

Monday, November 27, 2000, the Sabine County Commissioners' Court met in regular session. The following members were present:

Jack Leath	County Judge
Keith Clark	Commissioner Pct. #1
Lynn Smith	Commissioner Pct. #2
Doyle Dickerson	Commissioner Pct. #3
Gene Nethery	Commissioner Pct. #4
Janice McDaniel	County Clerk

Judge Leath called the meeting to order at 8:30 a.m. and Bro. Clarence Howell led the Court in prayer.

Agenda item #1-General Business

Commissioner Nethery moved to approve the minutes as written for the November 13<sup>th</sup> regular, November 14<sup>th</sup> special and November 18<sup>th</sup> special sessions of Court. Commissioner Dickerson seconded. All voted for. Motion carried.

Agenda item #3-Line Item Transfers

Judge Leath moved to approve the line item transfer for the Sheriff's department. Commissioner Nethery seconded. All voted for. Motion carried. See attached copy.

Commissioner Dickerson moved to approve the line item transfer in the amount of \$1,250.00 for precinct #4. Commissioner Smith seconded. All voted for. Motion carried. See attached copy.

Commissioner Nethery moved to approve the line item transfer in the amount of \$25.00. Commissioner Dickerson seconded. All voted for. Motion carried. See attached copy.

Agenda item #4-Discuss and Take Action on Resolution for Burke Center

Judge Leath said the Burke Center is asking us to endorse their efforts to obtain state funding for additional mental health services. There is no cost to the County.

Commissioner Smith moved to approve the Resolution for the Burke Center. Commissioner Clark seconded. All voted for. Motion carried. See attached copy.

Agenda item #5-Discuss & Take Action on County Choice Silver

Judge Leath said this would allow retired employees to buy into the medical program on our insurance. It is a supplement for Medicare only. The cost is completely up to the retired employee.

Judge Leath moved that we give the retirees this opportunity. Commissioner Nethery seconded. All voted for. Motion carried. See attached copy.

**Agenda item #6-Adopt State Flood Insurance Program**

Judge Leath said he put this on the agenda however he is not quite ready to adopt it. He said that according to the cover letter, TNRCC is the National Flood Insurance Program State coordinating agency. He said the House Bill states that by January 1, 2001, all cities and counties must adopt ordinances or orders to necessary for them to be eligible to participate in the national flood insurance program. He said he wants the Commissioners' to look over this before it is adopted.

This item is tabled until the next regular Court session.

**Agenda item #8-Manufactured Housing Contract with TDHCA**

After some discussion, Judge Leath said this might be something that needs further investigation and he will come back later with a recommendation to the Court.

**Agenda item #2-Reports**

Commissioner Clark moved to accept the two reports from Jerry Johnson, on-site sewage inspector, and the report from the Treasurer. Commissioner Smith seconded. All voted for. Motion carried.

**Agenda item #7-Pay Accounts and Salaries**

Commissioner Smith moved to pay the accounts and salaries. Commissioner Clark seconded. All voted for. Motion carried.

Commissioner Nethery moved to adjourn. Commissioner Dickerson seconded. Meeting adjourned.

*Judge Leath* COUNTY JUDGE  
*Keith Clark* COMMISSIONER PCT. #1  
*Lynn Smith* COMMISSIONER PCT. #2  
*Douglas Dickerson* COMMISSIONER PCT. #3  
*R. G. Gandy* COMMISSIONER PCT. #4

ATTEST:

Vol HH 70 694



*Janice McDaniel*

COUNTY CLERK

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Vol HH 70 695

112200  
13:42

SABINE COUNTY GENERAL FUND  
Accounts Payable Ledger  
11-22-00

112200  
Page 1

Tr	Date	Invoice Date	PO Number	Description	Due	Stat	Terms	Amount
(AESI ) 316	11-13-00	1014		ACTION ELEVATOR SAFETY INSPECT (713)671-9747 HYDRAULIC PASSENGER 6450.408 -9			A	65.00
Vendor Total								<u>\$65.00</u>
(ALCA ) 346	11-20-00		ALTON CARLSON ONE DAY	GRAND JURY DUTY 6533.435 -2			A	10.00
Vendor Total								<u>\$10.00</u>
(ALER ) 382	11-08-00		A.L.E.R.T. 001515 000931	(800)467-7418 RADAR SHOOL CERTIFICATION 6450.56 -14			A	210.00
383	11-08-00		001515 000931	RECALIBRATION RADAR UNITS 6450.56 -14			A	120.00
Vendor Total								<u>\$330.00</u>
(ALGR ) 351	11-20-00		ALICE GRACE ONE DAY	GRAND JURY DUTY 6533.435 -2			A	10.00
Vendor Total								<u>\$10.00</u>
(ALWO ) 353	11-20-00		AL WOODS ONE DAY	GRAND JURY DUTY 6533.435 -2			A	10.00
Vendor Total								<u>\$10.00</u>
(ANDA ) 307	11-17-00		ANITA DAVIS	6 HOURS @ 5.50 GENERAL ELEC 6520.403 -5			A	33.00
Vendor Total								<u>\$33.00</u>
(BOSA ) 322	11-09-00		BOGEL SALES, INC. 188313	(800)535-2704 2 - COTTON CLAMP MOPHEADS 6310.408 -13			A	10.54
323	11-09-00		188313	1 CS HVY TRASH BAGS 6310.408 -13			A	20.75

