

**UnitedHealthcare Insurance Company  
Hartford, Connecticut**

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

**Policyholder:** Public Employee Benefits Cooperative (Tarrant County)

**Effective Date:** January 1, 2023

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**



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: **\$397.76**  
Monthly rate per retiree plus dependent spouse: **\$795.52**

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COUNTY OF TARRANT  
IN THE STATE OF TEXAS.

United HealthCare Services, Inc.

By \_\_\_\_\_  
Authorized Signature

By \_\_\_\_\_  
Authorized Signature

Print Name: Glen Whitley

Print Name \_\_\_\_\_

Print Title: Tarrant County Judge

Print Title \_\_\_\_\_

Date \_\_\_\_\_

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