

Welcome to Fort Bend County



Risk Management
presents
Your Employee Benefits

What Does Risk Management Do?

- ❑ Employee Health Insurance
- ❑ Section 125 Plan – Flex Plan
- ❑ Worker's Compensation
- ❑ Safety Issues
- ❑ Loss Control
- ❑ Training Courses
- ❑ Health & Wellness
- ❑ Employee Health Clinic

Topics to be Covered

- ❑ Medical Options
- ❑ Prescription Coverage
- ❑ HIPAA – Health Information Portability & Accountability Act
- ❑ Care Navigation
- ❑ Employee Health and Wellness Center
- ❑ Fitness Classes / Employee Gyms
- ❑ Employee Assistance Program
- ❑ Dental Options
- ❑ Vision
- ❑ Dependent Eligibility
- ❑ Section 125 Plan
- ❑ Group Life Insurance
- ❑ Long-Term Disability
- ❑ Workers' Compensation
- ❑ County Vehicles
- ❑ Training Courses
- ❑ Retirement

FORT BEND COUNTY EMPLOYEE BENEFITS

58 Day Waiting Period:

All benefits, **except EAP**, will be effective the first of the month following fifty-eight (58) days of continuous active service. EAP is effective first day of employment.

Medical

Dental

Vision

Section 125 Health and Dependent Care Reimbursement

Employee Assistance Program (EAP)

Group Term Life / Accidental Death & Dismemberment Insurance

Long Term Disability

Optional Life Insurance

Verification of New Hire Benefits Enrollment Effective Date

As a full-time employee with Fort Bend County, I am eligible to elect health benefits within 30 days from my date of hire. I understand that my benefit(s) effective date will be _____.

If enrolling spouse/dependents in Fort Bend County benefits, the documentation required needs to be received by Risk Management within 30 days of employee's date of hire, to be eligible for benefits.

I acknowledge the date stated above is the effective date for all elected benefits with Fort Bend County, if I enroll and provide documentation within my 30 days of hire.

Employee's Printed Name

Social Security Number

Employee's Signature

Date

Department Name

****Note for Rehires:** Due to limitation in Lawson Employee Self Service, the initial Lawson eligibility Effective Date (Start Date) of benefits may be incorrect, due to an existing prior benefit record. This date will be correct subsequent to your online enrollment.

Medical Options

2023 Fort Bend County PPO Plan and Premiums

❑ Plan A- \$300.00 Deductible

Employee:	\$ 71.43
Employee & Child(ren):	\$ 159.55
Employee & Spouse:	\$ 248.95
Employee & Family:	\$ 337.07

❑ Plan B- \$850.00 Deductible

Employee:	\$ 30.19
Employee & Child(ren):	\$ 72.02
Employee & Spouse:	\$ 114.06
Employee & Family:	\$ 155.88

**Premiums are deducted upon benefit effective date.
Deducted from 24 payroll periods.**

Fort Bend County PPO Overview

- ❑ Self-Funded Plan
- ❑ Administered by Boon-Chapman: www.boonchapman.com
- ❑ PPO Medical Provider Lookup : www.aetna.com/asa
- ❑ Annual Vision Benefit (Subject to Calendar Year Deductible)
- ❑ Annual Wellness Benefit: \$5,000.00 (anything over paid as regular benefit)
- ❑ Dependent Children are covered until end of month of 26th Birthday
- ❑ **Spouse Coverage:** If a spouse's employer offers a group Medical plan, the spouse must be enrolled in their plan to participate in Fort Bend County Medical plan as secondary. (COCC or Ineligibility Letter)
- ❑ Healthcare Bluebook: healthcarebluebook.com/cc/boonchapman
Manage Your Out-of-Pocket. Search by procedure, doctors, or hospitals. Go **GREEN** to save **GREEN**.



New Hire Spousal Eligibility Verification

***Annual completion of this form is necessary
for any Spouse covered under a Fort Bend County Medical plan ***

Before completing this form, please consider: What is your integrity worth?

FRAUD NOTICE: The information provided on this form is subject to the FORT BEND COUNTY FRAUD PREVENTION AND DETECTION POLICY, which prohibits obtaining a benefit or thing of value from the County by false claims, misrepresentation of fact, falsification of documents/records, deceptive or false suggestions or suppressions of truth. Providing information on this form in violation of the Fraud Policy subjects a person to investigation, which may result in a denial of the County benefit plan to the participant and/or employee as well as disciplinary actions up to and including termination.

A Fort Bend County employee's spouse who is eligible at any time for medical coverage through the spouse's employer will need to enroll in their employer's medical plan in order to be eligible for secondary coverage under the Fort Bend County Employee Benefit Plan.

I acknowledge having read the FRAUD NOTICE and other information above.

In order to determine whether your spouse is eligible to be covered under the FBC Medical Plan for primary (if not eligible through their employer's plan) or secondary coverage, please complete and submit this form.

