FORM 1295

					1011			
	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.		CE	OFFICE USE				
1	Name of business entity filing form, and the city, state and count of business.	Cert	tificate Number: 1-735646					
	Web Benefits Design Corporation		202	1-735040				
	Orlando, FL United States		Date	e Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	04/0	07/2021				
	being filed.							
	City of Kileen	ileen Date Ack						
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.							
	2021RFP							
	Benefit Administration Technology							
4								
	Name of Interested Party	City, State, Country (place of bus	iness)					
				Controlling	2021 sknowledged:			
_								
				1				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Susan Otten	, and my date of	of birth i	_{is} 02/23/1962	2			
	My address is 4725 West Sand Lake Road, Ste 30	0 , Orlando, <u>F</u>	۶L	32819	USA			
	(street)	(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correc	xt.						
	Executed in Orange County	y, State of <u>FL</u> , on the	9_07		, <u>20</u> _21			
				(month)	(year)			
		Susan Otten						
	Signature of authorized agent of contracting business entity (Declarant)							

FORM 1295

						1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.				cate Number: 735646		
	Web Benefits Design Corporation			2021-	735040		
	Orlando, FL United States			Date F	iled.		
2	Name of governmental entity or state agency that is a party to th	o contract for which th	o form is	04/07			
2	being filed.	e contract for which th		• •			
	City of Kileen			Date A	Acknowledged:		
				04/14	/2021		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide	lentification number used by the governmental entity or state agency to track or identify the contract, and provide a f the services, goods, or other property to be provided under the contract.					
	2021RFP						
	Benefit Administration Technology						
4					Nature of	interest	
1	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	plicable)	
				[Controlling	Intermediary	
	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	,	and my date of I	oirth is ₋		·	
	My address is	,,	,	,		,	
	(street)	(city)	(sta	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	xt.					
	Executed inCount	v State of	on the	d.	av of	20	
		y, claic of	, on the _	0	(month)	, 20 (year)	
	Signature of authorized agent of contracting business entity (Declarant)						

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and country of business.	y of the business entity's place	Certificate Number: 2021-733514			
	Metropolitan Life Insurance Company	2021-733314				
	New York, NY United States					
2		ne of governmental entity or state agency that is a party to the contract for which the form is				
	being filed.	Date Acknowledged	4.			
	City of Killeen					
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.					
	COKilleen-RFPBenAdmin-VB-Cobra					
	Group Insurance Benefits					
			Naturo	of interest		
4	Name of Interested Party	City, State, Country (place of busin		applicable)		
			Controlling	Intermediary		
Γ						
_						
_						
_						
				-		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Kelli L. Evans	, and my date of	birth is <u>April 14, 196</u>			
	My address is Two Galleria Tower, 13455 Noel Road, Suite 2110	0_, Dallas,T	Γ <u>Χ</u> , 75240	<u>, United Sta</u> tes		
	(street)	(city) (st	tate) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Dallas County,	State of Texas, on the _	•	, 20 <u>21</u>		
		2	(month	n) (year)		
		Ken Lee	dis			
	Signature of authorized agent of contracting business entity (Declarant)					

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and count of business.		tificate Number: 1-733514			
	Metropolitan Life Insurance Company					
	New York, NY United States		Dat	e Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		01/2021		
-	being filed.		1			
	City of Killeen		Dat	e Acknowledged:		
		04/	14/2021			
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.					
	COKilleen-RFPBenAdmin-VB-Cobra					
	Group Insurance Benefits					
4	Name of little and a Deci	City Chata Country ()		Nature of		
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6						
	My name is	, and my date	of birth	is	·	
	My address is	,		,	,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed inCounty	State of State	A	day of	20	
		, etate or, on u		_day of(month)	, 20 (year)	
		Signature of authorized agent of c	ontracti	na husiness optitu		
	(Declarant)					

FORM 1295

	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.		CF	OFFICE USE	-	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			tificate Number: 1-733517		
	Metropolitan Life Insurance Company					
	lew York, NY United States			e Filed:		
2	Name of governmental entity or state agency that is a party to the	ame of governmental entity or state agency that is a party to the contract for which the form is				
	being filed.					
	City of Killeen		Date	e Acknowledged:		
⊢			4 ¹ 6 , 4h a a		viele e	
3	description of the services, goods, or other property to be provided under the contract.					
	COKilleen RFP Life&Disability					
	Group Insurance Benefits					
4				Nature of	interest	
	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap		
				Controlling	Intermediary	
-						
┝						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Kelli L. Evans	, and my date	of birth i	is_April 14, 1965		
	My address is Two Galleria Tower, 13455 Noel Road, Suite 211	0, Dallas ,	TX ,	,75240	United States	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in Dallas County	v, State of <u>Texas</u> , on t	he _1 st	_day of _ <u>April</u>	, 20_21	
				(month)	(year)	
		1,2 1	0			
		Signature of outborized accent of	en			
	Signature of authorized agent of contracting business entity (Declarant)					

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and countr of business.		i ficate Number: 1-733517			
	Metropolitan Life Insurance Company	202	1 100011			
	New York, NY United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			01/2021		
	being filed.					
	City of Killeen		e Acknowledged:			
		04/1	L4/2021			
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.					
	COKilleen RFP Life&Disability					
	Group Insurance Benefits					
	1			Nature of	intorect	
4	Name of Interacted Party	City State Country (place of hu	ineco)			
	Name of Interested Party	City, State, Country (place of bus	5116225)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth i	S	·	
	My address is				, <u> </u>	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	, State of on the	ie	_day of	, 20	
	couny			(month)	, <u>20</u> . (year)	
		Signature of authorized egent of a	ontractir	a husinoss ontity		
	Signature of authorized agent of contracting business entity (Declarant)					

FORM 1295

	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	-		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			icate Number: -733518			
	Metropolitan Life Insurance Company						
	New York, NY United States						
2	Name of governmental entity or state agency that is a party to the	of governmental entity or state agency that is a party to the contract for which the form is					
	being filed.						
	City of Killeen	een					
⊢			<u> </u>				
3	description of the services, goods, or other property to be provid	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.					
	COKilleen RFP Dental & Vision						
	Group Insurance Benefits						
				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)		
				Controlling	Intermediary		
-							
_							
┝							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Kelli L. Evans	, and my date of	birth is	April 14, 1965	·		
	My address is Two Galleria Tower, 13455 Noel Road, Suite 211	1 <u>0 , Dallas , T</u>	<u>X_,</u>	75240	, <u>United Sta</u> tes		
	(street)	(city) (s	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed in Dallas County	, State of Texas, on the	1 st a	lav of April	2021		
		, orace or <u>restate</u> , on the	u	(month)	, 20 <u>21</u> (year)		
		2					
		Ken Le	in	4			
	Signature of authorized agent of contracting business entity (Declarant)						

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and countr of business.		i ficate Number: 1-733518			
	Metropolitan Life Insurance Company	202	1 100010			
	New York, NY United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	04/0)1/2021		
-	being filed.					
	City of Killeen	Date	Acknowledged:			
		04/1	L4/2021			
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.					
	COKilleen RFP Dental & Vision					
	Group Insurance Benefits					
				1		
4			_	Nature of		
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	of birth i	S	·	
	My address is	,,,		,	, <u> </u>	
	(street)		(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	, State of on th	e	day of	, 20	
	couny			(month)	, <u>20</u> . (year)	
		Signature of authorized egent of a	ntractir	a husinoss ontity		
	Signature of authorized agent of contracting business entity (Declarant)					