISIONS

- a) Each Party appoints its chief executive officer (e.g., County Judge, city manager, etc.) or whoever such person designates in writing, to receive

notices under this Agreement and administer the agreement on that Party's behalf, including exercising any discretion allowed under this Agreement. Addresses for notice shall be indicated on each Party's signature page.

- b) Each Party agrees to reasonably cooperate with requests for information made by the other, and to execute such other documents as may be required for the implementation of the purposes of this Agreement.
- c) Any amounts owed by Participants will be payable from current revenues and will be paid in accordance with Chapter 2251 of the Government Code.
- d) County does not warrant and is not responsible to the Participants or their employees, retirees, and dependents for the quality of any services rendered by any County vendor to either the Participants or their employees, retirees, and dependents.
- e) Parties shall keep and maintain all records associated with this Agreement for a minimum of five (5) years or as required by Federal or State law or regulation, whichever period is longer. Parties shall allow the each other reasonable access to the records in each Party's possession, custody, or control that may be necessary to assist in the auditing services, costs, and payments provided hereunder.
- f) The relationship between Parties is expressly acknowledged as that of independent contractors. Nothing in this Agreement is intended nor shall be construed to create an agency relationship, an employer/employee relationship, a joint venture relationship, or any other relationship allowing Participants to exercise control or direction over the manner or method by which County, Administrator, or County's contractors perform in providing the services described.
- g) This Agreement may only be amended in writing signed by the Parties.
- h) This Agreement is effective on the last date of execution by either County or the City and shall remain in effect until cancelled. Either Party may terminate this agreement for cause or convenience with thirty (30) days advanced written notice to the other Party. The County may terminate this Agreement as to all Parties or any specific Participant. If any Participant terminates this Agreement, the Agreement remains in effect as to all other Participants, and shall not impair any existing contractual obligation under a collateral benefits agreement. Paragraphs 2(c) through 2(g) and 3 survive termination and continue govern all benefits utilized by the terminating Participant under this Agreement until such time as Participant completely ceases to utilize any benefits procured under this Agreement.

- i) Parties each reserve any claim they may have to sovereign, qualified, or official immunity as a defense to any action arising in conjunction with this Agreement.
- j) In regard to any lawsuit or formal adjudication arising out of or relating to this Agreement, no Party shall be liable to the other under any circumstance for special, incidental, consequential, or exemplary damages.
- k) In the event of a lawsuit or formal adjudication the prevailing party will be entitled to recover reasonable and necessary attorney's fees.
- l) Whenever possible, each provision of this Agreement shall be interpreted in such a manner as to be effective and valid under applicable law, but if any section, subsection, paragraph, sentence, clause, phrase, word, or portion of this Agreement is, for any reason, held invalid, unconstitutional, or otherwise unenforceable, by any court of competent jurisdiction, such portion shall be deemed a separate, distinct, and independent provision and such holding shall not affect the validity of the remaining portions thereof.
- m) Each Party has the full power and authority to enter into and perform this Agreement, and the person signing this Agreement on behalf of each Party has been properly authorized and empowered to enter into this Agreement. The persons executing this Agreement hereby represent that they have the authorization to sign on behalf of their respective organizations.
- n) The waiver or failure to enforce any breach or provision of this agreement in any specific instance shall not constitute waiver of any other provision or instance.
- o) Participants shall execute any other supplemental documents reasonably required by Galveston County, including the Galveston County Auditor, Purchasing Department, or Director of Human Resources, or which may otherwise be required by law or applicable rules or regulations in order to effectuate the intent of this agreement.
- p) This Agreement contains the entire agreement between the parties relating to the subject matter of this Agreement. The Parties hereby disclaim any reliance on any representations that are not expressly stated in this Agreement.
- q) The parties agree to comply with all applicable state and federal laws in the performance of this agreement, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health

Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act), including all pertinent regulations promulgated thereunder and any pertinent amendments to the law. Further, the parties agree to maintain confidentiality regarding any personal identifying information of Parties' employees, retirees, and dependents.