1111 696

SABINE COUNTY GENERAL FUND  
Accounts Payable Ledger  
11-22-00

Party	Date	Invoice Date	PO Number	Description	Due	Stat	Terms	Amount	
		Date	Check No	Reg Account					
(BOSA )				(800)535-2704 (Continued)					
				BOGEL SALES, INC.					
324	11-09-00	188313		24X33 WHITE TRASH BAGS			A		
				6310.408	-13			19.95	
325	11-09-00	188313		1 CS LASSO BLEACH			A		
				6310.408	-13			7.98	
				Vendor Total					<u>\$59.22</u>
(CAGR )				(800)769-2030					
				CAPITAL GRAPHICS, INC.					
336	11-16-00	0000979		ANNUAL SOFTWARE SUPPORT			A		
				6450.45	-6			2250.00	
				Vendor Total					<u>\$2250.00</u>
(CCLI )				CAPITAL CITY LEASING, INC.					
312	11-20-00	M511AD		PAYMENT 60 OF 60			A		
				6502.45	-2			661.83	
313	11-20-00	M511AD		PAYMENT 60 OF 60			A		
				6502.455	-2			397.10	
314	11-20-00	M511AD		PAYMENT 60 OF 60			A		
				6502.457	-2			397.10	
315	11-20-00	M511AD		PAYMENT 60 OF 60			A		
				6502.56	-2			1191.30	
				Vendor Total					<u>\$2647.33</u>
(CDCS )				(409)845-7692					
				29TH CO./DIST. CLERK'S SEMINAR					
321	11-09-00	WALKER		REGISTRATION FEE			A		
				6470.45	-13			75.00	
363	11-21-00	MCDANIEL		REGISTRATION FEE			A		
				6470.403	-1			75.00	
				Vendor Total					<u>\$150.00</u>
(CELL )				(800)256-2170					
				CELL PAGE, INC.					
305	11-12-00	10130694		NOV. PAGER FEE			A		
				6614.409	-10			55.60	
				Vendor Total					<u>\$55.60</u>
(CNAS )				CNA SURETY					
334	10-27-00	06013741	06013741900	BOND			A		
				6635.409	-26			310.63	
335	10-27-00		06018300927	BONDS			A		
				6635.409	-26			1098.75	

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SABINE COUNTY GENERAL FUND  
Accounts Payable Ledger  
11-22-00

Tr	Date	Invoice Date	PO Number	Description	Due	Stat	Terms	Amount
								Vendor Total
								\$1409.38
(DACL )								
359	11-20-00			DAVID CLARK ONE DAY				
				GRAND JURY DUTY 6533.435	-2		A	10.00
								Vendor Total
								\$10.00
(DETD )								
318	11-13-00			DEEP EAST TX DEVELOPMENT 2001				
				ASSOC (409)639-4734 MEMBERSHIP DUES/2001 6611.409			A	100.00
								Vendor Total
								\$100.00
(DOWO )								
343	11-20-00			DONALD RAY WOOD ONE DAY				
				GRAND JURY DUTY 6533.435	-2		A	10.00
								Vendor Total
								\$10.00
(EDHE )								
	11-20-00			EDWARD CHARLES HENSON ONE DAY				
				GRAND JURY DUTY 6533.435	-2		A	10.00
								Vendor Total
								\$10.00
(EUPR )								
358	11-20-00			EUGENE PROCELLA ONE DAY				
				GRAND JURY DUTY 6533.435	-2		A	10.00
								Vendor Total
								\$10.00
(GALL )								
375	11-14-00			GALL'S INC. 54454779				
376	11-14-00			54454779				
				LP ALLEY LIGHTS 6500.56	-8		A	64.99
				SHIPPING 6500.56	-8		A	5.12
								Vendor Total
								\$70.11

HH-698

SABINE COUNTY GENERAL FUND  
Accounts Payable Ledger  
11-22-00

Party	Date	Invoice Date	PO Number	Description	Due	Stat	Terms	Amount
		Date Pd	Check No	Reg Account				
(HART )				HART INTERCIVIC				
309	11-13-00	838122		AIS OPSCAN BALLOTS			A	
				6522.403	-9			319.80
310	11-13-00	838122		GENERAL ELECTION FORMATS			A	
				6522.403	-9			200.00
311	11-13-00	838122		SHIPPING			A	
				6522.403	-9			33.21
				Vendor Total				\$553.01
(JACK )				JACK LEATH				
384	11-22-00			218 MILES @ .28			A	
				6441.4	0			61.04
				Vendor Total				\$61.04
(JACKR )				JAMES EDWARD CROW				
342	11-20-00			ONE DAY			A	
				GRAND JURY DUTY				
				6533.435	-2			10.00
				Vendor Total				\$10.00
(JHO )				JAMES HOYLE				
305	11-20-00			ONE DAY			A	
				GRAND JURY DUTY				
				6533.435	-2			10.00
				Vendor Total				\$10.00
(JOSM )				JOHNNIE M. SMITH				
308	11-17-00			6 HOURS @ 5.50 GENERAL ELEC			A	
				6520.403	-5			33.00
				Vendor Total				\$33.00
(JUVI )				JUANICE VICKERS				
349	11-20-00			ONE DAY			A	
				GRAND JURY DUTY				
				6533.435	-2			10.00
				Vendor Total				\$10.00
(LEHU )				LEE HUNT				
347	11-20-00			ONE DAY			A	
				GRAND JURY DUTY				
				6533.435	-2			10.00

