



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

If you wish to add additional coverages, please make your selection in the form below.

Please note, Chapter 504 Labor Code requires political subdivisions to have a majority vote to add or remove optional coverages for Volunteers, Elected Officials, Election Workers (non-employees) or Jurors.

Member Name : Montague County

Coverage Period: January 1, 2023 through January 1, 2024

Current Optional Coverages Elected

Elected Officials

Jurors

Volunteers - Law Enforcement

ONLY COMPLETE IF MAKING CHANGES TO CURRENT OPTIONAL COVERAGES ELECTED

1. ELECTED OFFICIALS

Does your governing body desire this coverage?

Enter Yes or No: ☐

If yes, include the estimated payroll of all elected officials on the payroll tab, based on the job responsibility of the elected official. If no, do not report the estimated payroll of any elected official.

2. VOLUNTEERS

Does your governing body desire this coverage?

Enter Yes or No: ☐

If yes, enter the estimated payroll on the payroll tab. Four classifications are available: Volunteers - Firefighters, Volunteers - Law Enforcement, Volunteers - Emergency Medical Personnel, and Volunteers - All Others. You may choose to cover any or all classifications.

Please note: You can calculate annual salary by using \$5,200 per volunteer, or if you have an auditable record of hours that each volunteer was on duty or participating in sponsored training you may determine the "salary" by multiplying the number of hours by the hourly wage that would have been used if the services had been provided by an employee.

3. JURORS

Does your governing body desire coverage of Jurors?

Enter Yes or No: ☐

If yes, enter the estimated payroll on the payroll tab.

4. ELECTION WORKERS (NON-EMPLOYEES)

Does your governing body desire coverage of election personnel?

Enter Yes or No: ☐

If yes, enter the estimated payroll on the payroll tab.

Please note: Election Personnel refers to temporary or contract personnel paid for service in the conduct of an election. Do not include payroll for county employees. County employed election staff should be reported under Clerical.

*Last year totals: 28 Election Workers with a payroll of
\$17,605.50



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

Workers' Compensation Renewal Questionnaire

Montague County

Coverage Period: January 1, 2023 through January 1, 2024

Thank you for participating in the TAC Risk Management Pool's Workers' Compensation program. As we prepare your renewal, there are a few questions we need you to answer so that we can provide you the most comprehensive and cost effective coverage possible. Pursuant to the Interlocal Participation Agreement, Section 4. Annual Contribution, 4.01 requires that the member timely submit to the Pool documentation necessary for the Pool to properly underwrite the renewal. To ensure that we have up-to-date information, please fill out each page completely and make any changes directly to this document. You can also provide supplemental sheets as necessary. NOTE: Omitted information may result in an exclusion from coverage.

We value your membership in the TAC Risk Management Pool and look forward to another successful year! If you have any questions or need help completing the Renewal Questionnaire, please contact your Member Services Representative (listed below) at 800-456-5974.

Member Service Representative: Ms. Yolanda Mondragon

Email: yolandam@county.org

Pool Coordinator/Workers' Compensation Coordinator

Our records indicate that the Member has designated the individual below as the contact for this coverage. In accordance with the terms of the Interlocal Participation Agreement, the Pool Coordinator has express authority to represent and to bind the Member, and the Pool will not be required to contact any other individual regarding matters arising from or related to this Agreement. If the Member wishes to change or update the Pool Coordinator information, please make the necessary changes below.

Contact: Hon. Jennifer Fenoglio

Email: j.fenoglio@co.montague.tx.us

Office Phone Number: (940) 894-2161

Fax Number: 940-894-3110

Mailing Address: PO BOX 186

City, State, Zip: Montague, TX, 76251

General Information

	Yes or No
1. Do you use a manned aircraft in any capacity?	No
If Yes: Are your pilots employees?	
If yes, please complete the Aircraft and Aircraft and Pilot info tabs.	
Are your pilots volunteers?	
If yes, and you desire to include Workers' Compensation coverage please complete the Aircraft and Aircraft and Pilot info tabs.	
2. Do you have operations involving the loading, unloading, repair, or construction of watercraft or vessels, including work performed on barges or	No
3. Do you own, operate, or maintain a railroad, or own, lease, operate, or repair railroad equipment?	No
4. Do you engage in manufacturing, handling, transporting, distributing, or storing explosives or explosive substances (other than gasoline)?	No
5. Do you perform any underground, subaqueous, or tunneling operations?	No
6. Do you provide group transportation for employees to and from the workplace?	No
If Yes:	
* Average number of employees in a vehicle per trip:	
* Maximum number of employees in a vehicle per trip:	
* Average number of daily trips:	
7. Do you have a County Fire Department that contracts with the state or National Forest Service to fight wildland fires?	No
If Yes: Please advise in the last 5 years for each fire the number of employees and duration in the explanation box below.	
For any "Yes" responses to the questions above, please provide a brief explanation:	

Unreported Claims

	Yes or No
1. Are you, or any officer or employee, aware of, or have knowledge of any circumstance, occurrence, fact or event which is likely to be a basis of a claim,	No
If yes, please describe:	
2. Has the situation been reported to TAC Claims Department?	

