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 13th regular, November 14th special and November 18th 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.

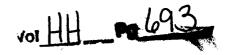
Commissioner Nethery moved to approve the line item transfer in the amount of \$25.00. Commissioner Dickerson seconded. All voted for. Motion carried. See attached copy.

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.

COUNTY JUDGE

COMMISSIONER PCT. #1

COMMISSIONER PCT. #2

_COMMISSIONER PCT. #3

COMMISSIONER PCT. #4

OF HH

ATTEST:

Janice Mc Daniel

COUNTY CLERK

voi HH 10 695

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11-09-00 188313

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

112200 Page 1

Terms voice PO Number Description Date Pd Check No Reg Account Description Due Stat Amount ry Date Invoice ACTION ELEVATOR SAFETY INSPECT (713)671-9747
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SABINE COUNTY GENERAL FUND Accounts Payable Ledger 11-22-00

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32 5	11-09-00	188313	1 CS LASSO BLEACH	19.95 A
			6310.408 -13	7.98
			Vendor Total	\$59.22
(CAGR 336	11-16-00	CAPITAL GRAPHICS, INC. 0000979	(800)769-2030 ANNUAL SOFTWARE SUPPORT 6450.45 -6	A 2250.00
			Vendor Total	\$2250.00
(CCLI 312) 11-20-00	CAPITAL CITY LEASING, I M511AD	NC. PAYMENT 60 OF 60	A
313	11-20-00	M511AD	6502.45 -2 PAYMENT 60 OF 60	661.83 A
314	11-20-00	M511AD	6502.455 -2 PAYMENT 60 OF 60	397.10 A
315	11-20-00	M511AD	6502.457 -2 PAYMENT 60 OF 60 6502.56 -2	397.10 A 1191.30
			Vendor Total	\$2647.33
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321) 11-09-00	29TH CO./DIST. CLERK'S WALKER	SEMINAR (409)845-7692 REGISTRATION FEE	A
363	11-21-00	MCDANIEL	6470.45 -13 REGISTRATION FEE	75.00 A
			6470.403 -1	75.00
			Vendor Total	\$150.00
(CELL 305) 11-12-00	CELL PAGE, INC. 10130694	(800)256-2170 NOV. PAGER FEE 6614.409 -10	A 55.60
			Vendor Total	\$55.60
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334	10-27-00	06013741 06013741900	BOND -26	A 310 63
335	10-27-00	06018300927	BONDS 6635.409 -26	310.63 A 1098.75
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SABINE COUNTY GENERAL FUND Accounts Payable Ledger 11-22-00

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112200 Page 3

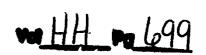
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SABINE COUNTY GENERAL FUND Accounts Payable Ledger

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(HART 309) 11-13-00	HART INTERCIVIC 838122	AIS OPSCAN BALLOTS A	
310	11-13-00	838122	6522.403 -9 GENERAL ELECTION FORMATS A	319.80
311	11-13-00	838122	6522.403 -9 SHIPPING A	200.00
			6522.403 -9	33.21
	÷		Vendor Total	\$553.01
(JACK 384) 11-22-00		218 MILES @ .28 A 6441.4 0	61.04
			Vendor Total	\$61.04
(JACR 342		JAMES EDWARD CROW ONE DAY	GRAND JURY DUTY A 6533.435 -2 Vendor Total	10.00 \$10.00
\HO _ 0) 11-20-00	JAMES HOYLE ONE DAY	GRAND JURY DUTY A 6533.435 -2 Vendor Total	10.00 \$10.00
(JOSM 308) 11-17-00	JOHNNIE M. SMITH	6 HOURS @ 5.50 GENERAL ELEC A 6520.403 -5 Vendor Total	33.00 \$33.00
(JUVI 349) 11-20-00	JUANICE VICKERS ONE DAY	GRAND JURY DUTY A 6533.435 -2 Vendor Total	10.00
) 11-20-00	LEE HUNT ONE DAY	GRAND JURY DUTY A 6533.435 -2	10.00



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

112200 Page 5

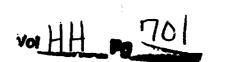
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(LYNN 344) 11-20-00	LYNN LINDSEY ONE DAY	GR AN D 2 6533.4	URY DUTY	A	
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(MAHA 348) 11-20-00	MAUDE HAMILTON ONE DAY		URY DUTY	A	\$10.00
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(WCCX) 11-08-00	MCCOY'S BUILDIN 6504134	IG SUPPLY CENTER (LIGHT F 6450.4	800)856-2269 IXTURE FOR E	ELEVATOR A	
				Vendor To	tal -	\$33.99
(MISC 350) 11-20-00	MIKE SCHAEFER ONE DAY	GRAND J 6533.4	URY DUTY 35 -2	A	
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) 11-14-00	PITNEY BOWES 3105047	RENTAL 1 6612.40	FEE)9 -8 Vendor To	A tal	178.91
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SABINE COUNTY GENERAL FUND Accounts Payable Ledger 11-22-00