HH 699

SABINE COUNTY GENERAL FUND  
Accounts Payable Ledger  
11-22-00

Party	Date	Invoice Date	PO Number Pd	Description Check No	Reg	Stat	Terms	Amount	
								Vendor Total	\$10.00
(LIMC )									
352	11-20-00			LISA MCDANIEL ONE DAY			A	10.00	
				GRAND JURY DUTY 6533.435		-2		10.00	
								Vendor Total	\$10.00
(LYNN )									
344	11-20-00			LYNN LINDSEY ONE DAY			A	10.00	
				GRAND JURY DUTY 6533.435		-2		10.00	
								Vendor Total	\$10.00
(MAHA )									
348	11-20-00			MAUDE HAMILTON ONE DAY			A	10.00	
				GRAND JURY DUTY 6533.435		-2		10.00	
								Vendor Total	\$10.00
(MCCY )									
	11-08-00			MCCOY'S BUILDING SUPPLY CENTER (800)856-2269 LIGHT FIXTURE FOR ELEVATOR 6504134			A	33.99	
						-14		33.99	
								Vendor Total	\$33.99
(MISC )									
350	11-20-00			MIKE SCHAEFER ONE DAY			A	10.00	
				GRAND JURY DUTY 6533.435		-2		10.00	
								Vendor Total	\$10.00
(PIBO )									
306	11-14-00			PITNEY BOWES 3105047			A	178.91	
				RENTAL FEE 6612.409		-8		178.91	
								Vendor Total	\$178.91
(POST )									
320	11-20-00			POSTMASTER BOX 1773			A	14.00	
				RENTAL FEE 6315.409		-2		14.00	

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Tr	Date	Invoice Date Pd	PO Number Check No Reg	Description Account	Due	Stat	Terms	Amount
Vendor Total								\$14.00
(QUCO )		QUILL CORPORATION						
360	11-16-00	2376409		W-2 FORMS 6310.497	-6		A	10.99
361	11-16-00	2376409		4-PART W-2s 6310.497	-6		A	37.77
362	11-16-00	2376409		1099 MISC 5-PART FORMS 6310.497	-6		A	23.97
Vendor Total								\$72.73
(ROSU )		ROGERS OFFICE SUPPLY						
				(409)569-7416				
328	11-20-00	1302 000935		4 BOXES REGULAR ENVELOPES 6310.457	-2		A	100.50
329	11-20-00	1302 000935		1 BOX LETTERHEAD 6310.457	-2		A	38.00
330	11-20-00	1302 000935		SETUP 6310.457	-2		A	5.00
331	11-16-00	1565		TYPERWRITER RIBBON 6310.497	-6		A	8.97
332	11-09-00	1474		2 BOXES WINDOW ENVELOPES 6310.497	-13		A	108.00
	11-16-00	1581		2 PKGS. TABS 6310.403	-6		A	7.00
Vendor Total								\$267.47
(SPLW )		SPEEDY LUBE, TIRE & MUFFLER						
				(409)787-2382				
372	08-09-00	26377		OIL & LUBE 6335.56	-105		A	23.95
373	08-09-00	26377		AIR FILTER 6451.56	-105		A	9.50
374	08-09-00	26377		TIRE BALANCE & ROTATION 6451.56	-105		A	15.00
Vendor Total								\$48.45
(STGL )		STEWART GLASS						
				(409)384-4614				
339	11-15-00	24266		BOTTOM DOOR PORTION 6450.408	-7		A	14.25
340	11-15-00	24266		BOTTOM FRAME PORTION 6450.408	-7		A	24.50
341	11-15-00	24266		SERVICE CALL 6450.408	-7		A	50.00

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SABINE COUNTY GENERAL FUND  
Accounts Payable Ledger  
11-22-00

Party	Date	Invoice Date	PO Number	Description	Due	Stat	Terms	Amount
Vendor Total								\$88.75
(SYSC )				SYSKO FOOD SERVICE - HOUSTON (713)672-8080				
365	11-10-00	01110050		TOWEL ROLL			A	
				6313.56	-12			54.32
366	11-10-00	01110050		CLOROX BLEACH			A	
				6313.56	-12			13.01
367	11-10-00	01110050		SOAP DISPENSER			A	
				6313.56	-12			3.00
368	11-10-00	01110050		TRASH LINERS			A	
				6313.56	-12			38.91
369	11-10-00	01110050		TOILET TISSUE			A	
				6313.56	-12			55.53
370	11-10-00	01110050		FOAM 8 OZ CUPS			A	
				6542.56	-12			16.01
371	11-10-00	01110050		HAND SOAP ANTIBACTERIAL			A	
				6313.56	-12			35.62
Vendor Total								\$216.40
(TACA )				TACA				
364	11-20-00			MEMBERSHIP DUES			A	
				6470.499	-2			65.00
Vendor Total								\$65.00
(TAWR )				TAMMY TELLINA WRIGHT				
355	11-20-00			ONE DAY				
				GRAND JURY DUTY			A	
				6533.435	-2			10.00
Vendor Total								\$10.00
(TDLR )				TX DEPT OF LICENSING & REGULAT (800)803-9202				
319	11-14-00			FILING FEE			A	
				6450.408	-8			25.00
Vendor Total								\$25.00
(THHA )				THOMAS J. HAMILTON				
337	11-20-00			546 MILES @ .28			A	
				6441.457	-2			152.88

