

**BEXAR APPRAISAL DISTRICT  
MEETING OF THE BOARD OF DIRECTORS  
AGENDA**



DATE OF MEETING: January 14, 2025  
PLACE OF MEETING: 411 N. Frio St.; San Antonio, TX 78207  
TIME OF MEETING: 2:00 pm

**\* PUBLIC COMMENTS MAY BE SUBMITTED BY EMAIL TO [pod@bcad.org](mailto:pod@bcad.org) NO LATER THAN 8:00 A.M. THE MORNING OF THE MEETING, OR IN PERSON BY REGISTERING BY NAME ON THE SIGN-IN SHEET BY THE DOOR OF THE MEETING. COMMENTS RECEIVED TIMELY BY EMAIL WILL BE READ INTO THE RECORD DURING THE PUBLIC COMMENT PORTION OF THE MEETING. THE BOARD OF DIRECTORS INVITES PUBLIC COMMENT; HOWEVER, THE PUBLIC MUST BE AWARE THAT A SUBJECT RAISED BY A MEMBER OF THE PUBLIC CANNOT BE DELIBERATED OR DISCUSSED BY THE BOARD IF IT IS NOT ON THE AGENDA FOR THE MEETING AT WHICH THE SUBJECT IS RAISED. DISCUSSIONS OF SPECIFIC PROPERTIES WILL NOT BE PERMITTED.**

**AGENDA**

**THE FOLLOWING ITEMS MAY BE CONSIDERED AT ANY TIME DURING THE MEETING OF THE BOARD OF DIRECTORS**

**PROCEDURAL**

- A. Meeting called to order by Dave Gannon, Chair

Recording of present directors

- B. The board of directors will be sworn into office for the 2025 term.  
(Hon. Jacqueline Valdes, District Court Judge)

- C. Term Lot Drawing (Hon. Jacqueline Valdes, District Court Judge)

Bexar County District Court Judge Jacqueline Valdes will facilitate drawing lots for two appointed directors to serve a term of one year.

- D. The board of directors will elect officers for the 2025 tax year.

- E. Public Comments Period (Jimmy Saiz, Executive Assistant)

Comments received timely by email will be read into the record at this time. Individuals wishing to address the board have three minutes to speak. The chair may grant additional time.

**ACTION ITEMS**

**F. Minutes** (*Jimmy Saiz, Executive Assistant*)

1. Approval of the minutes of the board meeting of December 17, 2024

**G. Update Board of Directors Meeting Dates and Times**  
(*Rogelio Sandoval, Chief Appraiser*)

The board of directors may discuss and/or vote to authorize the chief appraiser to set the meeting dates and times of all upcoming board meetings.

**H. Appraisal District Policy Update**  
(*Laura McCloud, Human Resources Director and Rogelio Sandoval, Chief Appraiser*)

The board of directors may discuss and/or vote to authorize the chief appraiser to update district policies.

**INFORMATION ONLY**

**I. Discussion Item** (*Erika Hizel, Board Member*)

Discussion on Employee Benefits such as New Hire Orientation PowerPoint and onboarding for new district employees.

**EXECUTIVE SESSION**

**J. Adjourn to Executive Session** (*Rogelio Sandoval, Chief Appraiser*)

At any time during the meeting of the board of directors, the board may retire into closed Executive Session pursuant to Texas Government Code, Sections 551.071, 551.072, 551.074 & 551.076 to discuss any of the following:

1. Section 551.071 Consultation with attorney regarding pending or contemplated litigation, settlement offers, or about matters which the attorney is required to consult with the board. As authorized by this section, this meeting may be convened in closed Executive Session for the purpose of seeking confidential legal advice from the board's legal counsel on any item listed herein.
2. Section 551.072 Deliberations regarding real property.

3. Section 551.074 Personnel matters; to deliberate the appointment, employment, evaluation, reassignment duties, discipline, or dismissal of a public officer or employee; or to hear a complaint or charge against an officer or employee. The board of directors will discuss a matter involving the Taxpayer Liaison Officer.
4. Section 551.076 Deliberations regarding Security Devices.

The board of directors may consider and act upon any item discussed in closed Executive Session

**REPORTS**

**K. Chief Appraiser's Report**

The board of directors will receive the following reports from the chief appraiser:

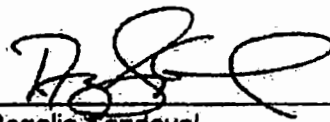
1. Financial Condition (*Crystal Khantharoth, Finance Director*)
  - a. Funds investment report for October and November 2024
  - b. Statement of revenues and expenses through November 30, 2024
  - c. Designated cash funds report through November 30, 2024
2. Appraisal Records (*Tommy Allison, Assistant Chief Appraiser*)
  - a. Presentation of appraisal roll correction report for the fourth quarter of the 2024 tax year as authorized by Section 25.25(b), Texas Tax Code.
  - b. The board of directors will receive an overview of the property tax calendar and an update on the status of work regarding the 2025 appraisal roll.

**L. Additional Reports**

The board of directors will receive the following reports:

1. Community Outreach (*Jennifer Rodriguez, Communications Director*)

**M. Adjourn**

  
\_\_\_\_\_  
Rogelio Sandoval  
Chief Appraiser  
Bexar Appraisal District

*\* The Board of Directors invites comments from the public about the policies and procedures of the Bexar Appraisal District, the Appraisal Review Board or other matters within the Board's jurisdiction. If you wish to address the Board but do not speak English and cannot bring your own interpreter or have limitations due to a physical disability, please notify the Taxpayer Liaison Officer in writing at the address above at or by fax at 210-242-2451 prior to the meeting in order for arrangements to be made to accommodate your needs.*

*\*La junta de directores invita los comentarios del público acerca de las políticas y procedimientos del distrito de evaluación de Bexar, de la junta de revisión de evaluación o de otros asuntos de jurisdicción de la junta. Si usted desea dirigir a la junta, pero no habla inglés y no puede traer su propio intérprete o tiene limitaciones debido a una discapacidad física, por favor notificar al oficial de enlace del contribuyente por escrito a la dirección anterior o por fax al 210-242-2451 antes de la reunión para que se hagan arreglos y satisfacer sus exigencias.*

**FILE INFORMATION**

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**LUCY ADAME - CLARK  
BEXAR COUNTY CLERK**

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BEXAR APPRAISAL DISTRICT  
BOARD OF DIRECTORS MEETING  
JANUARY 14, 2025  
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**STAFF SUMMARY SHEET**

**ISSUE:** Meeting called to order by Dave Gannon, Chair

Meeting called to order and recording of present directors.

**STAFF SUMMARY SHEET**

**ISSUE:** The board of directors will be sworn into office for the 2025 term.

**STAFF SUMMARY SHEET**

**ISSUE:** Term Lot Drawing

Bexar County District Court Judge Jacqueline Valdes will facilitate drawing lots for two appointed directors to serve a term of one year.

**STAFF SUMMARY SHEET**

**ISSUE:** The board of directors will elect officers for the 2025 tax year.

**STAFF SUMMARY SHEET**

**ISSUE:** Public Comments Period

Comments received timely by email will be read into the record at this time. Individuals wishing to address the board have three minutes to speak. The chair may grant additional time.

**STAFF SUMMARY SHEET**

**ISSUE:** Minutes

1. Approval of the minutes of the board meeting of December 17, 2024

**MINUTES OF THE MEETING OF THE  
BEXAR APPRAISAL DISTRICT  
BOARD OF DIRECTORS  
DECEMBER 17, 2024**

The Board of Directors of the Bexar Appraisal District met for a meeting at 411 N. Frio in San Antonio, Texas on December 17, 2024 at 2:00 p.m. The items of business were acted upon as shown in the following minutes.

**A. Call to Order**

Mr. Dave Gannon, Board Chair, called the meeting to order at 2:02 pm and acknowledged the presence of the following directors:

Dr. Ralph Barksdale  
Mr. Robert Bruce  
Mr. Jon Fisher  
Mr. Dave Gannon  
Councilwoman Adriana Rocha Garcia  
Ms. Erika Hize  
Ms. Naomi Miller  
Ms. Rebecca Ruiz  
Mr. Albert Uresti

**B. Public Comments Period**

Ms. Susan Zimmerman, emailed a statement addressing how the Board of Directors is evaluating, implementing and addressing the homestead exemption fraud issues in Bexar County with the suggestion of an annual verification of a homeowners current living address.

**C. Minutes**

Ms. Hize made a motion to approve the minutes from the October 22, 2024 board meeting as written. Councilwoman Garcia seconded the motion which was unanimously approved.

**D. Appraisal District Policy Update**

Mr. Rogelio Sandoval, Chief Appraiser informed the board revisions were being made to the district's HR Policies Handbook.

Revisions to the district's handbook include: adding the mission statement, updating the welcome message from the previous chief appraiser to the current chief appraiser, Mr. Sandoval, defining labor laws for non-exempt employees, expanding on language for professional education, auto insurance requirements, bereavement leave and updating holidays.

Discussion was held regarding the different levels of bereavement leave that would be made available and how that compared to other organizations.

Mr. Sandoval confirmed that the district's current policy states after ten years of service, staff receive one day of personal leave and after fifteen years, a festive day. The district is asking for board approval for a longevity benefit that would include one day of personal leave after five years of service, two days of leave after ten years of service, and three days of leave after fifteen years.

Ms. Laura McCloud, Human Resources Director, provided clarification on Section 5.02 Dress Code with further discussion on nose piercings.

Ms. Hizek referred to Section 2.11 Work Schedules and asked if the district had considered staying open late to include nights and weekend appeals to accommodate homeowners after normal business hours.

Mr. Sandoval confirmed that the district did offer evening hearings which is disclosed on the back of the protest form, and that when assigned an evening hearing, the district's residential department will reach out to the homeowner in an attempt to settle beforehand.

Mr. Sandoval agreed with Mr. Gannon that the Appraisal District Policy would be tabled until next scheduled meeting.

#### **E. Board of Directors Manual**

Mr. Sandoval informed the board the proposed revisions to the Board of Directors manual included: Sections 1.5 and 1.6 Communications, 3.1 Regular Meetings, and 3.6 Agenda Preparation.

Discussion was held regarding the deadline to submit an agenda item with the members agreeing to a one-week submission.

Ms. Hizek made the recommendation to add meeting information to all social media channels to make the public aware of all board meetings.

Mr. Gannon asked for a motion to approve amending the information within Section 3.5 Notice to add posting agenda to district social media accounts and Section 3.6 Agenda Preparation to reflect one week instead of two weeks. Ms. Hizek approved the motion to make the updates as discussed. Ms. Rebecca Ruiz seconded the motion which was unanimously approved.

#### **F. Encumbrance**

Mr. Sandoval informed the board with the original encumbrance amount had been estimated at \$1,354,000; however, with board approval of a new contract that would be executed before the end of the year, the encumbrance will decrease by \$77,000 for an updated amount of \$1,277,000. Mr. Gannon confirmed that the amounts to be encumbered were \$560,000 to the election reserve, \$175,000 for the litigation reserve, \$65,000 for the digital orthophotography reserve, and \$477,000 to build the three-month operating reserve.

Mr. Fisher asked how many days the taxing entities had to respond. Mr. Sandoval answered they had 60 days to respond.

Mr. Gannon asked for a motion. Mr. Bruce moved to approve the encumbrance. Dr. Barksdale seconded the motion which was unanimously approved.

### **G. GIS Mapping Software Maintenance Agreement Renewal**

Ms. Crystal Khantharoth, Finance Director asked for board approval for the district to enter into a contract with ESRI for software maintenance for ARC info mapping in the amount of \$66,990 which would run January 31, 2025 through January 30, 2026.

Mr. Gannon asked for a motion. Mr. Fisher approved the motion for the contract with ESRI for software maintenance. Ms. Ruiz seconded the motion which was unanimously approved.

### **H. Zendesk Software Agreement**

Ms. Khantharoth asked for board approval for the district to enter into a contract with Zendesk for customer interaction and workflow software in the amount of \$93,290 which would run December 19, 2024 through February 19, 2026.

Mr. Uresti asked for further clarification on how this will improve efficiency within the district. Ms. Sarah Durnell, Customer Information and Assistance Director, provided an explanation of how the software could be used and additional details.

Mr. Gannon asked for a motion. Ms. Naomi Miller approved the motion to enter into a contract with Zendesk. Ms. Hizek made the recommendation to review the Zendesk agreement in three months. Ms. Miller amended the motion to follow up with Zendesk metrics in March. Dr. Barksdale seconded the motion which was unanimously approved.

### **I. Appraisal Review Board members for 2025 and 2026**

Mr. L. Christopher White, Taxpayer Liaison, presented the board with a resolution to appoint new members: William Abercrombie, Margarita Cantu, Thomas G. Carter, Vivian M. Donaldson, Lester Earls, Teresa Elhabr, Hallie Guevara, Joyce Haley, Magdalena L. Hernandez, Edgar Meyers, Peggy M. Miller, Jonathan Mitchell, Kathleen Parra, and Linda Smith, Mary T. Corcoran, and Yadira Moreno, and to reappoint existing members: Juanito Bazan, Julie Charlton-Crawford, Nora Flanagan, Daniel George, Sean P. Martinez, Jennifer Oakley, Gerardo A. Reyes, and Norma A. Smith, Diane G. De La Fuente, Barbara Greene, Melba Susan Hahn, Katrinka Hansen, Abel Hernandez, Terry Ivy, Edward Moreno, Norma Morin, Raul Quintanilla, and Roger Trevino, to the Appraisal Review Board for the 2025 and the 2026 tax years.

Mr. Gannon mentioned to the board that one individual withdrew from the application process and confirmed that twenty-two individuals were interviewed.

Mr. Gannon asked for a motion. Ms. Hizek approved the motion to appoint new members and reappoint existing members to the Appraisal Review Board, and Mr. Bruce seconded the motion which was unanimously approved.

### **J. Appraisal Review Board Officers for 2025**

Mr. White presented the board with a resolution to appoint Daniel George as Chair and Nora Flanagan as Secretary of the Bexar Appraisal Review Board for Tax Year 2025.

Mr. Gannon asked for a motion. Councilwoman Garcia approved the motion to appoint the officers of the Appraisal Review Board for the 2025 tax year, as recommended. Ms. Miller seconded the motion which was unanimously approved.

Outgoing chair Mr. Domasio Rodriguez provided a verbal thank you along with a few words to the board for their support.

