



Control Number: 49351



Item Number: 63

Addendum StartPage: 0

The Carlton Law Firm, P.L.L.C.

4301 Westbank Drive, Suite B-130
Austin, Texas 78746

Phone: (512) 614-0901
Facsimile: (512) 900-2855

John J. Carlton
john@carltonlawaustin.com

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FILM CLEAR

August 11, 2020

**VIA ELECTRONIC SUBMISSION
and VIA FEDEX AIRBILL NO. 7712 3571 3387**

Public Utility Commission
Attn: Central Records
1701 N. Congress Avenue, 8th Floor
Austin, Texas 78701

RE: PUC Docket No. 49351; SOAH Docket No. 473-19-5674.WS; *Ratepayers Appeal of the Decision by Bear Creek Special Utility District to Change Rates*; Public Utility Commission of Texas.


Dear Central Records:

Enclosed please find Bear Creek Special Utility District's document production, identified as BCSUD001000 to BCSUD001771. These documents are produced in response to Commission Staff's Amended Fifth Request for Information, Question Nos. 5-3, 5-5, 5-9, 5-11, 5-13, 5-14, and 5-15.

Thank you for your attention to the enclosed documents. If you have any questions, please contact me at your earliest convenience.

Sincerely,

THE CARLTON LAW FIRM, P.L.L.C.



John J. Carlton

Attorney for Bear Creek Special Utility
District

Enclosure

cc: Parties of Record

63

RESPONSIVE TO STAFF 5-3 AND 5-11

RESOLUTION NO. 2018-006

A RESOLUTION approving and authorizing the execution and delivery of a "Water Facilities Contract" with the Greater Texoma Utility Authority; and resolving other matters incident and related to the execution and delivery of such contract

WHEREAS, negotiations have been conducted between the Greater Texoma Utility Authority (the "Authority") and the Bear Creek Special Utility District (the "District"), with respect to the execution of a water facilities contract (the "Contract," the form of which is attached hereto as **Exhibit A**), whereby the Authority would provide water supply and transmission facilities to the District; and

WHEREAS, said Contract has been prepared and submitted to this governing body for approval, and it has been determined by the Board of Directors that the Contract is in the best interest of the District and should be approved, now, therefore,

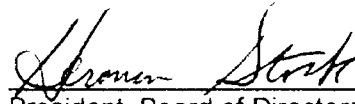
BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE BEAR CREEK SPECIAL UTILITY DISTRICT:

SECTION 1. The "Water Facilities Contract" by and between the Greater Texoma Utility Authority and the District, substantially in the form and content attached hereto as **Exhibit A** and incorporated herein for all purposes is hereby approved for and on behalf of the District. The President and Secretary of the Board of Directors of the District are hereby authorized and directed to execute such Contract for and on behalf of the District and as its act and deed of this Board of Directors

SECTION 2. This Resolution shall take effect and be in full force from and after its adoption.

PASSED AND APPROVED, this October 9, 2018

BEAR CREEK SPECIAL UTILITY DISTRICT



President, Board of Directors

ATTEST:



Secretary, Board of Directors



RESPONSIVE TO STAFF 5-5

2017 Annual Financial Breakdown

Third RFI 3-9
RFI 5-5

1. Customer Charges/Fees	TOTAL	Staff 3-9	Explanation	Source of Revenues
4110 · Late Fee	91,184.38	Customer Charges & Fees	Late fees collected	Water Customers
4115 · Srv Charges	649,766.62	Customer Charges & Fees	Service Charges Collected	Water Customers
4122 · Online Processing Fee	0.00	Customer Charges & Fees	Return Payment Fee	
4120 · Returned Ck Fee - Other	648.17	Customer Charges & Fees	Return Payment Fee	Water Customers
4130 · Reconnect	9,174.74	Customer Charges & Fees	Reconnect fees from disconnections	Water Customers
				Water Customers; Rockwall County; Lenhart Development; AT&T; Traditions; Smith Funeral Home; Dominos; Alliegiance Title Co.
4250 · Other Income	26,489.84	Customer Charges & Fees	Reimbursement of Engineering Fees/ Road Bore Fees and Material/Water Leak; claims settlements; refunded earnest money	
4300 · Meter Sale	105,420.00	Customer Charges & Fees	New Meter Sales Fee	Water Customers
4506 · Acct Transfer Fee	11,298.88	Customer Charges & Fees	Account Transfer Fees - New Customers	Water Customers
4511 · Assesment Rcv	-141.38	Customer Charges & Fees	State Assessment	Water Customers
4516 · Inspections Fee	5,770.00	Customer Charges & Fees	Customer Service Inspection Fees	Water Customers
4527 · Fire Hydrant Connection Fee	900.00	Customer Charges & Fees	Fire Hydrant Connection Fees	Water Customers
4528 · Trip Charge	35.00	Customer Charges & Fees	Trip Charge	Water Customers
4530 · Backflow Operator Registration	1,900.00	Customer Charges & Fees	Backflow Operator Registration Fees	Backflow Operators
4531 · BPAT Adminstrative Fee	1,005.83	Customer Charges & Fees	Backflow Admin. Fees	Water Customers
TOTAL	903,452.08			
2. Developer Member Contributions	TOTAL	Staff 3-9	Explanation	
4500 · Aid to Construct	227,408.00	Developer/Member Contributions	Income from Aid to Construction for new meter installations	Water Customers
4555 · Contribution	95,075.00	Developer/Member Contributions	Reimbursement from County for Engineering fees for the relocation of Pump Station 1 due to highway widening	Rockwall County Asset Reimbursement
TOTAL	322,483.00			
3. Rental Income	TOTAL	Staff 3-9	Explanation	
4529 · Tower Rent	7,200.00	Rental Income	Income from tower rental	Renter of Tower space
TOTAL	7,200.00			
4. Interest Income	TOTAL	Staff 3-9	Explanation	
4200 · Interest Income	6,242.06	Interest Income	Income from money market accounts	Bank
TOTAL	6,242.06			
5. Interest Expense	TOTAL	Staff 3-9	Explanation	
5583 · Interest Expense Audtors	62,567.22	Interest Expense	Interest expense paid out for loan with bank	
TOTAL	62,567.22			

RESPONSIVE TO STAFF 5-9

PF1 5-9 2017

1:41 PM

07/22/20

Accrual Basis

Bear Creek Special Utility District
Account QuickReport
 January through December 2017

Type	Date	Num	Name	Memo	Split	Amount
5110 · Insurance						
5114 · Dental						
Bill	- 03/27/2017	3061	Reliance Standard L...	Dental/Vision ..	2112 Account ..	3,324.99
Bill	- 06/26/2017	3228	Reliance Standard L...	Dental/Vision ...	2112 · Account...	2,537.97
Bill	- 09/25/2017	3408	Reliance Standard L .	Dental/Vision ..	2112 Account...	2,537.97
Total 5114 · Dental						8,400.93
Total 5110 · Insurance						8,400.93
TOTAL						8,400.93

✓

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP
PO BOX 82510 / LINCOLN NE 68501-2510
Phone 800-497-7044
Fax. 402-467-7338

Case Number: 9-04429-0001-
Bill Due Date: 04/01/2017
Bill Period: Apr 2017 - Jun 2017

Return Service Requested

Remit Payment to:

BEAR CREEK SPECIAL UTILITY DISTRICT
ATTN: CAMILLE REAGAN
PO BOX 188
LAVON, TX 75166

Reliance Standard Life Insurance Company
ATTN: RSL Group Admin
PO Box 82510
Lincoln, NE 68501

Return this top portion with your amount due.

Total Amount Due \$3,324.99

Employee Name Plan Name	Dependent Coverage	Previous Balance	Benefit Amount**	Covered Monthly Earnings (CME)*	Premium Amount	Total Amount				
Bear Creek Special Utility District										
Brooks-Kennemer, Samantha										
Dental	Yes									
Vision	Yes									
Liles, Josh D										
Dental	Yes									
Vision	Yes									
Martin III, Charles E										
Dental	Yes									
Vision	Yes									
Nelson, Richard D										
Dental	Yes									
Vision	Yes									
Reagan, Camille										
Dental	Yes									
Vision	Yes									
Wright, Amber N										
Dental	No									
Vision	No									
Bear Creek Special Utility District						\$3,294.99				
Bill Sub Total						\$3,294.99				
***Billing Fee						\$30.00				
Balance Forward						\$0.00				
****Bill Total						\$3,324.99				
<div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div><div>MAR 28 2017</div><div>BY: V #3061</div><div></div></div>										
Plan Name	Plan Number		Total		Participants					
Dental	9002-479		\$3,136.29		6					

0037074-100071-01

BCSUD001003



PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351

Employee Name Plan Name	Dependent Coverage	Previous Balance	Benefit Amount**	Covered Monthly Earnings (CME)*	Premium Amount	Total Amount
Bear Creek Special Utility District						
Brooks-Kennemer, Samantha						
Dental	Yes					
Vision	Yes					
Liles, Josh D						
Dental	Yes					
Vision	Yes					
Martin III, Charles E						
Dental	Yes					
Vision	Yes					
Nelson, Richard D						
Dental	Yes					
Vision	Yes					
Reagan, Camille						
Dental	Yes					
Vision	Yes					
Wright, Amber N						
Dental	No					
Vision	No					
Bear Creek Special Utility District						\$3,294.99

Bill Sub Total	\$3,294.99
***Billing Fee	\$30.00
Balance Forward	\$0.00
****Bill Total	\$3,324.99

Plan Name	Plan Number	Total	Participants
Dental	9002-479	\$3,136.29	6

0037074100071501



BEAR CREEK SPECIAL UTILITY DISTRICT

PO BOX 188
LAVON, TX 75166



88-1632/1119

ETicket™ Check Fraud
Protection for Business

3/28/2017

PAY TO THE
ORDER OF Reliance Standard Life Insurance Company

\$ **3,324.99

Three Thousand Three Hundred Twenty-Four and 99/100 ***** DOLLARS

Reliance Standard Life Insurance Company
ATTN: RSL Group Admin
P. O. Box 82510
Lincoln, NE 68501



Camille Reagan
AUTHORIZED SIGNATURE

MEMO

Case #9-04429-0001 4/2017-6/2017

⑈00306⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3061

Reliance Standard Life Insurance Company

Date	Type	Reference	Original Amt.	Balance Due	3/28/2017 Discount	Payment
3/27/2017	Bill		3,324.99	3,324.99		3,324.99
					Check Amount	3,324.99

Independent Bank - M Case #9-04429-0001 4/2017-6/2017

3,324.99

BEAR CREEK SPECIAL UTILITY DISTRICT

3061

Reliance Standard Life Insurance Company

Date	Type	Reference	Original Amt.	Balance Due	3/28/2017 Discount	Payment
3/27/2017	Bill		3,324.99	3,324.99		3,324.99
					Check Amount	3,324.99

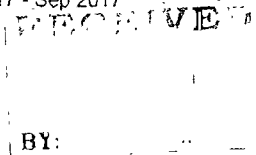
Independent Bank - M Case #9-04429-0001 4/2017-6/2017

3,324.99

**PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351**

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP
PO BOX 82510 / LINCOLN NE 68501-2510
Phone: 800-497-7044
Fax: 402-467-7338

Case Number: 9-04429-0001-
Bill Due Date: 07/01/2017
Bill Period: Jul 2017 - Sep 2017



Return Service Requested

Remit Payment to:

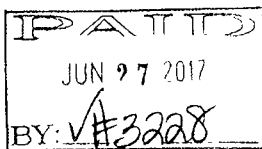
BEAR CREEK SPECIAL UTILITY DISTRICT
ATTN: CAMILLE REAGAN
PO BOX 188
LAVON, TX 75166

Reliance Standard Life Insurance Company
ATTN: RSL Group Admin
PO Box 82510
Lincoln, NE 68501

Return this top portion with your amount due.

Total Amount Due \$2,537.97

Employee Name Plan Name	Dependent Coverage	Previous Balance	Benefit Amount**	Covered Monthly Earnings (CME)*	Premium Amount	Total Amount
Bear Creek Special Utility District						
Brooks-Kennemer, Samantha						
Dental	Yes					
Vision	Yes					
Liles, Josh D						
Dental	Yes					
Vision	Yes					
Martin III, Charles E						
Dental	Yes					
Vision	Yes					
Nelson, Richard D						
Dental	Yes					
Vision	Yes					
Reagan, Camille						
Dental	Yes					
Vision	Yes					
Wright, Amber N						
Dental	No					
Vision	No					



Bear Creek Special Utility District \$2,507.97

Bill Sub Total \$2,507.97

*****Billing Fee \$30.00**

Balance Forward \$0.00

******Bill Total \$2,537.97**

Plan Name	Plan Number	Total	Participants
Dental	9002-479	\$2,380.17	6



Case Number: 9-04429-0001-
Bill Due Date: 07/01/2017
Bill Period: Jul 2017 - Sep 2017

Plan Name	Plan Number	Total	Participants
Vision	9002-479	\$127.80	6

Make your check payable to: Reliance Standard Life Insurance Company

Write your Case Number on your check and mail it in the enclosed envelope with a copy of your bill.

* CME - Covered Monthly Earnings are used to calculate LTD premium amounts (if applicable).

** Benefit Amount is used to calculate Life & STD premium amounts (if applicable).

*** The Billing Fee includes the current month billing fee as well as any fees due for previous billings that have not been paid.

**** "Bill Total" may include previous amount due

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351

Employee Name Plan Name	Dependent Coverage	Previous Balance	Benefit Amount**	Covered Monthly Earnings (CME)*	Premium Amount	Total Amount
Bear Creek Special Utility District						
Brooks-Kennemer, Samantha						
Dental	Yes					
Vision	Yes					
Liles, Josh D						
Dental	Yes					
Vision	Yes					
Martin III, Charles E						
Dental	Yes					
Vision	Yes					
Nelson, Richard D						
Dental	Yes					
Vision	Yes					
Reagan, Camille						
Dental	Yes					
Vision	Yes					
Wright, Amber N						
Dental	No					
Vision	No					
Bear Creek Special Utility District						\$2,507.97
Bill Sub Total						\$2,507.97
***Billing Fee						\$30.00
Balance Forward						\$0.00
****Bill Total						\$2,537.97

Plan Name	Plan Number	Total	Participants
Dental	9002-479	\$2,380.17	6

0037166100071401



322

BEAR CREEK SPECIAL UTILITY DISTRICTPO BOX 188
LAVON, TX 75166

88-1632/1119

E-Z-Check® Check Fraud
Protection for Business

6/27/2017

PAY TO THE
ORDER OF Reliance Standard Life Insurance Company

\$ **2,537.97

Two Thousand Five Hundred Thirty-Seven and 97/100***** DOLLARSReliance Standard Life Insurance Company
ATTN: RSL Group Admin
P. O. Box 82510
Lincoln, NE 68501
AUTHORIZED SIGNATURE

MEMO

Case #9-04429-0001 7/2017-9/2017

⑈003228⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3228

Reliance Standard Life Insurance Company

Date	Type	Reference	Original Amt.	Balance Due	6/27/2017 Discount	Payment
6/26/2017	Bill		2,537.97	2,537.97		2,537.97
					Check Amount	2,537.97

Independent Bank - M Case #9-04429-0001 7/2017-9/2017

2,537.97

BEAR CREEK SPECIAL UTILITY DISTRICT

3228

Reliance Standard Life Insurance Company

Date	Type	Reference	Original Amt.	Balance Due	6/27/2017 Discount	Payment
6/26/2017	Bill		2,537.97	2,537.97		2,537.97
					Check Amount	2,537.97

Independent Bank - M Case #9-04429-0001 7/2017-9/2017

2,537.97

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP
PO BOX 82510 / LINCOLN NE 68501-2510
Phone: 800-497-7044
Fax: 402-467-7338

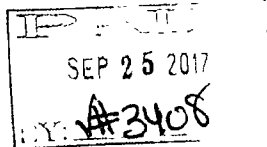
Case Number: 9-04429-0001-
Bill Due Date: 10/01/2017
Bill Period: Oct 2017 - Dec 2017

Return Service Requested

Remit Payment to:

BEAR CREEK SPECIAL UTILITY DISTRICT
ATTN: CAMILLE REAGAN
PO BOX 188
LAVON, TX 75166

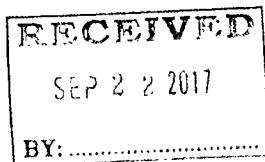
Reliance Standard Life Insurance Company
ATTN: RSL Group Admin
PO Box 82510
Lincoln, NE 68501



Return this top portion with your amount due.

Total Amount Due \$2,537.97

Employee Name Plan Name	Dependent Coverage	Previous Balance	Benefit Amount**	Covered Monthly Earnings (CME)*	Premium Amount	Total Amount
Bear Creek Special Utility District						
Brooks-Kennemer, Samantha						
Dental	Yes					
Vision	Yes					
Liles, Josh D						
Dental	Yes					
Vision	Yes					
Martin III, Charles E						
Dental	Yes					
Vision	Yes					
Nelson, Richard D						
Dental	Yes					
Vision	Yes					
Reagan, Camille						
Dental	Yes					
Vision	Yes					
Wright, Amber N						
Dental	No					
Vision	No					
Bear Creek Special Utility District						\$2,507.97



Bill Sub Total \$2,507.97
***Billing Fee \$30.00
Balance Forward \$0.00
****Bill Total \$2,537.97

Plan Name	Plan Number	Total	Participants
Dental	9002-479	\$2,380.17	6

BCSUD001010

Bill Process Date: 09/15/17



Case Number: 9-04429-0001-
Bill Due Date: 10/01/2017
Bill Period: Oct 2017 - Dec 2017

Plan Name	Plan Number	Total	Participants
Vision	9002-479	\$127.80	6

Make your check payable to: Reliance Standard Life Insurance Company

Write your Case Number on your check and mail it in the enclosed envelope with a copy of your bill.