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SABINE COUNTY GENERAL FUND  
Accounts Payable Ledger  
11-22-00

Tr	Date	Invoice Date	PO Number Pd	Description Check No Reg	Due	Stat	Terms	Amount
Vendor Total								\$152.88
(TRIA )		TRIAD		(409)560-6500				
326	10-20-00	10200		LABOR			A	85.00
				6310.45	-33			
327	10-20-00	10200		TRIP CHARGE			A	25.00
				6310.45	-33			
Vendor Total								\$110.00
(WAGA )		WALLER'S GARAGE		(409)787-3386				
377	11-14-00	2460 000934		FILTER KIT			A	27.22
				6451.56	-8			
378	11-14-00	2460 000934		FLUID			A	25.30
				6451.56	-8			
379	11-14-00	2460 000934		SEALER ADDITIVE			A	5.00
				6451.56	-8			
380	11-14-00	2460 000934		SCREEN & FLUID			A	42.50
				6451.56	-8			
381	11-14-00	2460 000934		STATE INSPECTION			A	12.50
				6451.56	-8			
Vendor Total								\$112.52
(WISP )		WILLIAM A. SPEIGHTS						
357	11-20-00	ONE DAY		GRAND JURY DUTY			A	10.00
				6533.435	-2			
Vendor Total								\$10.00
(WIWI )		WILLIE ANNA WILLIAMS						
345	11-20-00	ONE DAY		GRAND JURY DUTY			A	10.00
				6533.435	-2			
Vendor Total								\$10.00
Total Debits								9382.79
Total Credits								0.00
Total Of Ledger								\$9382.79

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SIGN HERE FOR PAYMENT APPROVAL  
*Jack Leath*

**Jack Leath**  
County Judge

SIGN HERE FOR PAYMENT APPROVAL  
*Janice McDaniel*

**Janice McDaniel**  
County Clerk

SIGN HERE FOR PAYMENT APPROVAL  
*Keith Clark*

**Keith Clark**  
Commissioner Pct. 1

SIGN HERE FOR PAYMENT APPROVAL  
*Lynn Smith*

**Lynn Smith**  
Commissioner Pct. 2

SIGN HERE FOR PAYMENT APPROVAL  
*Doyle Dickerson*

**Doyle Dickerson**  
Commissioner Pct. 3

SIGN HERE FOR PAYMENT APPROVAL  
*Gene Nethery*

**Gene Nethery**  
Commissioner Pct. 4

Approved for payment by Sabine County Commissioner's Court  
November 27, 2000.

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SABINE COUNTY ROAD & BRIDGE  
Accounts Payable Ledger  
11-22-00

Tr	Date	Invoice Date	PO Number Pd	Description	Reg	Due	Stat	Terms	Amount
(BIG4 )		BIG "4", INC.							
155	11-08-00	00319676		84 YARDS ROAD BASE				A	504.00
				6377.603		-14			
156	11-08-00	00319675		36 YARDS ROAD BASE				A	216.00
				6377.604		-14			
Vendor Total									<u>\$720.00</u>
(CANN )		CANNON'S L.P. GAS CO.							
157	11-14-00	9169 000933		VANGUARD HEATER				A	300.00
				6657.604		-8			
Vendor Total									<u>\$300.00</u>
(EPSS )		EUGENE PROCELLA SERVICE STAT.							
154	11-15-00			MOUNTING				A	12.00
				6366.602		-7			
Vendor Total									<u>\$12.00</u>
(GMWS )		G-M WATER SUPPLY CORP.							
153	11-01-00	1262		WATER BILL				A	20.10
				6440.602		-21			
Vendor Total									<u>\$20.10</u>
(GRAY )		GRAY'S WHOLESALE TIRE							
151	11-14-00	966157 000930		2 - TIRES				A	381.00
				6366.602		-8			
152	11-14-00	966158		2 - REAR FARM TUBES				A	42.06
				6366.602		-8			
Vendor Total									<u>\$423.06</u>
Total Debits									1475.16
Total Credits									0.00
Total Of Ledger									<u>\$1475.16</u>
									=====

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SIGN HERE FOR PAYMENT APPROVAL

*Jack Leath*

Jack Leath  
County Judge

SIGN HERE FOR PAYMENT APPROVAL

*Janice McDaniel*

Janice McDaniel  
County Clerk

*Keith Clark*

Keith Clark  
Commissioner Pct. 1

*Lynn Smith*

Lynn Smith  
Commissioner Pct. 2

*Doyle Dickerson*

Doyle Dickerson  
Commissioner Pct. 3

*Gene Nethery*

Gene Nethery  
Commissioner Pct. 4

Approved for payment by Sabine County Commissioner's Court  
November 27, 2000.