- r) This agreement and any disputes arising out of this agreement or related hereto shall be governed and construed pursuant to the laws of Texas, regardless of its conflicts of laws principles, and venue for any such lawsuit shall lie exclusively in state courts located in Galveston County, Texas.
- s) This agreement may be executed in multiple counterparts, each of which are effective as an original.

4. EXECUTION

This Agreement is hereby executed by the Parties, to be effective as of the date of the latest signature below.

GALVESTON COUNTY, TEXAS

By: _____

Title: _____

Date: _____

Attest: _____

Title: _____

Address for Notice:

County Judge's Office
722 Moody Ave., 2nd Floor
Galveston, Texas 77550

CITY OF BRYAN, TEXAS

By: _____

Title: _____

Date: _____

Attest: _____

Title: _____

Address for Notice:

City Manager's Office
300 South Texas Ave.
Bryam, Texas 77803

PARTICIPANT: _____

By: _____

Title: _____

Date: _____

Attest: _____

Title: _____

Address for Notice:

Administrator for this Agreement (if different from above):



GALVESTON COUNTY, TEXAS

COMMISSIONERS COURT

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4.

Consideration of approval of the Aetna Supplemental Benefits Proposal for a Critical Illness Plan submitted by Human Resources

Approval History

Seq #	Approver	Action	Action Date
1	Dianna Martinez	Approve	11/21/25 2:41 pm

Aetna Supplemental Benefits Proposal

Galveston County



**Critical Illness
Plan**

Critical Illness

Policy Effective Date	01/01/2026
Contract State	TX
Number of Eligible Employees	500

Presented by:
Alliant Insurance Services Houston, LLC

Prepared by:
Denise Lofgren
Sales Vice President

This quote is valid for 90 days from: 09/15/2025



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Why Aetna Supplemental Benefits?

Competitive product portfolio with plan design and pricing flexibility

- **Plan design flexibility** through benefit options and add-ons
- Plans designed from a medical carrier perspective – built on a **group plan framework**
- Expertise to deliver strategic solutions standalone or bundled with medical to **enhance core medical strategy** and drive participation into HDHPs
- Increased **financial savings with discounts** for bundling Aetna products

Enhanced member experience that increases engagement and drives utilization

- Online access to coverage, claims and plan documents through **personalized member website and mobile app**
- Aetna Easy File™ – **fast, easy** member claim submission
- Aetna Claims Finder™ **proactive outreach** helps members use benefits
- Member access to Aetna's discount programs

Unique claims integration that makes it easy for members

- **Simplified claims submission** – online claims process with supporting documentation.

An effortless employer experience – backed by the power of the Aetna organization

- **Dedicated account management** team
- **Proven and seamless implementation** management
- Tactical marketing consultant and member **enrollment communication support**
- Strategic partnerships with enrollment platforms – ability to **enroll on your chosen platform**
- **Streamlined** implementation and file exchange with other Aetna plans

Aetna Critical Illness Plan

Plan Description

Aetna's critical illness plan provides cash benefits to help cover out-of-pocket costs that come with a covered critical illness such as heart attack, stroke or cancer.

Plan Eligibility

- Applies to firefighters or peace officers who retire from a fire department or law enforcement agency with a minimum of 50 firefighters or peace officers.
- Coverage is effective for a period of three years from the date of the individual's retirement; Coverage will terminate upon claim payment.

Plan Highlights

- Guaranteed Issue
- Rate Guarantee for 36 months subject to all other terms in this Proposal
- Pre-ex waived
- HSA compatible
- Benefits paid to the employee
- Online claims process
- Participation Requirement Waived

Plan Features

- No benefit reductions due to age

Value Added Programs

- Member-only CVS shopping site with 20% discount:
 - Curated CVS shopping site for members to shop a variety of health and wellness products including adult care, cold care, first aid, home health care, feminine products, pain relief, vitamins and more
 - Unique code gives members 20% off CVS branded items

Critical Illness Plan Benefits

Face Amounts

Covered Benefit	Amount
Employee face amount	\$100,000*

Maximum of one face amount payment per policy. Policy does not cover recurrence or subsequent diagnosis of conditions.