*** CME - Covered Monthly Earnings are used to calculate LTD premium amounts (if applicable).**

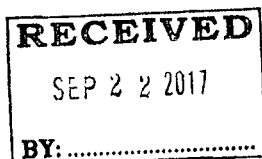
**** Benefit Amount is used to calculate Life & STD premium amounts (if applicable).**

***** The Billing Fee includes the current month billing fee as well as any fees due for previous billings that have not been paid.**

****** "Bill Total" may include previous amount due**

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351

Employee Name Plan Name	Dependent Coverage	Previous Balance	Benefit Amount**	Covered Monthly Earnings (CME)*	Premium Amount	Total Amount
Bear Creek Special Utility District						
Brooks-Kennemer, Samantha						
Dental	Yes					
Vision	Yes					
Liles, Josh D						
Dental	Yes					
Vision	Yes					
Martin III, Charles E						
Dental	Yes					
Vision	Yes					
Nelson, Richard D						
Dental	Yes					
Vision	Yes					
Reagan, Camille						
Dental	Yes					
Vision	Yes					
Wright, Amber N						
Dental	No					
Vision	No					
Bear Creek Special Utility District						\$2,507.97



Bill Sub Total \$2,507.97
***Billing Fee \$30.00
Balance Forward \$0.00
****Bill Total \$2,537.97

Plan Name	Plan Number	Total	Participants
Dental	9002-479	\$2,380.17	6

0037258 100069501



3408

BEAR CREEK SPECIAL UTILITY DISTRICTPO BOX 188
LAVON, TX 75166

88-1632/1119

EZCheck® Check Fraud
Protection for Business

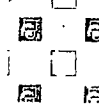
9/25/2017

PAY TO THE
ORDER OF Reliance Standard Life Insurance Company

\$ **2,537.97

Two Thousand Five Hundred Thirty-Seven and 97/100*****

DOLLARS

Reliance Standard Life Insurance Company
ATTN: RSL Group Admin
P. O. Box 82510
Lincoln, NE 68501
AUTHORIZED SIGNATURE

MEMO

Case #9-04429-0001 10/2017-12/2017

⑈003408⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3408

Reliance Standard Life Insurance Company

Date	Type	Reference	Original Amt.	Balance Due	9/25/2017 Discount	Payment
9/25/2017	Bill		2,537.97	2,537.97		2,537.97
					Check Amount	2,537.97

Independent Bank - M Case #9-04429-0001 10/2017-12/2017

2,537.97

BEAR CREEK SPECIAL UTILITY DISTRICT

3408

Reliance Standard Life Insurance Company

Date	Type	Reference	Original Amt.	Balance Due	9/25/2017 Discount	Payment
9/25/2017	Bill		2,537.97	2,537.97		2,537.97
					Check Amount	2,537.97

Independent Bank - M Case #9-04429-0001 10/2017-12/2017

2,537.97

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351

1:40 PM
07/22/20
Accrual Basis

R#1 59
2017

Bear Creek Special Utility District
Account QuickReport
January through December 2017

Type	Date	Num	Name	Memo	Split	Amount
5110 - Insurance						
5116 - Medical Insurance						
Paycheck	01/06/2017	DD	Brooks-Kennemer, .		1112 - Indepen...	
Paycheck	01/06/2017	DD	Liles, Joshua D.		1112 Indepen	
Paycheck	01/06/2017	DD	Martin III, Charles E		1112 Indepen	
Paycheck	01/06/2017	DD	Nelson, Richard D		1112 Indepen. .	
Paycheck	01/06/2017	DD	Willaby, Amber N		1112 Indepen .	
Paycheck	01/06/2017	DD	Reagan, Camille		1112 Indepen ..	
Paycheck	01/20/2017	DD	Brooks-Kennemer,		1112 Indepen. .	
Paycheck	01/20/2017	DD	Liles, Joshua D		1112 Indepen...	
Paycheck	01/20/2017	DD	Martin III, Charles E		1112 Indepen..	
Paycheck	01/20/2017	DD	Nelson, Richard D		1112 Indepen	
Paycheck	01/20/2017	DD	Willaby, Amber N		1112 Indepen	
Paycheck	01/20/2017	DD	Reagan, Camille		1112 Indepen	
Bill	01/27/2017	2963	Blue Cross Blue Shi	2/1/2017 to 3/	2112 Account...	9,443.95
Paycheck	02/03/2017	DD	Brooks-Kennemer, .		1112 Indepen .	
Paycheck	02/03/2017	DD	Liles, Joshua D		1112 Indepen. .	
Paycheck	02/03/2017	DD	Martin III, Charles E		1112 Indepen.	
Paycheck	02/03/2017	DD	Nelson, Richard D		1112 Indepen...	
Paycheck	02/03/2017	DD	Willaby, Amber N.		1112 Indepen.	
Paycheck	02/03/2017	DD	Reagan, Camille		1112 Indepen.	
Paycheck	02/17/2017	DD	Brooks-Kennemer,		1112 Indepen ..	
Paycheck	02/17/2017	DD	Liles, Joshua D		1112 Indepen .	
Paycheck	02/17/2017	DD	Martin III, Charles E		1112 Indepen	
Paycheck	02/17/2017	DD	Nelson, Richard D		1112 Indepen.	
Paycheck	02/17/2017	DD	Willaby, Amber N		1112 Indepen	
Paycheck	02/17/2017	DD	Reagan, Camille		1112 Indepen .	
Bill	02/24/2017	3005	Blue Cross Blue Shi..	3/1/2017 to 4/	2112 Account. .	9,443.95
Paycheck	03/03/2017	DD	Brooks-Kennemer, .		1112 Indepen	
Paycheck	03/03/2017	DD	Liles, Joshua D.		1112 Indepen.	
Paycheck	03/03/2017	DD	Martin III, Charles E		1112 Indepen...	
Paycheck	03/03/2017	DD	Nelson, Richard D		1112 Indepen ..	
Paycheck	03/03/2017	DD	Willaby, Amber N		1112 Indepen..	
Paycheck	03/03/2017	DD	Reagan, Camille		1112 Indepen..	
Paycheck	03/17/2017	DD	Brooks-Kennemer, .		1112 Indepen.	
Paycheck	03/17/2017	DD	Liles, Joshua D.		1112 Indepen...	
Paycheck	03/17/2017	DD	Martin III, Charles E		1112 Indepen.	
Paycheck	03/17/2017	DD	Nelson, Richard D		1112 Indepen	
Paycheck	03/17/2017	DD	Willaby, Amber N		1112 Indepen. .	
Paycheck	03/17/2017	DD	Reagan, Camille		1112 Indepen ..	
Bill	03/27/2017	3055	Blue Cross Blue Shi	4/1/2017 to 5/	2112 Account	9,443.95
Paycheck	03/31/2017	DD	Brooks-Kennemer, ..		1112 Indepen	
Paycheck	03/31/2017	DD	Liles, Joshua D		1112 Indepen...	
Paycheck	03/31/2017	DD	Martin III, Charles E		1112 Indepen.	
Paycheck	03/31/2017	DD	Nelson, Richard D		1112 Indepen	
Paycheck	03/31/2017	DD	Willaby, Amber N		1112 Indepen...	
Paycheck	03/31/2017	DD	Reagan, Camille		1112 Indepen...	
Paycheck	04/14/2017	DD	Brooks-Kennemer, ..		1112 Indepen.	
Paycheck	04/14/2017	DD	Liles, Joshua D		1112 Indepen	

BCSUD001014 Page 1

CONFIDENTIAL

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351

1:40 PM

07/22/20

Accrual Basis

Bear Creek Special Utility District
Account QuickReport
January through December 2017

Type	Date	Num	Name	Memo	Split	Amount
Paycheck	04/14/2017	DD	Martin III, Charles E		1112 · Indepen .	
Paycheck	04/14/2017	DD	Nelson, Richard D		1112 · Indepen ..	
Paycheck	04/14/2017	DD	Willaby, Amber N		1112 Indepen	
Paycheck	04/14/2017	DD	Reagan, Camille		1112 Indepen .	
Bill	04/25/2017	3101	Blue Cross Blue Shi.	5/1/2017 to 6/.	2112 Account	9,443.95
Paycheck	04/28/2017	DD	Brooks-Kennemer,		1112 · Indepen	
Paycheck	04/28/2017	DD	Liles, Joshua D.		1112 · Indepen...	
Paycheck	04/28/2017	DD	Martin III, Charles E		1112 Indepen .	
Paycheck	04/28/2017	DD	Nelson, Richard D		1112 Indepen .	
Paycheck	04/28/2017	DD	Willaby, Amber N		1112 Indepen...	
Paycheck	04/28/2017	DD	Reagan, Camille		1112 Indepen	
Paycheck	05/12/2017	DD	Brooks-Kennemer,		1112 Indepen	
Paycheck	05/12/2017	DD	Liles, Joshua D		1112 · Indepen.	
Paycheck	05/12/2017	DD	Martin III, Charles E		1112 Indepen	
Paycheck	05/12/2017	DD	Nelson, Richard D		1112 Indepen .	
Paycheck	05/12/2017	DD	Willaby, Amber N.		1112 · Indepen...	
Paycheck	05/12/2017	DD	Reagan, Camille		1112 Indepen .	
Bill	05/24/2017	3106	Blue Cross Blue Shi	6/1/2017 to 7/ .	2112 Account	9,443.95
Paycheck	05/26/2017	DD	Brooks-Kennemer, .		1112 Indepen ..	
Paycheck	05/26/2017	DD	Liles, Joshua D.		1112 Indepen...	
Paycheck	05/26/2017	DD	Martin III, Charles E		1112 Indepen..	
Paycheck	05/26/2017	DD	Nelson, Richard D		1112 Indepen .	
Paycheck	05/26/2017	DD	Willaby, Amber N.		1112 Indepen	
Paycheck	05/26/2017	DD	Reagan, Camille		1112 Indepen	
Paycheck	06/09/2017	DD	Brooks-Kennemer, ..		1112 Indepen	
Paycheck	06/09/2017	DD	Liles, Joshua D		1112 Indepen .	
Paycheck	06/09/2017	DD	Martin III, Charles E		1112 Indepen.	
Paycheck	06/09/2017	DD	Nelson, Richard D		1112 Indepen.	
Paycheck	06/09/2017	DD	Willaby, Amber N.		1112 · Indepen	
Paycheck	06/09/2017	DD	Reagan, Camille		1112 Indepen...	
Paycheck	06/23/2017	DD	Brooks-Kennemer, ..		1112 · Indepen...	
Paycheck	06/23/2017	DD	Liles, Joshua D		1112 · Indepen...	
Paycheck	06/23/2017	DD	Martin III, Charles E		1112 · Indepen.	
Paycheck	06/23/2017	DD	Nelson, Richard D		1112 Indepen.	
Paycheck	06/23/2017	DD	Willaby, Amber N		1112 Indepen..	
Paycheck	06/23/2017	DD	Reagan, Camille		1112 · Indepen...	
Bill	06/26/2017	3224	Blue Cross Blue Shi	7/1/2017 to 8/ .	2112 Account...	9,443.95
Paycheck	07/07/2017	DD	Brooks-Kennemer, .		1112 · Indepen	
Paycheck	07/07/2017	DD	Liles, Joshua D.		1112 Indepen	
Paycheck	07/07/2017	DD	Martin III, Charles E		1112 · Indepen	
Paycheck	07/07/2017	DD	Nelson, Richard D		1112 Indepen	
Paycheck	07/07/2017	DD	Willaby, Amber N		1112 Indepen .	
Paycheck	07/07/2017	DD	Reagan, Camille		1112 Indepen...	
Paycheck	07/07/2017	DD	Brooks-Kennemer, .		1112 Indepen	
Paycheck	07/07/2017	3241	Liles, Joshua D		1112 Indepen...	
Paycheck	07/07/2017	3242	Martin III, Charles E		1112 Indepen .	
Paycheck	07/07/2017	3243	Nelson, Richard D		1112 Indepen	
Paycheck	07/07/2017	DD	Reagan, Camille		1112 Indepen	
Paycheck	07/07/2017	DD	Willaby, Amber N		1112 Indepen...	

BCSUD001015 Page 2

CONFIDENTIAL

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351

1:40 PM

07/22/20

Accrual Basis

Bear Creek Special Utility District
Account QuickReport
January through December 2017

Type	Date	Num	Name	Memo	Split	Amount
Paycheck	07/21/2017	DD	Brooks-Kennemer,		1112 · Indepen	
Paycheck	07/21/2017	DD	Liles, Joshua D		1112 · Indepen..	
Paycheck	07/21/2017	DD	Martin III, Charles E		1112 · Indepen..	
Paycheck	07/21/2017	DD	Nelson, Richard D		1112 · Indepen..	
Paycheck	07/21/2017	DD	Willaby, Amber N		1112 Indepen...	
Paycheck	07/21/2017	DD	Reagan, Camille		1112 · Indepen	
Paycheck	08/04/2017	DD	Brooks-Kennemer,		1112 · Indepen..	
Paycheck	08/04/2017	DD	Liles, Joshua D		1112 · Indepen.	
Paycheck	08/04/2017	DD	Martin III, Charles E		1112 · Indepen.	
Paycheck	08/04/2017	DD	Nelson, Richard D		1112 Indepen	
Paycheck	08/04/2017	DD	Willaby, Amber N		1112 · Indepen	
Paycheck	08/04/2017	DD	Reagan, Camille		1112 Indepen	
Bill	- 08/14/2017	3316	Blue Cross Blue Shi	8/1/2017 to 9/...	2112 Account.	9,443.95
Paycheck	08/18/2017	DD	Brooks-Kennemer, .		1112 · Indepen ..	
Paycheck	08/18/2017	DD	Liles, Joshua D		1112 · Indepen	
Paycheck	08/18/2017	DD	Martin III, Charles E		1112 Indepen	
Paycheck	08/18/2017	DD	Nelson, Richard D		1112 Indepen...	
Paycheck	08/18/2017	DD	Willaby, Amber N		1112 Indepen..	
Paycheck	08/18/2017	DD	Reagan, Camille		1112 Indepen	
Bill	- 08/24/2017	3341	Blue Cross Blue Shi	9/1/2017 to 1	2112 Account..	9,443.95
Paycheck	09/01/2017	DD	Brooks-Kennemer, .		1112 Indepen .	
Paycheck	09/01/2017	DD	Liles, Joshua D		1112 Indepen. .	
Paycheck	09/01/2017	DD	Martin III, Charles E		1112 Indepen.	
Paycheck	09/01/2017	DD	Nelson, Richard D		1112 Indepen ..	
Paycheck	09/01/2017	DD	Willaby, Amber N.		1112 Indepen .	
Paycheck	09/01/2017	DD	Reagan, Camille		1112 Indepen	
Paycheck	09/15/2017	DD	Brooks-Kennemer, ...		1112 Indepen	
Paycheck	09/15/2017	DD	Liles, Joshua D		1112 Indepen...	
Paycheck	09/15/2017	DD	Martin III, Charles E		1112 · Indepen	
Paycheck	09/15/2017	DD	Nelson, Richard D		1112 Indepen	
Paycheck	09/15/2017	DD	Willaby, Amber N.		1112 Indepen	
Paycheck	09/15/2017	DD	Reagan, Camille		1112 Indepen	
Bill	- 09/25/2017	3403	Blue Cross Blue Shi	10/1/2017 to	2112 · Account .	9,443.95
Paycheck	09/29/2017	DD	Brooks-Kennemer,		1112 · Indepen.	
Paycheck	09/29/2017	DD	Liles, Joshua D.		1112 Indepen. .	
Paycheck	09/29/2017	DD	Martin III, Charles E		1112 Indepen .	
Paycheck	09/29/2017	DD	Nelson, Richard D		1112 Indepen. .	
Paycheck	09/29/2017	DD	Willaby, Amber N.		1112 Indepen .	
Paycheck	09/29/2017	DD	Reagan, Camille		1112 Indepen. .	
Paycheck	10/13/2017	DD	Brooks-Kennemer, .		1112 Indepen .	
Paycheck	10/13/2017	DD	Liles, Joshua D.		1112 Indepen .	
Paycheck	10/13/2017	DD	Martin III, Charles E		1112 · Indepen .	
Paycheck	10/13/2017	DD	Nelson, Richard D		1112 Indepen .	
Paycheck	10/13/2017	DD	Willaby, Amber N		1112 · Indepen...	
Paycheck	10/13/2017	DD	Reagan, Camille		1112 Indepen	
Paycheck	10/27/2017	DD	Brooks-Kennemer,		1112 Indepen	
Paycheck	10/27/2017	DD	Liles, Joshua D.		1112 Indepen...	
Paycheck	10/27/2017	DD	Martin III, Charles E		1112 · Indepen	
Paycheck	10/27/2017	DD	Nelson, Richard D		1112 · Indepen	

CONFIDENTIAL

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351

1:40 PM

07/22/20

Accrual Basis

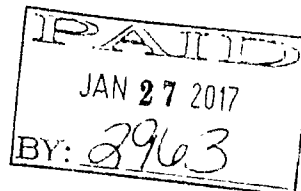
Bear Creek Special Utility District
Account QuickReport
January through December 2017

Type	Date	Num	Name	Memo	Split	Amount
Paycheck	10/27/2017	DD	Willaby, Amber N		1112 Indepen .	
Paycheck	10/27/2017	DD	Reagan, Camille		1112 Indepen...	
Bill	- 10/30/2017	3463	Blue Cross Blue Shi	11/1/2017 to	2112 Account	10,621.95
Paycheck	11/10/2017	DD	Brooks-Kennemer,		1112 Indepen	
Paycheck	11/10/2017	DD	Liles, Joshua D		1112 Indepen	
Paycheck	11/10/2017	DD	Martin III, Charles E		1112 Indepen.	
Paycheck	11/10/2017	DD	Nelson, Richard D		1112 Indepen	
Paycheck	11/10/2017	DD	Willaby, Amber N		1112 Indepen	
Paycheck	11/10/2017	DD	Reagan, Camille		1112 Indepen...	
Paycheck	11/21/2017	DD	Brooks-Kennemer,		1112 Indepen .	
Paycheck	11/21/2017	DD	Liles, Joshua D		1112 Indepen	
Paycheck	11/21/2017	3510	Martin III, Charles E		1112 Indepen.	
Paycheck	11/21/2017	DD	Nelson, Richard D		1112 Indepen.	
Paycheck	11/21/2017	DD	Willaby, Amber N.		1112 Indepen.	
Paycheck	11/21/2017	DD	Reagan, Camille		1112 Indepen	
Paycheck	11/24/2017	DD	Brooks-Kennemer,		1112 Indepen	
Paycheck	11/24/2017	DD	Liles, Joshua D.		1112 Indepen.	
Paycheck	11/24/2017	DD	Martin III, Charles E		1112 Indepen.	
Paycheck	11/24/2017	DD	Nelson, Richard D		1112 Indepen...	
Paycheck	11/24/2017	DD	Willaby, Amber N		1112 Indepen ..	
Paycheck	11/24/2017	DD	Reagan, Camille		1112 Indepen	
Bill	- 11/29/2017	3518	Blue Cross Blue Shi	12/1/2017 to	2112 Account .	10,032.95
Paycheck	12/08/2017	DD	Brooks-Kennemer, ...		1112 Indepen.	
Paycheck	12/08/2017	DD	Liles, Joshua D		1112 Indepen	
Paycheck	12/08/2017	DD	Martin III, Charles E		1112 Indepen	
Paycheck	12/08/2017	DD	Nelson, Richard D		1112 Indepen	
Paycheck	12/08/2017	DD	Willaby, Amber N.		1112 Indepen	
Paycheck	12/08/2017	DD	Reagan, Camille		1112 Indepen.	
Paycheck	12/21/2017	DD	Brooks-Kennemer,		1112 Indepen.	
Paycheck	12/21/2017	DD	Liles, Joshua D		1112 Indepen.	
Paycheck	12/21/2017	DD	Martin III, Charles E		1112 Indepen ..	
Paycheck	12/21/2017	DD	Nelson, Richard D		1112 Indepen	
Paycheck	12/21/2017	DD	Willaby, Amber N.		1112 Indepen ..	
Paycheck	12/21/2017	DD	Reagan, Camille		1112 Indepen.	
Bill	- 12/28/2017	3520	Blue Cross Blue Shi..	1/1/2018 to 2/	2112 Account	10,772.46
General Journal	12/31/2017	0005		Recognize Pri	1320 Prepaid	
Total 5116 Medical Insurance						108,603.41
Total 5110 Insurance						108,603.41
TOTAL						108,603.41

CONFIDENTIAL

Please tear off and return the coupon below with your payment.