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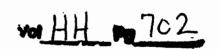
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SABINE COUNTY GENERAL FUND Accounts Payable Ledger 11-22-00

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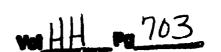
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SABINE COUNTY GENERAL FUND Accounts Payable Ledger 11-22-00

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357 11-20-00	WILLIAM A. SPEIGHTS ONE DAY WILLIE ANNA WILLIAMS ONE DAY	GRAND JURY 6533.435 V	-2 endor Total	A ————	10.00 \$10.00 10.00 \$10.00 9382.79 0.00 \$9382.79



SIGNTHERE FOR PAYMENT APPHOVAL

Jack Leath County Judge Same McDaniel

Janice McDaniel County Clerk

SON WELL COL

Keith Clark

Lynn Smith Commissioner Pct. 2

Day Duk

Commissioner Pct. 1

Doyle Dickerson Commissioner Pct. 3

Gene Nethery Commissioner Pct. 4

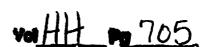
Approved for payment by Sabine County Commissioner's Court November 27, 2000.

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

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155		BIG "4", INC. 00319676 00319675	84 YARDS ROAD 6377.603 36 YARDS ROAD 6377.604	-14 BASE -14	A A	504.00
(CANN 157) 11-14-00	CANNON'S L.P. GAS CO. 9169 000933	VANGUARD HEAT	dor Total ER -8 dor Total	A	\$720.00
(EPSS 154) 11-15-00	EUGENE PROCELLA SERVIC	E STAT. (409)78 MOUNTING 6366.602	7-3701	A	12.00
(GMWS 153) 11-01-00	G-M WATER SUPPLY CORP. 1262	WATER BILL 6440.602	-21 ndor Total	A	20.10 \$20.10
(GRAY 151 152	11-14-0	GRAY'S WHOLESALE TIRE 0 966157 000930 0 966158	(800)39 2 - TIRES 6366.602 2 - REAR FARI 6366.602	92-8604 -8 M TUBES -8	A A	381.00 42.06
			To Tot	ndor Total tal Debits al Credits Of Ledger	=====	\$423.06 1475.16 0.00 \$1475.16



SIGNHERE FOR PAYMENT APPROVAL

Jack Leath County Judge Janes McDaniel

Super Smith

ARCH ARTROVAL

Janice McDaniel County Clerk

Keil Char

Keith Clark Commissioner Pct. 1

Lynn Smith Commissioner Pct. 2

Doyle Dickerson Commissioner Pct. 3

Gene Nethery Commissioner Pct. 4

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

voi HH Pa 706

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:

	FUND	DEPI.	ACCT.	AMOUNT
From:	Road and Bridge	Pct. 4	6344.604	\$25.00
То:	Road and Bridge	Pct. 4	6651.604	\$25.00

Reason:

Department Head

Approved Commissioners' Court

Attest County Clerk

VOI HH PO 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:

. Ma Mital h

	EUND	DEPT.	ACCT.	AMOUNT
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.

proved Commissioners' Court

Attest County Clerk

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	\$13,45 6.00	
TO:	General	Sheriff	Automobiles	\$13,456.00	

Department Head

fack heart

WHH - 709



AT TO THE

4101 South Mediord Drive, Lulkin, Texas 75901 Phone 409-639-1141 - Fax 409-634-8601 25

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 27th, 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

WHH = 710

Working together to improve lives since 1971

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

bunty Judge

VOI HH - 711_









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 retirees. For those of you who have not contacted us about County Choice Silver need 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 retirees' health care coverage, extending their Medicare plans.

County Choice Silver, available only through Texas Association of Counties, produce generous medical benefits to Medicare eligible retirees and their spouses who are generous medical benefits include affordable rates, extensive coverage, a prescription modular on program, freedom to choose providers, eligibility for spouses and hassle-free electrical on claims filing.

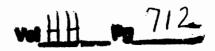
To begin enrollment, we will need the following:

- The enclosed authorization form approved by the court and the enclosed in rlo- 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 enroll ent forms to your retirees who are ages 65 and over. <u>Because our open enrollment particles of from Oct. 1 to Dec. 31, 2000 you may fax the above information to us at 512-481 348.</u> During open enrollment, county retirees who sign up are provided guaranteed co with no restrictions on pre-existing conditions.