Critical Illness Benefits – Neurological (Brain)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Stroke	100%

We will pay the *Stroke* benefit amount shown if you are **diagnosed** with stroke as evidenced by:

- A clinical picture of permanent neurological damage provided from a computed tomography (CT or CAT) scan, and/or
- A magnetic resonance imaging (MRI) or such other diagnostic tests as may be required.

Stroke means an acute or sub-acute cerebral vascular incident producing permanent, neurological impairment and resulting in paralysis or other measurable objective neurological defect persisting for more than 24 hours.

The *Stroke* benefit does not include:

- Transient ischemic attacks (TIA)
- Attacks of vertebrobasilar ischemia

Critical Illness Benefits – Vascular (Heart)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
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Heart attack (myocardial infarction)	100%
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We will pay the *Heart attack (myocardial infarction)* benefit amount shown if you are **diagnosed** with a heart attack (myocardial infarction) based on:

- A new electrocardiogram (EKG or ECG) findings consistent with myocardial infarction, and
- Elevation of cardiac enzymes above standard laboratory levels of normal (in case of CPK, a CPK-MB measurement must be used).

Confirming diagnostic data from one or more of the following test results, or other diagnostic tests as may be determined, may also be required in support of a **diagnosis** of myocardial infarction:

- Cardiac catheterization
- Clinical picture of myocardial infarction
- PECT
- Stress echo results
- Thallium

Heart attack (myocardial infarction) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries.

The *Heart attack (myocardial infarction)* benefit does not include:

- Angina
- Atherosclerosis
- Congestive heart failure
- Coronary artery disease or any other dysfunction of the cardiovascular system
- Established (old) myocardial infarction
- Heart attacks that occur during clinical procedures
- Sudden cardiac arrest]

Cancer Benefits

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
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Cancer (invasive)	100%
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We will pay the *Cancer (invasive)* benefit amount if you are **diagnosed** with cancer (invasive).

Cancer (invasive) is the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells within the area where cancer first starts.

The following are not cancer (invasive):

- Metastatic cancer (a cancer that starts in one organ and moves to another organ)
- Locally advanced cancer (the spread of a cancer within the same organ)
- Pre-malignant conditions or conditions with malignant potential
- Carcinoma in situ (non-invasive)
- Skin cancer

Maximum of one face amount payment per policy.

Annual Rates - Critical Illness Plan

Quoted Rates are guaranteed for 90 days from the date of this Proposal.

09/15/2025

Commission Percentage	25%
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Employee - 3-year Single Premium

Face Amount \$100,000

Under 25	\$1,300.32
25-29	\$1,957.68
30-34	\$3,262.68
35-39	\$5,311.44
40-44	\$7,451.64
45-49	\$10,217.52
50-54	\$12,863.88
55-59	\$15,396.84
60-64	\$19,105.92
65-69	\$24,758.64
70+	\$40,575.96

Critical Illness Plan Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual booklet certificate and schedule of benefits to determine which services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits under the policy will not be payable for a diagnosis related to the following:

1. Act of war, riot, war;
2. Assault, felony, illegal occupation, or other criminal act;
3. Care provided by immediate family members or any household member;
4. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
5. Being under the influence of a stimulant (such as amphetamines), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the covered person, except when resulting from a diagnosed disorder;

The critical illness date of diagnosis must be on or after the effective date of the certificate and while coverage is in force. The diagnosis must be given or received in the United States or its territories.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This plan provides limited benefits. The benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

This plan does not count as Minimum Essential Coverage under the Affordable Care Act.