#### **K. Agricultural Appraisal Advisory Board Reappointments**

Mr. Sandoval asked the board for approval to reappoint Molly Keck, Michael Echtle, and Lloyd Padalecki to the Agricultural Appraisal Advisory Board as recommended. Mr. Fisher seconded the motion which was unanimously approved.

Mr. Gannon asked for a motion. Ms. Miller approved the motion to reappoint the existing members of the Agricultural Appraisal Advisory Board as recommended. Mr. Fisher seconded the motion which was unanimously approved.

#### **L. Cost of Living Adjustment**

Mr. Sandoval reminded the board prior approval had been given in the 2025 budget to expend a cost of living adjustment in the percentage of 2% of the total salary will go to every eligible district employee that has been employed with the district for 6 months, excluding the Chief Appraiser.

Mr. Uresti confirmed that this was 2% and this was previously approved.

Mr. Sandoval confirmed this agenda item was added for information only purposes and no action was needed.

#### **M. Board of Directors Appointment Results**

Mr. Sandoval announced to the board that Dr. Barksdale, Mr. Fisher, Mr. Gannon and Dr. Garcia had been appointed to the board of directors by the taxing units and would be joined by Mr. Leslie Sachanowicz with Alamo Colleges District in January.

#### **N. Adjourn to Executive Session**

The board adjourned into executive session at 3:34pm and reconvened at 4:25pm. There was no action to be taken.

#### **O. Chief Appraiser Reports**

Chief Appraiser Reports were tabled until the next meeting scheduled for January 14, 2025.

#### **P. Chief Appraiser Recognition**

Mr. Sandoval took a moment to recognize outgoing board member Ms. Rebecca Ruiz for her commitment of service to the district.

#### **Q. Adjourn**

Before adjourning, Mr. Gannon confirmed the next meeting is scheduled for January 14<sup>th</sup> and agenda items would include recording present directors, new members will be sworn in, and four positions within the board will be appointed.

There being no further business, the December 17, 2024 board of directors meeting adjourned at 4:32 pm.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date

**STAFF SUMMARY SHEET**

**ISSUE:** Update Board of Directors Meeting Dates and Times

The board of directors may discuss and/or vote to authorize the chief appraiser to set the meeting dates and times of all upcoming board meetings.

# MEETING OF THE BOARD OF DIRECTORS

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When possible, meetings will be held at 2:00 pm on the second Tuesday of every month as needed but not less than once a quarter. Meetings take place at the district's office located at 411 North Frio, San Antonio, TX 78207.

During a tax unit election year, the December meeting will be held as soon as possible after the December 15<sup>th</sup> voting deadline.

## Anticipated Meeting Dates for 2025

January 14  
February 11  
March 11  
April 8  
May 13  
June 10  
July 8  
August 12  
September 9  
October 14  
November 11  
December 9

*\*Meeting dates and times are as needed and subject to change.*

**STAFF SUMMARY SHEET**

**ISSUE:** Appraisal District Policy Update

The board of directors may discuss and/or vote to authorize the chief appraiser to update district policies.

## **SUMMARY SHEET**

### **TOPIC:**

Employee Policy Handbook

### **REQUEST:**

The Bexar Appraisal District is updating the Employee Policy Handbook to become effective on January 15, 2025. The last update was in January 2022.

Original presentation was given during the December 2024 meeting. Updated findings for bullet points 6 and 8, including other employee retention benefits offered by taxpayer-funded organizations, are being submitted based on the request of members of the BOD.

### **RECOMMENDATIONS:**

1. Adding Mission Statement (pg. 4)
2. Updated welcome message from Mr. Sandoval (pg. 5)
3. Defining labor laws for non-exempt employees on overtime (sec 2.01- Employment Categories, pg. 7)
4. Expanding on language for professional education and licensing for appraisers (sec 2.08 – Professional Education and Licensing, pg. 10)
5. Auto Insurance requirements for staff receiving auto allowance (sec 3.03 – Use of Personal Vehicle for Business, pg.15)
6. Bereavement leave to 3 days for certain familial relationships (sec 4.09 – Bereavement Leave, pg. 22)
7. Updating holidays – add President’s Day to correspond with Bexar County Tax Assessor closures to uniformly serve the public on the same business days (4.10 – Holidays, pg.22)
8. Rename Personal and Festive days to Longevity Benefit for staff reaching service milestones (sec 4.11 – Longevity Benefit, pg. 22)
9. Clarifying dress code, including piercings to foster support of personal expression (sec 5.02 – Dress Code, pg.24-25)
10. Redefining social media policy with updates from Senate Bill 1893 (sec 5.10 – Social Media and Web-Based Meeting Platforms, pg. 28-29)

| BENEFITS  | BEXAR<br>AD         | TRAVIS<br>AD                        | DALLAS<br>AD        | HARRIS<br>AD                        | EL PASO<br>AD       | TARRANT<br>AD                       | Bexar<br>County                     | COSA                                | State of<br>Texas *                 |
|---|---------------------|-------------------------------------|---------------------|-------------------------------------|---------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>VACATION<br/>ACCRUAL<br/>MIN-MAX</b>   | 10 Days-<br>20 Days | 12 Days-<br>18 Days                 | 18 Days-<br>30 Days | 10 Days-<br>25 Days                 | 10 Days-<br>20 Days | 10 Days-<br>25 Days                 | 10 Days-<br>18 Days                 | 5 Days-<br>22 Days                  | 12 Days-<br>31 Days                 |
| <b>SICK LEAVE<br/>DAYS PER YEAR</b>   | 12 Days             | 12 Days                             | 0                   | 11 Days                             | 10 Days             | 15 Days                             | 12 Days                             | 4 (Cosa<br>Care)                    | 12 Days                             |
| <b>PERSONAL DAYS<br/>PER YEAR</b>   | 2 Days              | 2 Days                              | 0                   | 1 Day                               | 0                   | 2 Days                              | 0                                   | 5-10 Days                           | <input checked="" type="checkbox"/> |
| <b>HOLIDAYS</b>   | 12 Days             | 13 Days                             | 11 Days             | 12 Days                             | 15 Days             | 12 Days                             | 14 Days                             | 13 Days                             | 12 Days-<br>15 Days                 |
| <b>LONGEVITY<br/>PAY ACCRUAL<br/>MIN-MAX **</b>   | NO                  | <input checked="" type="checkbox"/> | NO                  | <input checked="" type="checkbox"/> | NO                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>BEREAVEMENT</b>  | 1 Days/ 3<br>Days   | 3 Days                              | 0                   | 3 Days                              | 5 Days              | 3 Days                              | 3 Days                              | 3 Days                              | 3 Days                              |
| <b>PAID PARENTAL<br/>LEAVE ***</b>  | NO                  | NO                                  | NO                  | NO                                  | NO                  | NO                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| *State of Texas information was limited and ranges were dependent on area of service.                           |                     |                                     |                     |                                     |                     |                                     |                                     |                                     |                                     |
| **Longevity Pay ranges based on years of service. Comparisons range from \$60.00 per year to \$2500.00 per year |                     |                                     |                     |                                     |                     |                                     |                                     |                                     |                                     |
| **Unable to verify if all COSA and State employees receive longevity pay  |                     |                                     |                     |                                     |                     |                                     |                                     |                                     |                                     |
| ***Paid parental leave ranged from 6-8 weeks of paid leave  |                     |                                     |                     |                                     |                     |                                     |                                     |                                     |                                     |

**BEXAR APPRAISAL DISTRICT  
EMPLOYEE HANDBOOK**

**January 2025**

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***Our Mission:***

***The Bexar Appraisal District is dedicated to promoting professionalism and ensuring public trust in the valuation profession. We are committed to provide the property owners and jurisdictions of Bexar County with an accurate and equitable certified appraisal roll while providing exceptional customer service.***

***Transparency. Trust. Teamwork.***

## WELCOME

Welcome to Bexar Appraisal District!

My team and I are very happy that you are now a part of the finest appraisal district in the state. At Bexar Appraisal, we believe that it takes every single employee to make us as successful as we've been. We hope you will take pride in being a member of our BCAD team. We also hope that you will quickly see that you and your fellow employees are our most valued resource. This handbook covers our policies and also outlines many of the programs and benefits available to eligible employees. We suggest that you become familiar with the handbook as soon as possible, as it will answer many questions about your employment at Bexar Appraisal District.

Lastly, we follow a code of ethics to guide our organization. Transparency, Trust and Teamwork. We pride ourselves in being **transparent** with our staff. As a result, we build **trust** with one another. Once that's been established, **teamwork** brings continued success.

We hope this is the beginning of a long and mutually beneficial working relationship.

Sincerely,

Rogelio Sandoval  
Chief Appraiser

## **1.00 INTRODUCTION**

### **1.01 Organizational Description**

#### **About Bexar Appraisal District**

The Bexar Appraisal District (the "District") is responsible for appraising all taxable property within Bexar County. The District appraises properties for taxing entities within Bexar County following Texas Property Tax Code and the Uniform Standards of Professional Appraisal practices (USPAP).

### **1.02 Nature of Employment**

All employees of the Bexar Appraisal District are employed at-will. Employees are free to resign from their employment at any time, and the District is free to terminate an employee's employment for any lawful reason, at any time, with or without cause or notice. This handbook is not a contract, and employees should not rely on anything contained in this employee handbook as binding on the District. All District employees will remain "at-will" employees for the duration of their employment. An employee's "at-will" status can never be altered or changed in any way by an oral or collateral statement or agreement, unless the statement or agreement is in writing signed by the Chief Appraiser, and expresses the intent to alter the "at-will" status.

In the event state or federal law differs from local policy and procedure, then state or federal law will take precedence.

The handbook is intended to acquaint employees with the District, and provide information about working conditions, employee benefits, and some of the policies affecting employment. All employees should read, understand, and comply with the provisions of the handbook. It is not meant to contain the answer to every question or to address every circumstance; rather it is a general guide. The Bexar Appraisal District reserves the right to change, add, or cancel policies or benefits at any time, with or without advanced notice.

### **1.03 Statement of Values**

The Bexar Appraisal District is dedicated to serving the interests of the taxpayers of Bexar County and the local taxing entities it serves. Employees are expected to be mindful to always use good judgment in order to support transparency, trust, and teamwork.

The District is committed to displaying integrity, honesty, responsibility, and respect at all times in support of our core values.

Effective ethics is an organizational effort involving the participation and support of every District employee. Thus, each employee is expected to adhere to the highest standards of ethical and professional behavior.

Adhering to our core values is crucial to the District's success; therefore, compliance with this policy is mandatory.

Initial: \_\_\_\_\_

## **2.00 EMPLOYMENT**

### **2.01 Employment Categories**

It is the intent of the District to clarify the definitions of employment classification so employees understand their employment status and benefit eligibility. These classifications do not guarantee employment for any specified period of time. Accordingly, the right to terminate the employment relationship at will, at any time, is retained by both the employee and the District.

Based upon the duties of the position, employees are classified as either NONEXEMPT or EXEMPT from federal and state wage and hour laws. Nonexempt employees are paid on an hourly basis and receive one and one-half times their regular rate of pay when they work more than 40 hours in a workweek. Exempt employees are paid on a salary basis and are expected to work beyond their normal work hours whenever necessary to accomplish the work of the District; they are not entitled to overtime compensation.

Employees also belong to one of the following employment categories:

REGULAR FULL-TIME employees are those who are regularly scheduled to work the Company's full-time schedule: thirty (30) or more hours a week. Generally, they are eligible for the District's benefit package, subject to the terms, conditions, and limitations of each benefit program.

PART-TIME employees are those who are regularly scheduled to work less than thirty (30) hours per week. They receive all legally mandated benefits (such as the TCDRS Retirement Plan), as well as paid vacation and sick leave after one year of service.

### **2.02 Equal Employment Opportunity**

To give equal employment and advancement opportunities to all people, employment decisions at Bexar Appraisal District are based on each person's performance, qualifications, and abilities. Bexar Appraisal District does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, sexual orientation, national origin, age, marital status, citizenship status, veteran-status, non-disqualifying disability, or any other characteristic protected by law.

Bexar Appraisal District's Equal Employment Opportunity (EEO) policy covers all employment practices, including selection, job assignment, promotions, compensation, discipline, termination, and access to benefits and training.

If you have a concern or question about any type of possible discrimination at work, talk with your immediate supervisor or the Human Resources Director. You will not be retaliated against for asking questions or reporting such behaviors. Any employee found to have engaged in discriminatory conduct or harassment will be subject to corrective/disciplinary action, up to and including termination of employment.

### **2.03 Americans with Disabilities Act (ADA)**

It is policy of the District that employees with a serious medical condition are allowed to continue working, provided the employee performs the essential job duties with or without reasonable

accommodation. Accommodation under the American's with Disabilities Act (ADA) does not imply a permanent contract of employment or revocation of the Employment-at-Will policy. Employees with a medical condition or a disability who seek a modification of their job description or a modification of the working conditions should request in writing such an accommodation from the Human Resources Director.

Medical documentation of the condition is required in order for the District to make an informed determination as to whether the requested accommodation can reasonably be granted. The employee may suggest the accommodation sought. However, the District retains the right to reject or substitute a suggested accommodation in compliance with the statutes as governed under the ADA. A written determination of whether a requested accommodation can be granted will be provided to the employee. The District will uphold all federal, state, and local statutes of employment opportunities for those who qualify under the law, without discrimination or retaliation.

## **2.04 Anti-Harassment/Anti-Discrimination**

The District is committed to maintaining a respectful workplace which includes a working environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, bullying, or disruptive based on a protected characteristic. This policy specifically prohibits discrimination or harassment based on gender, race, color, religion, national origin, age, disability, genetic information, refusal to submit to genetic testing, military status, and also prohibits retaliation against employees who engage in protected activity (*i.e.* opposition to prohibited discrimination or making a complaint of discrimination or harassment) or any other protected category under federal, state or local law. To reinforce this commitment, the District has developed a policy against conduct that could result in discriminatory harassment in the workplace and a reporting procedure for employees who have been subjected to or witnessed such conduct.

This policy applies to all work-related settings and activities, whether inside or outside the workplace, and includes business trips and business-related social events. It prohibits harassment or discrimination by employees as well as by non-employees (*e.g.*, contractors, vendors, customers, etc.). This policy also applies to all communications between employees, whether or not they occur at work. Furthermore, District property (*e.g.*, telephones, copy machines, facsimile machines, iPads, computers and computer applications such as e-mail and Internet access, etc.) may not be used to engage in conduct that violates this policy.

While this policy sets forth our goals of promoting a workplace that is free from discrimination or harassment, the policy is not designed or intended to limit our authority to discipline or take remedial action for workplace conduct we deem unacceptable (*e.g.*, bullying), regardless of whether the unacceptable conduct satisfies the definition of discrimination or harassment under this policy.