Acknowledgement and Acceptance

Member Name:Montague County

Member acknowledges that the information submitted in this questionnaire is true and accurate, including all known potential claims. The information submitted may be used by the Pool in processing the renewal and in assessing the coverage needs of the Member. The questions posed, or any wording of the questionnaire, should not and may not be relied upon by the Member as implying that coverage exists for any particular claim or class of claims. The only coverage provided by the Pool to the Member is as described in the applicable Coverage Document, including any endorsements and the Contribution and Coverage Declaration, issued to a covered Member.

If the Member makes no changes, the Pool will assume the Member is reporting for the same information as in the previous applicable Coverage Period. The Member understands that any failure to fully and accurately answer the questionnaire and any attached documents may result in denial of coverage provided by the Pool.

Signature of County Judge or presiding official of the Political Subdivision

Date



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

Please enter the estimated payroll and the number of employees for calendar year 2023 in the highlighted columns.

Only include payroll for Elected Officials if your Commissioners Court has selected this Optional Coverage. For Optional Coverages, refer to the next tab for instructions on reporting this payroll.

Member Name : Montague County

Coverage Period: January 1, 2023 through January 1, 2024

Rating Class Code	Rating Class Description	2021 Actual Payroll +2%	Current Number of Employees	Current Number of Volunteers	Estimated 2023 Payroll Amount	Estimated 2023 Number of Employees	Note
07422	Aircraft Ambulance						
07418	Aircraft Oper. (Patrol, Ambulan)						
07423	Airport						
07721	Ambulance						
09016	Amusement Park, Exhibition Center						
08391	Auto Mechanics						
09014	Bldg. Maintenance & Janitors	\$97,939	2		\$99,618.91	3	
05403	Carpentry (NOC)						
09220	Cemetery Operations						
04511	Chemical Analyst/Assayers						
08809	Chief Of Commissions & Directors						
08810	Clerical	\$1,615,214	29		\$1,958,030.15	52	
05606	Co. & Drain Dist. Commissioners	\$247,831	4		\$247,831.00	4	
08006	Commodity Dist.-Retail Grocery						
05203	Concrete Construction-Bridges						
07380	Drivers						
08811	Election Personnel				\$17,605.50	28	
05190	Electrical Wiring W/in Buildings						
08601	Engineers, Surveyors						
07704	Firefighters & Drivers						
09402	Garbage Collection & Drivers						
06319	Gas/Water Main Connection Constr						
09060	Golf Course						
08828	Homemaker Service						
08833	Hospital Professional & Clerical						
09040	Hospital, All Others						
09033	Housing Authority & Drivers						
09032	Housing Authority Mgrs & Empls						
04519	Insect Control						
08709	Inspectors, Samplers, Or Weighers Of Merchandise On Vessels Or Docks Classification						
06229	Irrigation/Drainage Construct.						
08812	Jurors	\$15,300	500		\$15,300.00	500	
08742	Juv Probation, Collectors, Sales	\$533,040	11		\$265,376.62	4	
07722	Juvenile Detention Officers						
06219	Landfill Operation & Drivers, Excavation NOC						
07590	Landfill, Garbage Reduction						
07720	Law Enforcement	\$1,726,085	37		\$1,311,878.70	34	
08820	Law Office	\$404,747	6		\$415,055.21	6	
08838	Library/Museum-Prof. & Clerical						
08829	Nursing Home Employees						
05191	Office Technician						
09015	Parking Lots & Drivers						
09102	Parks & Recreation						
08227	Permanent Yard Employees						
08832	Physician Med.Lab. Minor Emer. Clinic						
04299	Printing						
08264	Recycling Or Shredding Workers & Drivers						
09079	Restaurant, Food Preparation						
05506	Road Employees-Paving, Repaving	\$1,005,319	35		\$1,027,607.06	35	
09101	Schools - All Other Employees						

Rating Class Code	Rating Class Description	2021 Actual Payroll +2%	Current Number of Employees	Current Number of Volunteers	Estimated 2023 Payroll Amount	Estimated 2023 Number of Employees	Note
07580	Sewage Disposal Plant Operations						
07327	Stevedoring						
08017	Store Clerks						
09061	Swimming Pools						
09019	Toll Bridge Employees						
08831	Vet Hospital & Animal Control						
08859	Volunteers - All Others						
08857	Volunteers - Emergency Medical Personnel						
08855	Volunteers - Fire Fighters						
08856	Volunteers - Law Enforcement	\$42,432		8	\$42,432.00	8	
08292	Warehousing NOC And Driver						
07520	Waterworks Operation & Drivers						
03365	Welder						
08968	Youth & Community Cntr Directors						



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

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Does your governing body desire this coverage?