TXNPR00 1/27/17 20170119B08 JSCF



BlueCross
BlueShield
of Texas



Corp Code: TX1
Account Number: 022523
Profile Number: 0000704392
Account Name: BEAR CREEK SPECIAL UTILITY DISTRICT
01/19/17

Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

RECONCILIATION (to be completed by customer)	
Total Amount Due:	\$9,443.95
Please indicate amount paid:	9443.95
To avoid delays in processing your Membership Changes, please do not include them with your payment	

DO NOT WRITE BELOW THIS LINE

TX1 000022523 5 0000704392 0 20170201 0000000944395 00119 0000000000 04

BCSUD001018



BlueCross BlueShield of Texas

P.O. Box 655730
Dallas, TX 75265-5730

*****3-DIGIT 751
8943 1 AT 0.399 36

PROFILE # 0000704392

ATTN: CAMILLE REAGAN
BEAR CREEK SPECIAL UTILITY DISTRICT
P.O. BOX 188
LAVON TX 75166-0188

3518

About the Bill...

Each section of the bill will provide you with information to reflect the status of your Account's enrollment as of the date the billing was prepared. Additions, cancellations, terminations, adjustments, and other needed information will be clearly identified so that you can prepare your Account's payment for the forthcoming period with a minimum of time and effort.

How to Read the Bill...

The bill is divided into three sections:

The Bill Summary,
Subscriber Fees List,
Rate and Exposure Tables

Also, included with your bill is a Payment Coupon.

Bill Summary:

The first line in the summary is the amount due from the previous bill. All activities such as payments and adjustments are individually listed. Charges included in the billing period are summarized by Current Subscriber Fees, which represent the fees calculated for the current bill period, and Subscriber Fee Adjustments, which represent adjustments to prior periods occurring since the last bill. The last line of the summary indicates the total amount due.

Subscriber Fees:

Each of your subscribers will be identified on this report. Columns will identify the appropriate Category, Product, Rate Tier, and Rate for each subscriber. In addition, an explanation is provided for any adjustments to the subscriber fee.

Rate Table:

The Rate Table will confirm the charged rates for the latest billing period by rate structure and product.

Exposure Table:

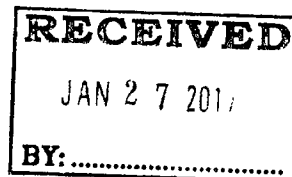
The Exposure table will summarize the number of members by product and rate structure relative to your account in effect at the end of this billing period. In addition, if the family unit is split between Non-Medicare and Medicare Primary, their counts will appear in the Split row. This will provide you with verification that all of your subscribers have been accounted for on the bill.

Payment Coupon:

When returned to us with your payment, the Payment Coupon will enable us to more quickly credit your account. Simply fill in the dollar amount of your payment and return the coupon with your check in the envelope provided, making sure our address shows through the window.

Online Bill Payment is here. It's easy to view and print your statements online.

Learn how to sign-up at http://www.bcbstx.com/employer/safe_secure.htm



PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351



Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile:	0000704392 ALL SUBSCRIBERS	3518
Bill Date:	01-18-2017	Payment Due Date 02-01-2017
Bill Period:	02-01-2017 to 03-01-2017	Page 4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	HEALTH		DENTAL		CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
			PRODUCT	REL/ TIER	PRODUCT	TIER				
000837502775	BROOKS KENNEMER, SAMANTHA L.	0001	0007-PPO	SUB						
000837502775	KENNEMER, EMMA	0001	0007-PPO	DEP						
000830286150	LILES, JOSHUA D	0001	0007-PPO	SUB						
000830286150	LILES, MARLEE	0001	0007-PPO	DEP						
000830286150	LILES, HEATHER L	0001	0007-PPO	SPS						
000845252587	MARTIN, CHARLES E	0001	0007-PPO	SUB						
000845252587	MARTIN, JENNIFER	0001	0007-PPO	SPS						
000845252587	MARTIN, LILYANN	0001	0007-PPO	DEP						
000845252587	MARTIN, ARABELLA	0001	0007-PPO	DEP						
000821714224	NELSON, RICHARD D	0001	0007-PPO	SUB						
000821714224	NELSON, BLAYKLEE B.	0001	0007-PPO	DEP						
000821714224	NELSON, ASHLEY	0001	0007-PPO	SPS						
000839206141	REAGAN, CAMILLE	0001	0007-PPO	SUB						
000839206141	REAGAN, RANDY L	0001	0007-PPO	SPS						
000821730511	WRIGHT, AMBER N.	0001	0007-PPO	SUB						
TOTAL FEES									9,443.95	9,443.95
									Total Member Count: 15	

**Current Charges Includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.
Allocated Taxes and Fees. **\$18.90**

Tier Identifier
M = Medicare
P = Split Medicare

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment. Documents relating to membership updates should be mailed to: Blue Cross and Blue Shield of Texas, P.O. Box 655730, Dallas, TX 75265-5730.
Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

BCSUD001020

CONFIDENTIAL



For All Billing Inquiries Call:
800-445-2227

Account: 022523 - BEAR CREEK SPECIAL UTILITY DISTRICT		
Profile: 0000704392 - ALL SUBSCRIBERS		3518
Bill Date: 01-18-2017	Payment Due Date: 02-01-2017	Page
Bill Period: 02-01-2017 to 03-01-2017		3

BILL SUMMARY

	Date	Activity	Total Due
Previous Amount Billed			\$9,443.95
Payments			
Check # 002906	01-05-2017	(9,443.95)	
Adjustments			
NONE		.00	
Total Payments and Adjustments			(\$9,443.95)
Remaining Balance			\$.00
Fees			
Current Charges		9,443.95	
Subscriber Fee Adjustments		.00	
Total Fees			\$9,443.95
Total Amount Due *			\$9,443.95

Total Amount Due *

\$9,443.95

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Allocated Taxes and Fees: \$18.90

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions when remitting your payment:

If remitting by check, please use the payment coupon and envelope that is provided with your Bill.

If remitting electronically via wire, please indicate the following in the description field of the transmittal:

022523 0000704392 02-01

If sending your payment via overnight delivery service, please include the payment coupon and address to:

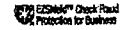
JPMorgan Chase (TX1-0029)
Attn: Health Care Service Corporation Box 731428
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

BEAR CREEK SPECIAL UTILITY DISTRICT

PO BOX 188
LAVON, TX 75166



88-1632/1119



1/27/2017

PAY TO THE
ORDER OF Blue Cross Blue Shield

\$ **9,443.95

Nine Thousand Four Hundred Forty-Three and 95/100*****

DOLLARS

Blue Cross Blue Shield
P. O. Box 660049
Dallas, TX 75266-0049



Camille Reaza
AUTHORIZED SIGNATURE

MEMO

Act. 022523 2/1/2017-/1/2017 0000704392

1100296311

BEAR CREEK SPECIAL UTILITY DISTRICT

2963

Blue Cross Blue Shield				1/27/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
1/27/2017	Bill		9,443.95	9,443.95	
				Check Amount	Payment
					9,443.95

Independent Bank - M Act. 022523 2/1/2017-/1/2017 0000704392

9,443.95

BEAR CREEK SPECIAL UTILITY DISTRICT

2963

Blue Cross Blue Shield				1/27/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
1/27/2017	Bill		9,443.95	9,443.95	
				Check Amount	Payment
					9,443.95

Independent Bank - M Act. 022523 2/1/2017-/1/2017 0000704392

9,443.95

Please tear off and return the coupon below with your payment.

P A T I D
FEB 24 2017
BY: 3005

BlueCross
BlueShield
of Texas



Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

Corp Code: TX1
Account Number: 022523
Profile Number: 0000704392
Account Name: BEAR CREEK SPECIAL UTILITY DISTRICT
02/16/17

RECONCILIATION (to be completed by customer)

Total Amount Due: \$9,443.95

Please indicate amount paid:

9,443.95

To avoid delays in processing your Membership Changes, please do not include them with your payment!

DO NOT WRITE BELOW THIS LINE

TX1 000022523 5 0000704392 0 20170301 0000000944395 00120 0000000000 04

BCSUD001023



TX08800
20170216B08 J00A
20170216 021984
ENV [9.279] 2 of 3 B 1

Remittance Address
Health Care Service Corporation
P O. Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile:	0000704392 - ALL SUBSCRIBERS	4376
Bill Date:	02-15-2017	Payment Due Date: 03-01-2017
Bill Period:	03-01-2017 to 04-01-2017	Page 3

BILL SUMMARY

	Date	Activity	Total Due
Previous Amount Billed			\$9,443.95
Payments			
Check # 002963	01-31-2017	(9,443.95)	
Adjustments			
NONE		.00	
Total Payments and Adjustments			(\$9,443.95)
Remaining Balance			\$.00
Fees			
Current Charges		9,443.95	
Subscriber Fee Adjustments		.00	
Total Fees			\$9,443.95
Total Amount Due *			\$9,443.95

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Allocated Taxes and Fees \$18.90

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions when remitting your payment:

If remitting by check, please use the payment coupon and envelope that is provided with your Bill.

If remitting electronically via wire, please indicate the following in the description field of the transmittal:

022523 0000704392 03-01

If sending your payment via overnight delivery service, please include the payment coupon and address to:

JPMorgan Chase (TX1-0029)
Attn: Health Care Service Corporation Box 731428
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351



Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT		
Profile:	0000704392 - ALL SUBSCRIBERS	4376	
Bill Date	02-15-2017	Payment Due Date	03-01-2017
Bill Period:	03-01-2017 to 04-01-2017		Page 4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	HEALTH		DENTAL		CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
			PRODUCT	REL/ TIER	PRODUCT	TIER				
000837502775	BROOKS KENNER, SAMANTHA L	0001	0007-PPO	SUB						
000837502775	KENNER, EMMA	0001	0007-PPO	DEP						
000830286150	LILES, JOSHUA D.	0001	0007-PPO	SUB						
000830286150	LILES, MARLEE	0001	0007-PPO	DEP						
000830286150	LILES, HEATHER L.	0001	0007-PPO	SPS						
000845252587	MARTIN, CHARLES E	0001	0007-PPO	SUB						
000845252587	MARTIN, JENNIFER	0001	0007-PPO	SPS						
000845252587	MARTIN, LILYANN	0001	0007-PPO	DEP						
000845252587	MARTIN, ARABELLA	0001	0007-PPO	DEP						
000821714224	NELSON, RICHARD D.	0001	0007-PPO	SUB						
000821714224	NELSON, BLAYKLEE B	0001	0007-PPO	DEP						
000821714224	NELSON, ASHLEY	0001	0007-PPO	SPS						
000839206141	REAGAN, CAMILLE	0001	0007-PPO	SUB						
000839206141	REAGAN, RANDY L	0001	0007-PPO	SPS						
000821730511	WRIGHT, AMBER N	0001	0007-PPO	SUB						
TOTAL FEES									9,443.95	9,443.95
Total Member Count: 15										

**Current Charges includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services
Allocated Taxes and Fees. \$18.90

Tier Identifier
M=Medicare
P=Split Medicare

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment. Documents relating to membership updates should be mailed to: Blue Cross and Blue Shield of Texas, P.O. Box 655730, Dallas, TX 75265-5730.
Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

BCSUD001025

CONFIDENTIAL



BlueCross BlueShield of Texas

P.O. Box 655730
Dallas, TX 75265-5730

*****ALL FOR AADC 752
9279 1 AB 0.403 37

PROFILE # 0000704392

ATTN: CAMILLE REAGAN
BEAR CREEK SPECIAL UTILITY DISTRICT
P.O. BOX 188
LAVON TX 75166-0188

4376

About the Bill...

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Subscriber Fees List,
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Rate Table:

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Exposure Table:

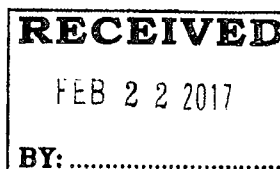
The Exposure table will summarize the number of members by product and rate structure relative to your account in effect at the end of this billing period. In addition, if the family unit is split between Non-Medicare and Medicare Primary, their counts will appear in the Split row. This will provide you with verification that all of your subscribers have been accounted for on the bill.

Payment Coupon:

When returned to us with your payment, the Payment Coupon will enable us to more quickly credit your account. Simply fill in the dollar amount of your payment and return the coupon with your check in the envelope provided, making sure our address shows through the window.

Online Bill Payment is here. It's easy to view and print your statements online.

Learn how to sign-up at http://www.bcbstx.com/employer/safe_secure.htm



3005

BEAR CREEK SPECIAL UTILITY DISTRICT

PO BOX 188
LAVON, TX 75166Independent
Bank

88-1632/1119

E232467 Check Read
Protection for Business

2/24/2017

PAY TO THE
ORDER OF

Blue Cross Blue Shield

\$ **9,443.95

Nine Thousand Four Hundred Forty-Three and 95/100*****

DOLLARS

Blue Cross Blue Shield
P. O. Box 660049
Dallas, TX 75266-0049*Camille Reagan*
AUTHORIZED SIGNATURE

MEMO

Act. 022523 3/1/2017-4/1/2017 0000704392

⑈003005⑈

Security features. Details on back.



BEAR CREEK SPECIAL UTILITY DISTRICT

3005

Blue Cross Blue Shield

Date	Type	Reference
2/24/2017	Bill	

Original Amt.
9,443.95

Balance Due
9,443.95

2/24/2017

Discount

Payment

9,443.95

Check Amount

9,443.95

Independent Bank - M Act. 022523 3/1/2017-4/1/2017 0000704392

9,443.95

BEAR CREEK SPECIAL UTILITY DISTRICT

3005

Blue Cross Blue Shield

Date	Type	Reference
2/24/2017	Bill	

Original Amt.
9,443.95

Balance Due
9,443.95

2/24/2017

Discount

Payment

9,443.95

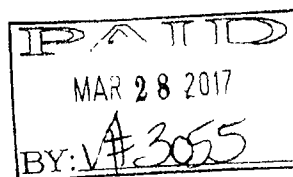
Check Amount

9,443.95

Independent Bank - M Act. 022523 3/1/2017-4/1/2017 0000704392

9,443.95

Please tear off and return the coupon below with your payment.



BlueCross
BlueShield
of Texas



Corp Code: TX1
Account Number: 022523
Profile Number: 0000704392
Account Name: BEAR CREEK SPECIAL UTILITY DISTRICT
03/18/17

Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

RECONCILIATION (to be completed by customer)

Total Amount Due: \$9,443.95

Please indicate amount paid: 9,443.95

To avoid delays in processing your Membership Changes, please do not include

them with your payment

DO NOT WRITE BELOW THIS LINE

TX1 000022523 5 0000704392 0 20170401 0000000944395 00121 0000000000 04

BCSUD001028



BlueCross BlueShield of Texas

P.O. Box 655730
Dallas, TX 75265-5730

*****ALL FOR AADC 752
8053 1 AB 0.403 30

PROFILE # 0000704392

ATTN: CAMILLE REAGAN
BEAR CREEK SPECIAL UTILITY DISTRICT
P.O. BOX 188
LAVON TX 75166-0188

1491

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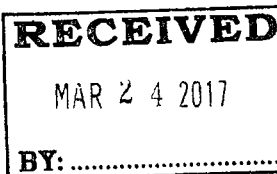
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Learn how to sign-up at http://www.bcbstx.com/employer/safe_secure.htm



BlueCross
BlueShield
of Texas



TX06800
20170320B01 JFSF
20170318 021402
Env 18 0531 2 of 3 1

Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile:	0000704392 - ALL SUBSCRIBERS	1491
Bill Date	03-17-2017	Payment Due Date: 04-01-2017
Bill Period:	04-01-2017 to 05-01-2017	Page 3

BILL SUMMARY

	Date	Activity	Total Due
Previous Amount Billed			\$9,443.95
Payments			
Check # 003005	03-02-2017	(9,443.95)	
Adjustments			
NONE		00	
Total Payments and Adjustments			(\$9,443.95)
Remaining Balance			\$0.00
Fees			
Current Charges		9,443.95	
Subscriber Fee Adjustments		00	
Total Fees			\$9,443.95
Total Amount Due *			\$9,443.95

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Allocated Taxes and Fees: \$18.90

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions when remitting your payment:

If remitting by check, please use the payment coupon and envelope that is provided with your Bill.