## **2.05 Sexual Harassment**

### **Discrimination or Harassment**

The District's policy against sexual harassment includes a prohibition against unwanted sexual advances or requests for sexual favors or other physical or verbal conduct of a sexual nature, when:

- submission to such conduct is made an expressed or implied condition of employment;
- submission to or rejection of such conduct is used as a basis for employment decisions affecting the individual who submits to or rejects such conduct; or
- such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile, humiliating, or offensive working environment.

Employees who believe they have been discriminated against or harassed based on a protected class such as race, gender, color, religion, national origin, age, disability, genetic information, military status or any other legal classification should follow the Complaint Procedure below.

### **Complaint Procedure**

For those employees who believe they are being discriminated against or harassed by another person in the workplace, the District recommends that the employee tell the other party in a clear and unambiguous manner that their conduct is unwelcome and that the behavior should stop immediately. However, if an employee is uncomfortable taking this action or if the conduct does not cease after advising the offending person(s) to stop, the employee should immediately complain to their department director or the Human Resources Director.

Directors who receive complaints or observe conduct prohibited by this policy are instructed to immediately report complaints or conduct to the Human Resources Director.

The employee may be asked to provide the complaint in writing. All reports of alleged harassment, sexual harassment or discrimination will be treated seriously. Complaints will be kept as confidential as possible and will be shared only with those who have a need to know. Depending on the circumstances, that could include the alleged harasser. Absolute confidentiality is not promised nor can it be assured.

In addition, the District does not condone retaliation against any employee for cooperating in an investigation. Further, the District will not retaliate against any employee for filing a good faith complaint of discrimination or harassment and will not tolerate or permit retaliation by management or co-workers. Employees who feel they have been retaliated against should notify the Human Resources Director immediately.

The District encourages all employees to immediately report incidents of discrimination, harassment, or retaliation so that complaints can be quickly and fairly resolved.

## **2.06 Recruiting**

The District is committed to hiring individuals best qualified for the stated opening as determined by the criteria reflected on job descriptions. Decisions regarding the recruitment, selection, and placement of employees are made on the basis of job-related criteria and business needs.

The District supports the advancement of employees when possible. Internal vacancy notices will be placed on the District's intranet for 72 hours (3 work days). Positions may be posted externally simultaneously.

Internal applicants must submit the Job Posting Application and their resume. To be eligible, an employee must have completed their engagement strategy period. Internal applicants under

current disciplinary actions (see Section 2.09) or not meeting expectations of job performance will not be considered and will be removed from consideration by the Human Resources Director.

Exceptions to the waiting period may be granted on a case-by-case basis at the discretion of the Chief Appraiser.

## **2.07 Engagement Strategy Period**

The District has an engagement strategy period for new employees and for current employees in new positions. During this period, the District will evaluate abilities and performance, including attendance to ensure the employee is able to perform their job satisfactorily.

The engagement strategy period for all new employees is 6 months after their hire date. The District also reserves the right to an extension of the engagement strategy period for further evaluation. The extension will be set for 90 days.

During the engagement strategy period, new employees are eligible for benefits required by law. They may also be eligible for other Bexar Appraisal District benefit programs, subject to the terms and conditions of each benefit program.

## **2.08 Professional Education and Licensing**

It is the responsibility of the District to prepare employees for required professional education and training courses. It is the employee's responsibility to successfully complete all licensing requirements. An employee who fails a required professional course will be scheduled by the District to repeat the course. Employees will be compensated for the time spent repeating the course but will be required to pay for the cost of the course or exam. An employee who fails a repeated course will be scheduled by the District for the additional repeat on the employee's own time and at the employee's expense. Failure to pass exams in the prescribed time or loss of licensing could result in reassignment or termination of employment.

Employees that take approved professional courses at their own expense will be given time off as scheduled by the director. To encourage professional development, the district provides stipends for licenses and/or designations that fall within the scope of job duties and responsibilities.

All employees registered with Texas Department of Licensing and Regulation ("TDLR") are responsible for familiarizing themselves with the rules and regulations governing their respective license and take personal responsibility in the maintaining of and in the timely renewal of their license.

Complaints filed with the TDLR against any employee must be reported to the Human Resources Director or the Chief Appraiser within 72 hours of receipt of complaint.

## **2.09 Discipline**

When appropriate, the District will follow progressive discipline procedures. This may include verbal warning(s), written warning(s), action plan, suspension or other forms of progressive actions up to and including termination. The specific type of disciplinary action to be taken will depend upon the circumstances and will be at the District's discretion. The Human Resources Director is to be advised of any personnel changes including disciplinary action.

## **2.10 Termination**

### **Voluntary Termination**

The District will consider an employee to have voluntarily terminated his or her employment if an employee does any of the following:

- Elects to resign from the District,
- Fails to return from an approved leave of absence on the date specified by the District,
- Fails to report for work without notice to the District for two (2) consecutive business days.

Employees voluntarily electing to resign are asked to submit their resignation in writing and provide a minimum of two weeks written notice. Employees classified as Exempt Level 1 must provide four weeks written notice. For Exempt Level 2 management, two weeks written notice is preferred.

### **Involuntary Termination**

An employee may be terminated involuntarily for reasons including, but not limited to misconduct, poor performance, attendance or other violations of the District's core values, rules of conduct, as well as a consequence of reorganizations, job eliminations, or lack of work. This list does not change the District's at-will provisions and the District reserves the right to discharge any employee with or without cause and with or without prior notice.

## **2.11 Work Schedules**

Bexar Appraisal District's normal business hours are 8am-5pm, Monday through Friday. The normal work schedule for all Bexar Appraisal District employees is 8 hours a day, 5 days a week. Department directors may schedule employees to best service the needs of the District and its customers.

Flexible scheduling or flextime (also called alternative work schedule) is available to eligible employees at their director's discretion. Employees must schedule their work hours between 7am-6pm.

Employees in certain positions may be permitted to work an alternative schedule throughout the year with the consent of their director and the Human Resources Director. An employee requesting an alternative work schedule must submit a Flex Schedule Agreement form with approvals by their immediate supervisor and appropriate management. Approval of the request will be based upon a number of factors to include the needs of the District, employee's job performance, attendance, and any disciplinary issues. The District will evaluate all flexible work arrangements as needs of the District dictate.

## **2.12 Remote Work**

Employees should not assume any specified period of time for working remotely and recognize that this plan is not designed to be a substitute for child care needs. BCAD reserves the right to require employees to return to regular, in-office arrangements at any time and notification may be on short notice. Employees will be notified as soon as reasonably possible to any

modifications to existing remote work arrangements based on ever changing circumstances, including business needs.

Remote work may not be available for all employees as there are some positions that require the employee to be physically present in the workplace at all times. The remote work option will be considered on a case by case basis, particularly for employees with less than one-year employment at the district or for those under disciplinary action. Remote work option is at the discretion and approval of the department director.

### **Expectations and Responsibilities for Employees Participating in Remote Work**

- Employees must be able to carry out the same duties, assignments, and other work obligations remotely as is expected when working on the District's premises.
- Inability to connect reliably and timely will require employees to return to office in a reasonable amount of time.
- Standards of performance and accountability measures, as set forth by the department director, remain unchanged during remote work. Employees who are not performing to expected levels while working remotely may be reassigned or may be subject to disciplinary action.
- Employees must be able to give their full attention to work assignments by minimizing distractions and plan for necessary childcare during normal work hours.
- Employees are required to attend virtual meetings, respond to emails and receive phone calls during normal work hours.
- Employees will maintain a safe work environment at all times and agree to be responsible for all District issued equipment and avoid any misuse as it applies to current District policies in place. Please refer to Section 5.08 in this handbook.
- During remote work, overtime is not allowed without director approval.
- Any deviations to regular work schedules must have advanced approval by management and any time that extends beyond normal lunch/break time should be submitted through replicon.
- Personal errands are prohibited during normal work hours with the exception of lunch/breaks, unless pre-approved by management.
- Abuse of time could result in termination of remote work arrangements or disciplinary action including termination.
- Employees may be required to report to work in office on a case by case basis. Failure to do so may result in disciplinary action and termination of remote work option.
- Injuries that occur to employees working remotely during their normal work hours should be reported immediately to Human Resources as any other workplace injury. Normal liability and worker's compensation provided to employees is extended while on remote work status.
- The District does not assume liability for injuries to third persons and/or members of the employee's family on his/her premises

### **2.13 Hiring Relatives**

The District will not hire an applicant who is related to a Bexar Appraisal District employee or member of the Board of Directors.

The District defines a relative as any person who is related to you by blood or marriage to include:

- Spouse
- Domestic Partners
- Parents
- Children
- Grandparents
- Grandchildren
- Brothers and sisters
- Nieces and nephews
- Aunts and Uncles
- First and Second Cousins

In the event of a marriage between two employees, the Chief Appraiser or the Human Resources Director must be notified immediately. Under no circumstances shall two relatives be able to work in the same chain of command or in a supervisory/lead position over one another. In this circumstance, the Chief Appraiser will attempt to find a suitable position elsewhere within the District for which one of the employees may be qualified to transfer. If there is no availability to transfer either employee, the affected employees will be permitted to determine which employee will resign.

## **2.14 Public Information**

As required by the Texas Public Information Act (Chapter 552 of the Texas Government Code) names, gender, ethnicity, salaries, titles and dates of employment must be made available upon request. Additionally, District communication made through personal devices to include personal email or cell phone is also subject to release under this act.

Section 552.024 of Texas Government Code excepts home addresses, home telephone numbers, emergency contact information and social security numbers from required public disclosure.

## **2.15 Open Door Policy**

Bexar Appraisal District believes that the work conditions, wages, and benefits it offers to its employees are competitive with those offered by other employers in this area and in this industry. If you have concerns, you are strongly encouraged to voice these concerns openly and directly to your immediate supervisor, the Human Resources Director or the Chief Appraiser. Our experience has shown that when employees deal openly and directly with supervisors, the work environment can be excellent, communications can be clear, and attitudes can be positive. We believe that the District amply demonstrates its commitment to employees by responding effectively to employee concerns.

## **3.00 COMPENSATION**

### **3.01 Salary Administration**

Bexar Appraisal District maintains a salary administration program. The salary administration program ensures the District has consistent pay practices, complies with federal and state laws,

supports the District's commitment to Equal Employment Opportunity, and offers competitive salaries within the District's labor market.

Bexar Appraisal District is committed to paying equitable wages that are based on the requirements and responsibilities of each job. The District also strives to pay wages that are comparable to the wages paid to employees in similar jobs in other organizations in the area. Compensation for each job is based on several factors. The factors include the essential duties and responsibilities of the job, and salary survey data. The District periodically reviews the salary administration program and changes it as necessary.

The District may give merit-based pay adjustments to employees to recognize superior employee performance. These adjustments are based on a number of factors, including the information documented by formal performance evaluations.

Questions regarding compensation should be directed to the supervisor or the Human Resources Director.

### **3.02 Fair Labor Standards Act Safe Harbor for Exempt Employees**

It is the District's policy and practice to accurately compensate employees and to do so in compliance with all applicable state and federal laws. To ensure that you are paid properly and that no improper deductions are made, you must review your pay stubs promptly to identify and report all errors.

If you are classified as an exempt salaried employee, you will receive a salary which is intended to compensate you for all hours you may work for the District. The salary will be a predetermined amount that will not be subject to deductions for variations in the quantity or quality of the work you perform.

Under federal and state law, your salary is subject to certain deductions. For example, unless state law requires otherwise, your salary can be reduced for the following reasons:

- Full-day absences for personal reasons.
- Full-day absences for sickness or disability.
- Full-day disciplinary suspensions for infractions of our written policies and procedures.
- Family and Medical Leave absences (either full- or partial-day absences).
- To offset amounts received as payment for jury and witness fees or military pay.
- Any full day in which you do not perform any work.

Your salary may also be reduced for certain types of deductions, such as your portion of health, dental or life insurance premiums; state, federal or local taxes; social security; or voluntary contributions to a 401(k) or pension plan.

In any work week in which you performed any work, your salary will not be reduced for any of the following reasons:

- Partial day absences for personal reasons, sickness or disability.
- Your absence on a day because your employer has decided to close a facility on a scheduled work day.
- Absences for jury duty, attendance as a witness or military leave in any week in which you have performed any work.
- Any other deductions prohibited by state or federal law.

However, deductions may be made to your accrued leave for full- or partial-day absences for personal reasons, sickness or disability.

If you believe you have been subject to any improper deductions, you should immediately report the matter to the Finance Director or your supervisor.

### **3.03 Use of Personal Vehicle for Business**

Regular full-time employees required to travel in order to fulfill their job responsibilities will be provided an auto allowance and are required to maintain auto liability insurance and a safe driving record. Failure to provide requested auto liability insurance by renewal, may result in loss of auto allowance and may include disciplinary action. Employees must follow the local hand-held mobile communication device ordinance while driving to fulfill their job responsibilities.

Driving record background checks will be conducted by the HR Director, at regular occurring intervals, for each employee receiving an auto allowance at the time of verification. Employees whose driving record renders them unable to drive may be subject to reassignment or termination of employment.

### **3.04 Overtime**

Employees may be required to work overtime when necessitated by business needs. Any need for overtime will be determined by supervisor/directors and approved by the Chief Appraiser or Assistant Chief Appraiser. All hourly employees will receive time and one-half for any time worked over forty (40) hours in a seven (7) day workweek.

Employees may not work overtime hours without advance approval unless the immediate supervisor has received prior notification and has given approval of the overtime in advance of working it. Vacation hours, jury duty, sick leave, holidays or any other leave of absence will not be computed as hours worked for overtime pay purposes. Where state or federal law differs from District policy and procedures, it will take precedence and supersede District policies and procedures.

## **4.00 LEAVE**

### **4.01 Notification of Absences**

Timely and regular attendance is vital to the overall operation of the District (refer to Section 2.11). Employees unable to report to work as scheduled should notify their immediate supervisor as soon as possible. Requests for all types of leave are made to the employee's immediate supervisor through the electronic time and attendance system.

Unscheduled absences are absences that have not received approval from the supervisor/director no later than close of business on the work day before the absence occurs.

All exempt employees are required to work their full scheduled hours. Exempt employees who report to work late or leave earlier than their scheduled time may be charged vacation or sick leave, or may be required to make up the time during the workweek.

Any variations to an employee's schedule must be approved in advance by their supervisor/director.