Enter Yes or No:

If yes, include the estimated payroll of all elected officials on the payroll tab, based on the job responsibility of the elected official. If no, do not report the estimated payroll of any elected official.

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Please note: You can calculate annual salary by using \$5,200 per volunteer, or if you have an auditable record of hours that each volunteer was on duty or participating in sponsored training you may determine the "salary" by multiplying the number of hours by the hourly wage that would have been used if the services had been provided by an employee.

3. JURORS

Does your governing body desire coverage of Jurors?

Enter Yes or No:

If yes, enter the estimated payroll on the payroll tab.

4. ELECTION WORKERS (NON-EMPLOYEES)

Does your governing body desire coverage of election personnel?

Enter Yes or No:

If yes, enter the estimated payroll on the payroll tab.

Please note: Election Personnel refers to temporary or contract personnel paid for service in the conduct of an election. Do not include payroll for county employees. County employed election staff should be reported under Clerical.



Please update your list of locations and the number of employees at each location. Place an X in the 'Remove Location' column if this location is no longer valid. Update the employee counts for all locations. Add new locations at the bottom.

Member Name : Montague County

Coverage Period: January 1, 2023 through January 1, 2024

Policy Effective Date	Structure Identifier	Local Address	Employee Count	Remove Location	Updated Employee Count	Maximum Employees At One Time	*Complete this section if a location has 200 or more employees	
							Number of Stories	Construction Code
01/01/2023	COURTHOUSE	101 E FRANKLIN STREET, MONTAGUE, TX, 76251	33		30			
01/01/2023	COURTHOUSE ANNEX	11339 ST HWY 59 N, MONTAGUE, TX, 76251	30		28			
01/01/2023	PCT BARN #1	HIGHWAY 455 SOUTH, FORESTBURG, TX, 76239	11		11			
01/01/2023	PCT BARN #2	200 ST HWY 59 S, BOWIE, TX, 76230	5		5			
01/01/2023	PCT BARN #3	303 AUSTIN STREET, NOCONA, TX, 76255	10		10			
01/01/2023	PCT BARN #4	8 CAPPS CORNER ROAD, SAINT JO, TX, 76265	8		6			
01/01/2023	SHERIFF	100 GRAND STREET, MONTAGUE, TX, 76251	33		35			

New

Location(s)

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

As Pilot in-command or as copilot, have you been involved in any aircraft incidents or accidents? If yes, explain.

[illegible]

As Pilot in-command or as copilot, have you had or been found guilty of any federal air regulations or violations? If yes, explain.

[illegible]



TEXAS ASSOCIATION *of* COUNTIES

RISK MANAGEMENT POOL

If you have any watercraft over 26' in length, please fill out the form below for each watercraft.

Member Name : Montague County

Coverage Period: January 1, 2023 through January 1, 2024

Watercraft Type

Make

Model

Model Year

Length

Horse Power

Owned | Leased | Chartered

Number of Crew

Passenger Capacity

Use

Frequency of Use

Primary Body of Water

Is Protection and Indemnity coverage provided for each watercraft listed above?

If "No" Please Explain:



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

ACTION REQUIRED BY OCTOBER 15TH

Date: July 20, 2022

To: TAC HEBP Members

From: Rob Ressmann, Health & Benefits Services Operations Manager

RE: Employer Requirements for Notice of Creditable Coverage

It is again time for employers to prepare and distribute to their employees the Notice of Creditable Coverage as required by the federal Centers for Medicare and Medicaid Services (CMS). We are providing this email as a reminder along with some helpful resources for you.

CMS requires all employers to notify their Medicare-eligible enrollees at least annually of the Creditable Coverage status of your pharmacy benefit coverage. Your Notice of Creditable Coverage must be sent to all Medicare-eligible enrollees (employees, retirees and dependents) **no later than October 15, 2022**, regardless of your plan anniversary date. For your convenience, we have developed a sample notice that follows the CMS guidelines and placed it on the TAC website. You can download the document into Microsoft Word and insert your county or organization name. The document can also be found on the TAC website along with other helpful hints at:

<https://www.county.org/Health-Benefits/Medicare-D>

In addition to the Notice of Creditable Coverage for your enrollees, all employers must also disclose to CMS the Creditable Coverage Status of their pharmacy benefit coverage. All pharmacy benefits plans offered by the TAC Health and Employee Benefits Pool are Creditable Coverage. The pharmacy plans offered in conjunction with CountyChoice Silver are also Creditable Coverage.

CMS requires this disclosure to be completed online at their website. You must log into the CMS website to complete this disclosure. The web address is:

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html>

The complete disclosure process should take you less than 15 minutes and we have prepared a "Helpful Hints" document that will guide you through the process. You can download the "Helpful Hints" at

<https://www.county.org/Health-Benefits/Medicare-D>

CMS requires entities to complete this disclosure **no later than 60 days after the plan anniversary date**. For example, if your anniversary date is October 1, you have until November 30 to complete your disclosure. If your group has been approved for the Retiree Drug Subsidy, CMS has already been informed of your status and thus online disclosure is not required.