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Line-Item Transfer

Date: November 22, 2000

Honorable Commissioners' Court of Sabine County:

I submit to you, for your consideration, the following line-item transfers:

	<u>FUND</u>	<u>DEPT.</u>	<u>ACCT.</u>	<u>AMOUNT</u>
From:	Road and Bridge	Pct. 4	6344.604	\$25.00
To:	Road and Bridge	Pct. 4	6651.604	\$25.00

Reason:

  
\_\_\_\_\_  
Department Head

  
\_\_\_\_\_  
Approved Commissioners' Court

  
\_\_\_\_\_  
Attest County Clerk

Vol HH Pg 707

Line-Item Transfer


Date: November 22, 2000

Honorable Commissioners' Court of Sabine County:

I submit to you, for your consideration, the following line-item transfers:

	<u>FUND</u>	<u>DEPT.</u>	<u>ACCT.</u>	<u>AMOUNT</u>
From:	Road and Bridge	Pct. 4	6653.604	\$1,250.00
To:	Road & Bridge	Pct. 4	6655.604	\$1,250.00

Reason: Overrun due to Worker's Comp for Ben Wilkinson being taken out of this account.

  
\_\_\_\_\_  
Department Head

  
\_\_\_\_\_  
Approved Commissioners' Court

  
\_\_\_\_\_  
Attest County Clerk

Vol HH Pg 708



LINE-ITEM TRANSFERS

Date: November 27, 2000

Honorable Commissioners Court of Sabine County:

I submit to you for your consideration the following line-item transfers:

	FUND	DEPT.	ACCOUNT	AMOUNT
FROM:	General	Non-Departmental	Miscellaneous	\$13,456.00
TO:	General	Sheriff	Automobiles	\$13,456.00

\_\_\_\_\_  
Department Head

*Janice McDaniel*  
\_\_\_\_\_  
Attest County Clerk

*Paul Leach*  
\_\_\_\_\_  
Approved Commissioners Court

HH 709

Burke Center



4101 South Medford Drive, Turkin, Texas 75901  
Phone 409-639-1141 Fax 409-634-8601

November 6, 2000

The Honorable Jack Leath  
County Judge, Sabine County  
P. O. Box 716  
Hemphill, TX 75948

Dear Judge Leath:

As discussed in our recent meeting on October 27<sup>th</sup>, I am enclosing a Resolution endorsing the efforts of Burke Center to obtain state funding for additional mental health services. Please place this Resolution on the agenda for your next County Commissioner's Court meeting for approval.

Should you have further questions or need more information, please feel free to call Susan Rushing, Chief Executive Officer or Buz Parrish, Chief Operating Officer at the Burke Center. The telephone number is 936/639-1141.

Thank you for your assistance and support.

Sincerely,

Murphy George,  
Chair, Burke Center Board of Trustees

HH 710

**Resolution  
Of  
The Sabine County Commissioner's Court**

**Whereas, the need for mental health services in Deep East Texas continues to grow, and**

**Whereas, both public and private resources to provide needed services have not kept up with the growing demand, and**

**Whereas, persons with mental illness often go without treatment and/or end up in the local criminal justice system, and**

**Whereas, local law enforcement is frequently involved in detaining and transporting persons with mental illnesses to the detriment of their other law enforcement duties, and**

**Whereas, there is a critical shortage of psychiatric outpatient and inpatient capacity in the Deep East Texas area,**

**Therefore, be it resolved that the Sabine County Commissioner's Court endorse the efforts by the Burke Center on behalf of the community to obtain additional state funding to provide regional mental health deputy services, emergency mental health evaluations and assessment, and expanded psychiatric inpatient services to meet the critical mental health needs of Deep East Texas.**

Date 11-27-00

Paul Leath  
County Judge

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November 8, 2000

To: All Texas Counties  
From: The Texas Association of Counties

Last month we sent you a brochure in the mail about an exciting new program for county retirees. For those of you who have not contacted us about **CountyChoice Silver**, the open enrollment deadline is rapidly approaching. We have enclosed the summary of benefits and rates for your review. This long awaited program offers options for county retirees' health care coverage, extending their Medicare plans.

**CountyChoice Silver**, available only through Texas Association of Counties, provides generous medical benefits to Medicare eligible retirees and their spouses who are 65 and over. Benefits include affordable rates, extensive coverage, a prescription medication program, freedom to choose providers, eligibility for spouses and hassle-free election claims filing.

*To begin enrollment, we will need the following:*

- *The enclosed authorization form approved by the court and the enclosed irrevocable agreement, both signed by the judge. (Please keep copies for your records).*
- *A list of all your current county retirees, their addresses and dates of birth. We can contact them with important information about CountyChoice Silver.*

Upon receipt of the documents, we will mail out program information and enrollment forms to your retirees who are ages 65 and over. Because our open enrollment period from Oct. 1 to Dec. 31, 2000 you may fax the above information to us at 512-481-3483. During open enrollment, county retirees who sign up are provided guaranteed coverage with no restrictions on pre-existing conditions.

Please call an Employee Benefits Dept. representative at 800-456-5974 if you have questions or need additional information. We appreciate your interest.

cc: Commissioners Court Members, Treasurer, Auditor

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# CountyChoice Silver Fact Sheet

## What is it?

CountyChoice Silver is a retiree medical program for county retirees who meet the following criteria:

- Must be age 65 or older
- Must have Medicare Part A & B
- Must be eligible to receive a pension check from TCDRS
- Must be retired from a county that agrees to participate in the program

## What does it cover?

CountyChoice Silver is designed to cover the Medicare patient's share of most hospital and doctor bills, as well as up to \$3,000 per year in prescription drugs. Because it is a group plan offered only through the Texas Association of Counties, we are able to offer better coverage than most private Medicare supplement plans.

## How can a county participate?

A county can participate in the program by contacting TAC and joining our pool. The county does not have to have any other coverage with TAC in order to participate in the retiree program. Even if your county already has retirees on your group plan, you can authorize us to offer this plan to any retirees who may not be eligible (for example, someone who retired before the county offered retiree health benefits).