Failure to report to work without notifying a supervisor/director will be grounds for disciplinary action, up to and including termination.

Attendance related infractions may be grounds for disciplinary action.

#### **4.02 Sick Leave**

The District provides paid sick days to full-time regular employees. Regular-full time employees become eligible for paid sick leave upon completion of six (6) months of continuous service. Eligible employees accrue sick days at the rate of four (4) hours per pay period. Part-time employees accrue sick time at the rate of two hours per pay period and are eligible for paid sick leave upon completion of one (1) year of service. Employees are permitted to accrue sick leave to a maximum of 480 hours. Employees who reach their maximum accrual will be paid at the end of each month for one-half of each hour accrued over 480 hours. Accrual of sick leave will resume when the employee's balance drops below the 480-hour maximum.

Employees who are voluntarily terminating employment, have been employed with the District for at least five (5) years, and provide the required amount of notice of their resignation (as required by level) will be paid for one-half of the accrued sick leave hours at the employee's current salary.

Employees who take three or more consecutive business days of sick leave are required to provide a physician's release to return-to-duty (including any required restrictions).

#### **4.03 Sick Leave Pool**

The District maintains a sick leave pool to benefit employees who have exhausted their accrued vacation and sick leave due to a non-work-related catastrophic illness or injury that requires the services of a licensed practitioner for a prolonged period of time.

Employees are eligible to donate up to 40 hours of sick leave to the pool on an annual basis, as long as a balance of 80 hours of sick leave is maintained. Employees are encouraged to donate accrued sick leave upon termination of employment.

Employees who accrue sick leave and who have been employed for a minimum of five (5) years are eligible to request leave from the sick leave pool. Employees are permitted to request the lesser of 1/3 of the available time in the sick leave pool or 360 hours (45 working days) per catastrophic illness/injury per year. Any employee not receiving the maximum 45 days, may request additional sick leave pool days not to exceed a total of 45 days in a calendar year per catastrophic illness or injury provided they have utilized 50% of the days granted from the sick leave pool in the initial request. Employees receiving a long-term disability benefit are not eligible for a sick leave pool benefit.

Requests for sick leave pool benefits must be submitted in writing to the Human Resources Director and approved by the Chief Appraiser and the Human Resources Director

#### 4.04 Family and Medical Leave

In accordance with the Family and Medical Leave Act (FMLA), the District grants leave to eligible employees for up to 12 weeks in a 12-month period and up to 26 weeks of leave in any 12-month period in compliance with the expansion of FMLA under the Support for Injured Service Members Act. The term "12-month period" is not a calendar year but rather calculated as the one-year period beginning on the date the employee begins his/her first Family and Medical Leave. To be eligible for FMLA leave, employees must have worked at the District for 12 months and have worked at least 1,250 hours in the 12-month period immediately before the date when the leave is requested to commence.

This FMLA leave is a guaranteed period of time eligible employees can be absent from work with job protection. Employees will be required to apply any accrued unused leave such as sick or vacation toward their 12-week allotment under the FMLA provisions. Employees may request or use FMLA leave to cover the time they need to be away from work for any of the following purposes:

- To care for a newborn child or a newly adopted or newly placed foster child, as long as the leave is taken in the year following the child's birth, adoption or placement.
- To care for a child, spouse or parent who has a serious health condition; or
- To provide employees time to attend to their own serious health condition that leaves them unable to perform their job.
- A covered family member's active duty or call to active duty in the Armed Forces (***Exigency Leave***)
- To care for an injured or ill service member (***Service Member Leave***)

A serious health condition is defined as a condition that requires inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or a condition that requires continuing care by a licensed health provider.

This policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, a chronic or long-term health condition, which left untreated, would result in a period of incapacity of more than three days, would be considered a serious health condition.

The District will require an employee to provide a physician's certification of the serious health condition.

If an employee takes paid sick leave for a condition that progresses into a serious health condition and the employee requests FMLA leave as provided under this policy, the District may designate all or some portion of related leave taken as FMLA to the extent that the earlier leave meets the necessary qualifications.

##### **Exigency Leave**

An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to active military duty or who is already on active duty due to service in a recognized reserve unit may take up to 12 weeks of leave for reasons related to or affected by the family member's call-up or service. Reasons related to the call-up or service includes helping the family member prepare for the departure of and caring for children of the service member. The leave may commence as soon as the individual receives the call up notice. (son or daughter for this

type of FMLA leave is defined the same as for child for other types of FMLA leave, with the exception that the person does not have to be a minor.) This type of leave would be counted toward the employee's 12-week maximum of FMLA leave in a 12-month period. Employees requesting this type of FMLA leave must provide proof of the qualifying family member's call-up or active military service before leave is granted.

### **Service Member Leave**

This leave may extend up to 26 weeks in a 12-month period for an employee whose spouse, son, daughter, parent or next-of-kin is injured or recovering from an injury suffered while on active military duty and who is unable to perform the duties of a service member's office, grade, rank or rating. Next-of-kin is defined as the closest blood relative of the injured or recovering service member. An employee is also eligible for this type of leave when the family service member is receiving medical treatment, recuperation or therapy, even if the service member is on a temporary disability retired list.

Employees requesting this type of FMLA leave must provide certification of the family member or next-of-kin's injury, recovery or need for care. This certification is not tied to a serious health condition as for other types of FMLA leave. This is the only type of FMLA leave that may extend an employee's leave entitlement beyond 12 weeks to 26 weeks. Other types of FMLA leave are included with this type of leave totaling 26 weeks. The 12-month period in which the 26 weeks may be taken is measured beginning with the first occurrence of the leave.

### **Additional Considerations**

If a husband and wife both work for the District and each wish to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent in-law) with a serious health condition, the husband and wife may only take a combined total of 12 weeks of leave.

Where possible, employees needing FMLA leave must give their supervisors 30 calendar days advance notice. Employees who cannot foresee the need for FMLA leave 30 days in advance must give as much notice as possible. This generally means notifying the District within one or two workdays of the time an employee first learns of the need for leave, unless extenuating circumstances exist. Employees are expected to comply with normal District guidelines on reporting absences.

Employees taking exigency leave, service member leave or leave because of their own or a relative's serious health condition may take their allotment of FMLA leave intermittently or in accordance with a reduced work schedule if this is medically necessary. Where employees have some control over the timing of their leave, they are expected to consult with their supervisor to try and arrange a mutually acceptable time. The District reserves the right to temporarily transfer the employee to an alternative temporary position with equivalent pay and benefits if the employee is qualified for that position and the temporary position better accommodates recurring periods of leave. Employees taking leave to care for a newborn or newly placed child do not have a legal right to take intermittent leave but may do so with the District's consent.

Employees must inform their supervisor if they should need family or medical leave and when they expect to be absent. Supervisors should not inquire about the reasons for the employee's leave request. Instead, to ensure the employee's privacy, the Human Resources Director will provide employees the required certification documents to be completed by the treating physician. The Human Resources Director is responsible for ensuring that all medical information provided by employees is maintained in confidence.

During FMLA leave, the District continues eligible employees' health care benefits, including medical benefits, dental and life insurance. During a period of FMLA leave, the employee on leave receives the same benefits and has the same payment obligations as employees who are working. This means that employees on FMLA leave must make arrangements with the District to continue paying dependent premiums. Coverage can be cancelled if an employee fails to pay the employee share of the premium within 30 days of the date it is due.

Employees must exhaust all accrued paid leave before going on an unpaid status. Employees on FMLA leave do not earn paid vacation and sick leave during the period of unpaid leave. However, employees on FMLA leave continue to be covered by the District's group health plan benefits on the same terms that are applicable for active employees. FMLA leave does not cause employees to lose any previously earned employment benefits.

On returning from an FMLA leave of absence, employees normally are restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. The only exception to this restoration procedure is for certain key employees, who are notified of their status when first requesting FMLA leave. Key employees who take FMLA leave are reinstated to their former or equivalent positions only if their reinstatement does not cause the District substantial hardship.

If an employee fails to return to work with the District following FMLA leave, or returns, but fails to remain at work for a minimum of 30 calendar days, the employee must repay premiums the District paid during the employee's unpaid FMLA.

In some circumstances, the District may allow employees who have exhausted the leave available to them under FMLA to take additional unpaid leave. The District does not guarantee that it will be able to re-employ individuals who take post-FMLA leave. Further, during a period of post-FMLA leave, an employee's health care benefits do not continue in force, unless the worker elects to pay the full cost of COBRA coverage. Employees should be aware that a lapse in benefits coverage or plan participation during a period of post-FMLA leave might affect a worker's coverage after the employee returns to work.

#### **4.05 Unpaid Leaves of Absence**

Employees may be granted an unpaid personal leave of absence for non-FMLA reasons in situations in which the District determines that an extended period of time away from the job will be in the best interest of the employee and the District. No leave of absence or combination of leaves of absence may exceed 180 days within a one year period, except those instances required by law.

Requests for unpaid personal leave or any extension of a personal leave should be submitted in writing to the HR Director thirty days prior to commencement of the leave period, or as soon as is practicable. The final decision concerning the request will be made by the Chief Appraiser. All employees on approved personal leave are expected to report any change in their need for leave or their intention to return to work to the HR Director.

Employees on personal leave will be required to use all earned vacation and sick days while on leave before going unpaid. Health insurance and other benefits will cease at the beginning of

unpaid leave and the employee becomes eligible for COBRA. Paid vacation and sick time do not accrue during periods of unpaid leave of absence.

Employees returning from a personal leave due to an illness or injury must provide a job-related release indicating their fitness-for-duty. Any restrictions must be noted on the release.

Employees on an authorized personal leave of absence may not perform work for any other employer that is considered by the District to be an actual or potential conflict of interest.

It is possible that an employee returning from a personal leave of absence may not be returned to the same job position that they held before taking leave. If an employee fails to return to work at the conclusion of an approved leave of absence, including any extension of the leave time, the employee will be considered to have voluntarily terminated employment with the District.

#### **4.06 Military Leave**

Bexar Appraisal District supports the efforts of its employees who participate in military activities as governed by the Uniformed Services Employment Reemployment Rights Act ("USERRA") and Veterans Reemployment Rights Statute (VRR). Full-time employees who voluntarily enter a military service or active duty in the armed forces of the United States will be granted an unpaid military leave of absence if notice is given to the employee's supervisor in writing at least two weeks in advance (or, if military orders require the employee to report in less than a two-week notice, as soon as reasonably practicable). District leaves do not accrue while on a military leave of absence.

An employee involuntarily called to active duty in the uniformed services will be granted a military leave if notice is given to the supervisors as soon as reasonably possible.

An employee who is required to report for any of the Reserve Branches or the National Guard will be granted an unpaid military leave of absence to participate in the regularly scheduled military training activity.

Military orders should be presented to the Human Resources Director so that arrangements for leave are made as early as possible before a departure.

#### **4.07 Jury Service**

The District grants paid leave to regular full-time employees called to jury duty. Employees should immediately provide their jury duty summons to their supervisor in order that arrangements may be made to cover the employee's position. When on jury duty, employees will be expected to work as much of their regularly scheduled shift as the jury duty schedule permits on a given day. Employees who are released from jury duty before the end of the workday should contact their supervisor and be available to work the remaining part of the day. Jury duty hours are counted as hours worked in the calculation of overtime hours.

## 4.08 Vacation

Paid vacation is earned based on employment classification, position level and years of service as follows:

| <b>Non-Exempt Employees</b>        |  |
|------------------------------------|--|
| <b>Continuous Years of Service</b> | <b>Amount Earned</b>                   |
| 0-<5 years of service              | .83 days per month (10 days per year)  |
| 5-<15 years of service             | 1.25 days per month (15 days per year) |
| 15+ years of service               | 1.67 days per month (20 days per year) |

| <b>Exempt Employees Level 2:</b>   |  |
|------------------------------------|--|
| <b>Continuous Years of Service</b> | <b>Amount Earned</b>                   |
| 0-<5 years of service              | 1.25 days per month (15 days per year) |
| 5+ years of service                | 1.67 days per month (20 days per year) |

| <b>Exempt Employees Level 1:</b>   |  |
|------------------------------------|--|
| <b>Continuous Years of Service</b> | <b>Amount Earned</b>                   |
| All years of service               | 1.67 days per month (20 days per year) |

Regular full-time employees will be eligible to use accrued vacation upon completion of six (6) months of service and part-time employees on completion of one (1) year of service. Accrued vacation is earned if employment begins before the 16<sup>th</sup> day of the month.

Employees are allowed to carry over up to 45 days of vacation at the end of each calendar year. Vacation in excess of 45 days will be forfeited as of January 1 of each year.

Members of the Executive team who are not able to take their accrued vacation may receive payment annually for up to ten (10) days of vacation in excess of the 45-day limit. Regular employees terminating employment who provide at least two (2) weeks written notice will be paid for up to 45 days of accrued, unused vacation. Exempt Level 1 employees who provide at least four (4) weeks written notice will be paid their balance not to exceed 45 days of accrued unused vacation.

## **4.09 Bereavement Leave**

Employees may be granted up to three (3) days paid bereavement leave in the event of the death of a member of his/her immediate family: spouse, parent, or child. Two (2) days paid bereavement leave will be granted for the death of a grandparent, grandchild, brother, sister, mother or father-in-law. One (1) day paid bereavement leave will be granted for the death of a niece, nephew, aunt, or uncle. Employees requiring additional time off for bereavement leave may ask to use earned vacation or sick time.

## **4.10 Holidays**

Bexar Appraisal District observes the following holidays:

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Good Friday
- Battle of Flowers Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day and Day after Thanksgiving
- Christmas Day

Observed holidays that fall on Saturday will be recognized on Friday and those that fall on Sunday will be recognized on Monday.

At the discretion of the Board of Directors, additional holidays may be designated on an annual basis.

Unscheduled absences occurring the day before or after a District holiday will not be approved or paid without medical documentation. Unscheduled absences for reasons other than illness which are deemed to be of good cause and beyond the control of the employee will be considered by the department director on a case by case basis and may require documentation.

Holiday pay is not calculated as time worked for overtime purposes.

## **4.11 Longevity Benefit**

In recognition of service time, employees who have completed five years of service with the District will be eligible for one day of paid personal leave per year. Employees who have completed ten years of service with the District will be eligible for a second paid personal leave day per year. Employees who have completed fifteen years of service with the District will be eligible for a third paid personal day per year. Personal day(s) cannot accrue and must be used as a full day (8 hours) in the calendar year in which it was earned. Upon termination of employment, for any reason, all accrued longevity benefits are forfeited. The employee is not entitled to any type of compensation for unused personal days.