If you have questions, please contact your TAC Employee Benefits Specialist at 1-800-456-5974.

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Important Notice from Montague County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Montague County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Montague County has determined that the prescription drug coverage offered by the Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join a Medicare Drug Plan?

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE OMB 0938-0990
FOR USE ON OR AFTER APRIL 1, 2011

If you decide to join a Medicare drug plan, your Montague County coverage will [or will not] be affected. [The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the particular entity's plan that Medicare eligible individuals have available to them when they become eligible for Medicare part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.). See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your Montague County prescription drug coverage, be aware that you and your dependents will [or will not] [Medigap issuers must insert "will not "] be able to get this coverage back.

NOTE: This blue section pertains only to those groups that allow retirees to remain on the regular group health plan. If your group does not allow age 65+ retirees to remain on the group plan you may delete this section.

For Retirees with Medicare...

Effective January 1, 2006 Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) Retirees have the following options available:

* You may remain on the Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) medical and prescription drug plan instead of enrolling in Medicare D. If you select this option, you will continue to receive the same benefits at the same cost for the remainder of this plan year. Your coverage under Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) is *creditable coverage*, so you will not be subject to any penalties or additional costs for Medicare D if you decide to enroll at a later date.

OR

* You may terminate your medical and prescription drug coverage with Texas Association of Counties Health Employee Benefits Pool (TAC HEBP) and enroll in Medicare D. If you select this option, you will have only the benefits offered by Medicare. Once you terminate your retiree coverage with Texas Association of Counties Health Employee Benefits Pool (TAC HEBP), you will not be eligible to enroll in the plan at a later date. If you select this option, you may also wish to enroll in a Medicare Supplement or Medigap policy to cover your out-of-pocket expenses for hospital and doctor visits.

CMS Form 10182-GC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

OR

* You may remain on the **Texas Association of Counties Health Employee Benefits Pool (TAC HEBP)** medical and prescription drug plan, and also enroll in Medicare D. If you select this option, you will still have the same benefits for hospital and doctor visits as you do today, but you will only be able to file your prescription drug claims under Medicare D. For retirees, Medicare will be the primary payer, however the **Texas Association of Counties Health Employee Benefits Pool (TAC HEBP)** prescription drug plan does not coordinate benefits with Medicare or other payers. This option would primarily be attractive to those retirees that are eligible for the low-income subsidy for Medicare D, which may provide richer benefits than the **Texas Association of Counties Health Employee Benefits Pool (TAC HEBP)** plan.

For Active Employees with Medicare...

When you are an active employee, generally the **Texas Association of Counties Health Employee Benefits Pool (TAC HEBP)** health care plan will be the primary coverage for you and any dependent(s) that you cover, even if you or your dependent also has Medicare. The **Texas Association of Counties Health Employee Benefits Pool (TAC HEBP)** plan requires all active, eligible employees to participate in the medical and prescription plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with Montague County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Montague County changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

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MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE OMB 0938-0990
FOR USE ON OR AFTER APRIL 1, 2011

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date: 09/15/2020

Name of Entity/Sender: Jennifer Fenoglio

Contact--Position/Office: Treasurer

Address: Montague Courthouse-PO Box 186, Montague, TX 76251

Phone Number: 940-894-2554

CMS Form 10182-CC

Updated April 1, 2011

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Please download a PDF copy of responses for your records.

Below is a summary of your responses

[Download PDF](#)

Disclosure to CMS Form

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. - Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. - By using this information system, you understand and consent to the following: * You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. * Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Entities that are required to provide a disclosure of creditable coverage status to CMS must complete the following online Disclosure to CMS Form. To further assist you in completing this form, the link on the left side of this webpage may help: Disclosure to CMS Guidance and Instructions.

Entities that claim the RDS should not fill out this form for their RDS plan participants. If a plan option has 100 retired beneficiaries and the plan claims RDS for 97 of them, the plan must report 3 non-RDS participants on

claims RDS for 97 of them, the plan must report 3 non-RDS participants on this form.

The disclosure submission process is composed of the following steps to complete the online Creditable Coverage Disclosure Form:

- Step 1 -Enter the Disclosure Information
- Step 2 -Verify and Download Disclosure Information
- Step 3 -Submit Disclosure Information

Note: All fields are required.

Step 1 - Enter Disclosure Information

Please complete the following information for each Type of Coverage offered by the Entity/Plan Sponsor.

Entity/Plan Sponsor Information:

Entity Name:

Montague County

Entity Federal ID Number:
(Format ## #####)

75-*****

Entity Street Address:

P O Box 186

City:

Montague

State:

Texas

Country:

United States of America

Zip Code:

76251

Phone number

Coverage Type:

GROUP HEALTH PLAN: Employer Sponsored Plan

Creditable/Non-Creditable Offer:

Please select **ONE** of the following to continue and complete the required disclosure information.