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

cc: Commissioners Court Members, Treasurer, Auditor







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 FCDRS
- 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?

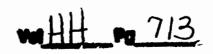
No, this plan is guaranteed issue. No one will be turned down for health reasons.

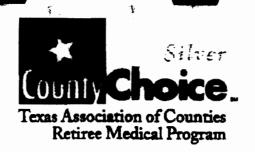
Are there restrictions on pre-existing conditions?

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.





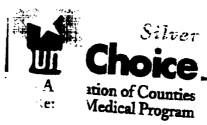
Underwritten by Monumental Life

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
HOSPITALIZATION'			
Semiprivate room and board, general nursing			
and miscellaneous services and supplies:			
First 60 days	All but \$776	\$776 (Part A Deductible)	\$ 0
61 st thru 90 st day 91 st day and after:	Ail but \$194 a day	\$194 a day	\$ 0
While using 60 lifetime reserve days	All but \$388 a day	\$388 a day	\$0
Once lifetime reserve days are used:	All Dut \$500 a day	\$300 a day	•0
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$ 0
Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, ncluding having been in a hospital for at least 3 days and entered a Medicare-approved Facility within 30 days after leaving the -lospital:			
First 20 days	All approved	\$ 0	\$0
21 st thru 100 th day	amounts All but \$97 a day	Up to \$97 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you Are terminally ill and you elect to receive these	All but very limited coinsurance for outpatient drugs and	\$0	Balance





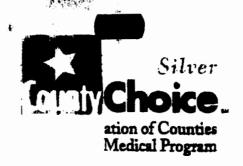
		——————————————————————————————————————
CountyCho	Sil	Authorization Form
Please fill out and mail back to envelope for your convenience.	E	sed is a self addressed stamped
County Sabine		
Contact name Tricia Jacks	*****	
	_	Phone 409/787-2210
Email		Fax 409/787-2044
Current coverage for 65+ retirees	·' o	If yes, carrier
if yes, does county contrib	to £	iums? Y or N
If yes, how much?	- F	ments: f or N
Amount county will contribute tov	⊐ C c	yChoice <i>Silver:</i>
100% None		
		Other Amount (% or \$)
Prior to enrollment of retirees on C the following and sign below:	ntyC	ce Silver, the court must approve
-allow retirees to participate in Cou- provide TAC with a list of current r- over and under 65 years of age	- -	Sliver mes, addresses and dates of birth;
-provide CountyChoice Silver informin the future)	tion	new" retirees (as employees retire
Cabe		
Sabine County authorizes Silver Retiree Program.	retire	o participate in the CountyChoice
Silver Retiree Program. Signature	°etire	o participate in the CountyChoice 1/27/00 Date

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For TAC use only:

Entity code: __ Interlocal rcd:_



Options

Preferred billing method:

LIST (if county pays part of ... The bill will be sent to the co

表述的

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

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

e retirees, but there are past retirees the

IF DIRECT BILLED: County must pro address, and date of birth so that we max. If the county does not maintain this list a provide us updates (atleast and the materials to those individuals as well.

all retirees that includes name, mailing

in the enrollment materials to all eligible retirees.

in the bear of the enrollment of the enro

iF LIST BILLED: County will be provided to a strangent 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 flat of those retirees with han example and mailing address. We can offer this program to those retirees as well, even though the county we retire contributing toward their costs. The county must agree to provide enrollment information to the retirees and/or retirees that reach age 65.

IF COMBINATION BILLED: A list bill care to revided 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 redirect, 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.



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.

THE PERSON NAMED IN

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 , 395 2000

EMPLOYER:	ATTEST:	4
Sabine County (Name of Political Subdivision)	Janice	(Clerk or Secretary)
Hal luch		
(Signature of Official with Authority	to Sign)	
Jack Leath		
(Printed Name of Official with Author	rity to Sign)	
ACCEPTED:		
TEXAS ASSOCIATION OF COU	NTIES INSURANCE	TRUST FUND
BY: Soul Beal		
EFFECTIVE DATE:		
Ø.		