If remitting electronically via wire, please indicate the following in the description field of the transmittal:

022523 0000704392 04-01

If sending your payment via overnight delivery service, please include the payment coupon and address to:

JPMorgan Chase (TX1-0029)
Attn: Health Care Service Corporation Box 731428
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351



Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile:	0000704392 - ALL SUBSCRIBERS	1491
Bill Date:	03-17-2017	Payment Due Date: 04-01-2017
Bill Period:	04-01-2017 to 05-01-2017	Page 4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	HEALTH		DENTAL		CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
			PRODUCT	REL/ TIER	PRODUCT	TIER				
000837502775	BROOKS KENNEMER, SAMANTHA L	0001	0007-PPO	SUB						
000837502775	KENNEMER, EMMA	0001	0007-PPO	DEP						
000830286150	LILES, JOSHUA D.	0001	0007-PPO	SUB						
000830286150	LILES, MARLEE	0001	0007-PPO	DEP						
000830286150	LILES, HEATHER L	0001	0007-PPO	SPS						
000845252587	MARTIN, CHARLES E	0001	0007-PPO	SUB						
000845252587	MARTIN, JENNIFER	0001	0007-PPO	SPS						
000845252587	MARTIN, LILYANN	0001	0007-PPO	DEP						
000845252587	MARTIN, ARABELLA	0001	0007-PPO	DEP						
000821714224	NELSON, RICHARD D.	0001	0007-PPO	SUB						
000821714224	NELSON, BLAYKLEE B.	0001	0007-PPO	DEP						
000821714224	NELSON, ASHLEY	0001	0007-PPO	SPS						
000839206141	REAGAN, CAMILLE	0001	0007-PPO	SUB						
000839206141	REAGAN, RANDY L.	0001	0007-PPO	SPS						
000821730511	WRIGHT, AMBER N.	0001	0007-PPO	SUB						
TOTAL FEES									9,443.95	9,443.95
									Total Member Count 15	

**Current Charges includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services
Allocated Taxes and Fees. \$18.90

Tier Identifier
M = Medicare
P = Split Medicare

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Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

BCSUD001031

CONFIDENTIAL

BEAR CREEK SPECIAL UTILITY DISTRICT

PO BOX 188
LAVON, TX 75166



**Independent
Bank**

88-1632/1119

Check Fraud
Protection for Business

3055

3/28/2017

PAY TO THE
ORDER OF

Blue Cross Blue Shield

\$ **9,443.95

Nine Thousand Four Hundred Forty-Three and 95/100*****

DOLLARS

Blue Cross Blue Shield
P. O. Box 660049
Dallas, TX 75266-0049



Camille Reagan
AUTHORIZED SIGNATURE

Security features. Details on back.

MEMO

Act. 022523 4/1/2017-5/1/2017 0000704392

⑈003055⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3055

Blue Cross Blue Shield				3/28/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
3/27/2017	Bill		9,443.95	9,443.95	
				Check Amount	9,443.95

Independent Bank - M Act. 022523 4/1/2017-5/1/2017 0000704392

9,443.95

BEAR CREEK SPECIAL UTILITY DISTRICT

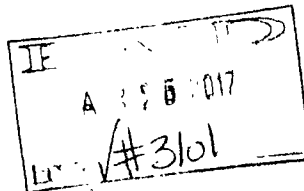
3055

Blue Cross Blue Shield				3/28/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
3/27/2017	Bill		9,443.95	9,443.95	
				Check Amount	9,443.95

Independent Bank - M Act. 022523 4/1/2017-5/1/2017 0000704392

9,443.95

Please tear off and return the coupon below with your payment.



TX08800 20170418B08.058

BlueCross
BlueShield
of Texas



Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

Corp Code: TX1
Account Number: 022523
Profile Number: 0000704392
Account Name: BEAR CREEK SPECIAL UTILITY DISTRICT
04/18/17

RECONCILIATION (to be completed by customer)

Total Amount Due: \$9,443.95

Please indicate amount paid: \$9,443.95

To avoid delays in processing your Membership Changes, please do not include them with your payment

DO NOT WRITE BELOW THIS LINE

TX1 000022523 5 0000704392 0 20170501 0000000944395 00122 0000000000 04

BCSUD001033



BlueCross BlueShield of Texas
P.O. Box 655730
Dallas, TX 75265-5730

*****ALL FOR AADC 752
8162 1 AB 0.403 31

PROFILE # 0000704392

ATTN: CAMILLE REAGAN
BEAR CREEK SPECIAL UTILITY DISTRICT
P.O. BOX 188
LAVON TX 75166-0188

4438

About the Bill...

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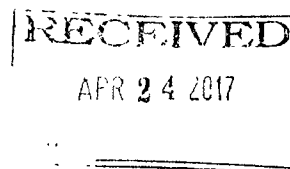
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BlueCross
BlueShield
of Texas



TX08800 20170418 021076 976 Env [8,162] 2 of 3 B 1

Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile:	0000704392 - ALL SUBSCRIBERS	4438
Bill Date:	04-17-2017	Payment Due Date 05-01-2017
Bill Period:	05-01-2017 to 06-01-2017	Page 3

BILL SUMMARY

Previous Amount Billed

\$9,443.95

Payments

Check # 003055

04-03-2017

(9,443.95)

Adjustments

NONE

00

Total Payments and Adjustments

(\$9,443.95)

Remaining Balance

\$0.00

Fees

Current Charges
Subscriber Fee Adjustments

9,443.95
00

Total Fees

\$9,443.95

Total Amount Due *

\$9,443.95

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Allocated Taxes and Fees: \$18.90

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Ft Worth, TX 76155

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351



Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

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800-445-2227

Account.	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile.	0000704392 - ALL SUBSCRIBERS	4438
Bill Date.	04-17-2017	Payment Due Date. 05-01-2017
Bill Period:	05-01-2017 to 06-01-2017	Page 4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	HEALTH		DENTAL		CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
			PRODUCT	REL/ TIER	PRODUCT	TIER				
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000837502775	KENNEMER, EMMA	0001	0007-PPO	DEP						
000830286150	LILES, JOSHUA D.	0001	0007-PPO	SUB						
000830286150	LILES, MARLEE	0001	0007-PPO	DEP						
000830286150	LILES, HEATHER L.	0001	0007-PPO	SPS						
000845252587	MARTIN, CHARLES E.	0001	0007-PPO	SUB						
000845252587	MARTIN, JENNIFER	0001	0007-PPO	SPS						
000845252587	MARTIN, LILYANN	0001	0007-PPO	DEP						
000845252587	MARTIN, ARABELLA	0001	0007-PPO	DEP						
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000821714224	NELSON, BLAYKLEE B	0001	0007-PPO	DEP						
000821714224	NELSON, ASHLEY	0001	0007-PPO	SPS						
000839206141	REAGAN, CAMILLE	0001	0007-PPO	SUB						
000839206141	REAGAN, RANDY L.	0001	0007-PPO	SPS						
000821730511	WRIGHT, AMBER N	0001	0007-PPO	SUB						
TOTAL FEES									9,443.95	9,443.95
									Total Member Count: 15	

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BCSUD001036

CONFIDENTIAL

310

BEAR CREEK SPECIAL UTILITY DISTRICTPO BOX 188
LAVON, TX 75166

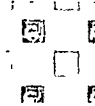
88-1632/1119

ATM & Debit Card Fraud
Protection for Business

4/25/2017

PAY TO THE
ORDER OF Blue Cross Blue Shield

\$ **9,443.95

Nine Thousand Four Hundred Forty-Three and 95/100***** DOLLARSBlue Cross Blue Shield
P. O. Box 660049
Dallas, TX 75266-0049*Canille Reaga*
AUTHORIZED SIGNATURE

MEMO

Act. 022523 5/1/2017 to 6/1/2017 0000704392

⑈00310⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3101

Blue Cross Blue Shield				4/25/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
4/25/2017	Bill		9,443.95	9,443.95	
				Check Amount	9,443.95

Independent Bank - M Act. 022523 5/1/2017 to 6/1/2017 0000704392

9,443.95

BEAR CREEK SPECIAL UTILITY DISTRICT

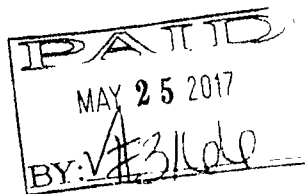
3101

Blue Cross Blue Shield				4/25/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
4/25/2017	Bill		9,443.95	9,443.95	
				Check Amount	9,443.95

Independent Bank - M Act. 022523 5/1/2017 to 6/1/2017 0000704392

9,443.95

Please tear off and return the coupon below with your payment.



TX08800 20170519B08 JD3A

BlueCross
BlueShield
of Texas



Corp Code: TX1
Account Number: 022523
Profile Number: 0000704392
Account Name: BEAR CREEK SPECIAL UTILITY DISTRICT
05/19/17

Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

RECONCILIATION (to be completed by customer)

Total Amount Due: \$9,443.95

Please indicate amount paid: 9443.95

To avoid delays in processing your Membership Changes, please do not include them with your payment.

DO NOT WRITE BELOW THIS LINE

TX1 000022523 5 0000704392 0 20170601 0000000944395 00123 0000000000 04

BCSUD001038

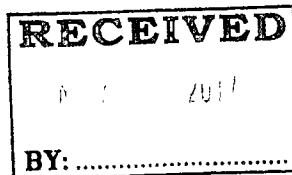


BlueCross BlueShield of Texas
P O. Box 655730
Dallas, TX 75265-5730

*****ALL FOR AADC 752
7618 1 AB 0.403 28

PROFILE # 0000704392

ATTN: CAMILLE REAGAN
BEAR CREEK SPECIAL UTILITY DISTRICT
P.O. BOX 188
LAVON TX 75166-0188



4325

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Learn how to sign-up at http://www.bcbstx.com/employer/safe_secure.htm



20170519 020801
20170519B06 JD3A
008800
Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile:	0000704392 - ALL SUBSCRIBERS	4325
Bill Date:	05-18-2017	Payment Due Date: 06-01-2017
Bill Period:	06-01-2017 to 07-01-2017	Page 3

BILL SUMMARY

	Date	Activity	Total Due
Previous Amount Billed			\$9,443.95
Payments			
Check # 003101	05-01-2017	(9,443.95)	
Adjustments			
NONE		.00	
Total Payments and Adjustments			(\$9,443.95)
Remaining Balance			\$.00
Fees			
Current Charges		9,443.95	
Subscriber Fee Adjustments		.00	
Total Fees			\$9,443.95
Total Amount Due *			\$9,443.95

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.
Allocated Taxes and Fees: \$18.90

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions when remitting your payment:

If remitting by check, please use the payment coupon and envelope that is provided with your Bill.

If remitting electronically via wire, please indicate the following in the description field of the transmittal:

022523 0000704392 06-01

If sending your payment via overnight delivery service, please include the payment coupon and address to:

JPMorgan Chase (TX1-0029)
Attn: Health Care Service Corporation Box 731428
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351



Remittance Address
Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call
800-445-2227

Account	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile:	0000704392 - ALL SUBSCRIBERS	4325
Bill Date:	05-18-2017	Page
Payment Due Date	06-01-2017	
Bill Period:	06-01-2017 to 07-01-2017	4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	HEALTH		DENTAL		CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
			PRODUCT	REL/ TIER	PRODUCT	TIER				
000837502775	BROOKS KENNEMER, SAMANTHA L.	0001	0007-PPO	SUB						
000837502775	KENNEMER, EMMA	0001	0007-PPO	DEP						
000830286150	LILES, JOSHUA D	0001	0007-PPO	SUB						
000830286150	LILES, MARLEE	0001	0007-PPO	DEP						
000830286150	LILES, HEATHER L	0001	0007-PPO	SPS						
000845252587	MARTIN, CHARLES E.	0001	0007-PPO	SUB						
000845252587	MARTIN, JENNIFER	0001	0007-PPO	SPS						
000845252587	MARTIN, LILYANN	0001	0007-PPO	DEP						
000845252587	MARTIN, ARABELLA	0001	0007-PPO	DEP						
000821714224	NELSON, RICHARD D.	0001	0007-PPO	SUB						
000821714224	NELSON, BLAYKLEE B.	0001	0007-PPO	DEP						
000821714224	NELSON, ASHLEY	0001	0007-PPO	SPS						
000839206141	REAGAN, CAMILLE	0001	0007-PPO	SUB						
000839206141	REAGAN, RANDY L.	0001	0007-PPO	SPS						
000821730511	WRIGHT, AMBER N.	0001	0007-PPO	SUB						
TOTAL FEES									9,443.95	9,443.95
									Total Member Count: 15	

**Current Charges includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.
Allocated Taxes and Fees **\$18.90**

Tier Identifier
M= Medicare
P= Split Medicare

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment. Documents relating to membership updates should be mailed to: Blue Cross and Blue Shield of Texas, P.O. Box 655730, Dallas, TX 75265-5730. Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

BCSUD001041

CONFIDENTIAL

3166

BEAR CREEK SPECIAL UTILITY DISTRICT

PO BOX 188
LAVON, TX 75166

88-1632/1119

5/25/2017

PAY TO THE
ORDER OF

Blue Cross Blue Shield

\$ **9,443.95

Nine Thousand Four Hundred Forty-Three and 95/100*****DOLLARS

Blue Cross Blue Shield
P. O. Box 660049
Dallas, TX 75266-0049

AUTHORIZED SIGNATURE

MEMO

Act. 022523 6/1/2017 to 7/1/2017 0000704392

⑈003166⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3166

Blue Cross Blue Shield				5/25/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
5/24/2017	Bill		9,443.95	9,443.95	
					Payment
					9,443.95
				Check Amount	9,443.95

Independent Bank - M Act. 022523 6/1/2017 to 7/1/2017 0000704392

9,443.95

BEAR CREEK SPECIAL UTILITY DISTRICT

3166

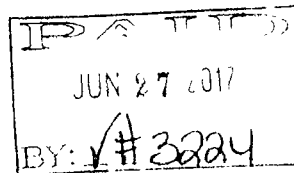
Blue Cross Blue Shield				5/25/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
5/24/2017	Bill		9,443.95	9,443.95	
					Payment
					9,443.95
				Check Amount	9,443.95

Independent Bank - M Act. 022523 6/1/2017 to 7/1/2017 0000704392

9,443.95

Please tear off and return the coupon below with your payment.

TX08800 01/17/17 20170619B01 J942



BlueCross
BlueShield
of Texas



Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

Corp Code: TX1
Account Number: 022523
Profile Number: 0000704392
Account Name: BEAR CREEK SPECIAL UTILITY DISTRICT
06/17/17

RECONCILIATION (to be completed by customer)

Total Amount Due: \$9,443.95

Please indicate amount paid: 9443.95

To avoid delays in processing your Membership Changes, please do not include them with your payment

DO NOT WRITE BELOW THIS LINE

TX1 000022523 5 0000704392 0 20170701 0000000944395 00124 0000000000 04

BCSUD001043



BlueCross BlueShield of Texas

P.O. Box 655730
Dallas, TX 75265-5730

*****ALL FOR AADC 752
9690 1 AB 0.403 35

PROFILE # 0000704392

ATTN: CAMILLE REAGAN
BEAR CREEK SPECIAL UTILITY DISTRICT
P.O. BOX 188
LAVON TX 75166-0188

1766

About the Bill...

Each section of the bill will provide you with information to reflect the status of your Account's enrollment as of the date the billing was prepared. Additions, cancellations, terminations, adjustments, and other needed information will be clearly identified so that you can prepare your Account's payment for the forthcoming period with a minimum of time and effort.

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Subscriber Fees List,
Rate and Exposure Tables

Also, included with your bill is a Payment Coupon.

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Subscriber Fees:

Each of your subscribers will be identified on this report. Columns will identify the appropriate Category, Product, Rate Tier, and Rate for each subscriber. In addition, an explanation is provided for any adjustments to the subscriber fee.

Rate Table:

The Rate Table will confirm the charged rates for the latest billing period by rate structure and product.

Exposure Table:

The Exposure table will summarize the number of members by product and rate structure relative to your account in effect at the end of this billing period. In addition, if the family unit is split between Non-Medicare and Medicare Primary, their counts will appear in the Split row. This will provide you with verification that all of your subscribers have been accounted for on the bill.

Payment Coupon:

When returned to us with your payment, the Payment Coupon will enable us to more quickly credit your account. Simply fill in the dollar amount of your payment and return the coupon with your check in the envelope provided, making sure our address shows through the window

* * * * *

Online Bill Payment is here. It's easy to view and print your statements online.