- ☒ All Options Offered Are Creditable
- ☐ All Options Offered Are Non-Creditable
- ☐ There are Some Creditable and Non-Creditable Options Offered

All Options Offered Are Creditable:

* Note: A plan year should contain a maximum of 365 days; unless it is a leap year then there would be a maximum of 366 days. Example, if a plan year beginning date is 10/01/2010 then the plan year ending date should be no later than 09/30/2011.

Plan Year Beginning Date:
(Format: MM/DD/YYYY)

10/01/2022

Plan Year Ending Date:
(Format MM/DD/YYYY)

09/30/2023

Total Number of Medicare Part D Eligible Individuals expected to be covered under these Option(s) as of the Plan Year Beginning Date stated above.
(Please enter a numeric value **ONLY**)

12

Out of the estimated number of those Medicare Part D Eligible Individuals stated above, how many are expected to be covered through an Employer/Union Retiree Group Health Plan.
(Please enter a numeric value **ONLY**)

2

Date that the Annual Creditable Coverage Disclosure notice to Eligible Individuals form was provided by the Entity.
(Format MM/DD/YYYY)

08/08/2022

Has your Creditable Coverage Status (Creditable, Non-Creditable, Creditable/Non-Creditable Options Offered) changed from the last plan year?

Example 1: Last year Company ABC had creditable coverage through Carrier 123. This year they have non-creditable coverage through Carrier 123. This is a change in the status, since the coverage was creditable and now is non-creditable.

Example 2: Last year Company ABC had creditable coverage through Carrier 123. This year they have creditable coverage through Carrier 456. Even though the company changed carriers, this is not a change in the status of the creditable coverage. It was creditable last year and it remains creditable, so there is no change in the status.

☐ Yes

☒ No

PRA Disclosure Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1013 (Expires: December 31, 2020). The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments, concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

I understand and agree to the following statements:

1. That this submission supersedes any previous submission of this information with dates prior to the date below;
2. That the entity/plan sponsor agrees to disclose to CMS and all Medicare Part D eligible individuals any changes that would affect the creditable status of the above coverage as outlined under §423.56.
3. That I am authorized to supply this disclosure of creditable coverage on behalf of the Entity; and

4. That the information provided in this disclosure is true, correct, and complete to the best of my knowledge and belief.

Entity's Authorized Individual Name:

Jennifer Fenoglio

Entity's Authorized Individual Title:

Treasurer

Entity's Authorized Individual Email:

(If no email address is available, Please enter: *CCDBnoisp@cms.hhs.gov*)

j.fenoglio@co.montague.tx.us

Today's Date:

(Format: MM/DD/YYYY)

09/21/2022

2023 Montague County Resolution
Indigent Defense Grant Program

WHEREAS, under the provisions of the Texas Government Code Section 79.037 and Texas Administrative Code Chapter 173, counties are eligible to receive grants from the Texas Indigent Defense Commission to provide improvements in indigent defense services in the county; and

WHEREAS, this grant program will assist the county in the implementation and the improvement of the indigent criminal defense services in this county; and

WHEREAS, Montague County Commissioners Court has agreed that in the event of loss or misuse of the funds, Montague County Commissioners assures that the funds will be returned in full to the Texas Indigent Defense Commission.

NOW THEREFORE, BE IT RESOLVED and ordered that the County Judge of this county is designated as the Authorized Official to apply for, accept, decline, modify, or cancel the grant application for the Indigent Defense Formula Grant Program and all other necessary documents to accept said grant; and

BE IT FURTHER RESOLVED that the County Auditor is designated as the Financial Officer for this grant.

Adopted this _____ day of _____, 2022.

Kevin L Benton
County Judge

Attest:

County Clerk

ORDER GRANTING PERMIT AND RIGHT-OF-WAY
TO CONSTRUCT PIPELINE

STATE OF TEXAS

X Atmos Energy Corporation

X

COUNTY OF MONTAGUE

X

Now, on this the **26TH DAY OF September, 2022**, at a regular Term and Session of the Commissioner's Court of Montague County, Texas, came to be considered the application of Atmos Energy Corporation for a permit and right-of-way to lay, construct, maintain, operate a ROAD CROSSING on JAKES ROAD of the County of Montague, State of Texas, and the court having considered such application and is here referred to and made a part hereof, and having determined that the permit and right-of-way for such pipeline should be granted, it is accordingly ordered by the Court:

1. That the County of Montague, State of Texas, does hereby grant the right, privilege and right-of-way to Atmos Energy Corporation, to lay, construct, maintain, operate a pipeline along, over, across or under the public roads, streets, alleyways of the County of Montague, State of Texas.
2. That such pipeline shall be so buried, cased or uncased, covered, constructed and maintained as not to interfere with the use and occupancy of such roads by public. Said pipeline shall be buried 3 feet-cased or 6 feet-uncased below bar ditches.
3. That any adjustments of said pipeline required for any State Farm to Market Road or any other improved road would be at 100 per cent cost to Atmos Energy Corporation.
4. That all the rights, privileges and right-of-way herein above mentioned are by this order duly vested in said Atmos Energy Corporation, its successors and assigns, without further grant or procedure.