#### **4.13 Inclement Weather**

Inclement weather days are those days in which school districts and/or the City of San Antonio and/or Bexar County have elected to close due to severe weather conditions that make travel hazardous.

In the event of inclement weather, the District will communicate a closure or delayed opening through multiple methods to include a recording on the District emergency phone line, email, text, posting closure on the district website or calls from a supervisor/director. Employees who do not report to work on days of delayed opening will be charged available vacation or sick time. All full-time employees will be paid for full day office closures.

#### **4.14 Leave for Instructor Teaching Time**

To support and encourage education programs, the Bexar Appraisal District will permit any employee who is approved as an instructor by the Property Tax Assistance Division of the Texas Comptroller to accrue Teaching Time Credits for instructing in-house PTAD approved core courses or exam reviews. Teaching credits are only to be utilized to account for time that the instructor teaches courses or seminars for other districts, state associations, or local chapters in lieu of taking accrued vacation for this purpose. Teaching Time Credits may not be used for any other purpose.

District staff instructors will accrue one-half hour for each hour of classes taught. Core course hours are listed on the TDLR Property Tax Professionals Core Education webpage. Teaching time credit hours for exam review classes are accrued at 12 for the Level 3 Review and 14 for the Level 4 Review, or 14 if the Review is combined with Level 3 and 4 Students

In the event an instructor teaches a course jointly, the co-instructors will accrue Teaching Time Credits at the rate of one-half hour for each hour the instructor teaches a core course or review class.

The employee must receive approval from their director in order to use Teaching Time Credits to instruct courses outside the District.

Upon termination of employment, all accrued or unused Teaching Time Credits are forfeited. The instructor is not entitled to any type of compensation for unused Teaching Time Credits.

### **5.00 PERSONAL CONDUCT AND AFFAIRS**

#### **5.01 Conflict of Interest**

District employees have a special responsibility to be fair and impartial in their dealings with those who have business with our organization. Conflicts of interest or favoritism cannot be tolerated and maintaining high standards of honesty, integrity and impartiality are essential and assure proper performance of business.

The following list includes examples of behavior or conduct, which may be grounds for disciplinary action up to and including termination:

- Engaging in relationships or activities which conflict or appear to conflict with carrying out of District duties and responsibilities.
- Providing services to outside concerns, which do business with the District, without prior specific written approval from the Chief Appraiser.
- Engaging in outside employment, which may discredit the District or affect how the employee carries out District duties.
- Using his/her association with the District in conducting personal affairs.
- Using any District asset for personal use.
- Borrowing or unauthorized use of District funds, supplies, equipment, or other property.
- Acceptance or offering of bribes and/or kickbacks to include any form of gifts, cash or merchandise.
- Disclosing, disseminating or otherwise publishing confidential District information without prior express written permission from the Chief Appraiser.

This list is not all-inclusive. Anyone having knowledge of violation is expected to report it immediately to a member of management or the Human Resources Director. District policy prohibits acts of intimidation, threats, coercion or discrimination against individuals providing information or assisting with an investigation.

All employees are required to complete a Financial Disclosure Form at the time of hire and as required thereafter. The Financial Disclosure discloses any possible conflicts of interest the employee may have through property ownership, outside employment or any activity which would affect an employee's impartiality while executing his/her official duties. Completion of this form will be considered a condition of employment.

Employees of the Bexar Appraisal District are prohibited from engaging in outside employment or other outside activity not compatible with the full and proper discharge of the duties and responsibilities of their employment at the District. Outside employment which tends to impair the employee's mental or physical capacity to perform their District job duties in an acceptable manner is prohibited.

All District employees who are considering outside employment or who already hold outside employment shall notify their director in writing of the details of the job, the name of the secondary employer, and obtain the approval of their director. The director will forward the notification to Human Resources for inclusion in the employee's personnel file.

Employees who resign or are terminated from employment with the District are prohibited from participating as a compensated fiduciary or tax agent in informal meetings with the District for a period of one (1) year from the last day of employment to avoid conflict of interest or ethical concerns.

## **5.02 Dress Code**

Employees of the District are expected to dress in a smart casual manner, in clothing that is neat, clean and conservative. Departmental needs may take precedence.

Appraisers who will be out in the field for the entire workday will be permitted to wear shorts (short-shorts and cutoffs prohibited).

Nose piercings are acceptable using small studs or clear stud retainers. All other facial piercing jewelry is prohibited. Non-compliant piercings must be removed or replaced with a clear retainer. Tattoos with inappropriate/ vulgar images or offensive language or gestures must be covered during the course of business.

### **5.03 Employee Conduct**

The District expects the highest standard of behavior from its employees. Employees are expected to comply with all work rules at all times. It is neither intended nor possible to state a rule for every situation or for every course of conduct, which may arise. Therefore, it is not implied that the following list contains all of the District rules, which are or may be in effect; neither should it be taken that any omission from this list implies permission or lack of authority for the District to take appropriate action against any employee. Furthermore, these rules are not intended to create and should not be relied upon as a basis for assuming a "for cause" requirement for termination or as otherwise altering the express policy of the District that the employment relationship be an employment-at-will relationship. Listed below are examples of unacceptable conduct:

- Discourtesy to a customer.
- Unauthorized removal or theft of property belonging to the District, another employee of the District, or a member of the public.
- Falsifying any District record or submission of false or misleading information or records pertaining to work, personnel, employment, attendance, time, medical insurance or other District matters.
- Insubordination, disrespectful conduct, and/or refusing to carry out any reasonable order to work on jobs assigned to you.
- Conduct or behavior deemed offensive or undesirable, including but not limited to: gossip, negative or derogatory comments, uncooperative behavior.
- Operating any District equipment unsafely.
- Possession of dangerous or unauthorized materials, such as explosives or firearms on District property or while offsite representing the District.
- Failing to perform work during work time.
- Threatening violence to any employee or member of the public.
- Fighting with another employee or member of the public on District time, property or while representing the District.
- Gambling or soliciting for gambling on District premises.
- Unauthorized absence from the work area during the workday and/or walking off the job without permission of the supervisor.
- Unsafe, deliberate or improper conduct leading to the damage or deliberate destruction of District property or the property of another employee.
- Unauthorized use of telephones, email system, postal resources (comment – to include shipping packages to the district i.e. ammunition), or other employer owned equipment, distribution, or removal from the premises of any District record or confidential information of any nature.
- Deliberately recording time for another employee or allowing another employee to record your time.
- Possession of or use of illegal drugs or an alcoholic beverage on District property to include offsite District displays/booths/shows, etc. at any time or reporting to work under the influence of either.
- Unwarranted absences or excessive number of absences.
- Dishonesty of any nature.

- Willful, deliberate or continued violation of any of the rules of the District.
- Boisterous or disruptive activity in the workplace.
- Unsatisfactory performance or conduct.
- Failure to comply with the requirements as specified in the handbook.

The list is not all-inclusive; it only serves to provide examples of the kind of unacceptable conduct. Employment with the District is at the mutual consent of the District and the employee, and either party may terminate that relationship at any time, with or without cause, and with or without advance notice.

#### **5.04 Tobacco and Vape-Free Workplace Policy**

Use of all forms of tobacco products (which includes Electronic Cigarettes) is prohibited on District property, without exception.

#### **5.05 Housekeeping**

Good housekeeping and neat work habits are important as they enhance morale, efficiency, and promote excellence in customer service. Work areas should be kept clean and free of clutter. Drinking and eating are prohibited during periods of direct customer or public contact and in any open public area where customers convene for assistance.

#### **5.06 Non-Solicitation**

Solicitation of employees by other employees is strictly prohibited during work time or within a District facility without approval of the Human Resources Director. Voluntary donations of nominal amounts when made for a fund-raising event or a special occasion such as marriage, illness, or retirement are permitted; however, no employee shall be forced to contribute to any fund or collection.

The distribution of literature by employees is forbidden during work time or in work areas. The posting of any leaflets, notices, literature, or other material on District property without the permission of the Human Resources Director is strictly prohibited.

#### **5.07 Monitoring and Recording**

SECTION 41.68 of the Property Tax Code of the State of Texas provides for the electronic recording of protest hearings and Board meetings due to the public nature of such proceedings.

In the course of everyday interaction there are many personal exchanges between employees not relevant to District business. Accordingly, employees are prohibited from electronically recording exchanges between employees.

The District prohibits the taking of photographs with personal cameras, cell phones or any other electronic device on District premises in order to secure employee privacy and business information. Any employee seeking to take photographs on site must first receive permission from the Chief Appraiser. Authorization to photograph may be granted on a limited basis by the Chief Appraiser for District sponsored events or business needs.

The District may conduct video surveillance of non-private workplace areas. Video monitoring is used to identify safety concerns, maintain quality control, detect theft and misconduct, and

discourage or prevent acts of harassment and workplace violence. Photographed or filmed images of employees may be used on the District's social media sites. Employee's names or other identifying information will not be shared without direct permission.

## **5.08 District Property**

The District provides equipment and supplies to its employees to support conducting job duties. In order to minimize expenditures for equipment and waste of supplies, employees are responsible for exercising the utmost care in using District property.

Particular care should be taken with all electronic and/or portable equipment used internally. Normal "wear and tear" of equipment is not unusual. Damage or loss of these items resulting from intentional acts, negligence, or carelessness is subject to review by the Information Systems Director and the Finance Director in which the employee may be subject to financial responsibility

In addition, employees are responsible for the care and secure handling of all electronic devices, confidential client files and other client information during external use. This will apply during all local or out of town travel. A police report must be filed in the event of theft of any electronic device during external use.

Furthermore, employees are prohibited from using district owned property and/or supplies for personal use or private income.

## **5.09 Information Technology Resources**

In order to enable employees to perform their job duties, the District provides employees with access to various electronic devices. The District also permits employees to use its computers for limited personal use where such use does not interfere with the employee's performance of his/her duties or violate other District policies.

It is the policy of the Bexar Appraisal District to comply with computer software copyrights and to adhere to the terms of all software licenses to which the District is a party.

District employees may not duplicate or install any software or related documentation unless expressly authorized to do so by the licensor and the District's Information Systems Director. Employees must also follow all software license agreements.

All software used in any hardware/leased owned by the Bexar Appraisal District must be purchased and/or installed through or with the approval of the Information Systems Director.

The information created and/or stored on District electronic devices, network storage, e-mail system or the Internet, whether related to District business or the employee's personal use, is the sole property of the District.

Passwords created by District employees for District devices and files must be recorded with the Information Systems Director. Even though the electronic devices and the information created and/or stored therein remains the property of the District, employees are not permitted to review another's information, unless required in the performance of the employee's duties or expressly permitted by the Assistant Chief Appraiser or Chief Appraiser.

In addition to providing employees with electronic devices, the District provides employees with access to e-mail and the Internet. The District actively monitors those activities to ensure the resource is properly utilized and to protect the computer systems from any security threats. Personal use of both is permitted within the confines of the district's core values and the following specific rules:

- Personal use must not interfere with or distract from work performance.
- Storage or transmittal of personal documents should be extremely limited.
- The e-mail or Internet may not be used to solicit for commercial ventures, religious or political causes or other purposes not approved by management.
- Sending harassing, obscene or offensive messages are strictly prohibited. Offensive messages are those containing sexual implications, racial slurs or any comments that offensively address someone's age, gender, sexual orientation, religion, political beliefs, national origin or disability.
- Visiting pornographic or offensive websites (as defined in #4) is prohibited.
- Downloading or sending of copyrighted materials or confidential information as protected under the federal and state laws are prohibited.
- Sending unsolicited junk mail or chain letters is prohibited.

Use of facilities and equipment is granted, subject to the District's right to monitor employees' use and the employee's continued employment constitutes their consent to such monitoring. **Employees have no expectation of privacy in any electronic-related activities.**

## **5.10 Social Media and Web Based Meeting Platforms**

The District understands that social media can be a fun and rewarding way for employees to share their life and opinions with family, friends and co-workers. However, use of social media also presents certain risks and carries with it certain responsibilities.

For the purpose of this policy *social media* includes all means of communicating or posting information or content of any sort on the Internet, including to the employee's own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with the Bexar Appraisal District as well as any other form of electronic communication.

The same principles and guidelines found in District policies apply to employees' activities online. Employees are solely responsible for what they post online. Before creating online content, employees should consider some of the risks and rewards that are involved.

All social media postings should be consistent with District policies prohibiting discrimination, harassment and retaliation, and those requiring confidentiality. Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated.

Employees are prohibited from using District email addresses to register on social networks, blogs or other online tools used for personal use or tagging the District's official pages on personal posts. Employees are prohibited from posting on any social media platforms while wearing district attire without the consent of the Chief Appraiser. Only the Chief Appraiser or Assistant Chief

Appraiser or their designee is authorized to present the official position of the District or respond to any questions on behalf of the District in any form of media.

Employees are required to demonstrate respect and consideration for all parties when engaging in any meeting platform while conducting District business. During virtual meetings, employee behavior is subject to the same standard of conduct as stated in Section 5.03 and the same dress code as described in Section 5.02.

Violations of the anti-harassment/anti-discrimination policy (Section 2.04) that occur via use of email or social media are subject to discipline, up to and including termination, regardless of whether the activity occurs during working time or by use of District or personal property.

Pursuant to Chapter 620 of the Texas Government Code, use or installation of the video-sharing application TikTok or any successor application or service developed or provided by ByteDance Limited, or an entity owned by Byte Dance is prohibited on any device provided by the District. This prohibition also applies to any social media application or service specified by proclamation of the governor.

### **5.11 Political Involvement**

District employees are encouraged to participate in our electoral system. The District complies with all relevant laws regarding time off from work to vote. This policy applies to both primaries and elections at the federal, state, and local levels. The District's normal hours of operation ordinarily provide employees with sufficient time to vote, either before the start of or after the end of the workday.

District employees will not be allowed to perform or be involved in political campaigning or related activities during normal working hours or while on official duty. Additionally, no employee shall be required to participate in political campaigns, or related activities, as a condition to obtain or retain employment.

District employees seeking or accepting nomination to any public office may be granted leave of absence. Employees granted leave to run for elected office may be reinstated at the request of the employee or following the election process. An employee who is elected to office creating a conflict with the Bexar Appraisal District or elected to an office that is considered a full-time job must resign their position with the District.

