

**UnitedHealthcare Insurance Company
Hartford, Connecticut**

**Amendment to
Senior Supplement
Group Health Insurance Policy**

Policyholder: Public Employee Benefits Cooperative (Tarrant County)

Effective Date: January 1, 2024

Your Senior Supplement group health insurance Policy is hereby amended as follows:

The attached Policy Information Page has been revised to include the rates in effect as of the above effective date.

All other terms and conditions of the Policy remain as stated therein.

UnitedHealthcare Insurance Company

A handwritten signature in black ink, appearing to read "Jeffrey D. Alter", is positioned above the typed name and title.

Jeffrey D. Alter
President

POLICY INFORMATION PAGE

GROUP POLICYHOLDER: Public Employee Benefits Cooperative (Tarrant County)
GROUP NUMBER: 06124
POLICY EFFECTIVE DATE: January 1, 2006
POLICY ANNIVERSARY: Each January 1
ELIGIBILITY: A Retiree as determined by the Employer
PREMIUM DUE DATE: First of the Month
PREMIUM IS PAYABLE: Monthly
BENEFIT PLAN(S): Custom

THE MONTHLY PREMIUM RATE SCHEDULE IS ATTACHED TO THIS POLICY INFORMATION PAGE

Monthly rate per retiree only: **\$352.32**

Monthly rate per retiree plus dependent spouse: **\$704.64**

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COUNTY OF TARRANT
IN THE STATE OF TEXAS.

By _____
Authorized Signature

Print Name: Tim O'Hare

Print Title: Tarrant County Judge

Date _____

APPROVED AS TO FORM:



Criminal District Attorney's Office*

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.

Certification of Available Funds: \$ _____

Tarrant County Auditor