Kevin Benton, County Judge

STATE OF TEXAS

X

Atmos Energy Corporation

X

COUNTY OF MONTAGUE

X

Before me, the undersigned authority, on this personally appeared Kevin Benton, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed and in the capacity therein stated.

Given under my hand and seal of office this _____ day of _____.
My commission expires:

Notary Public in and for
Montague County, Texas

MONTAGUE COUNTY
APPLICATION FOR A PERMIT AND RIGHT-OF-WAY

DATE: August 22, 2022

NAME: Atmos Energy

ADDRESS: 8620 Bridge Street, North Richland Hills, Texas 76180

CONTACT PERSON: Terry Gilpin TELEPHONE NO. 817-715-4242

ROAD NAME: Jakes Road COMMISSIONER PCT. 1 2 3 4

GPS Coordinates: Latitude _____ Longitude _____
(GPS Coordinates for Road Crossings)
_____ TEMPORARY ☒ PERMANENT ☒ PLAT ATTACHED

This document is an application for a permit and right-of-way. Yes

Please give a descriptive explanation of the work to be done: Road Boring

This permit request is to bore under Jakes Road for the purpose of installing a 4" poly pipeline underground in the Montague County Road Easement along Jakes Road.

If your application for the permit and right-of-way is approved by the Montague County Commissioners Court and an Order to grant the permit and right-of-way for such pipeline or utility lines should be granted, the following is understood:

1. That such pipeline or utility lines shall be so buried, cased at 3 feet below bar ditch or uncased at 6 feet below bar ditch, covered, constructed and maintained as not to interfere with the use and occupancy of such roads by public.
2. That any adjustments of said pipeline or utility lines required for any State Farm to Market Road or any other improved road would be at 100 per cent cost to the applicant.
3. That all the rights, privileges and right-of-ways will be vested in said Applicant and its successors and assigns, without further grant or procedure.

4. Fees may or may not apply. If fees apply, fees need to accompany the application.
5. Notice of all applications will be sent to the Upper Trinity Groundwater Conservation District.
6. Utility lines shall be so buried at least 36 (thirty-six) inches in order to be able to maintain roads and ditches.

Source of the water:

Full Name and Address of Property Owner: _____

Well Site Physical Address: _____ UTGCD ID#: _____

Type of Water Used:

Surface Water	_____	Percentage
Ground Water	_____	Percentage
Both	_____	Percentage

GPS Coordinates: Latitude _____ Longitude _____

Meter Serial Number: _____

Beginning Meter Reading (as displayed on meter): _____

Ending Meter Reading (as displayed on meter): _____

Location of the use of the water: _____ County: _____

Will any of this water be transported for use outside of the District (Montague, Parker, Wise, and Hood Counties)? Yes No

