FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.	Certificate Number: 2017-235617
	Scott & White Health Plan	
	Temple, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	07/12/2017
	City of Killeen	Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

Group Medical Plan Renewal

Scott & White Health Plan is proposing to provide: Employee Group Health Benefits and Prescription Drug Benefits

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Grobowsky, Donald	Temple, TX United States	×		
Bush, Stephen	Temple, TX United States	Х		
Hawkins, MD, Michael	Temple, TX United States	Х		
Casey, Jr., Louis	Temple, TX United States	×		
Ingrum, Jeffrey	Temple, TX United States	Х		
Olson, Lyndon	Temple, TX United States	Х		
Probe, MD, Robert	Temple, TX United States	X		
Maness, Terry	Temple, TX United States	Х		
Dickson, David	Temple, TX United States	Х		
Lima-Leite, Maria	Temple, TX United States	X		
Adams, Jerry	Temple, TX United States	×		
Adams, Phil	Temple, TX United States	X		

FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:			
-	f business.			2017-235617			
	Scott & White Health Plan Temple, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	07/12/2017				
_	being filed.		Date	Date Acknowledged:			
	City of Killeen		Date	Pate Acknowledged.			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	ide a		
	Group Medical Plan Renewal						
	Scott & White Health Plan is proposing to provide: Employee 0	Group Health Benefits and Prescrip	otion D	rug Benefits			
				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busin	ess)				
				Controlling	Intermediary		
_							
_							
_							
_							
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	e disclosure is true	e and correct.		
	Deborah Cotton Notary Public STATE OF TEXAS My Comm. Exp. 08/05/2018 Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said Stophen 20 17, to certify which, witness my hand and seal of office.	Bush, this the	12+	h day of U	uly.		
	Deboran Cotton Executive Assistant Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place	Certificate Number:
	of business.	2017-235617
	Scott & White Health Plan	
	Temple, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	07/12/2017
	City of Killeen	Date Acknowledged: 07/26/2017

Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

Group Medical Plan Renewal

Scott & White Health Plan is proposing to provide: Employee Group Health Benefits and Prescription Drug Benefits

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Grobowsky, Donald	Temple, TX United States	×		
Bush, Stephen	Temple, TX United States	Х		
Hawkins, MD, Michael	Temple, TX United States	Х		
Casey, Jr., Louis	Temple, TX United States	х		
Ingrum, Jeffrey	Temple, TX United States	х		
Olson, Lyndon	Temple, TX United States	×		
Probe, MD, Robert	Temple, TX United States	×		
Maness, Terry	Temple, TX United States	×		
Dickson, David	Temple, TX United States	X		
Lima-Leite, Maria	Temple, TX United States	Х		
Adams, Jerry	Temple, TX United States	×		
Adams, Phil	Temple, TX United States	×		
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FORM **1295**

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-235617		
	Scott & White Health Plan	,	201.	-200011		
	Temple, TX United States	,	Date	Filed:		
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is		2/2017		
_	being filed.	to contract for minor the form to	Į			
	City of Killeen	1	Date Acknowledged: 07/26/2017			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the co	ontract, and prov	vide a	
	Group Medical Plan Renewal Scott & White Health Plan is proposing to provide: Employee	Group Health Benefits and Prescrip	ption C	Orug Benefits		
		T	$\overline{}$	Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	1888)	(check applicable)		
ĺ	nume of interested i dity	olly, state, soundy (place of susmi		Controlling	` 	
			-	Controlling	Intermediary	
<u></u>						
_						
			\longrightarrow			
_		<u> </u>				
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
		Signature of authorized agent of cont	tracting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	,	
	20, to certify which, witness my hand and seal of office.					
					 	
	Signature of officer administering oath Printed name of	officer administering oath T	itle of c	officer administer	ing oath	

FORM **1295**

					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Metropolitan Life Insurance Company			Certificate Number: 2017-232835			
	Dallas, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of Killeen			07/06/2017 Date Acknowledged:			
	City of Killeen			101			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 126844-1-G		the cor	ntract, and prov	vide a		
	Insurance Coverage						
4		<u></u>	$\neg \tau$	Nature of	ure of interest		
4	Name of Interested Party City, State, Country (place of bus		· -		oplicable)		
			\longrightarrow	Controlling	Intermediary		
Sı	unday, Burke	Sugar Land, TX United States			Х		
Ar	rthur J. Gallagher & Co	Sugar Land, TX United States			Х		
			$ \bot $				
			$ \bot $				
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			$ \bot $				
			\Box				
			$ \bot $				
	,						
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above •	disclosure is true	and correct.		
		Signature of authorized agent of con	ntracting	husiness entity			
	AFFIX NOTARY STAMP / SEAL ABOVE	<u> </u>		,			
	Sworn to and subscribed before me, by the said	, this the		day of	,		
	20, to certify which, witness my hand and seal of office.						
	Signature of officer administering oath Printed name of control of the control of	officer administering oath T	Fitle of o	officer administeri	ing oath		

FORM **1295**

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Metropolitan Life Insurance Company Dallas, TX United States			Certificate Number: 2017-232835 Date Filed: 07/06/2017 Date Acknowledged:		
2						
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 126844-1-G Insurance Coverage					
4	Name of Interested Party	City, State, Country (place of busin	iess)	Nature of (check ap		
Sı	unday, Burke	Sugar Land, TX United States			X	
Ar	thur J. Gallagher & Co	Sugar Land, TX United States			Х	
	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the				
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of con-	пасину) Dualifeaa criuty		
	Sworn to and subscribed before me, by the said	, this the		day of	,	
	Signature of officer administering oath Printed name of	officer administering oath T	Title of	officer administeri	ing oath	