Learn how to sign-up at http://www.bcbstx.com/employer/safe_secure.htm

* * * * *





TX08800 20170619B01 J942
20170617 020616 Env [9,690] 2 of 3 B 1
Remittance Address
Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	1766
Profile:	0000704392 - ALL SUBSCRIBERS	
Bill Date:	06-16-2017	Page
Payment Due Date:	07-01-2017	
Bill Period:	07-01-2017 to 08-01-2017	3

BILL SUMMARY

	Date	Activity	Total Due
Previous Amount Billed			\$9,443.95
Payments			
Check # 003166	05-30-2017	(9,443.95)	
Adjustments			
NONE		.00	
Total Payments and Adjustments			(\$9,443.95)
Remaining Balance			\$0.00
Fees			
Current Charges		9,443.95	
Subscriber Fee Adjustments		.00	
Total Fees			\$9,443.95
Total Amount Due *			\$9,443.95

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.
Allocated Taxes and Fees: \$18.90

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions when remitting your payment:

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If remitting electronically via wire, please indicate the following in the description field of the transmittal:

022523 0000704392 07-01

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JPMorgan Chase (TX1-0029)
Attn: Health Care Service Corporation Box 731428
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351



Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call
800-445-2227

Account	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile	0000704392 - ALL SUBSCRIBERS	1766
Bill Date	06-16-2017	Payment Due Date: 07-01-2017
Bill Period	07-01-2017 to 08-01-2017	Page 4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	HEALTH		DENTAL		CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
			PRODUCT	REL/ TIER	PRODUCT	TIER				
000837502775	BROOKS KENNEMER, SAMANTHA L.	0001	0007-PPO	SUB						
000837502775	KENNEMER, EMMA	0001	0007-PPO	DEP						
000830286150	LILES, JOSHUA D	0001	0007-PPO	SUB						
000830286150	LILES, MARLEE	0001	0007-PPO	DEP						
000830286150	LILES, HEATHER L	0001	0007-PPO	SPS						
000845252587	MARTIN, CHARLES E	0001	0007-PPO	SUB						
000845252587	MARTIN, JENNIFER	0001	0007-PPO	SPS						
000845252587	MARTIN, LILYANN	0001	0007-PPO	DEP						
000845252587	MARTIN, ARABELLA	0001	0007-PPO	DEP						
000821714224	NELSON, RICHARD D.	0001	0007-PPO	SUB						
000821714224	NELSON, BLAYKLEE B	0001	0007-PPO	DEP						
000821714224	NELSON, ASHLEY	0001	0007-PPO	SPS						
000839206141	REAGAN, CAMILLE	0001	0007-PPO	SUB						
000839206141	REAGAN, RANDY L.	0001	0007-PPO	SPS						
000821730511	WRIGHT, AMBER N	0001	0007-PPO	SUB						
TOTAL FEES									9,443.95	9,443.95

**Current Charges includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs) if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Allocated Taxes and Fees:

\$18.90

Tier Identifier
M = Medicare
P = Split Medicare

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment. Documents relating to membership updates should be mailed to: Blue Cross and Blue Shield of Texas, P.O. Box 655730, Dallas, TX 75265-5730. Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

BCSUD001046

CONFIDENTIAL

322

BEAR CREEK SPECIAL UTILITY DISTRICTPO BOX 188
LAVON, TX 75166

88-1632/1119

E2214417 Check Fraud
Protection for Business

6/27/2017

PAY TO THE
ORDER OF Blue Cross Blue Shield

\$ **9,443.95

Nine Thousand Four Hundred Forty-Three and 95/100***** DOLLARS

Blue Cross Blue Shield
P. O. Box 660049
Dallas, TX 75266-0049*Camille Reagan*
AUTHORIZED SIGNATURE

MEMO

Act. 022523 7/1/2017 to 8/1/2017 0000704392

⑈003224⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3224

Blue Cross Blue Shield				6/27/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
6/26/2017	Bill		9,443.95	9,443.95	
					Payment
					9,443.95
				Check Amount	9,443.95

Independent Bank - M Act. 022523 7/1/2017 to 8/1/2017 0000704392

9,443.95

BEAR CREEK SPECIAL UTILITY DISTRICT

3224

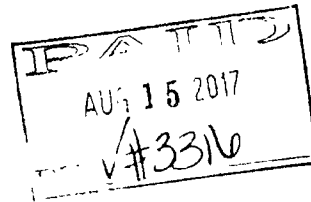
Blue Cross Blue Shield				6/27/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
6/26/2017	Bill		9,443.95	9,443.95	
					Payment
					9,443.95
				Check Amount	9,443.95

Independent Bank - M Act. 022523 7/1/2017 to 8/1/2017 0000704392

9,443.95

Please tear off and return the coupon below with your payment.

TX008000 08/08/2017 080808 IC1A



BlueCross
BlueShield
of Texas



Corp Code: TX1
Account Number: 022523
Profile Number: 0000704392
Account Name: BEAR CREEK SPECIAL UTILITY DISTRICT
08/08/17

Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

RECONCILIATION (to be completed by customer)

Total Amount Due: \$9,443.95

Please indicate amount paid: 9,443.95

To avoid delays in processing your Membership Changes, please do not include them with your payment.

DO NOT WRITE BELOW THIS LINE

TX1 000022523 5 0000704392 0 20170801 0000000944395 00125 0000000000 04

BCSUD001048



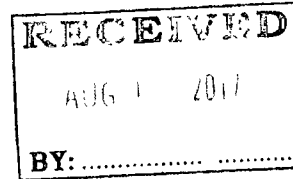
BlueCross BlueShield of Texas
P.O. Box 655730
Dallas, TX 75265-5730

*****ALL FOR AADC 752
2440 J AB 0.403

8

PROFILE # 0000704392

ATTN: CAMILLE REAGAN
BEAR CREEK SPECIAL UTILITY DISTRICT
P.O. BOX 188
LAVON TX 75166-0188



6612

About the Bill...

Each section of the bill will provide you with information to reflect the status of your Account's enrollment as of the date the billing was prepared. Additions, cancellations, terminations, adjustments, and other needed information will be clearly identified so that you can prepare your Account's payment for the forthcoming period with a minimum of time and effort.

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Each of your subscribers will be identified on this report. Columns will identify the appropriate Category, Product, Rate Tier, and Rate for each subscriber. In addition, an explanation is provided for any adjustments to the subscriber fee.

Rate Table

The Rate Table will confirm the charged rates for the latest billing period by rate structure and product.

Exposure Table:

The Exposure table will summarize the number of members by product and rate structure relative to your account in effect at the end of this billing period. In addition, if the family unit is split between Non-Medicare and Medicare Primary, their counts will appear in the Split row. This will provide you with verification that all of your subscribers have been accounted for on the bill.

Payment Coupon

When returned to us with your payment, the Payment Coupon will enable us to more quickly credit your account. Simply fill in the dollar amount of your payment and return the coupon with your check in the envelope provided, making sure our address shows through the window.

Online Bill Payment is here. It's easy to view and print your statements online.

Learn how to sign-up at http://www.bcbstx.com/employer/safe_secure.htm

TX08800
20170808B06 JC1A
20170808 003935 Env [2,440] 1 of 3 B 1



TX08800 003935 20170808B08JC1A
FNU 12 44012 of 3 B 1

Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373 1428

For All Billing Inquiries Call:
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile:	0000704392 - ALL SUBSCRIBERS	6612
Bill Date:	08-07-2017	Payment Due Date: 08-01-2017
Bill Period:	08-01-2017 to 09-01-2017	Page 3

BILL SUMMARY

	Date	Activity	Total Due
Previous Amount Billed			\$9,443.95
Payments			
Check # 003224	07-03-2017	(9,443.95)	
Check # 003224	07-05-2017	(9,443.95)	
Check # 003224	08-04-2017	9,443.95	
Adjustments			
NONE		.00	
Total Payments and Adjustments			(\$9,443.95)
Remaining Balance			\$0.00
Fees			
Current Charges		9,443.95	
Subscriber Fee Adjustments		.00	
Total Fees			\$9,443.95
Total Amount Due *			\$9,443.95

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Allocated Taxes and Fees: \$18.90

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions when remitting your payment:

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If remitting electronically via wire, please indicate the following in the description field of the transmittal:

022523 0000704392 08-01

If sending your payment via overnight delivery service, please include the payment coupon and address to:

JPMorgan Chase (TX1-0029)
Attn: Health Care Service Corporation Box 731428
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351



Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account.	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT		
Profile:	0000704392 - ALL SUBSCRIBERS	6612	
Bill Date.	08-07-2017	Payment Due Date.	08-01-2017
Bill Period	08-01-2017 to 09-01-2017		Page 4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	HEALTH		DENTAL		CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
			PRODUCT	REL/ TIER	PRODUCT	TIER				
000837502775	BROOKS KENNEMER, SAMANTHA L.	0001	0007-PPO	SUB						
000837502775	KENNEMER, EMMA	0001	0007-PPO	DEP						
000830286150	LILES, JOSHUA D.	0001	0007-PPO	SUB						
000830286150	LILES, MARLEE	0001	0007-PPO	DEP						
000830286150	LILES, HEATHER L.	0001	0007-PPO	SPS						
000845252587	MARTIN, CHARLES E.	0001	0007-PPO	SUB						
000845252587	MARTIN, JENNIFER	0001	0007-PPO	SPS						
000845252587	MARTIN, LILYANN	0001	0007-PPO	DEP						
000845252587	MARTIN, ARABELLA	0001	0007-PPO	DEP						
000821714224	NELSON, RICHARD D.	0001	0007-PPO	SUB						
000821714224	NELSON, BLAYKLEE B.	0001	0007-PPO	DEP						
000821714224	NELSON, ASHLEY	0001	0007-PPO	SPS						
000839206141	REAGAN, CAMILLE	0001	0007-PPO	SUB						
000839206141	REAGAN, RANDY L.	0001	0007-PPO	SPS						
000821730511	WRIGHT, AMBER N.	0001	0007-PPO	SUB						
TOTAL FEES									9,443 95	9,443 95
								Total Member Count: 15		

**Current Charges includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services
Allocated Taxes and Fees. \$18.90

Tier Identifier
M=Medicare
P=Split Medicare

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Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

BCSUD001051

CONFIDENTIAL

3316

BEAR CREEK SPECIAL UTILITY DISTRICT

PO BOX 188
LAVON, TX 75166Independent
Bank

88-1632/1119

E-Z-Check® Check Fraud
Protection for Customers

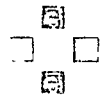
8/15/2017

PAY TO THE
ORDER OF

Blue Cross Blue Shield

\$ **9,443.95

Nine Thousand Four Hundred Forty-Three and 95/100***** DOLLARS

Blue Cross Blue Shield
P. O. Box 660049
Dallas, TX 75266-0049*Camille Resaca*
AUTHORIZED SIGNATURE

MEMO

Act. 022523 8/1/2017 to 9/1/2017 0000704392

⑈003316⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3316

Blue Cross Blue Shield				8/15/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
8/14/2017	Bill		9,443.95	9,443.95	
					Payment
					9,443.95
				Check Amount	9,443.95

Independent Bank - M Act. 022523 8/1/2017 to 9/1/2017 0000704392

9,443.95

BEAR CREEK SPECIAL UTILITY DISTRICT

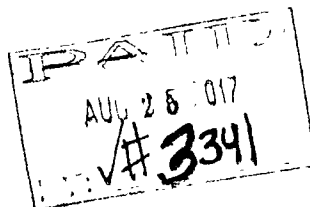
3316

Blue Cross Blue Shield				8/15/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
8/14/2017	Bill		9,443.95	9,443.95	
					Payment
					9,443.95
				Check Amount	9,443.95

Independent Bank - M Act. 022523 8/1/2017 to 9/1/2017 0000704392

9,443.95

Please tear off and return the coupon below with your payment.



BlueCross
BlueShield
of Texas



Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

Corp Code: TX1
Account Number: 022523
Profile Number: 0000704392
Account Name: BEAR CREEK SPECIAL UTILITY DISTRICT
08/19/17

RECONCILIATION (to be completed by customer)

Total Amount Due: \$9,443.95

Please indicate amount paid: 9443.95

To avoid delays in processing your Membership Changes, please do not include them with your payment

DO NOT WRITE BELOW THIS LINE

TX1 000022523 5 0000704392 0 20170901 0000000944395 00126 0000000000 04



BlueCross BlueShield of Texas

P.O. Box 655730
Dallas, TX 75265-5730

*****ALL FOR AADC 752
8156 1 AB 0.403

32

PROFILE # 0000704392

ATTN: CAMILLE REAGAN
BEAR CREEK SPECIAL UTILITY DISTRICT
P.O. BOX 188
LAVON TX 75166-0188

4893

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Rate Table:

The Rate Table will confirm the charged rates for the latest billing period by rate structure and product.

Exposure Table:

The Exposure table will summarize the number of members by product and rate structure relative to your account in effect at the end of this billing period. In addition, if the family unit is split between Non-Medicare and Medicare Primary, their counts will appear in the Split row. This will provide you with verification that all of your subscribers have been accounted for on the bill.

Payment Coupon.

When returned to us with your payment, the Payment Coupon will enable us to more quickly credit your account. Simply fill in the dollar amount of your payment and return the coupon with your check in the envelope provided, making sure our address shows through the window

* * * * *

Online Bill Payment is here. It's easy to view and print your statements online.

Learn how to sign-up at http://www.bcbstx.com/employer/safe_secure.htm

* * * * *

TX08800
20170821B01 J8B5
20170819 020472 Env 18 156 1 of 3 B 1



TX08800 008800
20170819 020472
Env [8,156] 2 of 3 8 1

Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT		
Profile:	0000704392 - ALL SUBSCRIBERS		4893
Bill Date:	08-18-2017	Payment Due Date:	09-01-2017
Bill Period:	09-01-2017 to 10-01-2017		Page 3

BILL SUMMARY

	Date	Activity	Total Due
Previous Amount Billed			\$9,443.95
Payments			
Check # 003316	08-18-2017	(9,443.95)	
Adjustments			
NONE		.00	
Total Payments and Adjustments			(\$9,443.95)
Remaining Balance			\$0.00
Fees			
Current Charges		9,443.95	
Subscriber Fee Adjustments		.00	
Total Fees			\$9,443.95
Total Amount Due *			\$9,443.95

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services
Allocated Taxes and Fees. \$18.90

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions when remitting your payment:

If remitting by check, please use the payment coupon and envelope that is provided with your Bill.

If remitting electronically via wire, please indicate the following in the description field of the transmittal:

022523 0000704392 09-01

If sending your payment via overnight delivery service, please include the payment coupon and address to:

JPMorgan Chase (TX1-0029)
Attn: Health Care Service Corporation Box 731428
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351



Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile:	0000704392 - ALL SUBSCRIBERS	4893
Bill Date	08-18-2017	Payment Due Date: 09-01-2017
Bill Period:	09-01-2017 to 10-01-2017	Page 4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	HEALTH		DENTAL		CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
			PRODUCT	REL/ TIER	PRODUCT	TIER				
000837502775	BROOKS KENNEMER, SAMANTHA L	0001	0007-PPO	SUB						
000837502775	KENNEMER, EMMA	0001	0007-PPO	DEP						
000830286150	LILES, JOSHUA D	0001	0007-PPO	SUB						
000830286150	LILES, MARLEE	0001	0007-PPO	DEP						
000830286150	LILES, HEATHER L	0001	0007-PPO	SPS						
000845252587	MARTIN, CHARLES E.	0001	0007-PPO	SUB						
000845252587	MARTIN, JENNIFER	0001	0007-PPO	SPS						
000845252587	MARTIN, LILYANN	0001	0007-PPO	DEP						
000845252587	MARTIN, ARABELLA	0001	0007-PPO	DEP						
000821714224	NELSON, RICHARD D	0001	0007-PPO	SUB						
000821714224	NELSON, BLAYKLEE B	0001	0007-PPO	DEP						
000821714224	NELSON, ASHLEY	0001	0007-PPO	SPS						
000839208141	REAGAN, CAMILLE	0001	0007-PPO	SUB						
000839208141	REAGAN, RANDY L.	0001	0007-PPO	SPS						
000821730511	WRIGHT, AMBER N	0001	0007-PPO	SUB						
TOTAL FEES									9,443.95	9,443.95
									Total Member Count 15	

**Current Charges includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services
Allocated Taxes and Fees \$18.90

Tier Identifier
M = Medicare
P = Split Medicare

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment. Documents relating to membership updates should be mailed to: Blue Cross and Blue Shield of Texas, P.O. Box 655730, Dallas, TX 75265-5730.
Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

BCSUD001056

CONFIDENTIAL

334

BEAR CREEK SPECIAL UTILITY DISTRICT

PO BOX 188
LAVON, TX 75166



88-1632/1119

123456789 Check Fraud
Protection for Business

8/25/2017

PAY TO THE
ORDER OF

Blue Cross Blue Shield

\$ **9,443.95

Nine Thousand Four Hundred Forty-Three and 95/100 ***** DOLLARS

Blue Cross Blue Shield
P. O. Box 660049
Dallas, TX 75266-0049

Cainelle Reagan
AUTHORIZED SIGNATURE

MEMO

Act. 022523 9/1/2017 to 10/1/2017 0000704392

⑈00334⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3341

Blue Cross Blue Shield				8/25/2017	
Date	Type Reference	Original Amt.	Balance Due	Discount	Payment
8/24/2017	Bill	9,443.95	9,443.95		9,443.95
				Check Amount	9,443.95

Independent Bank - M Act. 022523 9/1/2017 to 10/1/2017 0000704392 9,443.95

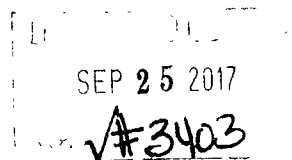
BEAR CREEK SPECIAL UTILITY DISTRICT

3341

Blue Cross Blue Shield				8/25/2017	
Date	Type Reference	Original Amt.	Balance Due	Discount	Payment
8/24/2017	Bill	9,443.95	9,443.95		9,443.95
				Check Amount	9,443.95

Independent Bank - M Act. 022523 9/1/2017 to 10/1/2017 0000704392 9,443.95

Please tear off and return the coupon below with your payment.



BlueCross
BlueShield
of Texas



Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

Corp Code: TX1
Account Number: 022523
Profile Number: 0000704392
Account Name: BEAR CREEK SPECIAL UTILITY DISTRICT
09/16/17

RECONCILIATION (to be completed by customer)

Total Amount Due: \$9,443.95

Please indicate amount paid:

9,443.95

To avoid delays in processing your Membership Changes, please do not include them with your payment

DO NOT WRITE BELOW THIS LINE

TX1 000022523 5 0000704392 0 20171001 0000000944395 00127 0000000000 04

BCSUD001058



BlueCross BlueShield of Texas

P.O. Box 655730
Dallas, TX 75265-5730

*****ALL FOR AADC 752
6538 I AB 0.403

24

PROFILE # 0000704392

ATTN: CAMILLE REAGAN
BEAR CREEK SPECIAL UTILITY DISTRICT
P.O. BOX 188
LAVON TX 75166-0188

2368

About the Bill...

Each section of the bill will provide you with information to reflect the status of your Account's enrollment as of the date the billing was prepared. Additions, cancellations, terminations, adjustments, and other needed information will be clearly identified so that you can prepare your Account's payment for the forthcoming period with a minimum of time and effort.

How to Read the Bill ..

The bill is divided into three sections:

The Bill Summary,
Subscriber Fees List,
Rate and Exposure Tables

Also, included with your bill is a Payment Coupon.

Bill Summary

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Subscriber Fees:

Each of your subscribers will be identified on this report. Columns will identify the appropriate Category, Product, Rate Tier, and Rate for each subscriber. In addition, an explanation is provided for any adjustments to the subscriber fee.

Rate Table:

The Rate Table will confirm the charged rates for the latest billing period by rate structure and product

Exposure Table.

The Exposure table will summarize the number of members by product and rate structure relative to your account in effect at the end of this billing period. In addition, if the family unit is split between Non-Medicare and Medicare Primary, their counts will appear in the Split row. This will provide you with verification that all of your subscribers have been accounted for on the bill.

Payment Coupon:

When returned to us with your payment, the Payment Coupon will enable us to more quickly credit your account. Simply fill in the dollar amount of your payment and return the coupon with your check in the envelope provided, making sure our address shows through the window.

Online Bill Payment is here. It's easy to view and print your statements online.