If yes, explain how the water was measured and include amount transported. _____

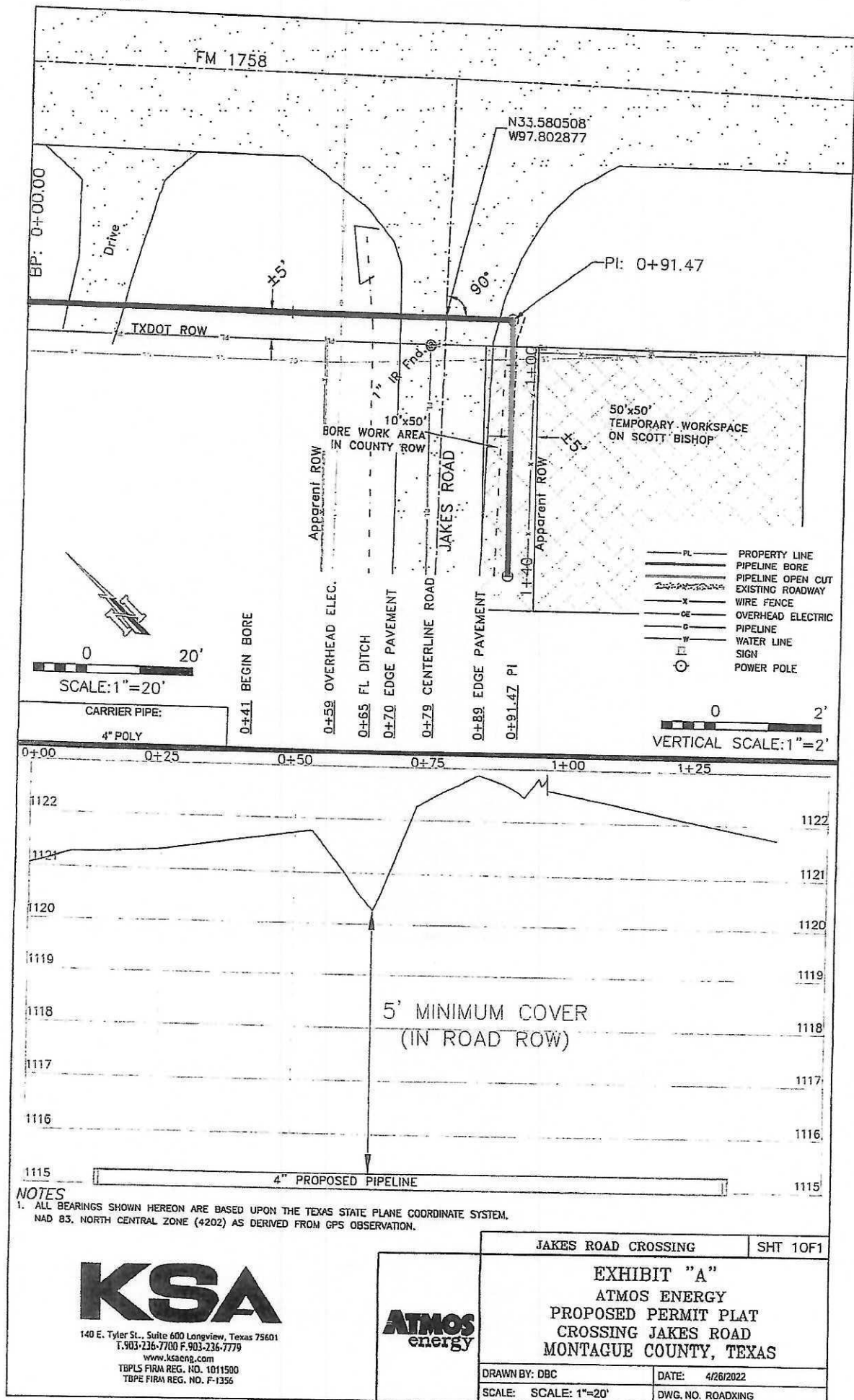
AFFIRMATION

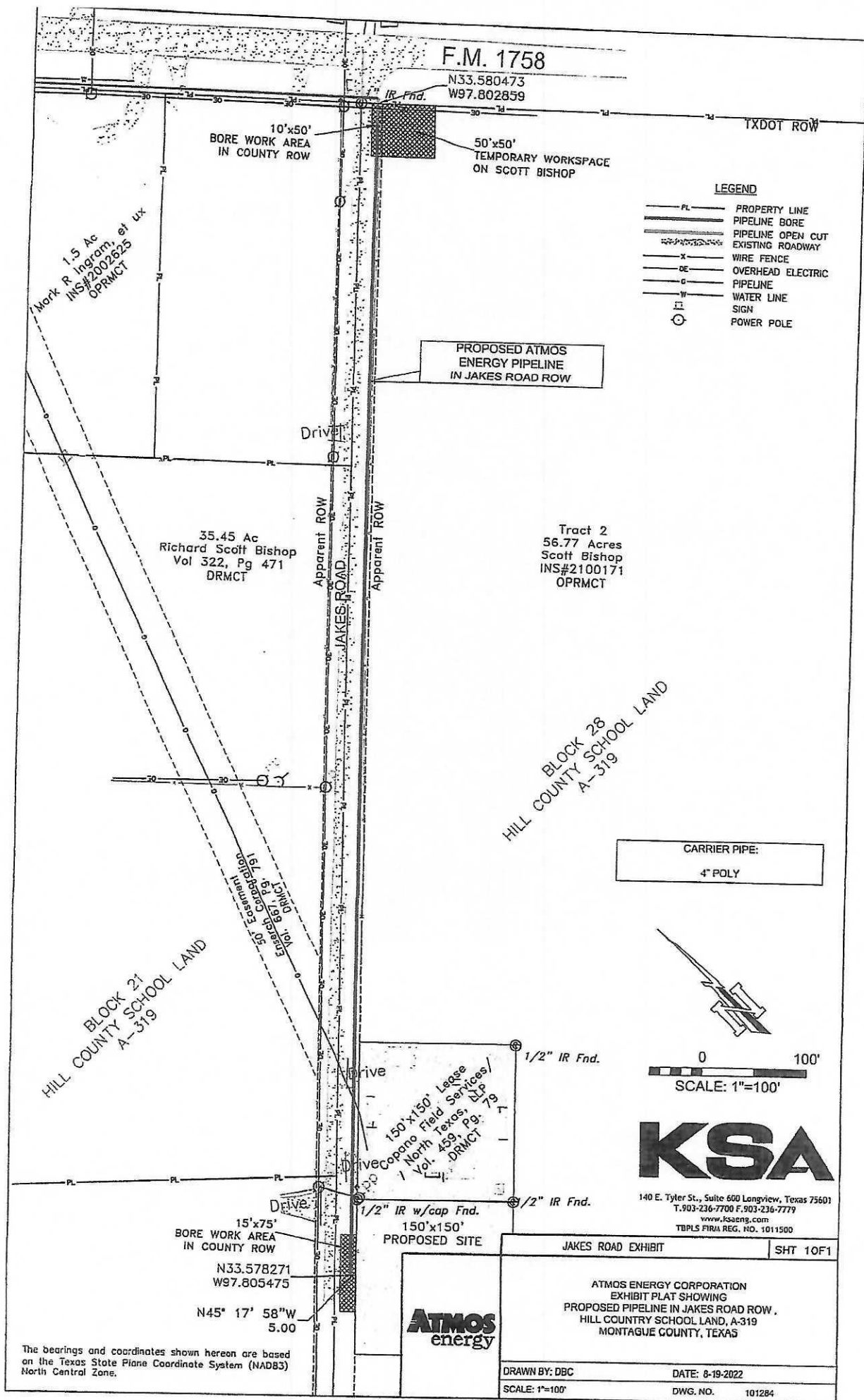
I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION INCLUDED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE 8/22/22