DATE ACCEPTED:

WHH - 718

FEES COLLECTED IN OCTOBER, 2000

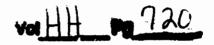
JEFF COX, JUSTICE OF THE PEACE, PRECINCT #1, PLACE #1	1,514.25
THOMAS HAMILTON, JUSTICE OF THE PEACE PRECINCT #2, PLACE #1	2,606.76
	4,416.00
TANYA WALKER, DISTRICT CLERK	10,843.48
JANICE MCDANIEL, COUNTY CLERK	

100 HH 19 719

FINANCIAL REPORT November 22, 2000

FUND /	BALANCE 10/19/00	RECEIPTS	DISBURSEMENTS	BALANCE 11/22/00
GENERAL	635,6 45 .6 2	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
IME PAYMENT	0.00	255.09	0.00	255.09
BALANCE AS OF 11/22/00		: 111	000	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 AGE					-	
CUSTOMER NO.:		county, river authority,	etc.)		MONTH/YEAR:	9100
DESIGNATED R	EPRES	ENTATIVE:				
Name: IMAY	M. TO	NU SON			· · ·	·
Address: fill MX City: SAM RAY	BIAN,	Tx.		Zip Code:	75951-5350	
Phone: (4/4) 69	9-29	14	I	FAX:(_	409 698-2101	
Contact Person:	o processes i	report other than DR)	_ F	hone:(
	<i>p</i>	·		□ Na	me or Address Change I	ndicated
PERMITTING ACTI	VITIES:					<u>ija ka</u>
NUMBER OF APPLIC (On-site Westewater Treatment			ilated from	this catego	(איני)	7
NUMBER AND TYPE OF	DISPOS	L Systems per	Met led): •••		
Absorptive Mounds		Graveless Pipe			Standard Trenches/Beds	
Drip Emitters	-	Leaching Chambe	ers .		Surface Irrigation	-
Evapotranspiration Beds	: ,	Low Pressure Dos	ing	—	Other	-
NUMBER OF COMI	LAINT A	CTIVITIES:	NUN	ABER OF	ENFORCÉMENT ACTIV	ITIES:
Complaints Investigated			Court (Cases File	d	<u> </u>
If the invoices are to be for	varded to s	someone other than	the Desig	nated Rep	resentative, please indicate l	relow:
Name: Address: P.C. M. 4	11 FA	LIA WATLA	11/11	44 6	STANT	
City: SAH PAYA	WAN,	ブメ			_ Zip Code: 7595/	555C
Phone: (409)	98-L9	14	F	AX:(419 (98-210)	
		•		□ Naı	ne or Address Change In	idicated
MAIL TO: WARREN TNRCC OSSF PR PO BOX AUSTIN	OGRAM 13087	I MC-178	НН	Pa 72	or FAX TO: (512) E-mail address: wsamuels@tnrcc.s	

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Texas Natural Resource Conservation Commission Authorized Agent's Monthly On-site Wastewater Activity Report

1 11 Cal

for collection of the On-site Research Council fees

AUTHORIZED AGEN		County, river authority	77				
CUSTOMER NO.:		·	, e tc.)		MONTH/YEA	R: <u>//</u>	100
DESIGNATED RI	EPRES	ENTATIVE:					
Name: JEANY Address: J.O. NO.	7711						
City: JAN ANY	WW,	79			75951-5		
Phone: (4/9) (9/1)	-291	4		AX: _(:	49 698-2		
	processes r	report other than DR)	······································		me or Address Cl	ange Indi	icated
PERMITTING ACTI	VITIES:						
NUMBER OF APPLICATION OF THE STREET PRODUCTION OF THE PRODUCT OF THE STREET PRODUCT OF T			ulated from	this catego	יניי)	Z	7
NUMBER AND TYPE OF	DISPOSA	l Systems per	MITTED	*		teración y	
Absorptive Mounds	ن ېند .	Graveless Pipe		}	Standard Trenche	s/Beds	4
Drip Emitters	·	Leaching Chamb	ers		Surface Irrigation		
Evapotranspiration Beds)	Low Pressure Dec	ting)	Other		
NUMBER OF COMP	LAINT A	CTIVITIES:	NUM	BER OF	ENFORCEMENT	ACTIVITI	ES:
Complaints Investigated		12	Court C	Cases File	d		
If the involces are to be for	varded to s	someone other than	the Design	nated Rep	resentative, please it	rdicate belo	w:
Name: Allers Address: Age 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		CACTH BATT	IA SU	11/1/	Zip Code: 12	1951-5	750
	UEU 18-24/	14	F.	AX:	409) 698-2 11	<u>[]</u>	_
				□ Nar	ne or Address Ch	ange Indic	ated
AMM (7/27/ 99)							
MAIL TO: WARREN							9-6390

WOLHH PO 724

OSSF PROGRAM MC-178

AUSTIN TX 78711-308"

PO BOX 13087

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itereby certify that these documents were filed and
recorded in the commissioner court minutes of sabine
ity. IEAS
VOL. H. PAGE 693
JANICE HEDANIEL COUNTY CLERK
BY WOOLE
Deputy

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