General Proposal Conditions (Applicable for All Quoted Plans)

Effective Date

Effective date shall be the retirement date of the member.

Premium – payments

Full 3-year premium must be paid in advance. Enrollment must be filed and received within 30 days of retirement.

They may be paid to Aetna Inc., PO Box 536919, Atlanta GA 30353-6919 or by agreed upon electronic means or to our authorized agent.

Additional Conditions

The quoted plan and rates in this proposal are subject to final underwriting review by Aetna. Aetna reserves the right, to the extent permitted by law, not to extend coverage or to change pricing and/or other terms specified in this proposal based on that review.

Quoted plan and rates have been based on the information provided to Aetna. Additional information may be required to complete the underwriting and installation process. Rates and/or product availability may change if any of the following occur:

- ✓ Participation and/or engagement assumptions are not met or there is a change in the contribution strategy
- ✓ Actual enrolled census deviates materially from information provided
- ✓ The number of eligible lives and/or participation changes at any time prior to the next open enrollment
- ✓ The information provided to Aetna is incorrect or incomplete
- ✓ Benefit level changes from those specified in this proposal
- ✓ The Client or Producer uses a benefit technology firm with whom we already have a contract and did not identify that firm before we issued this proposal

Plans summarized in this proposal are subject to additional terms, conditions and limitations specified in the applicable coverage contracts. Copies of coverage contracts are available upon request.

Changes to product availability, actuarial factors, and state/federal laws may alter the proposal at the time of final underwriting and installation.

Quotes are based on the assumptions that all information provided to Aetna is correct and complete, that the Client is a group to which coverage may be issued, and that the group is in sound financial condition.

Notification of acceptance of the proposal must be communicated in writing to Aetna no later than 30 days prior to the coverage effective date. Otherwise, late acceptance may cause a delay in contract issue, in case installation, postponement of effective date, and/or invalidation of the proposal.

Aetna reserves the right to modify its products, services, rates and fees in response to legislation, regulation or requests of government authorities resulting in material changes to plan benefits, and to recoup any material fees, costs, assessments, or taxes due to changes in the law even if no benefit or plan changes are mandated.

Additional Information

Financial Sanctions Exclusions Clause

If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit treasury.gov/resource-center/sanctions/Pages/default.aspx.

Compensation to Producers (Brokers, Agents and Consultants)

Licensed and appointed producers may earn compensation in the form of a commission on the sale of this product. The amount of compensation varies depending on a number of factors, including customer segment and the products selected. Aetna offers additional bonus programs to its producers, which may also apply. Please consult your broker for additional information concerning their compensation for this sale, including commission and any applicable bonus programs. The producer is prohibited by law from altering the amount of compensation received from Aetna based in whole or in part on the sale.

Compensation to Salaried Aetna Employees

Salaried employees may earn compensation on the sale of Aetna products. The compensation varies depending on a number of factors, including customer segment and products selected. Combining all factors, compensation for each product quoted averages less than 8% of the total first year annual premium. Aetna offers additional bonus programs, which may also apply. Neither Aetna nor the employee has material ownership interests in the other. The employee may not alter the amount of compensation received from Aetna. You may obtain additional information about the compensation expected to be received by eligible employees, based in whole or in part on the sale of an Aetna product, or alternative options presented, by contacting Aetna at aetna.com/about-us/forms/employee-compensation-disclosure.html.

Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Discount programs provide access to discounted prices and are not insured benefits.

Aetna Voluntary Plans are underwritten by Aetna Life Insurance Company (Aetna). Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to aetna.com.