Learn how to sign-up at http://www.bcbstx.com/employer/safe_secure.htm



20170916 020182 Z of 3 B 1
TX08800 00880X1
Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile:	0000704392 - ALL SUBSCRIBERS	2368
Bill Date:	09-15-2017	Payment Due Date: 10-01-2017
Bill Period:	10-01-2017 to 11-01-2017	Page 3

BILL SUMMARY

	Date	Activity	Total Due
Previous Amount Billed			\$9,443.95
Payments			
Check # 003341	08-28-2017	(9,443.95)	
Adjustments			
NONE		.00	
Total Payments and Adjustments			(\$9,443.95)
Remaining Balance			\$0.00
Fees			
Current Charges		9,443.95	
Subscriber Fee Adjustments		.00	
Total Fees			\$9,443.95
Total Amount Due *			\$9,443.95

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.
Allocated Taxes and Fees: \$18.90

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022523 0000704392 10-01

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JPMorgan Chase (TX1-0029)
Attn: Health Care Service Corporation Box 731428
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351



Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call.
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT		
Profile:	0000704392 - ALL SUBSCRIBERS	2368	
Bill Date:	09-15-2017	Payment Due Date:	10-01-2017
Bill Period:	10-01-2017 to 11-01-2017		Page 4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	HEALTH		DENTAL		CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
			PRODUCT	REL/ TIER	PRODUCT	TIER				
000837502775	BROOKS KENNEMER , SAMANTHA L	0001	0007-PPO	SUB						
000837502775	KENNEMER , EMMA	0001	0007-PPO	DEP						
000830286150	LILES , JOSHUA D	0001	0007-PPO	SUB						
000830286150	LILES , MARLEE	0001	0007-PPO	DEP						
000830286150	LILES , HEATHER L	0001	0007-PPO	SPS						
000845252587	MARTIN , CHARLES E	0001	0007-PPO	SUB						
000845252587	MARTIN , JENNIFER	0001	0007-PPO	SPS						
000845252587	MARTIN , LILYANN	0001	0007-PPO	DEP						
000845252587	MARTIN , ARABELLA	0001	0007-PPO	DEP						
000821714224	NELSON , RICHARD D	0001	0007-PPO	SUB						
000821714224	NELSON , BLAYKLEE B.	0001	0007-PPO	DEP						
000821714224	NELSON , ASHLEY	0001	0007-PPO	SPS						
000839206141	REAGAN , CAMILLE	0001	0007-PPO	SUB						
000839206141	REAGAN , RANDY L	0001	0007-PPO	SPS						
000821730511	WRIGHT , AMBER N	0001	0007-PPO	SUB						
TOTAL FEES									9,443.95	9,443.95
									Total Member Count: 15	

**Current Charges includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.
Allocated Taxes and Fees: **\$18.90**

Tier Identifier
M = Medicare
P = Split Medicare

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment. Documents relating to membership updates should be mailed to: Blue Cross and Blue Shield of Texas, P.O. Box 655730, Dallas, TX 75265-5730. Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

BCSUD001061

CONFIDENTIAL

3403

BEAR CREEK SPECIAL UTILITY DISTRICT

PO BOX 188
LAVON, TX 75166

88-1632/1119

EZScheck™ Check Fraud
Protection for Business

9/25/2017

PAY TO THE
ORDER OF

Blue Cross Blue Shield

\$ **9,443.95

Nine Thousand Four Hundred Forty-Three and 95/100*****

DOLLARS

Blue Cross Blue Shield
P. O. Box 660049
Dallas, TX 75266-0049

AUTHORIZED SIGNATURE

MEMO

Act. 022523 10/1/2017 to 11/1/2017 0000704392

⑈003403⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3403

Blue Cross Blue Shield				9/25/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
9/25/2017	Bill		9,443.95	9,443.95	
				Check Amount	9,443.95

Independent Bank - M Act. 022523 10/1/2017 to 11/1/2017 0000704392

9,443.95

BEAR CREEK SPECIAL UTILITY DISTRICT

3403

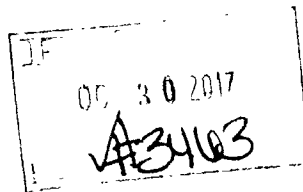
Blue Cross Blue Shield				9/25/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
9/25/2017	Bill		9,443.95	9,443.95	
				Check Amount	9,443.95

Independent Bank - M Act. 022523 10/1/2017 to 11/1/2017 0000704392

9,443.95

Please tear off and return the coupon below with your payment.

TX08800 10/19/17 019B09 J9FC



BlueCross
BlueShield
of Texas



Corp Code: TX1
Account Number: 022523
Profile Number: 0000704392
Account Name: BEAR CREEK SPECIAL UTILITY DISTRICT
10/19/17

Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

RECONCILIATION (to be completed by customer)

Total Amount Due: \$10,621.95

Please indicate amount paid:

\$10,621.95

To avoid delays in processing your Membership Changes, please do not include them with your payment

DO NOT WRITE BELOW THIS LINE

TX1 000022523 5 0000704392 0 20171101 0000001062195 00128 0000000000 04

BCSUD001063



BlueCross BlueShield of Texas
P.O. Box 655730
Dallas, TX 75265-5730

*****ALL FOR AADC 752
6817 1 AB 0.403 25

PROFILE # 0000704392

ATTN: CAMILLE REAGAN
BEAR CREEK SPECIAL UTILITY DISTRICT
P.O. BOX 188
LAVON TX 75166-0188

4842

About the Bill...

Each section of the bill will provide you with information to reflect the status of your Account's enrollment as of the date the billing was prepared. Additions, cancellations, terminations, adjustments, and other needed information will be clearly identified so that you can prepare your Account's payment for the forthcoming period with a minimum of time and effort.

How to Read the Bill...

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Subscriber Fees List,
Rate and Exposure Tables

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Bill Summary:

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Subscriber Fees:

Each of your subscribers will be identified on this report. Columns will identify the appropriate Category, Product, Rate Tier, and Rate for each subscriber. In addition, an explanation is provided for any adjustments to the subscriber fee.

Rate Table:

The Rate Table will confirm the charged rates for the latest billing period by rate structure and product.

Exposure Table:

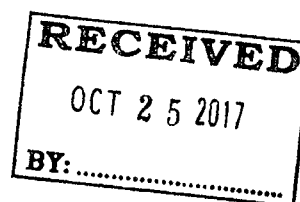
The Exposure table will summarize the number of members by product and rate structure relative to your account in effect at the end of this billing period. In addition, if the family unit is split between Non-Medicare and Medicare Primary, their counts will appear in the Split row. This will provide you with verification that all of your subscribers have been accounted for on the bill.

Payment Coupon:

When returned to us with your payment, the Payment Coupon will enable us to more quickly credit your account. Simply fill in the dollar amount of your payment and return the coupon with your check in the envelope provided, making sure our address shows through the window.

Online Bill Payment is here. It's easy to view and print your statements online.

Learn how to sign-up at http://www.bcbstx.com/employer/safe_secure.htm





TX08800 000800L
20171019 020082 1 61017102
20171019 020082 1 61017102

Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile:	0000704392 - ALL SUBSCRIBERS	4842
Bill Date:	10-18-2017	Payment Due Date: 11-01-2017
Bill Period:	11-01-2017 to 12-01-2017	Page 3

BILL SUMMARY

	Date	Activity	Total Due
Previous Amount Billed			\$9,443.95
Payments			
Check # 003403	10-02-2017	(9,443.95)	
Adjustments			
NONE		.00	
Total Payments and Adjustments			(\$9,443.95)
Remaining Balance			\$.00
Fees			
Current Charges		10,032.95	
Subscriber Fee Adjustments		589.00	
Total Fees			\$10,621.95
Total Amount Due *			\$10,621.95

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Allocated Taxes and Fees: \$21.26

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions when remitting your payment:

If remitting by check, please use the payment coupon and envelope that is provided with your Bill.

If remitting electronically via wire, please indicate the following in the description field of the transmittal:

022523 0000704392 11-01

If sending your payment via overnight delivery service, please include the payment coupon and address to:

JPMorgan Chase (TX1-0029)
Attn: Health Care Service Corporation Box 731428
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351



Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account: 022523 - BEAR CREEK SPECIAL UTILITY DISTRICT		
Profile: 0000704392 - ALL SUBSCRIBERS		4842
Bill Date: 10-18-2017	Payment Due Date: 11-01-2017	Page
Bill Period: 11-01-2017 to 12-01-2017		4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	HEALTH		DENTAL		CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES		
			PRODUCT	REL/ TIER	PRODUCT	TIER						
000837502775	BROOKS KENNEMER, SAMANTHA L.	0001	0007-PPO	SUB								
000837502775	KENNEMER, EMMA	0001	0007-PPO	DEP								
000830286150	LILES, JOSHUA D.	0001	0007-PPO	SUB								
000830286150	LILES, MARLEE	0001	0007-PPO	DEP								
000830286150	LILES, HEATHER L.	0001	0007-PPO	SPS								
000845252587	MARTIN, CHARLES E.	0001	0007-PPO	SUB								
000845252587	MARTIN, JENNIFER	0001	0007-PPO	SPS								
000845252587	MARTIN, LILYANN	0001	0007-PPO	DEP								
000845252587	MARTIN, ARABELLA	0001	0007-PPO	DEP								
000821714224	NELSON, RICHARD D.	0001	0007-PPO	SUB								
000821714224	NELSON, BLAYKLEE B	0001	0007-PPO	DEP								
000821714224	NELSON, ASHLEY	0001	0007-PPO	SPS								
000839206141	REAGAN, CAMILLE	0001	0007-PPO	SUB								
000839206141	REAGAN, RANDY L	0001	0007-PPO	SPS								
000821730511	WRIGHT, AMBER N	0001	0007-PPO	SUB			Member Add 10/01/2017					
000821730511	WILLABY, JAMIE D	0001	0007-PPO	SPS			Member Add 10/01/2017	589.00				
TOTAL FEES												
Total Member Count 16										589.00	10,032.95	10,621.95

3463

BEAR CREEK SPECIAL UTILITY DISTRICTPO BOX 188
LAVON, TX 75166

88-1632/1119

Check Fraud
Protection for Business

10/30/2017

PAY TO THE
ORDER OF Blue Cross Blue Shield

\$ **10,621.95

Ten Thousand Six Hundred Twenty-One and 95/100*****

DOLLARS

Blue Cross Blue Shield
P. O. Box 660049
Dallas, TX 75266-0049
AUTHORIZED SIGNATURE

MEMO

Act. 022523 11/1/2017 to 12/1/2017 0000704392

⑈003463⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3463

Blue Cross Blue Shield				10/30/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
10/30/2017	Bill		10,621.95	10,621.95	
					Payment
					10,621.95
				Check Amount	10,621.95

Independent Bank - M Act. 022523 11/1/2017 to 12/1/2017 0000704392

10,621.95

BEAR CREEK SPECIAL UTILITY DISTRICT

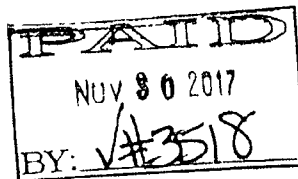
3463

Blue Cross Blue Shield				10/30/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
10/30/2017	Bill		10,621.95	10,621.95	
					Payment
					10,621.95
				Check Amount	10,621.95

Independent Bank - M Act. 022523 11/1/2017 to 12/1/2017 0000704392

10,621.95

Please tear off and return the coupon below with your payment.



BlueCross
BlueShield
of Texas



Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

Corp Code TX1
Account Number: 022523
Profile Number: 0000704392
Account Name: BEAR CREEK SPECIAL UTILITY DISTRICT
11/18/17

RECONCILIATION (to be completed by customer)

Total Amount Due. \$10,032.95

Please indicate amount paid:

\$10,032.95

To avoid delays in processing your Membership Changes, please do not include them with your payment

DO NOT WRITE BELOW THIS LINE

TX1 000022523 5 0000704392 0 20171201 0000001003295 00129 0000000000 04
BCSUD001068



BlueCross BlueShield of Texas

P.O. Box 655730
Dallas, TX 75265-5730

*****ALL FOR AADC 752
8044 1 AB 0.403 30

PROFILE # 0000704392

ATTN: CAMILLE REAGAN
BEAR CREEK SPECIAL UTILITY DISTRICT
P.O. BOX 188
LAVON TX 75166-0188

4807

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Rate Table:

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Exposure Table:

The Exposure table will summarize the number of members by product and rate structure relative to your account in effect at the end of this billing period. In addition, if the family unit is split between Non-Medicare and Medicare Primary, their counts will appear in the Split row. This will provide you with verification that all of your subscribers have been accounted for on the bill.

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Online Bill Payment is here. It's easy to view and print your statements online.

Learn how to sign-up at http://www.bcbstx.com/employer/safe_secure.htm

TX08800
20171120B01 JB56
Em...0000011...0000011

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351



Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile	0000704392 - ALL SUBSCRIBERS	4807
Bill Date	11-17-2017	Page
Payment Due Date	12-01-2017	
Bill Period	12-01-2017 to 01-01-2018	4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	HEALTH		DENTAL		CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
			PRODUCT	REL/ TIER	PRODUCT	TIER				
000837502775	BROOKS KENNEMER, SAMANTHA L	0001	0007-PPO	SUB						
000837502775	KENNEMER, EMMA	0001	0007-PPO	DEP						
000830286150	LILES, JOSHUA D.	0001	0007-PPO	SUB						
000830286150	LILES, MARLEE	0001	0007-PPO	DEP						
000830286150	LILES, HEATHER L.	0001	0007-PPO	SPS						
000845252587	MARTIN, CHARLES E	0001	0007-PPO	SUB						
000845252587	MARTIN, JENNIFER	0001	0007-PPO	SPS						
000845252587	MARTIN, LILYANN	0001	0007-PPO	DEP						
000845252587	MARTIN, ARABELLA	0001	0007-PPO	DEP						
000821714224	NELSON, RICHARD D	0001	0007-PPO	SUB						
000821714224	NELSON, BLAYKLEE B	0001	0007-PPO	DEP						
000821714224	NELSON, ASHLEY	0001	0007-PPO	SPS						
000839206141	REAGAN, CAMILLE	0001	0007-PPO	SUB						
000839206141	REAGAN, RANDY L.	0001	0007-PPO	SPS						
000821730511	WRIGHT, AMBER N.	0001	0007-PPO	SUB						
000821730511	WILLABY, JAMIE D.	0001	0007-PPO	SPS						
TOTAL FEES									10,032.95	10,032.95
								Total Member Count: 16		

**Current Charges includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.
Allocated Taxes and Fees. \$20.08

Tier Identifier
M=Medicare
P=Split Medicare

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment. Documents relating to membership updates should be mailed to: Blue Cross and Blue Shield of Texas, P.O. Box 655730, Dallas, TX 75265-5730.
Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

BCSUD001070

CONFIDENTIAL



Account:	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT		
Profile:	0000704392 - ALL SUBSCRIBERS		4807
Bill Date:	11-17-2017	Payment Due Date:	12-01-2017
Bill Period:	12-01-2017 to 01-01-2018		3

Previous Amount Billed

Payments

Check # 003463

11-02-2017

(10,621.95)

Total Due
\$10,621.95

Adjustments

NONE

.00

Total Payments and Adjustments

(\$10,621.95)

Remaining Balance

\$.00

Fees

Current Charges
Subscriber Fee Adjustments

10,032.95
.00

Total Fees

\$10,032.95

Total Amount Due *

\$10,032.95

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Allocated Taxes and Fees: **\$20.08**

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions when remitting your payment:

If remitting by check, please use the payment coupon and envelope that is provided with your Bill.

If remitting electronically via wire, please indicate the following in the description field of the transmittal:

022523 0000704392 12-01

If sending your payment via overnight delivery service, please include the payment coupon and address to:

JPMorgan Chase (TX1-0029)
Attn: Health Care Service Corporation Box 731428
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

BEAR CREEK SPECIAL UTILITY DISTRICT

PO BOX 188
LAVON, TX 75166



**Independent
Bank**

88-1632/1119

Check Fraud
Protection for Business

3518

11/30/2017

PAY TO THE
ORDER OF

Blue Cross Blue Shield

\$ **10,032.95

Ten Thousand Thirty-Two and 95/100*****

DOLLARS

Blue Cross Blue Shield
P. O. Box 660049
Dallas, TX 75266-0049

Camille Reagan
AUTHORIZED SIGNATURE

MEMO

Act. 022523 12/1/2017 to 1/1/2018 0000704392

⑈003518⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3518

Blue Cross Blue Shield				11/30/2017	
Date	Type Reference	Original Amt.	Balance Due	Discount	Payment
11/29/2017	Bill	10,032.95	10,032.95		10,032.95
				Check Amount	10,032.95

Independent Bank - M Act. 022523 12/1/2017 to 1/1/2018 0000704392

10,032.95

BEAR CREEK SPECIAL UTILITY DISTRICT

3518

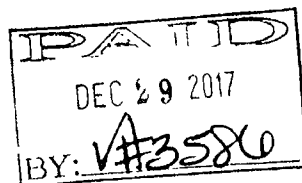
Blue Cross Blue Shield				11/30/2017	
Date	Type Reference	Original Amt.	Balance Due	Discount	Payment
11/29/2017	Bill	10,032.95	10,032.95		10,032.95
				Check Amount	10,032.95

Independent Bank - M Act. 022523 12/1/2017 to 1/1/2018 0000704392

10,032.95

Please tear off and return the coupon below with your payment.

TX06800 20171219B01 JA48



BlueCross
BlueShield
of Texas



Corp Code: TX1
Account Number: 022523
Profile Number: 0000704392
Account Name: BEAR CREEK SPECIAL UTILITY DISTRICT
12/19/17

Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

RECONCILIATION (to be completed by customer)

Total Amount Due: \$10,772.46

Please indicate amount paid:

#10,772.46

To avoid delays in processing your Membership Changes, please do not include them with your payment

DO NOT WRITE BELOW THIS LINE

TX1 000022523 5 0000704392 0 20180101 0000001077246 00130 0000000000 04

BCSUD001073



BlueCross BlueShield of Texas

P.O. Box 655730
Dallas, TX 75265-5730

*****ALL FOR AADC 752
6870 1 AB 0.403 25

PROFILE # 0000704392

ATTN: CAMILLE REAGAN
BEAR CREEK SPECIAL UTILITY DISTRICT
P.O. BOX 188
LAVON TX 75166-0188

4567

About the Bill...