Section 1

Employee's Name: _____ Employee ID #: _____

Department: _____ Spouse's full name: _____

Spouse Employment Options

- Is your spouse currently employed? Yes / No
If No, please skip to Section 4.
If Yes:

Circle type of employment: Company/Self

If Company employed, proceed to Section 3.

If Self-employed, does your self-employed spouse have medical coverage? Yes / No

If No, please skip to Section 4.

If Yes, please proceed to Section 2.

Section 2


Spouse Employer Coverage Information: FOR **SELF EMPLOYED** SPOUSES

Name of your self-employed spouse's insurance coverage: _____

Effective date of your self-employed spouse's insurance coverage: _____

Please read **pending notice** below and then continue to complete Section 4.

Continue to other side

		2023 Medical Plan Details			
		FBC Medical Plan A		FBC Medical Plan B	
<i>Cost-Per Doctor-Visit - If you visit a health care provider's office or clinic</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	
Primary Care- treat an injury or illness	\$30	50%	\$30	50%	
Specialist Visit	20%	50%	20%	50%	
Other Practitioner office visit	20%	50%	20%	50%	
Preventive Care/ Screening immunization	No Charge	Not Covered	No Charge	Not Covered	
<p>The plan will pay for immunizations and vaccinations for all covered members if administered at a Preferred Provider, except for the purpose of international travel. In addition, these immunizations will not be subject to the calendar year benefit maximum for annual health screening benefit. Immunization charges incurred at a non-PPO Provider will be processed the same as any other non-PPO service.</p>					
Calendar Year Deductible- Per Participant	\$300	\$700	\$850	\$1,000	
Calendar Year Deductible-Annual Family Limit	\$300 x 5 = \$1500	\$700 x 5 = \$3500	\$850 x 3 = 2550	\$1000 x 3 = \$3000	
Annual Medical Co-insurance- Applies to medical services except for office visit or emergency room copayments and preventive services	20%	Maximum Eligible Charge**	20%	Maximum Eligible Charge**	
If not covered by other group health insurance, Plan pays 100% Co-Insurance when eligible expenses reach:	\$19,000	\$20,000	\$12,500	\$15,000	
Annual Wellness Benefit	\$5000	None	\$5000	None	
Annual Vision Benefit-Not covered: Refraction Fee, Glasses, Contact and other exclusions. Limited to one exam per calendar year.	20%	50%	20%	50%	
<p>This benefit will be paid at 80% co-insurance subject to calendar year deductible and \$30 copay if PPO provider performs exam. Out-of-Network provider, benefits will be payable at 50% co-insurance subject to calendar year deductible.</p>					
Emergency Room	20%	20%	20%	20%	
Emergency Room (Non-Emergency)-Subject to Calendar Year Deductible	20%	50%	20%	50%	
Emergency Medical Transportation	20%	20%	20%	20%	
Urgent Care	20%	50%	20%	50%	
Hospitalization- Inpatient-Subject to Calendar Year Deductible	20%	50% Plus \$250 Per Hospital	20%	50% Plus \$500 Per Hospital	
Hospitalization- Outpatient-Subject to Calendar Year Deductible	20%	50%	20%	50%	
Facility Fee (e.g. hospital room)-Precertification is required	20%	50%	20%	50%	
Physician / Surgeon Fee	20%	30%-50%	20%	30%-50%	
Diagnostic test (x-rays, blood work)	20%	50%	20%	50%	
Imaging (CT/PET scans, MRIs)	20%	50%	20%	50%	
Surgery- Inpatient	20%	50%	20%	50%	
Surgery- Outpatient	20%	30%	20%	30%	

Express Scripts Retail Pharmacies:



Examples of Nationwide Availability:

Albertsons * Brookshire Brothers * Costco *
CVS * H.E.B. * Lifecheck * Medicine Shoppe
* Randall's * Sam's Club * Target * Walgreen's
* Walmart

Express Scripts Prescription Rates

Drug	Retail Co-Pay (30 Day Supply)**	Mail Co-Pay (90 Day Supply) *May also fill 90 day script at Walgreens*
Tier 1 Generic	\$12.00	\$24.00
Tier 2 Preferred Brand	\$30.00	\$60.00
Tier 3 Non-Preferred Brand	\$50.00	\$100.00
Tier 4 Specialty	\$125.00	\$250.00



**Please see Express Scripts Information located on the right side of your blue folder.
For information at your fingertips, download the Express Scripts app onto your
smartphone!**

Your rights under H.I.P.A.A.

(Health Information Portability &
Accountability Act of 1996)

**Please sign & complete the Acknowledgement Form
located on the left side of your folder.**

HIPAA Release Forms are available in Risk Management

ACKNOWLEDGEMENT

I acknowledge that I have received the attached **Fort Bend County Employee Health Plan – NOTICE OF PRIVACY PRACTICES**.

Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment.

Please retain the **Fort Bend County Health Plan – NOTICE OF PRIVACY PRACTICES** for your files.