### **5.12 Driver's Licenses and Arrest or Conviction for a DWI**

Employees driving a vehicle (personal or agency owned or leased) for Bexar Appraisal District business are responsible for driving in a safe, courteous, and defensive manner. All current traffic laws are expected to be followed and adhered to at all times. Accidents and citations that occur on District business should be reported to the supervisor immediately. Current proof of auto insurance must be provided to the Human Resources Department at renewal by employees receiving an auto allowance. Failure to provide timely proof of auto liability insurance may preclude the payment of auto allowance to an employee.

Problems with a driving record, license, or insurance must be reported immediately to the supervisor/director. Problems include, but are not limited to, revocation or suspension of driver's license, loss of auto insurance coverage, and any arrest or conviction including deferred adjudication related to operating a vehicle under the influence of alcohol, illegal substance, or

controlled substance. Failure to report any driving record problem within 72 hours will be grounds for disciplinary action including termination.

### **5.13 Employee Records and Personal Information**

An employee file will be maintained for each employee and is the exclusive property of the District.

To ensure the District's employee files are up-to-date and contain accurate, complete information, employees are asked to notify the Human Resources Director, in writing, of any changes that need to be made in the following categories:

- Name
- Telephone number
- Home address
- Beneficiary designations
- Individual to notify in case of an emergency
- Notification that may affect status of an employee's benefit plans

### **5.14 Gambling**

Gambling, including the operation of a gambling device, conducting a lottery, games for money (to include sporting event "pots" or "squares") or property, selling or purchasing number slips in Appraisal District work areas is prohibited. Fundraising activities for non-profit organizations, Employee Event Committee activities and/or charities authorized by the Chief Appraiser are excluded from this section.

### **5.15 Phone Calls and Online Activity**

District telephones and internet are to be used for District business. Personal use of District phones, computers, iPads or cell phones should be limited and not interfere with business operations. Excessive use of time on personal devices is prohibited.

The Bexar Appraisal District is committed to providing excellence in customer service. To ensure that the District's standards of excellence in customer service are being met; the District reserves the right and intends to exercise their right to monitor telephone calls on the district phone system. This includes reviewing internet searches and usage.

### **5.16 Parking**

Employees are required to park in assigned spaces designated as employee parking, including the temporary leased parking lot. Anyone seeking temporary exception must obtain approval from the Human Resources Director.

The District will not be liable for any damage or theft caused to any motor vehicle, or contents of vehicles parked on District property, assigned lots, or used in the course of District business.

### **5.17 Expression of Breast Milk**

The District provides a reasonable amount of break time to new mothers after the birth of their child for the purpose of expressing breast milk. A sanitary place will be provided to these mothers that meets federal guidelines. If you find yourself in need of such accommodations, inform your supervisor or the Human Resources Department.

## **6.00 GROUP BENEFITS**

### **6.01 Employee Retirement System**

Employees of the Bexar Appraisal District participate in the Texas County and District Retirement System ("TCDRS"). The provisions the plan can be found in the *TCDRS Guide to Member Benefits* located at [www.tcdrs.org](http://www.tcdrs.org).

All employees of the Bexar Appraisal District are required to become members of the TCDRS as a condition of employment. Employees contribute to the retirement system through salary deferrals on a payroll-by-payroll basis and the District contributes a Board approved percentage.

Bexar Appraisal District does not participate in the Social Security System except for contributions to Medicare.

### **6.02 Group Benefits**

Regular employees will be eligible to participate in the District's group benefit plans on the first of the month following 60 days of employment. The District currently offers paid medical, dental, long-term disability and life insurance for all regular employees normally scheduled to work 30 or more hours per week. The District offers dependent coverage and other types of insurance which are paid by the employee whose premium(s) will be payroll deducted.

All details regarding plans, coverage and cost are specified in the respective plan documents provided at the time of enrollment. Questions regarding group benefits should be directed to the Human Resources Director.

### **6.03 Retiree Medical Benefits**

In accordance with the Texas Local Government Code Section 175.001 pertaining to continued health coverage for retirees, the District will offer health benefit coverage to employees eligible to retire under the Texas County and District Retirement System unless the retiree is eligible for group health benefits coverage through another employer. A retiree may elect to cover the same dependents as when employed or may discontinue coverage for dependents. Eligible dependents not enrolled at time of eligibility may not be added at a later date.

Plan coverage offered to retirees will be the same as the health plan offered to current employees and will be available until the retiree is eligible for Medicare or becomes eligible for coverage through another group plan. Premiums for retiree medical coverage through the District will be the responsibility of the retiree. Coverage must be elected no later than the date of retirement. Otherwise, the benefit will not be available.

Executive management staff members (Directors and above) who retire with at least 15 years of service to the district are eligible for retiree insurance premiums to be paid by the district for the lesser period of five years from their retirement date or the date when the retiree becomes eligible

for Medicare. Paid health coverage for the retiree by the district ceases if the retiree becomes eligible for coverage through another group plan or health coverage is declined in writing by the retiree. The district will pay for group health benefit premiums for the retiree only and any elected coverage for eligible dependents will be the responsibility of the retiree.

## **7.00 Workplace Safety**

### **7.01 Drug and Alcohol Abuse**

It is the policy of the District that the use, possession, concealment, transportation, promotion, or sale of drugs and alcohol is strictly prohibited on any work site or facility used for business purposes under the scope of employment with the District.

Employees of the District are prohibited from working while under the influence of illegal drugs and alcoholic beverages.

The District offers an Employee Assistance Program that provides a confidential self-referral program to assist employees in dealing with alcohol and drug abuse problems. Employees should contact the Human Resources Director for more information.

#### **Assurance of Policy Compliance – Testing Criteria**

In order to assure that the above-stated policy is upheld to its fullest intent, the District may require, and rely on, drug screening tests to be conducted for the situations listed below:

- Immediately following any accident or incident. This may include all personnel assigned to the area/department where the accident or incident occurred.
- When an employee's director has a reasonable suspicion that an employee is using, or is under the influence of drugs or alcohol. "Reasonable suspicion" is a belief based on objective and articulate facts sufficient to lead a prudent director to suspect that the employee is using drugs or alcohol.
- When an employee is found in possession of suspected illicit or unauthorized drugs and/or alcohol, or when any of these items are found in an area controlled or used exclusively by designated employees.

The District requires that testing complies with federal and state laws and mandates designated physicians, laboratory, hospital or medical professionals to test and release test results to the District. All testing is done by a lab chosen by the District. Employees with confirmed positive test results can, at their option and expense, have a second confirmation test made on the same specimen. An employee is not allowed to submit another specimen for testing.

#### **Consequences of Policy Violation**

Employees will be subject to termination from employment with the District in case of the following instances that are considered violations of this Policy:

- Confirmed use of an illegal or unauthorized drug.
- Refusing to submit to drug screen tests specified in this Policy.
- Working while under the influence of drugs or alcohol.

## 7.02 Safety and Security

The District is committed to preventing workplace violence and maintaining a safe work environment for employees and customers. The District has adopted the following guidelines to deal with violence or threats of violence or intimidation that may occur during business hours or on its premises at any time.

All employees, including directors and temporary employees, should be treated with courtesy and respect at all times. Employees are expected to refrain from fighting, "horseplay," or other conduct that may be dangerous to themselves or others.

Conduct that threatens, intimidates, or coerces another employee, a customer, or a member of the public at any time, including off-duty periods, will not be tolerated.

All threats of (or actual) violence, both direct and indirect, should be reported as soon as possible to the employee's director or to the Human Resources Director. This includes threats by employees, as well as threats by customers, vendors, or other members of the public. When reporting a threat of violence, employees should be as specific and detailed as possible.

All suspicious individuals or activities should also be reported as soon as possible to security officer(s) on duty. Employees should not place themselves in peril and attempt to intercede in disturbances in the office, on District property, or in the course of business.

The District will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as is practical. In order to maintain workplace safety and the integrity of its investigation, the District may suspend employees, either with or without pay, pending investigation.

The District's effort to prevent the occurrence of violence in the workplace requires that employees follow these rules:

**Prohibited Weapons:** Bexar Appraisal District is committed to providing a safe environment for its employees and others visiting or performing work on District property. This commitment also applies to our employees as they work outside the office. To further our goal of providing a safe workplace, the District strictly prohibits possession, use and handling of a weapon or handgun by employees on District premises beyond the entrances to our building. This prohibition also applies to outside the building when employees are engaged in their job. This prohibition applies to all employees, including those who hold a License To Carry (LTC) or license to openly carry a handgun, and applies equally to concealed handguns and open carry. Employees are also prohibited from transporting and storing firearms in District-owned or District-leased vehicles and from possessing or using firearms or ammunition at any District-sponsored events.

**Important Note Regarding Concealed Weapons:** The District recognizes the right of its employees who have a license to carry a handgun or who otherwise lawfully possess a firearm to transport and store a firearm or ammunition in the employee's locked personal vehicle parked in the District parking lot(s) (per Texas Labor Code Section 52.061). However, an employee who wishes to exercise this right *must*:

- Hold a license to carry a handgun or otherwise lawfully possess the firearm.
- Store the firearm and/or ammunition in his/her locked, privately owned vehicle.

- Ensure the firearm is unloaded before the employee enters the District's property.
- Not handle (*i.e.*, unload, stow, display, hold, etc.) the firearm or ammunition at any time during working hours.

**Firearms in Restricted Areas:** Visitors to our building are not allowed to bring handguns into secured areas.

**Duty to Warn:** All employees have a duty to warn the District of any potential for violence in the workplace. All incidents of violence, threats of violence and harassment occurring at the workplace, regardless of whether the perpetrator is a coworker, customer, family, or friend, should be immediately reported to the employee's director or any member of executive management. Reports will be investigated and corrective action will be taken.

### **7.03 Security Inspections**

The District wishes to maintain a work environment that is free of illegal drugs, alcohol, non-approved firearms, explosives, ammunition, or other improper materials. To this end the District prohibits the possession, transfer, sale or use of such materials on its premises. The District requires the cooperation of all employees in administering this policy. The work stations provided for the convenience of employees remain the sole property of the District. Accordingly, any agent or representative of the District can inspect them, as well as any personal articles found within them, at any time, either with or without prior notice.

### **7.04 Workers' Compensation**

The District is a subscriber to workers' compensation insurance, which will provide care and treatment and a weekly subsidized income in the event an employee becomes disabled from an accident or an injury on the job. Failure to report an injury may prevent the employee from receiving benefits or a delay in the receipt of benefits.

Accidents or injuries that occur on the job, no matter how small, should be reported to the supervisor/director immediately followed by completion of an accident report form with Human Resources.

Employees who are on leave for a work-related injury or illness and are eligible to receive income benefits under workers' compensation will not be paid sick leave, vacation leave, or auto allowance. Sick and vacation accruals continue for employees receiving a Workers' Compensation benefit provided they have not exhausted their balances.

## EMPLOYEE ACKNOWLEDGEMENT FORM

The employee handbook describes important information about the Bexar Appraisal District. I understand that I should consult the Human Resources Director regarding any questions that are not answered in the handbook.

I understand that violations of the policies published in this handbook and otherwise communicated to me will result in disciplinary action up to and including termination.

I became an employee at Bexar Appraisal District voluntarily. I understand and acknowledge that there is no specified length to my employment at Bexar Appraisal District and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that Bexar Appraisal District may terminate my employment at any time, with or without cause or advance notice, as long as they do not violate federal or state laws.

I understand and acknowledge that there may be changes to the information, policies, and benefits in the handbook. The only exception is that Bexar Appraisal District will not change or cancel its employment-at-will policy. I understand that Bexar Appraisal District may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be told about any handbook changes and I understand that handbook changes can only be authorized by the Board of Directors.

I understand and acknowledge that this handbook is not a contract of employment or a legal document. I have received the handbook or have been given access to an electronic copy and I understand that it is my responsibility to read and follow the policies contained in this handbook and any changes made to it.

EMPLOYEE'S NAME (printed): \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**STAFF SUMMARY SHEET**

**ISSUE:** Discussion Item

Discussion on Employee Benefits such as New Hire Orientation PowerPoint and onboarding for new district employees.



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

|   |                             |   |                            |                         |                                |   |
|---|-----------------------------|---|----------------------------|-------------------------|--------------------------------|---|
| Last Name (Family Name)   |                             | First Name (Given Name)   |                            | Middle Initial (if any) | Other Last Names Used (if any) |   |
| Address (Street Number and Name)  |                             |   | Apt. Number (if any)       | City or Town            |                                | State<br>ZIP Code                               |
| Date of Birth (mm/dd/yyyy)  | U.S. Social Security Number |   | Employee's Email Address   |                         | Employee's Telephone Number    |   |
| <b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b> |                             | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): |                            |                         |                                |   |
|   |                             | <input type="checkbox"/> 1. A citizen of the United States  |                            |                         |                                |   |
|   |                             | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)                                    |                            |                         |                                |   |
|   |                             | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)  |                            |                         |                                |   |
| <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)   |                             |   |                            |                         |                                |   |
| If you check Item Number 4., enter one of these:  |                             |   |                            |                         |                                |   |
| USCIS A-Number  |                             | OR  | Form I-94 Admission Number |                         | OR                             | Foreign Passport Number and Country of Issuance |
| Signature of Employee   |                             |   |                            |                         | Today's Date (mm/dd/yyyy)      |   |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification** on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| List A  | OR                            | List B | AND  | List C   |                           |
|---|-------------------------------|--------|--|--|---------------------------|
| Document Title 1  |                               |        |  |  |                           |
| Issuing Authority   |                               |        |  |  |                           |
| Document Number (if any)  |                               |        |  |  |                           |
| Expiration Date (if any)  |                               |        |  |  |                           |
| Document Title 2 (if any)   | <b>Additional Information</b> |        |  |  |                           |
| Issuing Authority   |                               |        |  |  |                           |
| Document Number (if any)  |                               |        |  |  |                           |
| Expiration Date (if any)  |                               |        |  |  |                           |
| Document Title 3 (if any)   |                               |        |  |  |                           |
| Issuing Authority   |                               |        |  |  |                           |
| Document Number (if any)  |                               |        |  |  |                           |
| Expiration Date (if any)  |                               |        |  |  |                           |
|   |                               |        |  | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |                           |
| <b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States. |                               |        |  | First Day of Employment (mm/dd/yyyy):  |                           |
| Last Name, First Name and Title of Employer or Authorized Representative  |                               |        | Signature of Employer or Authorized Representative                         |  | Today's Date (mm/dd/yyyy) |
| Employer's Business or Organization Name  |                               |        | Employer's Business or Organization Address, City or Town, State, ZIP Code |  |                           |