Each section of the bill will provide you with information to reflect the status of your Account's enrollment as of the date the billing was prepared. Additions, cancellations, terminations, adjustments, and other needed information will be clearly identified so that you can prepare your Account's payment for the forthcoming period with a minimum of time and effort.

How to Read the Bill...

The bill is divided into three sections:

The Bill Summary,
Subscriber Fees List,
Rate and Exposure Tables

Also, included with your bill is a Payment Coupon.

Bill Summary:

The first line in the summary is the amount due from the previous bill. All activities such as payments and adjustments are individually listed. Charges included in the billing period are summarized by Current Subscriber Fees, which represent the fees calculated for the current bill period, and Subscriber Fee Adjustments, which represent adjustments to prior periods occurring since the last bill. The last line of the summary indicates the total amount due.

Subscriber Fees:

Each of your subscribers will be identified on this report. Columns will identify the appropriate Category, Product, Rate Tier, and Rate for each subscriber. In addition, an explanation is provided for any adjustments to the subscriber fee.

Rate Table.

The Rate Table will confirm the charged rates for the latest billing period by rate structure and product.

Exposure Table:

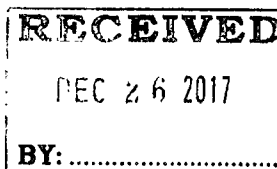
The Exposure table will summarize the number of members by product and rate structure relative to your account in effect at the end of this billing period. In addition, if the family unit is split between Non-Medicare and Medicare Primary, their counts will appear in the Split row. This will provide you with verification that all of your subscribers have been accounted for on the bill.

Payment Coupon:

When returned to us with your payment, the Payment Coupon will enable us to more quickly credit your account. Simply fill in the dollar amount of your payment and return the coupon with your check in the envelope provided, making sure our address shows through the window.

Online Bill Payment is here. It's easy to view and print your statements online.

Learn how to sign-up at http://www.bcbstx.com/employer/safe_secure.htm





TX080800 20171219B01 J448
20171219 019602
18 6 3 B 1
Remittance Address
Health Care Service Corporation
P.O. Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call:
800-445-2227

Account	U22523 - BEAR CREEK SPECIAL UTILITY DISTRICT	4567
Profile	0000704392 - ALL SUBSCRIBERS	
Bill Date	12-18-2017	Payment Due Date: 01-01-2018
Bill Period	01-01-2018 to 02-01-2018	Page 3

BILL SUMMARY

	Date	Activity	Total Due
Previous Amount Billed			\$10,032.95
Payments			
Check # 003518	12-05-2017	(10,032.95)	
Adjustments			
NONE		.00	
Total Payments and Adjustments			(\$10,032.95)
Remaining Balance			\$.00
Fees			
Current Charges		10,772.46	
Subscriber Fee Adjustments		.00	
Total Fees			\$10,772.46
Total Amount Due *			\$10,772.46

* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.
Allocated Taxes and Fees: \$242.39

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions when remitting your payment:

If remitting by check, please use the payment coupon and envelope that is provided with your Bill.

If remitting electronically via wire, please indicate the following in the description field of the transmittal:

022523 0000704392 01-01

If sending your payment via overnight delivery service, please include the payment coupon and address to:

JPMorgan Chase (TX1-0029)
Attn: Health Care Service Corporation Box 731428
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

PROTECTED PURSUANT TO PROTECTIVE ORDER
ISSUED IN DOCKET 49351



Remittance Address
Health Care Service Corporation
P O Box 731428
Dallas, TX 75373-1428

For All Billing Inquiries Call
800-445-2227

Account	022523 - BEAR CREEK SPECIAL UTILITY DISTRICT	
Profile	0000704392 - ALL SUBSCRIBERS	4567
Bill Date	12-18-2017	Payment Due Date: 01-01-2018
Bill Period	01-01-2018 to 02-01-2018	
		Page 4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	HEALTH		DENTAL		CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
			PRODUCT	REL/ TIER	PRODUCT	TIER				
000837502775	BROOKS KENNEMER, SAMANTHA L	0001	0008-PPO	SUB			Product Change 01/01/2018			
000837502775	KENNEMER, EMMA	0001	0008-PPO	DEP			Product Change 01/01/2018			
000830286150	LILES, JOSHUA D.	0001	0008-PPO	SUB			Product Change 01/01/2018			
000830286150	LILES, MARLEE	0001	0008-PPO	DEP			Product Change 01/01/2018			
000833286150	LILES, HEATHER L	0001	0008-PPO	SPS			Product Change 01/01/2018			
000843252587	MARTIN, CHARLES E	0001	0008-PPO	SUB			Product Change 01/01/2018			
000845252587	MARTIN, JENNIFER	0001	0008-PPO	SPS			Product Change 01/01/2018			
000845252587	MARTIN, LILYANN	0001	0008-PPO	DEP			Product Change 01/01/2018			
000845252587	MARTIN, ARABELLA	0001	0008-PPO	DEP			Product Change 01/01/2018			
000821714224	NELSON, RICHARD D	0001	0008-PPO	SUB			Product Change 01/01/2018			
000821714224	NELSON, BLAYKLEE B.	0001	0008-PPO	DEP			Product Change 01/01/2018			
000821714224	NELSON, ASHLEY	0001	0008-PPO	SPS			Product Change 01/01/2018			
000839206141	REAGAN, CAMILLE	0001	0008-PPO	SUB			Product Change 01/01/2018			
000839206141	REAGAN, RANDY L.	0001	0008-PPO	SPS			Product Change 01/01/2018			
000821730511	WRIGHT, AMBER N	0001	0008-PPO	SUB			Product Change 01/01/2018			
000821730511	WILLABY, JAMIE D	0001	0008-PPO	SPS			Product Change 01/01/2018			

TOTAL FEES

Total Member Count: 16

10,772.46

10,772.46

**Current Charges includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.
Allocated Taxes and Fees. \$242.39

Tier Identifier
M=Medicare
P=Split Medicare

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment. Documents relating to membership updates should be mailed to: Blue Cross and Blue Shield of Texas, P.O. Box 655730, Dallas, TX 75265-5730.
Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

BCSUD001076

CONFIDENTIAL

3586

BEAR CREEK SPECIAL UTILITY DISTRICTPO BOX 188
LAVON, TX 75166

88-1632/1119



12/29/2017

PAY TO THE
ORDER OF

Blue Cross Blue Shield

\$ **10,772.46

Ten Thousand Seven Hundred Seventy-Two and 46/100***** DOLLARS

Blue Cross Blue Shield
P. O. Box 660049
Dallas, TX 75266-0049
AUTHORIZED SIGNATURE

MEMO

Act. 022523 1/1/2018 to 2/1/2018 0000704392

⑈003586⑈

BEAR CREEK SPECIAL UTILITY DISTRICT

3586

Blue Cross Blue Shield				12/29/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
12/28/2017	Bill		10,772.46	10,772.46	
				Check Amount	Payment
					10,772.46

Independent Bank - M Act. 022523 1/1/2018 to 2/1/2018 0000704392

10,772.46

BEAR CREEK SPECIAL UTILITY DISTRICT

3586

Blue Cross Blue Shield				12/29/2017	
Date	Type	Reference	Original Amt.	Balance Due	Discount
12/28/2017	Bill		10,772.46	10,772.46	
				Check Amount	Payment
					10,772.46

Independent Bank - M Act. 022523 1/1/2018 to 2/1/2018 0000704392

10,772.46

RESPONSIVE TO STAFF 5-11



BEAR CREEK SUD

Telephone 1-972-843-2101 • P.O. Box 188
Lavon, Texas 75166

Date: May 8, 2018

Time: 7:00PM

MINUTES OF REGULAR BOARD MEETING

Call to order by: President Herman Stork

Directors Present: Herman Stork, Bryan Block, Leticia Harrison, Chris Elder, Robert Haynes, Kevin Hutchinson

Directors Absent: Pedro Estrada

Public Comment: None

Adopt Order Canvassing Returns and Declaring Results of 2018 Director Election:

President H. Stork read the results of the election, Bryan Block - 37 votes, Pedro Estrada, Jr. 31 votes and David L. Hawkins - 33 votes. Bryan Block and David Hawkins received the highest number of votes and have been elected to the office of Director of the District

Motion by Director C. Elder, seconded by Director K. Hutchinson to Adopt Ordinance No. 2018-002 Canvassing Returns and Declaring Results of the 2018 Director Election. Motion carried unanimously

Execute Oath of Office of Directors: *Director B. Block and Director D. Hawkins took Oath of Office of Directors.*

Election of Board Officers: *Motion by Director R. Haynes, seconded by Director K. Hutchinson to nominate Herman Stork as President, Bryan Block as Vice President and Leticia Harrison as Secretary. Motion carried unanimously*

Motion by Director B. Block, seconded by Director C. Elder to nominate Robert Haynes as Treasurer. Motion carried unanimously

Consent Items:

Approval of Minutes of Regular Meeting on April 10, 2018.

Approval of April 2018 Financials. *General Manager, C. Reagan stated that the repaired pump 1 should be delivered and installed on May 9th. Pump 4 went out May 4th and now will need to be repaired. Pump 3 has a ping noise and will need to be repaired. Pump 3 and 4 were installed in 2006. Pump 4 has 4600 run-time hours on it*

and pump 3 has 4800 run-time hours. Pump 1 and 2 have approximately 5000 run-time hours each. The estimated life span of the pumps is around ten years. The motors for pumps 1 and 2 were rebuilt in 2009. This time the pumps, motors and the impeller shafts will need to be rebuilt. Money will need to be allocated for the repair of the remaining three pumps and motors. The cost will be approximately \$30,000 for each. The typical warranty period on a rebuild is two years.

Motion by Director C. Elder, seconded by Director R. Haynes to move \$100,000 from the Edward Jones Money Market account to the Independent Bank Main Account. The budget will be amended for account 5045 (Equipment Repairs) to reflect total budget of \$155,000 for the year. Motion carried unanimously.

Approval of April 2018 General Manager Report

Motion made by Director B. Block, seconded by Director K. Hutchinson to approve Consent Items. Motion carried unanimously.

Staff Report:

Legal update by James W. Wilson: *Attorney James Wilson reported no updates.*

Regular Agenda Items:

- A. Discuss and act upon approving 2017 Financial Audit (Rutherford-Taylor): *Mike Taylor, of Rutherford-Taylor, presented the 2017 Bear Creek Special Utility District (SUD) Financial Audit. Mr. Taylor stated that page 3 of the audit would need to be completed and the entire audit sent to TCEQ after the audit is accepted by the Board. Mr. Taylor stated that the auditors had audited the financial statements of the Bear Creek SUD and in their opinion, the financial statements referred to, presents fairly, in all material respects, the respective financial position of the business type activities, which are the proprietary funds of the Bear Creek SUD as of December 31, 2017, and the respective changes in financial position and cash flows thereof for the twelve months then ended, in accordance with accounting principles generally accepted in the United States of America. The audit report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the District's internal control over financial reporting and compliance. There were no deficiencies in internal control that are considered to be material weaknesses that were identified in the audit. The District's Total Net Position was \$6,815,302 at year end. The District's expenses were \$14,533 less than the \$2,088,907 generated from charges for services and other revenues for business-type activities. The District did not enter into any new debt agreements during the year. The Change in Net Position for 2017 was \$14,533. The District's Current Assets were \$2,263,675, restricted assets \$616,316, Non-Current Assets were \$6,356,194 and the Total Assets were \$9,236,185. The Current Liabilities were \$148,422, Non-Current Liabilities were \$2,272,461 and Total Net Position was \$6,815,302. The Total Operating Revenues were \$2,088,907 and the Total Operating Expenses were \$2,347,732. The Net Operating Revenue (expenses) was (\$258,825). The Change in Net Position was \$14,533. On the Statement of Cash Flows, the Net Cash generated was*

\$142,896. The Net Increase in Cash for 2017 was \$234,092. The Net Capital Assets for the District on December 31, 2017 was \$6,341,239. The total debt of the District is \$2,462,703 through the year 2035. Mr. Taylor stated that supposedly Bear Creek SUD is a non-profit organization, but you have to have a profit to stay in business or you will be borrowing money to operate.

Motion made by Director B. Block, seconded by Director C. Elder to accept the 2017 Financial Audit as presented by Rutherford, Taylor & Company, P. C. Motion carried unanimously.

- B. Discuss and act upon approving Resolution No. 2018-003: *Resolution No. 2018-003 is to approve Greater Texoma Utility Authority to proceed with the development of an application to the Texas Water Development Board for financing of its water supply system improvement project.*

Motion by Director R. Haynes, seconded by Director K. Hutchinson to approve Resolution No. 2018-003. Motion carried unanimously.

- C. Discuss status of the Rate Payers' Appeal filed with the Public Utility Commission: *On May 5, 2017, the Public Utility Commission Staff filed a motion to dismiss the petition. The Commission Staff cited that the petition was not timely filed, the Commission did not have jurisdiction to hear the appeal and the ratepayers' appeal of the water rate increase filed by Charles Teske and Deborah Fato must be dismissed. On April 27, 2018, the Public Utility Commission Judge dismissed the petition with prejudice. All other motions and any other request for general or specific relief, are denied by the Public Utility Commission. The cost of attorney fees to date are \$5,800. There will be a final bill from the attorney in Austin. The total costs to the District should be approximately \$8,000, not counting time that was spent by the Bear Creek SUD personnel. The attorney stated that those costs could be passed on to the customers.*
- D. Discuss Hwy. 205 Widening: *Stuart Williams, Kimley-Horn, stated that he had been working on the financials for the Hwy. 205 widening project for the Texas Water Development Board loan. Stuart has been coordinating with Halff Engineering and Bear Creek SUD personnel on the line work for the widening of the roadway and the costs associated with the project. The next step will be to meet with TxDOT to go through the line work to identify what is going to be a conflict since TxDOT has changed their policy on reimbursement. Bear Creek SUD employees will be locating all lines, valves and crossings. Do not know what costs will be reimbursed from TxDOT at this time.*
- E. Discuss Hwy. 552 Widening: *Stuart Williams, Kimley-Horn, stated that a public meeting was being held on the widening of Hwy. 552 from SH 66 to SH 205 on May 17, 2018. Stuart has been coordinating with HTNB to get the design work from TxDOT for the project. A time frame has not been identified by TxDOT for the construction of the project.*

- F. Discuss and act on Line Up-Size Ordinance: *C. Reagan will submit a proposed line-up size ordinance to the Board.*
- G. Discuss North Texas Municipal Water District 2019 Rates: *North Texas Municipal Water District has submitted the preliminary rates for 2019. The projected rates will be a minimum of 10% for the next 10 years.*

Adjournment to Executive Session:

Motion by Director R. Haynes, seconded by Director B. Block to adjourn to Executive Session at 8:25PM. Motion carried unanimously.


Executive Session:


Executive Session Call to Order at 8:27PM.

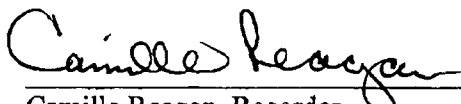
Executive Session Agenda Items:

- (A) The Board may recess into closed or executive session to discuss the following:
 - (1) Government Code §551.072. Discuss Property Purchase.
- (B) Reconvene into Regular Session and take any action necessary as a result of the Executive Session.

Adjournment at 8:35PM:


Herman Stork, President


Bryan Block, Vice President


Camille Reagan, Recorder



BEAR CREEK SUD

Telephone 1-972-843-2101 • P.O. Box 188
Lavon, Texas 75166

NOTICE OF REGULAR MEETING OF BOARD OF DIRECTORS

Bear Creek SUD Board Meeting

May 8, 2018, 7:00PM

Meeting to be held at 16881 C. R. 541, Lavon, TX 75166

REGULAR AGENDA

Call To Order & Determine Quorum:

Tuesday, May 8, 2018 @ 7:00PM

Public Comment – Non Agenda Items:

(Comments shall be limited to 3 minutes per speaker. Board members are prohibited from discussing, deliberating or taking action on matters presented during public comment.)

Adopt Order Canvassing Returns and Declaring Results of 2018 Director Election

Execute Oath of Office of Directors

Election of Board Officers

Consent Agenda:

Approval of Minutes of Regular Meeting on April 10, 2018

Approval of April 2018 Financials

Approval of April 2018 General Manager Report

Staff Reports:

Legal Update by James W. Wilson

REGULAR AGENDA ITEMS:

- (A) Discuss and act upon approving 2017 Financial Audit (Rutherford-Taylor)
- (B) Discuss and act upon approving Resolution No. 2018-003
- (C) Discuss status of the Rate Payers' Appeal filed with the Public Utility Commission
- (D) Discuss Hwy. 205 Widening
- (E) Discuss Hwy. 552 Widening
- (F) Discuss and act on Line Up-Size Ordinance
- (G) Discuss North Texas Municipal Water District 2019 Rates

EXECUTIVE SESSION:

- (A) The Board may recess into closed or executive session to discuss the following:
 - (1) Government Code § 551.072. Discuss Property Purchase.
- (B) Reconvene into Regular Session and take any action necessary as a result of the Executive Session.

ADJOURNMENT:

I certify this agenda was posted on May 4, 2018 at 5:00p.m., in the front window of the regular offices of Bear Creek Special Utility District, located at 16881 C. R. 541, Lavon, Texas 75166 (Collin County), facing the outside and visible to the public at all times.

By: Camille Reagan
Camille Reagan, General Manager

NOTICE

The Board of Directors reserves the right to recess into executive or closed session if the discussion of any of the above agenda items concerns one or more of the following:

- (a) Contemplated or pending litigation or when legal advice is requested of the District's attorney on matters in which the duty of the attorney under the Texas Disciplinary rules of Professional Conduct of the State Bar of Texas conflicts with the Open Meetings Act regarding. (Section 551.071, Texas Open Meetings Act)
- (b) The purchase, exchange, lease or value of real property, if the deliberation in an open meeting would have a detrimental effect on the position of the District in negotiations with a third person. (Section 551.072, Texas Open Meetings Act)
- (c) A contract for a prospective gift or donation to the District, if the deliberation in an open meeting would have a detrimental effect on the position of the District in negotiations with a third person. (Section 551.073, Texas Open Meetings Act)
- (d) Personnel matters involving the appointment, employment, evaluation, reassignment, duties, discipline or dismissal of a public officer or employee or to hear a complaint against an officer or employee (Section 551.074, Texas Open Meetings Act)
- (e) Water system security procedures or devices. (Section 551.076, Texas Open Meetings Act)
- (f) Commercial or financial information that the District has received from a business prospect and to deliberate the offer or other incentives to a business prospect. (Section 551.087 Texas Open Meetings Act)

The Board of Directors may vote or act upon each and every item listed in this agenda.