## How much will it cost my county?

Counties can determine their own contribution level. The county can pay all of the cost, none of the cost, or share the cost with the retiree. If your county wants to pay all or part of the premium for your retirees, we will send a bill to your county. If your county wants to make it available to your retirees at their own expense, we will mail the information directly to the retiree and send the bills to their home. All you need to do is provide us with their names, dates of birth and addresses.

## What does it cost?

The cost is based on age and is the same for all counties:

### Attained Age - Monthly Cost per Individual

65-69	\$158.35
70-74	\$189.80
75-79	\$260.07
80+	\$280.00

## Can spouses have coverage too?

Yes, spouses of retirees can join if they are over 65 and have Medicare Parts A & B. The cost is the same as for retirees. Even if the retiree has passed away, the surviving spouse is still eligible for coverage.

## Can I be turned down because of a health problem?

No, this plan is guaranteed issue. No one will be turned down for health reasons.

## Are there restrictions on pre-existing conditions?

If you enroll by Dec. 31, 2000, there will be no limitations on pre-existing conditions. After that, limitations on pre-existing conditions may apply for up to one year IF you have not had any other medical or supplemental policy. If you are switching to CountyChoice Silver from another insurance plan, you will not have any restrictions on pre-existing conditions.

## Where can I get more information?

Contact the group health department at TAC at 1-800-456-5974.

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Texas Association of Counties  
Retiree Medical Program

Underwritten by Monumental Life

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD\***

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days  Beyond the Additional 365 days	All but \$776 All but \$194 a day  All but \$388 a day  \$0  \$0	\$776 (Part A Deductible) \$194 a day  \$388 a day  100% of Medicare Eligible Expenses  \$0	\$0 \$0  \$0  \$0  All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved Facility within 30 days after leaving the Hospital: First 20 days  21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$97 a day \$0	\$0  Up to \$97 a day \$0	\$0  \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these Services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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*Silver*  
**Choice**  
Association of Counties  
Medical Program

CountyChoice Silver Authorization Form

Please fill out and mail back to  
envelope for your convenience.

Envelope is a self addressed stamped

County Sabine

Contact name Tricia Jacks

Email \_\_\_\_\_

Phone 409/787-2210

Fax 409/787-2044

Current coverage for 65+ retirees

If yes, does county contribute to premiums? Y or N

If yes, how much? \_\_\_\_\_

If yes, carrier \_\_\_\_\_

Amount county will contribute to

100%

None

CountyChoice Silver:

Other Amount (% or \$) \_\_\_\_\_

Prior to enrollment of retirees on CountyChoice Silver, the court must approve the following and sign below:

- allow retirees to participate in CountyChoice Silver
- provide TAC with a list of current retirees' names, addresses and dates of birth;
- provide CountyChoice Silver information for "new" retirees (as employees retire in the future)

Sabine County authorizes Silver Retiree Program.

[Signature]  
Signature

1/27/00  
Date

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For TAC use only:

Entity code: \_\_\_\_\_  
Interlocal code: \_\_\_\_\_

## Options

### Preferred billing method:

**LIST** (if county pays part of  
The bill will be sent to the cc

**DIRECT** (if county pays \$0  
The bill will be sent to the re

**COMBINATION** (if county p  
county does not pay for or c

retirees, but there are past retirees the

**IF DIRECT BILLED:** County must provide a list of all retirees that includes name, mailing address, and date of birth so that we may provide the enrollment materials to all eligible retirees. If the county does not maintain this list a list may be requested from TCDRS. The county must also provide us updates (at least annually) for new retirees so that we may provide the materials to those individuals as well.

**IF LIST BILLED:** County will be provided enrollment forms for all the eligible retirees that are currently covered. If there are age 65+ retirees that are not currently on the county's plan (for example they retired before the county offered coverage or they did not elect coverage at the time they retired) we will need a list of those retirees with name and mailing address. We can offer this program to those retirees as well, even though the county will not be contributing toward their costs. The county must agree to provide enrollment information to all retirees and/or retirees that reach age 65.

**IF COMBINATION BILLED:** A list bill card is provided to the county for those retirees that the county currently contributes an amount toward the premium. The retirees that have elected to not remain on the county's health plan or at their time of retirement, did not have that option, can be direct billed.

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**TEXAS ASSOCIATION OF COUNTIES INSURANCE TRUST FUND  
EMPLOYER'S REQUEST FOR PARTICIPATION IN TRUST**

WHEREAS, the Texas Association of Counties Insurance Trust Fund, hereinafter "the Fund," was created as an Intergovernmental Pool to make available life, accident, and health insurance for employees, including elected and appointed officials, of political subdivisions and members of their families; and

WHEREAS, Article 3.51-2 and Article 3.51-6 of the Texas Insurance Code, the Interlocal Cooperation Act (TEX. LOC. GOV. CODE, Chapter 791), and other applicable statutes provide the authority for the creation and establishment of the Trust, the Fund, and the participation of political subdivisions;

WHEREAS, the Fund has purchased and made available a group policy or policies of life, accident, and health insurance in accordance with its Restated Agreement and Declaration of Trust and authorizing statutes; and

WHEREAS, Sabine County, hereinafter "Employer," is a Texas political subdivision, other than an incorporated city, town or village and desires to participate in the Trust and in the group insurance provided thereunder;

NOW, THEREFORE, Employer requests, in accordance with the provisions of the Restated Agreement and Declaration of Trust and the Interlocal Cooperation Act (TEX. GOV. CODE, Chapter 791), that it be accepted as a Participant/Subscriber in the Fund/Trust, and if accepted as a Participant/Subscriber by signature of the appropriate official of the Fund on this Request, Employer agrees to be bound by the terms of the Restated Agreement and Declaration of Trust as well as any rules and regulations adopted by the Trustees of the Fund pursuant to the Restated Agreement and Declaration of Trust and the terms of any insurance policy or plan adopted by the Trustees of the Fund.