Please print, sign, and date this acknowledgment below.

Signature

Printed Name

Department

Date

Care Navigation Program: Medical Tourism

It's FREE with Your Benefits!



Might need surgery, imaging, physical therapy?

Contact your Boon-Chapman Member Advocate at 1-888-660-0467

Absolutely Free.

No Co-Pays. No Deductibles.

No Bills. No Forms.

A bundled, all inclusive fixed-priced surgery.

IMPORTANT:

**This benefit is not subject to Coordination of Benefits.
This means only those with primary coverage through a
Fort Bend County medical plan are eligible.**



Fort Bend County Employee Health and Wellness Clinic

This is an exclusive Medical Facility for Fort Bend County Employee Benefit Plan Participants:

- **Employees**
- **Dependents (age 5 and older)**
- **Retirees**

Eligible participants will receive clinical services where the **Deductible and Co-Pay are Waived!**

Location:

301 Jackson Street (next to Travis Building), Richmond, Texas

Hours of Operation:

Monday thru Friday 7:00 a.m. - 5:00 p.m.

The goal of this on-site program is to improve access to quality health and wellness services while promoting preventive and well-patient programs.



Administered by a third-party contractor, **Next Level**, thereby protecting the integrity of patient health information.

Schedule an appointment: Next Level App or call 281-633-7750.

Walk-in visits are welcome.

Provided Services:

Primary Care / Minor Emergency Care / Immunizations / Sports Physicals /
Disease Management / X-Rays / Health & Wellness Programs / Prescriptions /
Wellness Screenings / Pre-Employment Physicals / Post Accident Treatment



Fitness is **FREE** at Fort Bend County

Zumba - Free Weights - Yoga - Treadmills -
Pilates - Universal Weights - Core -
Stationary and Spin Bikes - Boot Camp -
Outdoor Equipment - Group Exercise Classes

FITNESS CENTER LOCATIONS:

Travis Building	Rosenberg Annex
Gus George Academy	Emily Court
Missouri City Annex	Sienna Annex 2 nd Floor
Mirabeau Lamar Homestead Park	



All fitness levels welcome, waiver must be signed prior to participation

Biometric / Health Risk Assessments



Employees can complete a voluntary Biometric Screening with Health Risk Assessment by September 30th of each year in order to qualify for a discount on the following plan year's medical premiums. That is a **\$120.00 savings!**

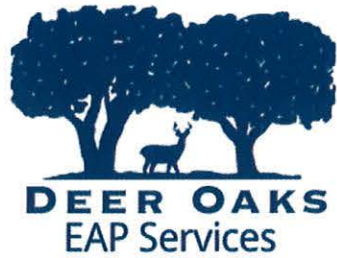
Health Risk Assessment with Biometric Screening may be performed by:

- ❑ A medical provider of your choice (Medical Provider Verification of HRA & Biometric Screening Form)
- ❑ Fort Bend County Employee Health and Wellness Center

Steps for a Voluntary Biometric / Health Risk Assessment (HRA):

- 1.) Schedule and complete Biometric Screening
- 2.) Complete online HRA questionnaire by September 30th

****Employees with benefits beginning after the September cutoff date have 30 days after their benefits become effective to complete the Biometric/HRA or turn in a Medical Provider Verification Form. ****



Deer Oaks EAP Services Employee Assistance Program

- Eight free visits per issue per year
- Free Assistance in preparing a will
- Free legal advice
- Phone: 1-866-EAP-2400
- Website: www.deeroaks.com
- See website for other services

Please see the pamphlet located on the right side of your blue folder

ALL INFORMATION IS CONFIDENTIAL

Dental Options



Fort Bend County Dental

Employee:	\$	0.00
Employee & Child(ren):	\$	17.94
Employee & Spouse:	\$	11.16
Employee & Family:	\$	29.10



Humana Dental (DHMO)

Employee:	\$	0.00
Employee & Child(ren):	\$	10.66
Employee & Spouse:	\$	10.00
Employee & Family:	\$	14.92

Fort Bend County Dental



- ❑ No Provider Directory – Use **ANY** Licensed Dentist in the United States
- ❑ 1 Year Pre-Existing Clause
- ❑ Two free cleanings every 180 days – office visit, cleaning and bite-wing x-rays
- ❑ \$100.00 Calendar year Deductible per person/x 3.
- ❑ **On-time cleanings are mandatory before any other service will be covered**
- ❑ \$1,500.00 Calendar Year Maximum Per Person. No lifetime maximum
- ❑ Orthodontic treatment available to children under 19 years of age only, \$1,500.00 Lifetime maximum
- ❑ Dependent Children are covered up to age of 25

Humana Dental (DHMO)



- ❑ **Dental Health Maintenance Organization (DHMO)**
- ❑ **Select a Primary Dentist** at www.humana.com
- ❑ Co-Payments are applicable at either a participating general dentist or a participating specialty dentist
- ❑ Diagnostic and Preventative services at no charge
- ❑ Dependent children are covered up to age of 25
- ❑ There are no maximum coverage limitations