Policy forms issued include: Critical Illness: AL HCOC-VOL CI 01, AL HPOL-VOL CI 01;



[Aetna Voluntary Plans]
Policyholder Application

Aetna Life Insurance Company
151 Farmington Ave, Hartford CT 06105

Policy or Group Number (for Aetna use only)

[Company name]:

Street address:

City:

State:

Zip code:

Federal Tax ID #:

Parent company name (if applicable):

The purpose of the application is to request:

- a. ☐ Issuance of new coverage
b. ☐ Change in existing coverage
c. ☐ Extension of existing coverage to additional groups of [employees]

Coverage selection

Underwritten by Aetna Life Insurance Company ("Aetna")

[Employees]

Dependents

Retirees

Type of coverage

[Contributory
Non-Contributory]

☐
☐

☐
☐

☐
☐

☐
☐

Accident]

[Contributory
Non-Contributory]

☐
☐

☐
☐

☐
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☐
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Critical illness]

[Contributory
Non-Contributory]

☐
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☐
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Hospital indemnity]

[Contributory
Non-Contributory]

☐
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☐

Dental]

[Contributory
Non-Contributory]

☐
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☐
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Vision]

[Contributory
Non-Contributory]

☐
☐

☐
☐

☐
☐

☐
☐

Fixed indemnity]

General enrollment and eligibility

Requested effective date:

Actual effective date will be assigned by us if the application is accepted and a policy issued.

Applicant will utilize electronic enrollment (select one):

Yes ☐ No ☐

All of the regular, [full-time], [active] [employees] of any [employer] mentioned above shall be eligible to participate as to the coverage hereby applied for, except the following (state here, by coverage, the class or classes excluded). If more space is needed, please attach an additional sheet.

Agency or firm:

Agent signature:

Agent of record:

Agent license #:

Agency or firm:

Agent signature:

Agent of record:

Agent license #:

Applicant acknowledgements and agreements

The Applicant agrees that at no time shall any [employee] be permitted or required to contribute for non-contributory coverage; or, unless the change is approved in writing by an authorized representative of Aetna, to make contributions for contributory coverage at a rate higher than the initial contribution rate applicable for the [employee's] then current coverage. It is agreed that no coverage shall become effective as to any person who is not then a bona fide, [full-time] [employee], regularly performing the duties of his or her occupation (subject to applicable HIPAA requirements for health coverage), unless otherwise specifically agreed to by Aetna and provided in the Group Policy. All statements herein shall be deemed representations and not warranties.

The Applicant acknowledges that it has selected the coverage specified herein based upon written information provided by Aetna and that no broker, agent or consultant is authorized to modify the terms of the offer or to agree to changes. All material terms of coverage are set forth in the plan documents. Applicant agrees to make payroll and other records directly related to employee's coverage under the Group Policy available to Aetna for inspection, at Aetna's expense, at Applicant's office, during regular business hours, upon reasonable advance request. This provision shall survive termination of the Group Policy.

Applicant has selected, in accordance with applicable state law, the coverage to be offered to Applicant's [employees] and Applicant has solely determined any/all coverage options for the Applicant's [employees] and the contribution amounts. [Coverage may not be denied on the basis of information not requested in this application except as described herein.](#)

The plan documents will determine the contractual provisions, including procedures, exclusions and limitations relating to the coverage and will govern in the event they conflict with any benefits comparison, summary or other description of the coverage.

All data that may have a bearing on coverage or premiums will be open for Aetna to inspect while the Group Policy is in force. The availability of a plan or program may vary by geographic service area.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

Important information

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Signature section

I hereby apply for the coverage(s) indicated above. I certify that all information provided in this application is accurate and complete. [I understand that this application will form a part of the Group Policy](#) issued by Aetna and by my signature below I agree to be bound by the terms and conditions of that Group Policy. I understand that Aetna may choose not to accept this application at its sole discretion, subject to any state requirements.

Signed at (location): _____
City, State

Applicant (Company Name)

By: _____
Authorized applicant signature

Official title

Witness

Date

Your premium purchases insurance coverage from Aetna, as well as the services of any Aetna-appointed licensed independent agent or broker identified in this Application. Aetna has various programs for compensating producers (agents, brokers and consultants). If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's programs for compensating producers is also available at www.aetna.com. **We appreciate your business and the opportunity to serve you.**

Please keep a copy of this application for your records. [If it is accepted by Aetna, it becomes part of the issued Group Policy.](#)



GALVESTON COUNTY, TEXAS

COMMISSIONERS COURT

722 Moody
County Courthouse
Galveston, TX 77550
(409) 766-2244

5.