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity   | AND | LIST C<br>Documents that Establish Employment Authorization  |
|---|----|---|-----|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol> |
| <p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>  |    |   |     |  |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>  | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>   | AND | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>  |

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from Section 1. | First Name ( <i>Given Name</i> ) from Section 1. | Middle initial (if any) from Section 1. |
|--|--|---|

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|   |                                  |                            |                                  |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|   |                                  |                            |                                  |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|   |                                  |                            |                                  |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|   |                                  |                            |                                  |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |



## Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from Section 1. | First Name ( <i>Given Name</i> ) from Section 1. | Middle initial (if any) from Section 1. |
|--|--|---|

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

|  |  |  |  |
|--|--|--|--|
| Date of Rehire ( <i>if applicable</i> )  | New Name ( <i>if applicable</i> )                  |  |  |
| Date ( <i>mm/dd/yyyy</i> )   | Last Name ( <i>Family Name</i> )                   | First Name ( <i>Given Name</i> )               | Middle Initial   |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.   |  |  |  |
| Document Title   | Document Number (if any)                           | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |  |
| <b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |  |  |  |
| Name of Employer or Authorized Representative  | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> )             |  |
| Additional Information (Initial and date each notation.)   |  |  | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

|  |  |  |  |
|--|--|--|--|
| Date of Rehire ( <i>if applicable</i> )  | New Name ( <i>if applicable</i> )                  |  |  |
| Date ( <i>mm/dd/yyyy</i> )   | Last Name ( <i>Family Name</i> )                   | First Name ( <i>Given Name</i> )               | Middle Initial   |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.   |  |  |  |
| Document Title   | Document Number (if any)                           | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |  |
| <b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |  |  |  |
| Name of Employer or Authorized Representative  | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> )             |  |
| Additional Information (Initial and date each notation.)   |  |  | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

|  |  |  |  |
|--|--|--|--|
| Date of Rehire ( <i>if applicable</i> )  | New Name ( <i>if applicable</i> )                  |  |  |
| Date ( <i>mm/dd/yyyy</i> )   | Last Name ( <i>Family Name</i> )                   | First Name ( <i>Given Name</i> )               | Middle Initial   |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.   |  |  |  |
| Document Title   | Document Number (if any)                           | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |  |
| <b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |  |  |  |
| Name of Employer or Authorized Representative  | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> )             |  |
| Additional Information (Initial and date each notation.)   |  |  | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

**BEXAR APPRAISAL DISTRICT FINANCIAL DISCLOSURE FORM – JANUARY 1, 2025**

**Purpose:** This form is required for disclosure of occupational income, ownership interests, gifts, and board positions held by employees, their spouses, domestic partners, and/or dependent children as stated in our District Policy Section 5.01.

**EMPLOYEE INFORMATION**

**Full Name:** \_\_\_\_\_  
**Job Title/Position:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Mobile Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

---

**SECTION 1: EMPLOYEE OCCUPATIONAL INCOME**

Please list all sources of occupational income, including but not limited to salary, wages, bonuses, commissions, and any other compensation from employment or self-employment. *If not applicable, please write N/A.*

1. **Employer/Entity:** \_\_\_\_\_  
**Address of Business:** \_\_\_\_\_  
**Nature of Work/Position:** \_\_\_\_\_
2. **Employer/Entity:** \_\_\_\_\_  
**Address of Business:** \_\_\_\_\_  
**Nature of Work/Position:** \_\_\_\_\_

*(Please continue on a separate sheet if necessary.)*

**SECTION 2: FAMILY OCCUPATIONAL INCOME**

Please list all sources of occupational income for spouse and dependent children, including but not limited to salary, wages, bonuses, commissions, and any other compensation from employment or self-employment. *If not applicable, please write N/A.*

1. **Name of Spouse:** \_\_\_\_\_  
**Employer/Entity:** \_\_\_\_\_  
**Address of Business:** \_\_\_\_\_  
**Nature of Work/Position:** \_\_\_\_\_
2. **Name of Dependent Child 1:** \_\_\_\_\_  
**Employer/Entity:** \_\_\_\_\_  
**Address of Business:** \_\_\_\_\_  
**Nature of Work/Position:** \_\_\_\_\_
3. **Name of Dependent Child 2:** \_\_\_\_\_  
**Employer/Entity:** \_\_\_\_\_  
**Address of Business:** \_\_\_\_\_  
**Nature of Work/Position:** \_\_\_\_\_

4. **Name of Dependent Child 3:** \_\_\_\_\_  
**Employer/Entity:** \_\_\_\_\_  
**Address of Business:** \_\_\_\_\_  
**Nature of Work/Position:** \_\_\_\_\_

*(Please continue on a separate sheet if necessary.)*

---

### **SECTION 3: OWNERSHIP INTERESTS IN REAL PROPERTY OR BUSINESS ENTITIES**

Please disclose any ownership interests (e.g., home, land, shares, stocks, equity) in real property or business entities that may create a conflict of interest. *If not applicable, please write N/A.*

1. **Property/Entity Name:** \_\_\_\_\_  
**Nature of Interest:** (e.g., Owner, Shareholder, Partner, Landlord) \_\_\_\_\_  
**Percentage of Ownership:** \_\_\_\_\_ %  
**Address/Location (Real Property):** \_\_\_\_\_  
**Description of Business Entity (if applicable):** \_\_\_\_\_
2. **Property/Entity Name:** \_\_\_\_\_  
**Nature of Interest:** (e.g., Owner, Shareholder, Partner, Landlord) \_\_\_\_\_  
**Percentage of Ownership:** \_\_\_\_\_ %  
**Address/Location (Real Property):** \_\_\_\_\_  
**Description of Business Entity (if applicable):** \_\_\_\_\_

*(Please continue on a separate sheet if necessary.)*

---

### **SECTION 4: GIFTS RECEIVED**

Please list any gifts with a value of \$250 or more from any individual or entity that provides goods or services to the District. Please include the nature of the gift and the source. *If not applicable, please write N/A.*

1. **Gift Description:** \_\_\_\_\_  
**Value of Gift:** \$ \_\_\_\_\_  
**Source/Donor:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_
2. **Gift Description:** \_\_\_\_\_  
**Value of Gift:** \$ \_\_\_\_\_  
**Source/Donor:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_

*(Please continue on a separate sheet if necessary.)*

---

**SECTION 5: BOARD OF DIRECTOR POSITIONS HELD**

Please list all positions held as a director, officer, or member of the board of any business entity, nonprofit organization, or other entities by you, your spouse, domestic partner, and dependent children. *If not applicable, please write N/A.*

- 1. **Organization Name:** \_\_\_\_\_  
**Position Title:** \_\_\_\_\_  
**Date(s) Served:** \_\_\_\_\_  
**Nature of Organization:** \_\_\_\_\_
  
- 2. **Organization Name:** \_\_\_\_\_  
**Position Title:** \_\_\_\_\_  
**Date(s) Served:** \_\_\_\_\_  
**Nature of Organization:** \_\_\_\_\_

*(Please continue on a separate sheet if necessary.)*

**SECTION 6: VERIFICATION AND AFFIRMATION**

I, the undersigned, do hereby affirm that the information provided in this disclosure form is true, accurate, and complete to the best of my knowledge. I acknowledge that failure to disclose relevant information, or submitting false or misleading information, may result in disciplinary action, including termination, in accordance with the policies of the District.

**Signature of Affiant (Employee):** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

State of Texas  
County of Bexar

Subscribed and sworn to before me, the undersigned notary public, on this \_\_\_\_\_ day of \_\_\_\_\_, 2025, by \_\_\_\_\_ (affiant's name).

**Notary Public Signature:** \_\_\_\_\_  
**Printed Name of Notary Public:** \_\_\_\_\_  
**My Commission Expires:** \_\_\_\_\_

**Notary Seal:**

Once signed and notarized, this form should be submitted to Human Resources.

## AGREEMENT OF EMPLOYEE

I, \_\_\_\_\_, agree to comply with any and all rules and regulations promulgated by Bexar Appraisal District as it applies to the Property Tax Code. I pledge to subscribe to and promote the following Code of Ethics:

- (1) I will be guided by the principle that property taxation should be fair and uniform and will apply all laws, rules, methods and procedures in a uniform manner to all taxpayers.
- (2) I will not accept anything of value from any party other than my employer unless acceptance of something of value is totally unrelated to my performance of duties as a \_\_\_\_\_.
- (3) I will not use information received in connection with my duties as an employee to my own purposes or for my own gain, unless such information can be known by ordinary means to any ordinary citizen.
- (4) I will not speak or act in any manner or engage in any practice that is dishonest, fraudulent, and deceptive or in violation of law or common morality.
- (5) I will uphold the honor and dignity my duties and responsibilities.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_ DAY \_\_\_\_\_, 20\_\_.  
My commission expires \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR

\_\_\_\_\_, COUNTY, TEXAS

**AGREEMENT OF EMPLOYEE**

I, \_\_\_\_\_, agree to comply with any and all rules and regulations promulgated by the Texas Department of Licensing and Regulation as required by the Property Tax Professional Administrative Rules. I pledge to subscribe to and promote the following Code of Ethics:

(1) I will be guided by the principle that property taxation should be fair and uniform and I will apply all laws, rules, methods, and procedures, in a uniform manner, to all taxpayers;

(2) I will not accept or solicit any gift, favor, or service that might reasonably tend to influence me in the discharge of my official duties, with the following exceptions:

- the benefit is used solely to defray the expenses that accrue in the performance of duties or activities in connection with the office which are non reimbursable by the state or political subdivision;
- a political contribution as defined by Title 15 of the Election Code; or
- an item with a value of less than \$50, excluding cash or a negotiable instrument;

(3) I will not use information received in connection with the duties of an appraiser, assessor, or collector for my own purposes or for my own gain, unless such information can be known by ordinary means to any ordinary citizen;

(4) I will not engage in an official act that is dishonest, misleading, fraudulent, deceptive, or in violation of law;

(5) I will not conduct my professional duties in a manner that could reasonably be expected to create the appearance of impropriety;

(6) I will not accept an appraisal, assessment, or collection related assignment that can reasonably be construed as being in conflict with my responsibility to my jurisdiction, employer, or client, or in which I have an unrevealed personal interest or bias; and

(7) I will not accept an assignment or responsibility in which I have a personal interest without full disclosure of that interest.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.  
My commission expires \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR

\_\_\_\_\_, COUNTY, TEXAS

## AGREEMENT OF EMPLOYEE

I, \_\_\_\_\_, agree to comply with any and all rules and regulations promulgated by the State Bar of Texas. I pledge to subscribe to and promote the following Code of Ethics:

- (1) I will be guided by the principle that property taxation should be fair and uniform and will apply all laws, rules, methods and procedures in a uniform manner to all taxpayers.
- (2) I will not accept anything of value from any party other than my employer unless acceptance of something of value is totally unrelated to my performance of duties as an attorney.
- (3) I will not use information received in connection with my duties as an attorney to my own purposes or for my own gain, unless such information can be known by ordinary means to any ordinary citizen.
- (4) I will not speak or act in any manner or engage in any practice that is dishonest, fraudulent, and deceptive or in violation of law or common morality.
- (5) I will uphold the honor and dignity of the practice of law.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_ DAY \_\_\_\_\_, 20\_\_.  
My commission expires \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR

\_\_\_\_\_, COUNTY, TEXAS

## TEXAS GOVERNMENT CODE SECTION 552.024 PUBLIC ACCESS OPTION FORM

[Note: This form should be completed and signed by the employee no later than the 14th day after the date the employee begins employment, the public official is elected or appointed, or a former employee or official ends employment or service.]

\_\_\_\_\_  
(Name)

The Public Information Act allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information.

|  | PUBLIC ACCESS? |     |
|--|----------------|-----|
|  | NO             | YES |
| Home Address   |                |     |
| Home Telephone Number                                    |                |     |
| Social Security Number                                   |                |     |
| Emergency Contact Information                            |                |     |
| Information that reveals whether you have family members |                |     |

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## **1.00 INTRODUCTION**

### **1.01 Organizational Description**

#### **About Bexar Appraisal District**

The Bexar Appraisal District (the "District") is responsible for appraising all taxable property within Bexar County. The District appraises properties for taxing entities within Bexar County following Texas Property Tax Code and the Uniform Standards of Professional Appraisal practices (USPAP).

### **1.02 Nature of Employment**

All employees of the Bexar Appraisal District are employed at-will. Employees are free to resign from their employment at any time, and the District is free to terminate an employee's employment for any lawful reason, at any time, with or without cause or notice. This handbook is not a contract, and employees should not rely on anything contained in this employee handbook as binding on the District. All District employees will remain "at-will" employees for the duration of their employment. An employee's "at-will" status can never be altered or changed in any way by an oral or collateral statement or agreement, unless the statement or agreement is in writing signed by the Chief Appraiser, and expresses the intent to alter the "at-will" status.

In the event state or federal law differs from local policy and procedure, then state or federal law will take precedence.

The handbook is intended to acquaint employees with the District, and provide information about working conditions, employee benefits, and some of the policies affecting employment. All employees should read, understand, and comply with the provisions of the handbook. It is not meant to contain the answer to every question or to address every circumstance; rather it is a general guide. The Bexar Appraisal District reserves the right to change, add, or cancel policies or benefits at any time, with or without advanced notice.

### **1.03 Statement of Values**

The Bexar Appraisal District is dedicated to serving the interests of the taxpayers of Bexar County and the local taxing entities it serves. Employees are expected to be mindful to always use good judgment in order to support trust and transparency.

The District is committed to unequivocally displaying our core values of integrity, honesty, responsibility, and respect at all times.

Effective ethics is an organizational effort involving the participation and support of every District employee. Thus, each employee is expected to adhere to the highest standards of ethical and professional behavior.

Adhering to our core values is crucial to the District's success; therefore, compliance with this policy is mandatory.

Initial: \_\_\_\_\_

## **EMPLOYEE ACKNOWLEDGEMENT FORM**

The employee handbook describes important information about the Bexar Appraisal District. I understand that I should consult the Human Resources Director regarding any questions that are not answered in the handbook.

I understand that violations of the policies published in this handbook and otherwise communicated to me will result in disciplinary action up to and including termination.

I became an employee at Bexar Appraisal District voluntarily. I understand and acknowledge that there is no specified length to my employment at Bexar Appraisal District and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that Bexar Appraisal District may terminate my employment at any time, with or without cause or advance notice, as long as they do not violate federal or state laws.

I understand and acknowledge that there may be changes to the information, policies, and benefits in the handbook. The only exception is that Bexar Appraisal District will not change or cancel its employment-at-will policy. I understand that Bexar Appraisal District may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be told about any handbook changes and I understand that handbook changes can only be authorized by the Board of Directors.