For more information:

Call 1-800-979-4760 or www.humana.com

Humana Vision Care

VisionCare provides benefits for covered:

- ❑ Eye Health Examinations
- ❑ Frames/Eyeglass Lenses/Contact Lenses

In-VisionCare Network:

- ❑ Find In-Network Providers at www.humana.com
- ❑ Examination: Once every 12 months
- ❑ Lenses or Contact Lenses: Once every 12 months
- ❑ Frames: Once every 24 months
- ❑ Exam: \$10.00 co-payment
- ❑ **Dependent children** covered under plan up to the age of 25

For more information: Call 1-866-995-9316 or www.Humana.com



Spouse and/or Dependent Additions

- ❑ Mid-Year Status Changes (**Special Enrollment/ Late Entrant**) (when submitted **within 30 days** from event date):
- ❑ **Loss of Coverage**
- ❑ **Special Enrollment** - Will be effective the first day of the first calendar month beginning after the date on which the Plan receives the completed enrollment form (Medical Only)
- ❑ **Late Entrant (After-Tax)** - Required to satisfy waiting period (58 days)
- ❑ **Certificate of Creditable Coverage / Required Documentation**

- ❑ **Exceptions** (when submitted **within 31 days** from event date):
 - **Marriage**

Coverage effective date as first day of the first calendar month beginning after the completed Master Enrollment form & required documentation is received.
 - **Birth**

* Required Social Security Number and Certified Birth Certificate must be received **within 31 days from date of birth of child**. Medical Claims will be pended until required documents are received by Risk Mgmt.
 - **Adoption**

Spouse and/or Dependent Deletions

- ❑ Must notify Risk Management Immediately
- ❑ Premiums are not reimbursed when notified after date of ineligibility
- ❑ Documentation may be required



Required Documentation

Required document(s) must be received by Risk Management no later than 30 Days from Date of Hire or elected benefits will be denied. No exceptions can be made.

- ❑ **SPOUSE:** Certified Marriage License or Certified Informal Marriage Certificate, Social Security Number and Spousal Eligibility Verification form including Certificate of Coverage (if applicable) for proof of enrollment in primary plan.
Spousal Eligibility Verification Form: if spouse is covered under the Medical Plan & provide verification of enrollment for medical coverage from spouse's employer, including effective date.
- ❑ **NATURAL/ADOPTED CHILD:** Certified Birth Certificate, which shows name of mother and father (mother or father must be the Employee); Certified, signed and filed, Adoption Decree or Placement for Adoption Order (parent must be the Employee), original Certified Birth Certificate and new Certified Birth Certificate with the name change, etc., with certified, signed and filed, supporting documents for changes; court order (signed by a Judge or the Attorney General) or order for support by the Attorney General for the State of Texas, and Social Security Number.
- ❑ **STEPCHILD:** Certified Birth Certificate which shows name of mother and father, Certified Marriage License showing that Employee is legally married to Stepchild's parent and Stepchild's Social Security Number.
- ❑ **GRANDCHILD:** Certified Birth Certificate; Social Security Number; and proof that the child is a dependent of the Plan Participant for federal income tax purposes at the time application for coverage of the child is made.
- ❑ **COURT ORDERED CHILD:** Certified Birth Certificate; Social Security Number; and Certified, signed and filed court order issued under Chapter 154, Family Code, or enforceable by a court in the State of Texas, stating Plan Participant must provide medical support for child.

What is a Section 125 Plan ?

- ❑ Sometimes referred to as a Flexible Savings Account (FSA) or a Flex Plan.
- ❑ The Plan lets you set aside a certain amount of your paycheck into an account **before paying taxes on your income.**
- ❑ Under the IRS Code Section 125, employees may make pre-tax contributions to a FSA.
- ❑ Reimbursement from the Flexible Savings Account for eligible expenses: Childcare, Glasses, Contacts, Prescriptions, Deductibles, Co-pay, etc.

Please see the packet on the right side of your blue folder for more detailed information regarding the Section 125 Plan & listed eligible medical expenses.

Section 125 Spending Plan



Option to Deduct Premiums Before Taxes are Applied

Reimbursement Plans - Health Care Reimbursement and Dependent Care Reimbursement

- ❑ \$1.50 monthly fee per Plan
- ❑ Paper Claim - Participants have the option for Direct Deposit of reimbursement or receive a standard check (unless using Health Care Reimbursement card at time of purchase)