SIGNATURE

Levy Spini



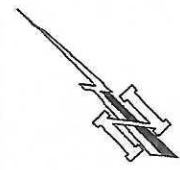


LEGEND

- PL PROPERTY LINE
- PIPELINE BORE
- PIPELINE OPEN CUT
- EXISTING ROADWAY
- X WIRE FENCE
- OE OVERHEAD ELECTRIC
- G PIPELINE
- W WATER LINE
- SIGN
- POWER POLE

CARRIER PIPE:

4" POLY



0 100'
SCALE: 1"=100'

KSA

140 E. Tyler St., Suite 600 Longview, Texas 75601
T. 903-236-7700 F. 903-236-7779
www.ksaeng.com
TBPLS FIRA REG. NO. 1611500

JAKES ROAD EXHIBIT

SHT 10F1



ATMOS ENERGY CORPORATION
EXHIBIT PLAT SHOWING
PROPOSED PIPELINE IN JAKES ROAD ROW,
HILL COUNTRY SCHOOL LAND, A-319
MONTAGUE COUNTY, TEXAS

DRAWN BY: DBC

DATE: 8-19-2022

SCALE: 1"=100'

DWG. NO. 101284

The bearings and coordinates shown herein are based on the Texas State Plane Coordinate System (NAD83) North Central Zone.

MONTAGUE COUNTY
APPLICATION FOR A PERMIT AND RIGHT-OF-WAY

DATE: August 22, 2022

NAME: Atmos Energy

ADDRESS: 8620 Bridge Street, North Richland Hills, Texas 76180

CONTACT PERSON: Terry Gilpin TELEPHONE NO. 817-715-4242

ROAD NAME: Jakes Road COMMISSIONER PCT. 1 2 3 4

GPS Coordinates: Latitude _____ Longitude _____
(GPS Coordinates for Road Crossings)
_____ TEMPORARY ☒ PERMANENT ☒ PLAT ATTACHED

This document is an application for a permit and right-of-way. Yes

Please give a descriptive explanation of the work to be done: Excavating and burying a utility pipeline

This permit request is to install a 4" poly pipeline underground in the Montague County Road Easement along Jakes Road.

(Atmos Energy agrees to repair any damage caused by Atmos Energy's construction of the 4" poly pipeline to be installed in the Montague Road Easement along Jakes Road).

If your application for the permit and right-of-way is approved by the Montague County Commissioners Court and an Order to grant the permit and right-of-way for such pipeline or utility lines should be granted, the following is understood:

1. That such pipeline or utility lines shall be so buried, cased at 3 feet below bar ditch or uncased at 6 feet below bar ditch, covered, constructed and maintained as not to interfere with the use and occupancy of such roads by public.
2. That any adjustments of said pipeline or utility lines required for any State Farm to Market Road or any other improved road would be at 100 per cent cost to the applicant.
3. That all the rights, privileges and right-of-ways will be vested in said Applicant and its successors and assigns, without further grant or procedure.
4. Fees may or may not apply. If fees apply, fees need to accompany the application.
5. Notice of all applications will be sent to the Upper Trinity Groundwater Conservation District.
6. Utility lines shall be so buried at least 36 (thirty-six) inches in order to be able to maintain roads and ditches.

Source of the water:

Full Name and Address of Property Owner: _____

Well Site Physical Address: _____ UTGCD ID#: _____

Type of Water Used:

Surface Water	_____	Percentage
Ground Water	_____	Percentage
Both	_____	Percentage

GPS Coordinates: Latitude _____ Longitude _____

Meter Serial Number: _____

Beginning Meter Reading (as displayed on meter): _____

Ending Meter Reading (as displayed on meter): _____

AFFIRMATION

I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION INCLUDED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE 8/22/22

SIGNATURE 