25-197-1201-A

Sheriff's Office - Request transfer from General Fund - Budgeted Reserves to Sheriff
Administration - Uniforms to fund FY2025 clothing invoices

Approval History

Seq #	Approver	Action	Action Date
1	Dianna Martinez	Approve	11/21/25 2:44 pm



View Budget Amendment: Budget
Amendment: FY2025 - Annual Budget Detail
on 12/01/2025 : BAT-0000417

01:05 PM
11/20/2025
Page 1 of 2

Company The County of Galveston
Plan Template Annual Budget Detail : FY25 Amended Budget
Plan FY25 Amended Budget
Organizing Dimension Type
Amendment ID BAT-0000417
Amendment Date 12/01/2025
Description Budget Transfer for FY2025 Invoices
Amendment Type Budget Transfer
Balanced Amendment Yes
Entry Type Amended
Status In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	*Cost Center	*Fund	Revenue Category	Spend Category	Program	Project	Debit Amount	Credit Amount	Memo	Exceptions
FY2025 Annual (FY25 Amended Budget)	5312000:Clothing and Personal Supplies	211101 Sheriff Administration	1101 General Fund		Uniforms			\$104,735.17	\$0.00		
FY2025 Annual (FY25 Amended Budget)	5930000:Reserves - Other	920180 Fund Balance Reserves	1101 General Fund		Budgeted Reserves			\$0.00	\$104,735.17		

000000003904790180312693203013.PDF

File Name 000000003904790180312693203013.PDF
Content Type application/pdf
Updated By Melencio Villarreal
Upload Date 11/17/2025 02:54:54 PM
Comment Galls Invoices

Process History

Process	Step	Status	Completed On	Due Date		All Persons	Comment
					Person (Up to 5)		
Budget Amendment Event	Budget Amendment Event	Step Completed	11/17/2025 02:54:54 PM	11/18/2025	Melencio Villarreal	1	
Budget Amendment Event	Approval by Budget Specialist	Sent Back	11/18/2025 03:25:47 PM		Lee Clemmer (Budget Specialist)	1	Send Back Reason from Lee Clemmer: Please change Amendment Date to special court date 12/01/2025. Thank you!
Budget Amendment Event	Budget Amendment Event	Submitted	11/20/2025 10:35:25 AM	11/18/2025	Melencio Villarreal	1	



View Budget Amendment: Budget
Amendment: FY2025 - Annual Budget Detail
on 12/01/2025 : BAT-0000417

01:05 PM
11/20/2025
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Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Approval by Budget Specialist	Approved	11/20/2025 10:41:49 AM		Lee Clemmer (Budget Specialist)	1	Lee Clemmer: 25-197-1201-A; Request transfer from General Fund - Budgeted Reserves to Sheriff Administration - Uniforms to fund FY2025 clothing invoices.
Budget Amendment Event	Approval by Sponsored Programs Manager	Not Required		11/18/2025		0	
Budget Amendment Event	Approval by Accounting Operations Lead or Payroll Accountant	Approved	11/20/2025 10:55:17 AM		Lauren Swift (Accounting Operations Lead)	1	
Budget Amendment Event	Approval by Cost Center Manager	Approved	11/20/2025 11:31:42 AM	11/22/2025	Clayton Pope (Cost Center Manager)	1	
Budget Amendment Event	Approval by Budget Manager	Approved	11/20/2025 12:02:37 PM	11/22/2025	Diana Huallpa Trevino (Budget Manager)	1	
Budget Amendment Event	Approval by Finance Executive	Awaiting Action		11/22/2025	Christie Motogbe (Finance Executive)	2	
					Sergio Cruz (Finance Executive)		