Health Care Flex Account

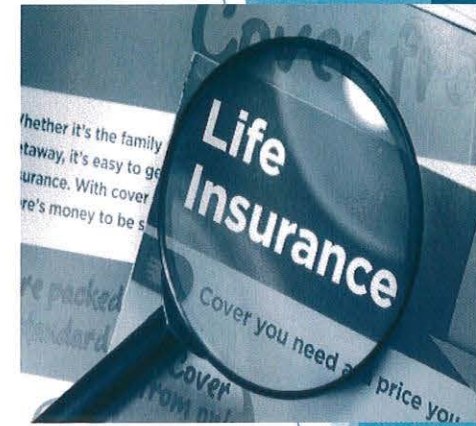
- ❑ Eligible Medical/Dental/Vision expenses not covered by the plan
- ❑ Prescriptions, Deductibles, Co-Pays, Surgery, Various Expenses
- ❑ \$2,750.00 a year maximum
- ❑ \$550.00 Roll over at the end of the 2023 Plan Year
- ❑ Prepaid Benefits Card
- ❑ Full monetary amount available in your account on the effective date of coverage

Dependent Care Flex Account

- ❑ \$5,000.00 a year max
- ❑ Must have a child in day care, after school care, etc.
- ❑ If married, spouse must be employed
- ❑ Money accrues in your account each pay period
- ❑ Terminates while on FMLA yet reinstated once returned to work

GROUP TERM LIFE INSURANCE

- ❑ Paid for by Fort Bend County
- ❑ Coverage for Employee Only
- ❑ Coverage through UNUM Life Insurance
- ❑ \$25,000 All Full-Time Employees
- ❑ \$30,000 All Elected Officials & Department Heads
- ❑ Amount doubles in the event of an accidental death
- ❑ To view beneficiary, click on Lawson *Employee Self-Service*, Benefits, Beneficiary