Employer acknowledges that if this Request is accepted, its participation will be for a period of one (1) year from the date of acceptance of this Request, unless renewed pursuant to Article III, Section 1 of the Restated Agreement and Declaration of Trust or terminated for failure to maintain its status as a subscriber to the insurance policy or plan of the Trust, or any other reason pursuant to the Restated Agreement or Declaration of Trust.

If the Employer is not accepted for such participation in the insurance, this Request for Participation in Trust shall be deemed withdrawn and there shall be no further obligation whatsoever by or to the undersigned in connection therewith.

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If any part of this Request is declared invalid, void, or unenforceable, the remaining parts and provisions shall continue in full force and effect. It is further agreed that all matters pursuant to this Request are performable in Travis County, Texas, and that Travis County shall be the venue for all suits arising out of this Request, including without limitation, any suit to construe or enforce its terms.

In making this request, Employer has received and read a copy of the Restated Agreement and Declaration of Trust and understands and accepts the terms and conditions thereof which provides, among other things, that:

Request Approved by the Governing Body of the Employer on the 27th day of November, ~~1999~~ 2000

EMPLOYER:

Sabine County  
(Name of Political Subdivision)

Jack Leath  
(Signature of Official with Authority to Sign)

Jack Leath  
(Printed Name of Official with Authority to Sign)

ATTEST:

Janice McDaniel  
(Clerk or Secretary)

ACCEPTED:

TEXAS ASSOCIATION OF COUNTIES INSURANCE TRUST FUND

BY: Frank Beale

EFFECTIVE DATE:

DATE ACCEPTED: \_\_\_\_\_

FEEES COLLECTED IN OCTOBER, 2000

JEFF COX, JUSTICE OF THE PEACE, PRECINCT #1, PLACE #1	1,514.25
THOMAS HAMILTON, JUSTICE OF THE PEACE PRECINCT #2, PLACE #1	2,606.76
TANYA WALKER, DISTRICT CLERK	4,416.00
JANICE MCDANIEL, COUNTY CLERK	10,843.48

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**FINANCIAL REPORT**  
November 22, 2000

FUND	BALANCE 10/19/00	RECEIPTS	DISBURSEMENTS	BALANCE 11/22/00
GENERAL	635,645.62	538,109.43	213,706.97	960,048.08
CRIMINAL JUSTICE PLANNING	32.00	90.00	32.00	90.00
LAW ENFORCEMENT OFFICERS ADMINISTRATIVE	4.60	2.00	4.60	2.00
LAW ENFORCEMENT OFFICERS CONTINUING EDUCATION	10.10	20.00	10.10	20.00
LAW ENFORCEMENT MANAGEMENT INSTITUTE	2.75	9.00	2.75	9.00
COMPENSATION TO VICTIMS OF CRIME	4,663.50	1,675.45	4,663.50	1,675.45
GENERAL REVENUE	13.75	45.00	13.75	45.00
ARREST FEES	2,178.71	513.77	2,178.71	513.77
JUDICIAL AND COURT PERSONNEL TRAINING	497.54	157.83	497.54	157.83
OPERATOR'S AND CHAUFFEUR'S LICENSE	0.00	75.00	0.00	75.00
COMPREHENSIVE REHABILITATION	14.00	85.00	14.00	85.00
BREATH ALCOHOL TESTING	0.00	0.00	0.00	0.00
RECORD MANAGEMENT FEE	19,962.00	460.00	0.00	20,422.00
COURTHOUSE SECURITY	10,457.43	600.94	0.00	11,058.37
CONSOLIDATED COURT COST	5,143.64	1,471.98	5,143.64	1,471.98
FUGITIVE APPREHENSION	1,259.62	353.21	1,259.62	353.21
JUVENILE CRIME AND DELINQUENCY	64.06	17.89	64.06	17.89
CIVIL LEGAL SERVICES INDIGENT	9.30	224.00	9.30	224.00
TIME PAYMENT	0.00	255.09	0.00	255.09
BALANCE AS OF 11/22/00				996,523.67

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**FINANCIAL REPORT**  
November 22, 2000

FUND	BALANCE 10/19/00	RECEIPTS	DISBURSEMENTS	BALANCE 11/22/00
ROAD & BRIDGE #1	274,063.45	13,183.67	12,800.55	274,446.57
ROAD & BRIDGE #2	337,902.41	16,496.07	37,318.26	317,080.22
ROAD & BRIDGE #3	228,874.12	13,201.92	14,682.49	227,393.55
ROAD & BRIDGE #4	301,303.69	15,305.50	18,726.93	297,882.26
ROAD & BRIDGE SPECIAL #1	2,832.60	0.00	278.11	2,554.49
ROAD & BRIDGE SPECIAL #2	408.58	0.00	414.18	-5.60
BALANCE AS OF 11/22/00				1,119,351.49

