



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

2018 - 2019 Vision Plan Election

Please complete each section confirming your county or district is offering the Voluntary Vision benefit plan, and complete the contribution schedule according to your group's funding levels. This is a voluntary benefit so there is no requirement for the employer to fund any amount toward the coverage. Fax to 1-512-481-8481 or email to your TAC HEBP Employee Benefits Specialist.

Tier	Monthly Rates*	Amount Employer Pays	Amount Employee Pays
Employee Only	\$ 6.20	\$ _____	\$ _____
Employee + Child(ren)	\$ 11.80	\$ _____	\$ _____
Employee + Spouse	\$ 12.43	\$ _____	\$ _____
Employee + Family	\$ 18.28	\$ _____	\$ _____

Your payroll deductions for vision benefits are: (check one) Pre Tax Post Tax

* Note: Rates shown do not include a broker commission.

Please have your county or district's authorized Contracting Authority as listed on your TAC HEBP Renewal Notice and Benefit Confirmation (RNBC) sign below to indicate that the TAC HEBP Voluntary Vision benefit plan will be offered to your employees beginning on your upcoming health plan anniversary date.

E. Ray West III
Signature

E. Ray West III County Judge
Name/Title

7/2/18
Date

(July 2, 2018)
(Exhibit #3)