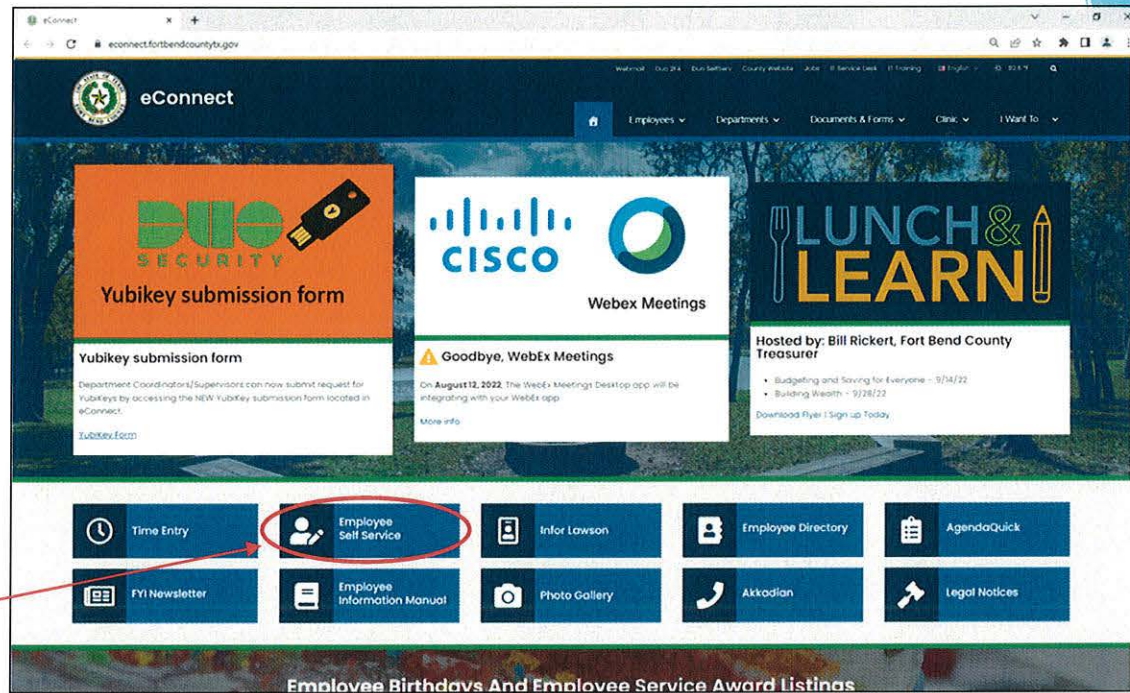


UNUM Provident - Long-Term Disability

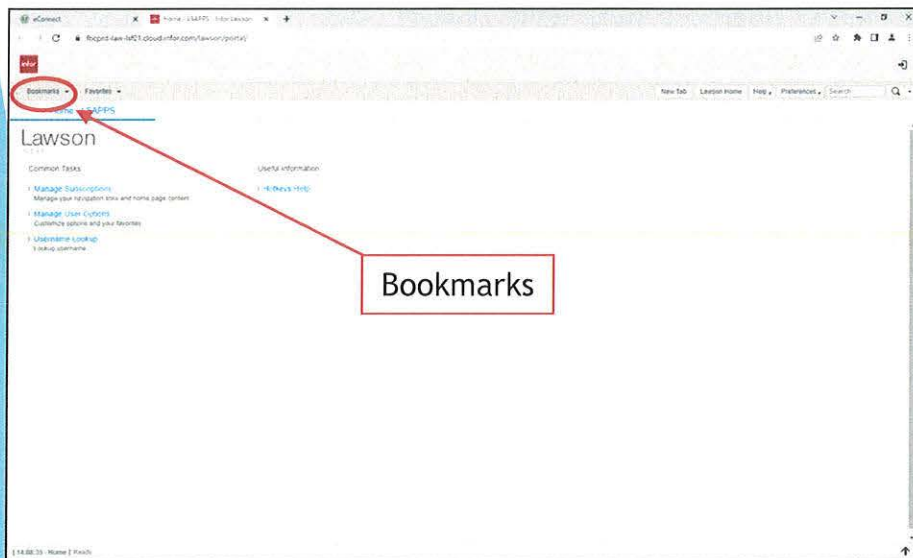
- ❑ Employee must be out at least 180 days
- ❑ Paid for by Fort Bend County
- ❑ Employee Benefit Only
- ❑ Pays 60% of base salary

Please see the Long Term Disability Information located in your blue folder.

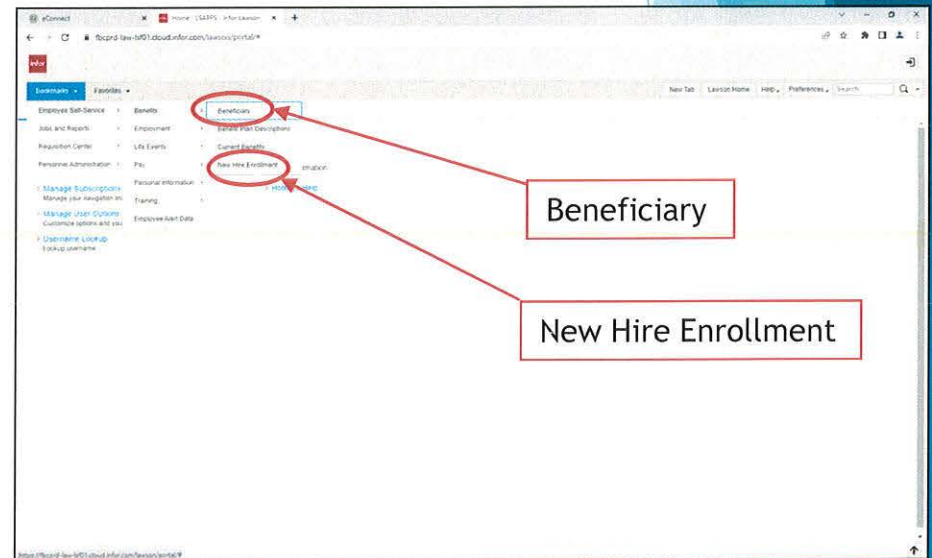
Online Enrollment Processed through Employee Self Service



Employee Self Service



Bookmarks



Beneficiary

New Hire Enrollment

Optional Benefits

UNUM Life Insurance Company

Voluntary Term Life/AD&D

- ❑ Only Optional Life Insurance that is Payroll deductible
- ❑ You have 30 days from your full-time date of hire to submit application for enrollment with the UNUM Voluntary Life Insurance

For further information, please see the Optional Life Insurance Information located in your blue folder



Employer's Notice to New Employee's Regarding Workers' Compensation

- ❑ Claims are administered by Cannon Cochran Management Services, Inc. (CCMSI)
- ❑ If you are injured at work, immediately report your accident to your supervisor in order to file a claim and complete the necessary paper-work
- ❑ The Employer's Notice to New Employees regarding Worker's Compensation Form is an acknowledgement that you understand your common law rights regarding Worker's Compensation
- ❑ If you would like more information, contact Texas Worker's Compensation Commission 1-800-252-7031 or Fort Bend County Risk Management

**Complete the Employer's Notice to New Employees regarding Worker's Compensation Form
located on the left side of your blue folder**

**EMPLOYER'S NOTICE TO NEW EMPLOYEES
REGARDING WORKERS' COMPENSATION**

Fort Bend County has workers' compensation insurance coverage through Brit Global Specialty, USA. The claims are administered by Cannon Cochran Management Services, Inc. If you are injured at work, you are to immediately report your accident to your supervisor in order to file a claim. You can get more information about your workers' compensation rights from the office of the Texas Department of Insurance Division of Workers' Compensation or call 1-800-252-7031.

You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained coverage, you notify your employer in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

El Condado de Fort Bend esta cubierto por aseguranza de compensacion al trabajador para su proteccion con Lloyds of London. El reclamación eres administrar cerca Cannon Cochran Management, Inc. Si uste se lesiando en el trabajo, necessitas a informae immediatamente tu accidente a tu supervisor para pore un reclamacion. Usted puede obtener informacion adicional sobre sus derechos de compensacion al trabajador de cualquier oficina de la Comision de compensacion de Trabajadores de Texas, o puede llamar al 1-800-252-7031.