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**FINANCIAL REPORT**  
November 22, 2000

FUND	BALANCE 10/19/00	RECEIPTS	DISBURSEMENTS	BALANCE 11/22/00
DEBT SERVICE	717.51	3.37	0.00	720.88
ANTICIPATION NOTES	0.00	0.00	0.00	0.00
RECORD RETENTIONS	22,588.08	1,338.23	674.19	23,252.12
HOTEL/MOTEL TAX	239,641.63	3,204.45	12,679.66	230,166.42
ECONOMICALLY DISTRESSED AREA PROGRAM-TEXAS WATER DEVELOPMENT BOARD GRANT	329.36	1.55	330.91	0.00

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**Texas Natural Resource Conservation Commission**  
**Authorized Agent's Monthly On-site Wastewater Activity Report**  
 for collection of the On-site Research Council fees

AUTHORIZED AGENT: SABINE COUNTY  
 (city, county, river authority, etc.)

CUSTOMER NO.: 620164

MONTH/YEAR: 09/00

**DESIGNATED REPRESENTATIVE:**

Name: JEARY M. JOHNSON  
 Address: P.O. BOX 5350  
 City: SAN ANTONIO, TX Zip Code: 75951-5350  
 Phone: (409) 698-2914 FAX: (409) 698-2101  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Person who processes report other than DR)

Name or Address Change Indicated

**PERMITTING ACTIVITIES:**

**NUMBER OF APPLICATIONS PROCESSED:**  
 (On-site Wastewater Treatment Research Council fee billing calculated from this category)

2

**NUMBER AND TYPE OF DISPOSAL SYSTEMS PERMITTED:**

Absorptive Mounds	—	Graveless Pipe	—	Standard Trenches/Beds	—
Drip Emitters	—	Leaching Chambers	✓	Surface Irrigation	—
Evapotranspiration Beds	—	Low Pressure Dosing	—	Other	—

<b>NUMBER OF COMPLAINT ACTIVITIES:</b>	<b>NUMBER OF ENFORCEMENT ACTIVITIES:</b>
Complaints Investigated	Court Cases Filed
<u>1</u>	

*If the invoices are to be forwarded to someone other than the Designated Representative, please indicate below:*

Name: DONALD L. HALSH WATER SUPPLY DISTRICT  
 Address: P.O. BOX 5350  
 City: SAN ANTONIO, TX Zip Code: 75951-5350  
 Phone: (409) 698-2914 FAX: (409) 698-2101

Name or Address Change Indicated

MAIL TO: WARREN D SAMUELSON PE  
 TNRCC  
 OSSF PROGRAM MC-178  
 PO BOX 13087  
 AUSTIN TX 78711-3087

or FAX TO: (512) 239-6390  
 E-mail address:  
 wsamuels@tnrcc.state.tx.us

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AMM (7/27/99)

**Texas Natural Resource Conservation Commission**  
**Authorized Agent's Monthly On-site Wastewater Activity Report**  
 for collection of the On-site Research Council fees

AUTHORIZED AGENT: SANNE COUNTY  
 (city, county, river authority, etc.)

CUSTOMER NO.: 620164

MONTH/YEAR: 10/00

**DESIGNATED REPRESENTATIVE:**

Name: JEAN M. JOHNSON  
 Address: P.O. BOX 850  
 City: SAN MARSHALL, TX Zip Code: 75951-5150  
 Phone: (409) 698-2914 FAX: (409) 698-2101  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Person who processes report other than DR)

Name or Address Change Indicated

**PERMITTING ACTIVITIES:**

**NUMBER OF APPLICATIONS PROCESSED:**  
 (On-site Wastewater Treatment Research Council fee billing calculated from this category)

2

**NUMBER AND TYPE OF DISPOSAL SYSTEMS PERMITTED:**

Absorptive Mounds	—	Graveless Pipe	—	Standard Trenches/Beds	1
Drip Emitters	—	Leaching Chambers	—	Surface Irrigation	—
Evapotranspiration Beds	—	Low Pressure Dosing	—	Other	—

<b>NUMBER OF COMPLAINT ACTIVITIES:</b>	<b>NUMBER OF ENFORCEMENT ACTIVITIES:</b>
Complaints Investigated <u>2</u>	Court Cases Filed

If the invoices are to be forwarded to someone other than the Designated Representative, please indicate below:

Name: DORCHESTER FRESH WATER SUPPLY DISTRICT  
 Address: PO BOX 550  
 City: SAN MARSHALL, TX Zip Code: 75951-5350  
 Phone: (409) 698-2914 FAX: (409) 698-2101

Name or Address Change Indicated

AMM 17/2/89

MAIL TO: WARREN D SAMUELSON PE  
 TNRCC  
 OSSF PROGRAM MC-178  
 PO BOX 13087  
 AUSTIN TX 78711-3087

or FAX TO: (512) 239-6390  
 E-mail address:  
 wsamuels@tnrcc.state.tx.us

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State Of Texas  
City Of Sabine

HEREBY CERTIFY THAT THESE DOCUMENTS WERE FILED AND  
RECORDED IN THE COMMISSIONER COURT MINUTES OF SABINE  
COUNTY, TEXAS

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JANICE McDANIEL COUNTY CLERK

BY Nicole Corley  
Deputy



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