NOTICE OF ASSISTANCE AT PUBLIC MEETINGS

Persons with disabilities who plan to attend this meeting and who may need auxiliary aid or assistance should contact the General Manager of the District at least two working days prior to the meeting at (972)843-2101 or by facsimile at (972)853-2505.

Next Meeting will to be held on Tuesday June 12, 2018 @ 7:00 PM at 16881 C R 541, Lavon, TX 75166. "This institution is an equal opportunity provider, and employer "

BOARD MEETING
GUEST SIGN-IN SHEET

Tuesday, May 08, 2018

1	Kay Wright
2	Vicki Sava
3	Donna H. Hines
4	
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CERTIFICATE OF ORDER

THE STATE OF TEXAS	\$
COLLIN COUNTY	\$
BEAR CREEK SPECIAL UTILITY DISTRICT	\$

We, the undersigned officers of the Board of Directors (the "Board") of Bear Creek Special Utility District (the "District"), hereby certify as follows: the Board, in its capacity as Canvassing Authority, convened in regular session and open to the public on May 8, 2018 at 7:00 p.m., in the District's office located at 16881 County Road 541, Lavon, Texas 75166 (the "Meeting"), and the roll was called of the members of the Board, to-wit:

Herman Stork, President
Bryan Block, Vice President
Leticia Harrison, Secretary

Chris Elder, Director
Robert Haynes, Director
Kevin Hutchinson, Director
Peter Estrada, Director

All members of the Board as Canvassing Authority were present except the following:
Pedro Estrada, thus constituting a quorum.

Whereupon the following business was transacted at the Meeting: a written

ORDINANCE NO. 2018-002

AN ORDINANCE OF THE BOARD OF DIRECTORS OF BEAR CREEK SPECIAL UTILITY DISTRICT, COLLIN AND ROCKWALL COUNTIES, TEXAS (DISTRICT), CANVASSING RETURNS AND DECLARING THE RESULTS OF THE DISTRICT'S GENERAL ELECTION ON MAY 5, 2018 FOR THE PURPOSE OF ELECTING TWO (2) DIRECTORS TO THE DISTRICT'S BOARD OF DIRECTORS.

(the "Ordinance") was duly introduced for the consideration of the Board as Canvassing Authority. It was then duly moved and seconded that the Ordinance be adopted; and after full discussion, such motion, carrying with it the adoption of the Ordinance prevailed, carried, and became effective by the following vote:

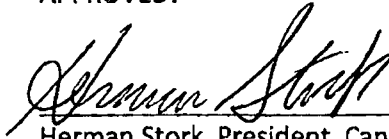
AYES: 6 NOES: 0 ABSTENTIONS: 0

A true, full and correct copy of the Ordinance adopted at the Meeting described in the above and foregoing paragraph is attached to and follows this Certificate; the Ordinance has been duly recorded in the Board's minutes of the Meeting; the above and foregoing paragraph is a true, full, and correct excerpt from the Board's minutes of the Meeting pertaining to the adoption of the Ordinance; the persons named in the above and foregoing paragraph are the duly chosen, qualified, and acting officers and members of the Board as indicated therein; each of the officers and members of the Board were duly and sufficiently notified officially and personally, in advance, of the time, place, and purpose of

SECTION 4. The President or Vice President and the Secretary or Assistant Secretary of the Board of Directors are authorized to evidence adoption of this Ordinance on behalf of the Board and to do any and all things necessary or proper to carry out the intent hereof.

PASSED and ADOPTED on the 8th day of May, 2018, by the Board of Directors of Bear Creek Special Utility District, Collin and Rockwall Counties, Texas.

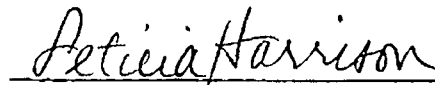
APPROVED:



Herman Stork, President, Canvassing
Authority

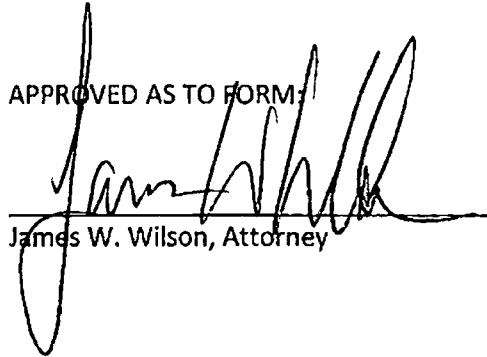
(DISTRICT SEAL)

ATTEST:



Leticia Harrison, Secretary

APPROVED AS TO FORM:



James W. Wilson, Attorney

ORDINANCE NO. 2018-002

AN ORDINANCE OF THE BOARD OF DIRECTORS OF BEAR CREEK SPECIAL UTILITY DISTRICT, COLLIN AND ROCKWALL COUNTIES, TEXAS (DISTRICT), CANVASSING RETURNS AND DECLARING THE RESULTS OF THE DISTRICT'S GENERAL ELECTION ON MAY 5, 2018 FOR THE PURPOSE OF ELECTING TWO (2) DIRECTORS TO THE DISTRICT'S BOARD OF DIRECTORS.

WHEREAS, Bear Creek Special Utility District (the "District") held a general election on May 5, 2018, at the District's office, 16881 County Road 541, Lavon, Texas 75166, for the purpose of electing two (2) Directors to the Board of Directors of the District (the "General Election"); and

WHEREAS, the votes cast at the General Election have been counted and recorded on the official General Election returns, and said returns have been certified and delivered to the Board of Directors, in its capacity as Canvassing Authority, by the presiding judge of the General Election.

IT IS, THEREFORE, ORDERED AND DECLARED BY THE BOARD OF DIRECTORS OF BEAR CREEK SPECIAL UTILITY DISTRICT THAT:

SECTION 1. It is hereby found and declared that at the general election described in the preamble hereto there were 59 total ballots cast in the General Election for two (2) Directors to the Board of Directors of the District, with 19 ballots cast by early voting by mail, 22 ballots cast by early voting personal appearance, and 18 votes ballots cast by election day personal appearance, and that said ballots were cast for the following candidates in the number of votes indicated:

Bryan Block	37 votes
Pedro Estrada, Jr.	31 votes
David L. Hawkins.	33 votes

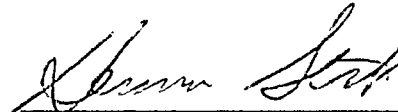
SECTION 2. The following persons received the highest number of votes for director and have been elected to the office of Director of the District to serve three (3) year terms that expire in the year set opposite their names or until successors have been elected or appointed and qualified according to law:

Bryan Block	2021
David L. Hawkins	2021

SECTION 3. Each of said persons shall enter into the duties of his office and shall begin to serve his term of office upon posting a bond as required by law, and taking the constitutional oath of office.

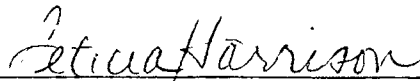
the Meeting, and that the Ordinance would be introduced and considered for adoption at the Meeting, and each of the officers and members consented, in advance, to the holding of the Meeting for such purpose; and the Meeting was open to the public and public notice of the time, place, and purpose of the Meeting was given, all as required by Chapter 551 of the Texas Government Code and Texas Water Code § 49.063, as amended.

SIGNED this 8th day of May, 2018.



Herman Stork, President,
Canvassing Authority

ATTEST:



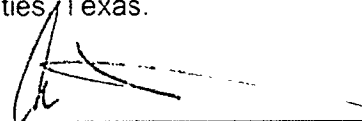
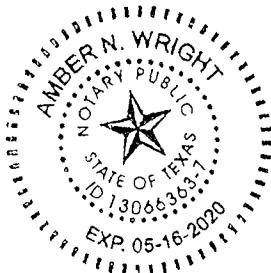
Leticia Harrison, Secretary

ACKNOWLEDGMENT

STATE OF TEXAS §

COUNTY OF COLLIN §

This instrument was acknowledged before me on May 8, 2018, by Herman Stork, as President and Leticia Harrison, as Secretary, of the Board of Directors of Bear Creek Special Utility District, Collin and Rockwall Counties, Texas.



Notary Public, State of Texas

BUDGET APRIL 2018 (AMENDED 04/10/18)

ACC #	OPERATIONS FUNDS	APPR	APRIL	YTD TOTAL	Balance of F/Y App
5010	<u>NTMWD</u>	\$684,000.00	\$55,497.00	\$221,988.00	\$462,012.00
	<u>EMPLOYEE</u>				
5013	<u>EMPLOYEE SALARIES</u>	\$420,000.00	\$30,725.39	\$138,422.07	\$281,577.93
5032	<u>EMPLOYEE DRUG TESTING</u>	\$800.00	\$0.00	\$0.00	\$800.00
5041	<u>TEMP HELP SALARY</u>	\$10,000.00	\$0.00	\$557.96	\$9,442.04
5116	<u>INSURANCE - HEALTH</u>	\$140,000.00	\$10,544.37	\$41,714.42	\$98,285.58
5112	<u>TWC</u>	\$10,000.00	\$1,151.00	\$3,606.00	\$6,394.00
5012	<u>IRA CONTRIBUTION</u>	\$18,000.00	\$715.45	\$3,394.64	\$14,605.36
5049	<u>UNIFORMS</u>	\$4,000.00	\$366.45	\$1,245.93	\$2,754.07
031/44/95	<u>TRAINING/TRAVEL</u>	\$18,000.00	\$416.66	\$1,666.64	\$16,333.36
5032	<u>SAFETY EQUIPMENT</u>	\$6,000.00	\$0.00	\$0.00	\$6,000.00
5020	<u>MILEAGE REIMBURSEMENT</u>	\$2,500.00	\$0.00	\$194.72	\$2,305.28
5136	<u>FINANCIAL AUDIT</u>	\$9,500.00	\$0.00	\$0.00	\$9,500.00
5120	<u>ENGINEERING SERVICES</u>	\$200,000.00	\$10,155.95	\$35,868.03	\$164,131.97
5135	<u>LEGAL SERVICES</u>	\$80,000.00	\$3,417.50	\$7,692.50	\$72,307.50
5117	<u>LAWN MAINTENANCE</u>	\$1,500.00	\$0.00	\$0.00	\$1,500.00
5567	<u>INSPECTIONS/CSI/PROJECT</u>	\$5,000.00	\$0.00	\$25.00	\$4,975.00
5581	<u>PEST CONTROL</u>	\$800.00	\$0.00	\$75.00	\$725.00
5040	<u>PHONE SERVICE</u>	\$11,000.00	\$720.12	\$2,893.56	\$8,106.44
5035	<u>TRASH PICK-UP</u>	\$1,500.00	\$0.00	\$1,107.33	\$392.67
5030	<u>ELECTRICITY</u>	\$58,000.00	\$5,050.74	\$22,243.70	\$35,756.30
5045/46	<u>EQUIPMENT/BLDG. REPAIRS****</u>	\$55,000.00	\$5,514.18	\$9,521.95	\$45,478.05
5567	<u>TANK INSPECTIONS/CLEANING</u>	\$15,000.00	\$0.00	\$0.00	\$15,000.00
5051	<u>SCADA SYSTEM UPGRADE/****</u>	\$25,000.00	\$0.00	\$0.00	\$25,000.00
	<u>CONTRACT</u>				
	<u>SUB TOTAL</u>	\$1,775,600.00	\$124,274.81	\$492,217.45	\$1,283,382.55

BUDGET APRIL 2018

ACC #	OPERATIONS FUNDS	APPRO	APRIL	YTD TOTAL	Balance of F/Y App
	VEHICLE EXPENSES				
5055	<u>VEHICLE FUEL</u>	<u>\$7,000.00</u>	\$225.87	\$1,107.93	\$5,892.07
5088	<u>VEHICLE SERVICE</u>	<u>\$5,000.00</u>	\$380.01	\$523.32	\$4,476.68
	-	-			
	-	-			
	-	-			
ACC#	NEW EQUIPMENT/TOOLS				
5042	<u>TOOLS</u>	<u>\$1,000.00</u>	\$0.00	\$0.00	\$1,000.00
5050	<u>CHLORINE TEST SUPPLIES</u>	<u>\$10,000.00</u>	\$0.00	\$2,141.73	\$7,858.27
5042	<u>Replacement colorimeters</u>	<u>\$5,000.00</u>	\$0.00	\$2,984.90	\$2,015.10
5047	<u>Computer repairs/Upgrades</u>	<u>\$5,000.00</u>	\$0.00	\$0.00	\$5,000.00
5176	<u>Computer Software</u>	<u>\$6,000.00</u>	\$0.00	\$38.97	\$5,961.03
#	SYSTEM MAINTENANCE REPAIRS				
5050	<u>MATERIAL COST</u>	<u>\$100,000.00</u>	\$1,894.97	\$15,760.93	\$84,239.07
5052	<u>EQUIP. CHARGES(rentals)</u>	<u>\$10,000.00</u>	\$430.14	\$1,853.36	\$8,146.64
5566	<u>CONTRACTED LABOR</u>	<u>\$10,000.00</u>	\$0.00	\$1,000.00	\$9,000.00
5053	<u>System Expense/Expansion****</u>	<u>\$0.00</u>	\$0.00	\$0.00	\$0.00
	-	-			
	-	-			
ACC#	MANDATORY EXPENSES				
5065	<u>STATE REQUIRED TESTING</u>	<u>\$10,000.00</u>	\$0.00	\$1,007.70	\$8,992.30
	SUB TOTAL	\$169,000.00	\$2,930.99	\$26,418.84	\$142,581.16

BUDGET APRIL 2018

ACC#	OPERATIONS FUNDS	APPRO	APRIL	YTD TOTAL	Balance of F/Y App
5582	OFFICE EXPENSES (security)	\$4,000.00	\$0.00	\$851.18	\$3,148.82
5090/91	OFFICE OPERATING EXPENSES	\$30,000.00	\$1,663.02	\$5,192.22	\$24,807.78
5201	POSTAGE & DELIVERY	\$20,000.00	\$1,028.51	\$4,382.94	\$15,617.06
5160	ADVERTISEMENTS	\$3,500.00	\$0.00	\$0.00	\$3,500.00
5150	DUES / SUBSCRIPTIONS	\$18,000.00	\$0.00	\$448.00	\$17,552.00
5151	LICENSES / PERMITS	\$6,200.00	\$0.00	\$144.25	\$6,055.75
5113	Commercial Ins.	\$36,000.00	\$0.00	\$30,764.40	\$5,235.60
5176	BILLING & 3G MAINT CONTRACT	\$7,000.00	\$0.00	\$5,204.96	\$1,795.04
2115	WORLD LAND DEVELOPERS	\$100,000.00	\$0.00	\$0.00	\$100,000.00
2180	Independent Bank	\$140,000.00	\$11,565.53	\$46,262.12	\$93,737.88
2130	STATE ASSESSMENT FEE	\$8,000.00	\$0.00	\$5,908.84	\$2,091.16
5565	SUD Directors Comp.	\$8,000.00	\$0.00	\$0.00	\$8,000.00
#		-			
5070	Interest Expense/	\$12,000.00	\$2,888.93	\$3,718.12	\$8,281.88
5062	Returned Check				
	SUB TOTAL	\$392,700.00	\$17,145.99	\$102,877.03	\$289,822.97
	TOTAL OPERATING BUDGET	\$2,337,300.00	\$144,351.79	\$621,513.32	\$1,715,786.68

STATEMENT OF EXPENDITURES BY ACCOUNT
BUDGET APRIL 2018

ACC#	CAPITAL PURCHASE ITEMS	APPR	APRIL	YTD TOTAL	Balance of F/Y App
	Billing Software	\$23,000.00	\$0.00	\$12,757.10	\$ 10,242.90
	Phone System	\$9,200.00	\$0.00	\$0.00	\$9,200.00
	Election Costs	\$7,000.00	\$0.00	\$2,481.60	\$4,518.40
ACC#	SYSTEM UPGRADES				
5061	Line Upgrades Hwy. 78	\$2,000,000.00	\$0.00	\$0.00	\$ 2,000,000.00
	SUB TOTAL	\$2,039,200.00	\$0.00	\$15,238.70	\$ 2,023,961.30
	TOTAL EXPENSES	\$4,376,500.00			\$3,739,747.98

***** AMENDED 04/10/18 *****

STATEMENT OF INCOME BY ACCOUNT

BUDGET APRIL 2018

OPERATIONS FUNDS		ANT INCOME	APRIL	YTD
ACC#	INCOME SOURCES			
4100	WATER SALES	\$ 1,150,000.00	\$ 70,788.62	\$ 320,304.08
4115	Service Charges	\$ 650,000.00	\$ 57,696.35	\$ 227,290.10
4300	Meter Sales	\$ 100,000.00	\$ 9,900.00	\$ 27,113.80
4500	AID TO CONSTRUCTION	\$ 150,000.00	\$ 23,100.00	\$ 68,000.00
4111/35	LATE FEES, LOCK OUTS	\$ 60,000.00	\$ 3,507.90	\$ 17,048.83
4200	INTEREST INCOME	\$ 12,000.00	\$ 1,505.57	\$ 3,069.63
4529	Tower Rent	\$ 7,200.00	\$ 600.00	\$ 2,400.00
4511/16	Misc. Income	\$ 100,000.00	\$ 20,043.95	\$ 28,729.82
4528/30				
		\$ 2,229,200.00	\$187,142.39	\$ 693,956.26
		INCOME	EXPENSES	TOTAL
	JANUARY	\$ 186,455.44	\$ 183,943.63	\$ 2,511.81
	FEBRUARY	\$ 167,483.98	\$ 141,372.25	\$ 26,111.73
	MARCH	\$ 152,874.45	\$ 151,845.65	\$ 1,028.80
	APRIL	\$ 187,142.39	\$ 144,351.79	\$ 42,790.60
	MAY			
	JUNE			
	JULY			
	AUGUST			
	SEPTEMBER			
	OCTOBER			
	NOVEMBER			
	DECEMBER			
	TOTAL	\$ 693,956.26	\$ 621,513.32	\$ 72,442.94