Usted puede elegir retener su derecho común de acción de ley si, a no mas de cinco dias después de haber comenzado su empleo o dentro de cinco dias después de haber recibido aviso por escrito por parte del empleador donde se informa que el empleador ha obtenido cobertura, notifique a su empleador por escrito que usted desea retener su derecho común de ley para cobrar por danos por una lesión personal. Si usted elige retener su derecho común de acción de ley, usted no podrá obtener ingresos de compensación para trabajadores o beneficios médicos si usted se ha lesionado.

I have read and understand my common law rights regarding workers' compensation as stated above pursuant to Workers' Compensation Rule 110.101 (a) (5).

He leído y entiendo mis derechos de ley común respecto a compensación de Trabajadores como se declaro anteriormente conforme a compensación de Trabajadores, Regla 110.101 (a) (5).

SIGNING THIS FORM DOES NOT WAIVE YOUR COMMON LAW RIGHTS. NEITHER DOES IT INDICATE THAT YOU ARE RETAINING YOUR COMMON LAW RIGHTS. SIGNING THIS FORM ONLY ACKNOWLEDGES THAT YOU HAVE BEEN INFORMED OF YOUR RIGHTS.

Print Name: _____

Employee Signature: _____ Date: _____

Department: _____

(This form must be signed and turned into the Risk Management Department representative at the time of your orientation.)

E:\Risk Mgmt\Workers comp\notices\DWC Notice to New Employees - 2016.DOC



Fort Bend County Vehicle Policy

*Employee Information Manual
Sections 603, 612, and 617*



- Acceptable driving record (MVR)
- Employees driving any vehicle on County business are required to provide copies of current Texas Driver License, proof of coverage under their personal insurance liability policy, and have completed a Defensive Driving course within the last three years
- An employee who has three or more moving violation convictions and/or work related at-fault accidents resulting from separate incidents in the past three years will not be authorized to drive for the County
- An employee who is convicted of a driving-related criminal offense will be designated as a Warned Driver for seven years from the date of conviction and may be referred to a Substance Abuse Professional through the Employee Assistance Program.

**Complete top section and sign the Authorized
Driver's Information Form
located on the left side of your blue folder**





FORT BEND COUNTY

EMPLOYEE/VOLUNTEER AUTHORIZED DRIVER INFORMATION

Pursuant to Section 612 Vehicle Policy of the Fort Bend County Employee Information Manual: This form is to be completed and all supporting documentation provided for all prospective or current employees/volunteers whose jobs may require operation of a county-owned vehicle or operation of a personal vehicle for county business. A Computerized Criminal History (CCH), Motor Vehicle Report (MVR), and verification of insurability is hereby requested at this time by the county department.

PLEASE PRINT THE FOLLOWING INFORMATION:

DRIVER'S NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(STREET OR P. O. BOX) (CITY) (STATE) (ZIP)

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

EXPIRATION DATE: _____ LICENSE CLASS: _____ CDL: _____
(Example: C) YES NO

*Employees/Volunteers who will be authorized to drive a personal vehicle for County business must provide a copy of their current auto liability policy identification card with this form as proof of insurability.**

I, the undersigned, hereby certify that for the past three (3) years, I have not received three or more moving violations, or for the past seven (7) years, I have not been convicted of a driving related criminal offense. I further certify that I give consent to Fort Bend County to obtain my Computerized Criminal History (CCH), verify my driving record (MVR Report), and liability coverage throughout my employment with Fort Bend County with no additional notice or authorization.

EMPLOYEE ID# SIGNATURE DATE

REQUEST TO BE COMPLETED BY EMPLOYEE'S DEPARTMENT

Authorize employee/volunteer to drive a **COUNTY VEHICLE ONLY**.

Authorize employee/volunteer to drive a **COUNTY VEHICLE and/or PERSONAL VEHICLE** for County business.

Employee/volunteer **WILL NOT BE AUTHORIZED** to drive a County vehicle and/or a personal vehicle for County business.

APPROVED BY (SIGNATURE OF ELECTED OFFICIAL/DEPARTMENT HEAD) DATE

DEPARTMENT NUMBER / DEPARTMENT NAME

*** THIS FORM AND REQUIRED DOCUMENTATION (i.e. Texas Driver's License and Personal Auto Liability card*)
MUST BE RETURNED TO RISK MANAGEMENT ***

Risk Management Employee Training



- ❑ Defensive Driving
- ❑ Driving Simulator
- ❑ CPR / First Aid
- ❑ Fire Extinguisher
- ❑ Mental Health First Aid



Enroll through Lawson Employee Self Service



Insurance With Retirement

Refer to the Employee Information Manual-Section 511

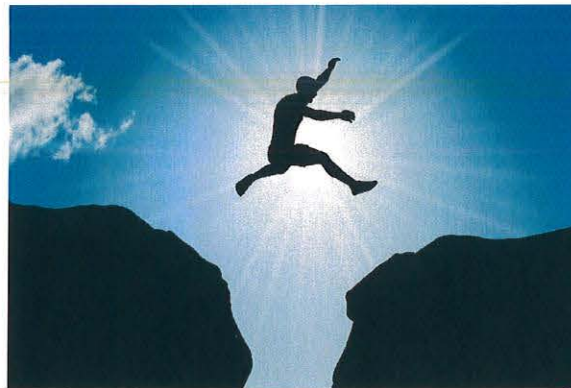
To Receive County Paid/Subsidized continued Health and Dental benefits coverage through the Fort Bend County Employee Benefit Plan or the Medicare supplement plan, an eligible employee hired by Fort Bend County on or after July 1, 2019, must meet all the requirements in Section 511.01 with minimum of 60 years of age if qualified for retirement in accordance with Section 510, 20 (twenty) consecutive full-time years immediately preceding retirement and 12 consecutive months immediately preceding retirement in each of the Health or Dental plans they wish to continue.



Insurance With Retirement

Returning to Fort Bend County as a newly rehired full-time employee

Effective July 1, 2019, a retiree participating in Fort Bend County continuation of health benefits who is rehired by Fort Bend County on or after July 1, 2019 into a full time benefits-eligible position shall forfeit the continuation of benefits. The rehired retiree shall be eligible to enroll in current active full-time employee benefits, subject to any applicable waiting period, and the continuation of benefits will remain effective only during the waiting period. The rehired retiree will be considered a new hire subject to the age and years of service requirements for employees hired on or after July 1, 2019 as specified in Table 511.02(b).





Enrollment Overview

- ❑ I. T. Department will e-mail your Network Username and Password

- ❑ New Hire Enrollment is open for **30 days** from Date of Hire.
You can process from work or the Risk Management Office.
MAKE A COPY FOR YOUR RECORDS
(Enroll/Decline Medical, Dental, VisionCare, Health Care Reimbursement, Day Care Reimbursement)

- ❑ Complete Beneficiary for *Free* Group Life Insurance

- ❑ **Required documentation must be received to Risk Management no later than 30 days from Date of Hire**
(Example: Certified Marriage License, Spousal Eligibility Verification Form, Certificate of Coverage -Spouse,
Certified Birth Certificate(s), Social Security Card(s))

Risk Management will be happy to make copies of your documents today

Don't have time to bring documents into Risk Management?

Save Time, Save Gas, Save Trees!



EMPLOYEE DOCUMENT UPLOAD ON E-CONNECT

Birth Certificates, Marriage Licenses, Divorce Decrees, etc.
All can be uploaded to Risk Management via E-Connect

Employees may scan the document at their workstation or by using the scanner in the Risk Management lobby.

This is **ONLY** for documents submitted for benefit purposes to Risk Management

Are you currently covered under Fort Bend County insurance?



If you are currently covered under Medical, Dental or Vision coverage through Fort Bend County, through a parent or spouse and will be enrolling in your own Employee Coverage, have them contact Risk Management within 30 days from your date of hire to delete you from their plan.

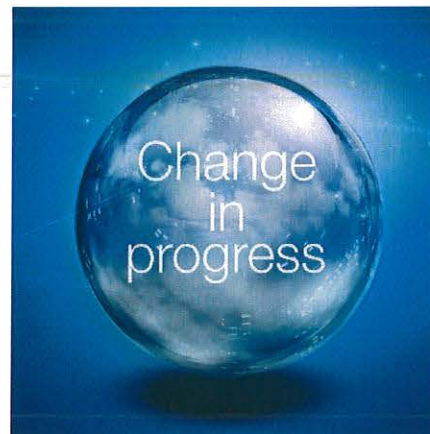


CONTACT RISK MANAGEMENT ANYTIME DURING THE YEAR!

Family Status Change (birth/marriage/divorce/death/loss of coverage)

or

If you have any questions regarding any PLANS or Benefits



Follow Us on Social Media!

**JOIN OUR
FACEBOOK
GROUP!**

**The Fort Bend
County Risk
Management
Facebook Group
is here!**

Topics on Facebook Group:

- 👍 Upcoming Events
- 👍 Health & Wellness
- 👍 Raffles/Drawings
- 👍 Benefit Information
- 👍 Training Events
- 👍 Pictures & More



Risk Management will only allow employees/retirees and their dependents to join the Fort Bend County Risk Management Facebook Group. This Facebook Group is for informational purposes only. All questions or concerns will need to be directed to the FBC Risk Management Department at 281-341-8630.

Fort Bend County Risk Management Facebook 

<https://www.facebook.com/groups/736593630091857/>

Risk Management Contact Information

Office Hours: 7:30 a.m. – 5:00 p.m.

Phone: (281) 341-8630

Fax: (281) 341-3751

Email: employeebenefits@fbctx.gov

Located: William B. Travis Building, Suite 224
Richmond, Texas

Thank You And Have A Great Day!