I understand and acknowledge that this handbook is not a contract of employment or a legal document. I have received the handbook or have been given access to an electronic copy and I understand that it is my responsibility to read and follow the policies contained in this handbook and any changes made to it.

EMPLOYEE'S NAME (printed): \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



411 N. Frio, P.O. Box 830248  
San Antonio, TX 78283-0248  
Phone (210) 242-2432  
Fax (210) 242-2451  
Website www.bcad.org

## BEXAR APPRAISAL DISTRICT

---

### NOTICE OF ANTI-HARRASSMENT/ANTI-DISCRIMINATION AND SEXUAL HARRASSMENT

I have been provided a copy of the Employee Handbook Section 2.04:  
Anti-Harassment/Anti-Discrimination and 2.05: Sexual Harassment.

\_\_\_\_\_  
Initials

### NOTICE OF CONFLICT OF INTEREST POLICY

I have been provided a copy of the Employee Handbook Section 5.01:  
Conflict of Interest.

\_\_\_\_\_  
Initials

### NOTICE OF INFORMATION TECHNOLOGY RESOURCES POLICY

I have been provided a copy of the Employee Handbook Section 5.09:  
Information Technology Resources.

\_\_\_\_\_  
Initials

### NOTICE OF DRUG AND ALCOHOL ABUSE POLICY

I have been provided a copy of the Employee Handbook Section 7.01:  
Drug and Alcohol Abuse.

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## **Policy Handbook**

### **2.04 Anti-Harassment/Anti-Discrimination**

The District is committed to maintaining a respectful workplace which includes a working environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, bullying, or disruptive based on a protected characteristic. This policy specifically prohibits discrimination or harassment based on gender, race, color, religion, national origin, age, disability, genetic information, refusal to submit to genetic testing, military status, and also prohibits retaliation against employees who engage in protected activity (*i.e.* opposition to prohibited discrimination or making a complaint of discrimination or harassment) or any other protected category under federal, state or local law. To reinforce this commitment, the District has developed a policy against conduct that could result in discriminatory harassment in the workplace and a reporting procedure for employees who have been subjected to or witnessed such conduct.

This policy applies to all work related settings and activities, whether inside or outside the workplace, and includes business trips and business related social events. It prohibits harassment or discrimination by employees as well as by non-employees (*e.g.*, contractors, vendors, customers, etc.). Furthermore, District property (*e.g.*, telephones, copy machines, facsimile machines, computers and computer applications such as e-mail and Internet access, etc.) may not be used to engage in conduct that violates this policy.

While this policy sets forth our goals of promoting a workplace that is free from discrimination or harassment, the policy is not designed or intended to limit our authority to discipline or take remedial action for workplace conduct we deem unacceptable (*e.g.*, bullying), regardless of whether the unacceptable conduct satisfies the definition of discrimination or harassment under this policy.

### **2.05 Sexual Harassment**

#### *Discrimination or Harassment*

The District's policy against sexual harassment includes a prohibition against unwanted sexual advances or requests for sexual favors or other physical or verbal conduct of a sexual nature, when:

- submission to such conduct is made an expressed or implied condition of employment;
- submission to or rejection of such conduct is used as a basis for employment decisions affecting the individual who submits to or rejects such conduct; or
- such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile, humiliating, or offensive working environment.

Employees who believe they have been discriminated against or harassed based on a protected class such as race, gender, color, religion, national origin, age, disability, genetic information, military status or any other legal classification should follow the Complaint Procedure below.

### *Complaint Procedure*

For those employees who believe they are being discriminated against or harassed by another person in the workplace, the District recommends that the employee tell that person in a clear and unambiguous manner that their conduct is unwelcome and that employee wants it to stop. However, if an employee is uncomfortable taking this action or if the conduct does not cease after advising the offending person(s) to stop, the employee should immediately complain to their department manager or the Human Resources Director.

Managers who receive complaints or observe conduct prohibited by this policy are instructed to immediately report complaints or conduct to the Human Resources Director.

The employee may be asked to provide the complaint in writing. All reports of alleged harassment, sexual harassment or discrimination will be treated seriously. Complaints will be kept as confidential as possible and will be shared only with those who have a need to know. Depending on the circumstances, that could include the alleged harasser. Absolute confidentiality is not promised nor can it be assured.

In addition, the District does not condone retaliation against any employee for cooperating in an investigation. Further, the District will not retaliate against any employee for filing a good faith complaint of discrimination or harassment and will not tolerate or permit retaliation by management or co-workers. Employees who feel they have been retaliated against should notify the Human Resources Director immediately.

The District encourages all employees to immediately report incidents of discrimination, harassment, or retaliation so that complaints can be quickly and fairly resolved.

## **5.01 Conflict of Interest**

District employees have a special responsibility to be fair and impartial in their dealings with those who have business with our organization. Conflicts of interest or favoritism cannot be tolerated and maintaining high standards of honesty, integrity and impartiality are essential and assure proper performance of business.

All new employees are required to complete a Financial Disclosure Form at the time of hire which discloses any possible conflicts of interest the employee may have through property ownership, outside employment or any activity which would affect an employee's impartiality while executing his/her official duties. Completion of this form will be considered a condition of employment.

Employees of the Bexar Appraisal District are prohibited from engaging in outside employment or other outside activity not compatible with the full and proper discharge of the duties and responsibilities of their employment at the District. Outside employment which tends to impair the employee's mental or physical capacity to perform their District job duties in an acceptable manner is prohibited.

All District employees who are considering outside employment or who already hold outside employment shall notify their manager in writing of the details of the job, the name of the secondary employer, and obtain the approval of their manager. The manager will forward the notification to Human Resources for inclusion in the employee's personnel file.

The following list includes examples of behavior or conduct, which may be grounds for disciplinary action up to and including termination:

- Engaging in relationships or activities which conflict or appear to conflict with carrying out of District duties and responsibilities.
- Providing services to outside concerns, which do business with the District, without prior specific written approval from the Chief Appraiser.
- Engaging in outside employment, which may discredit the District or affect how the employee carries out District duties.
- Using his/her association with the District in conducting personal affairs.
- Using any District asset for personal use.
- Borrowing or unauthorized use of District funds, supplies, equipment, or other property.
- Acceptance or offering of bribes and/or kickbacks to include any form of gifts, cash or merchandise.
- Disclosing, disseminating or otherwise publishing confidential District information without prior express written permission from the Chief Appraiser.

This list is not all-inclusive. Anyone having knowledge of violation is expected to report it immediately to a member of management or the Human Resources Director. District policy prohibits acts of intimidation, threats, coercion or discrimination against individuals providing information or assisting with an investigation.

Employees who resign or are terminated from employment with the District are prohibited from participating as a compensated fiduciary or tax agent in informal meetings with the District for a period of one (1) year from the last day of employment to avoid conflict of interest or ethical concerns.

## **5.09 Information Technology Resources**

In order to enable employees to perform their job duties, the District provides employees with access to various electronic devices. The District also permits employees to use its computers for limited personal use where such use does not interfere with the employee's performance of his/her duties or violate other District policies.

It is the policy of the Bexar Appraisal District to comply with computer software copyrights and to adhere to the terms of all software licenses to which the District is a party.

District employees may not duplicate or install any software or related documentation unless expressly authorized to do so by the licensor and the District's Information Systems Manager. Employees must also follow all software license agreements.

All software used in any hardware/leased owned by the Bexar Appraisal District must be purchased and/or installed through or with the approval of the Information Systems Manager.

The information created and/or stored on District electronic devices, network storage, e-mail system or the Internet whether related to District business or the employee's personal use is the sole property of the District.

Passwords created by District employees for District devices and files must be recorded with the Information Systems Manager. Although the electronic devices and the information created and/or stored in or by those devices remains the property of the District, employees are not permitted to review another's information unless required in the performance of the employee's duties or expressly permitted by the Deputy or Chief Appraiser.

In addition to providing employees with electronic devices, the District provides employees with access to e-mail and the Internet. The District actively monitors those activities to ensure the resource is properly utilized and to protect the computer systems from any security threats. Personal use of both is permitted within the confines of common sense and the following specific rules:

1. Personal use must not interfere with or distract from work performance.
2. Storage or transmittal of personal documents should be extremely limited.
3. The e-mail or Internet may not be used to solicit for commercial ventures, religious or political causes or other purposes not approved by management.
4. Sending harassing, obscene or offensive messages via e-mail are strictly prohibited. Offensive messages are those containing sexual implications, racial slurs or any comments that offensively address someone's age, gender, sexual orientation, religion, political beliefs, national origin or disability.
5. Visiting pornographic or offensive websites (as defined in #4) is prohibited.
6. Downloading or sending of copyrighted materials or confidential information as protected under the federal and state laws are prohibited.
7. Sending unsolicited junk mail or chain letters is prohibited.

Use of facilities and equipment is granted, subject to the District's right to monitor employees' use and the employee's continued employment constitutes their consent to such monitoring. **Employees have no expectation of privacy in any computer-related activities.**

## **7.01 Drug and Alcohol Abuse**

It is the policy of the District that the use, possession, concealment, transportation, promotion, or sale of drugs and alcohol is strictly prohibited on any work site or facility used for business purposes under the scope of employment with the District.

Employees of the District are prohibited from working while under the influence of illegal drugs and alcoholic beverages.

The District offers an Employee Assistance Program that provides a confidential self-referral program to assist employees in dealing with alcohol and drug abuse problems. Employees should contact the Human Resources Director for more information.

### **Assurance of Policy Compliance – Testing Criteria**

In order to assure that the above-stated policy is upheld to its fullest intent, the District may require, and rely on, drug screening tests to be conducted for the situations listed below:

- Immediately following any accident or incident. This may include all personnel assigned to the area/department where the accident or incident occurred.
- When an employee's manager has a reasonable suspicion that an employee is using, or is under the influence of drugs or alcohol. "Reasonable suspicion" is a belief based on objective and articulate facts sufficient to lead a prudent Manager to suspect that the employee is using drugs or alcohol.
- When an employee is found in possession of suspected illicit or unauthorized drugs and/or alcohol, or when any of these items are found in an area controlled or used exclusively by designated employees.

The District requires that testing complies with federal and state laws and mandates designated physicians, laboratory, hospital or medical professionals to test and release test results to the District. All testing is done by a lab chosen by the District. Employees with confirmed positive test results can, at their option and expense, have a second confirmation test made on the same specimen. An employee is not allowed to submit another specimen for testing.

### **Consequences of Policy Violation**

Employees will be subject to termination from employment with the District in case of the following instances that are considered violations of this Policy:

- Confirmed use of an illegal or unauthorized drug.
- Refusing to submit to drug screen tests specified in this Policy.
- Working at any of the District's places of employment while under the influence of or drugs or alcohol.

## EMPLOYEE CONSENT TO WORKPLACE MONITORING

I have received and reviewed the Bexar Appraisal District policy regarding workplace monitoring. I understand that by signing in the space provided below and continuing my employment with the District, I expressly consent to District's use of those forms of monitoring identified in the company's policy and agree to comply with the requirements of that policy. I further understand that by signing this form and granting my consent to the types of monitoring identified in the policy, I hereby release the District, its agents, employees and officers from any and all liability which may result from the monitoring. I also understand and agree that this release includes, but is not limited to, any claim related to negligence, invasion of privacy, intentional infliction of emotional distress, or defamation, including libel, slander or compelled self-defamation. Finally, I understand that my refusal to give consent to the monitoring described in the District's policy, or my violation of that policy, may result in disciplinary action, up to and including the termination of employment.

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Employee's Signature

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Date

---

Employee's Printed Name

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## Statement Concerning Your Employment in a Job Not Covered by Social Security

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Employer Name Bexar Appraisal District Employer ID# 74-2071902

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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## **Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security**

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

**NOTICE TO NEW EMPLOYEES**  
**Regarding Workers Compensation Insurance**

BEXAR APPRAISAL DISTRICT has workers compensation insurance through TEXAS MUNICIPAL LEAGUE to protect you. More information is available to you about your workers compensation rights from the Texas Department of Insurance, Workers Compensation Division, at [www.tdi.state.tx.us/wc](http://www.tdi.state.tx.us/wc) or at (800) 252-7031.

**You may elect to retain your common law right of action if, no later than 5 days after beginning employment, you notify BEXAR APPRAISAL DISTRICT in writing that you wish to retain your common law right to recover damages for personal injury. If you elect your common law right of action, you cannot obtain workers compensation income or medical benefits if you are injured on the job or suffer a job-related illness.**

---

BEXAR APPRAISAL DISTRICT está cubierto por aseguranza de compenación al trabajador de TEXAS MUNICIPAL LEAGUE para su protección. Usted puede obtener información adicional sobre sus derechos de compensación al trabajador de cualquier oficina del Texas Department of Insurance, Division of Workers Compensation, a [www.tdi.state.tx.us/wc](http://www.tdi.state.tx.us/wc) o puede llamar (800) 252-7031.

**Usted puede elegir retener su derecho a acciones bajo la ley común, si, no más tarde de cinco días después de comenzar empleo, usted notifica a BEXAR APPRIASAL DISRICT pro escrito que usted desea retener su derecho bajo la ley común para recobrar damos por lesions o enfermedades relacionasas con el trabajo. Si usted elige su dericho de acción por la ley común, usted no puede obtener ingreso de compensación al trabajador o beneficios médicos si es usted lesionada o por enfermedades relacionadas con el trabajo.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

To: All Bexar Appraisal District employees who are paid a vehicle auto allowance  
From: Human Resources  
RE: Liability Insurance and Driving Record

It is policy of the Bexar Appraisal District that all employees receiving an auto allowance:

1. Must have liability insurance covering their vehicle that complies with the minimum coverage required by Texas state law, with no lapse in coverage. Proof of insurance must be submitted timely, as requested by HR. Failure to provide timely proof of auto liability insurance may preclude the payment of auto allowance. Vehicle registration must remain current at all times.
2. Must maintain a safe driving record. Three (3) moving traffic violations in a two-year period is the minimum acceptable standard. Anyone accumulating more than three (3) moving violations in a two-year period, must notify HR within 72 hours, and may be subject to disciplinary action.
3. Must notify HR immediately for any arrest or charge involving a DWI/DUI or other vehicular crime. This type of offense may be subject to disciplinary action, up to, and including termination.

---

I, \_\_\_\_\_, certify that I will abide by the above policies while employed by the Bexar Appraisal District.

\_\_\_\_\_  
Employee Signature

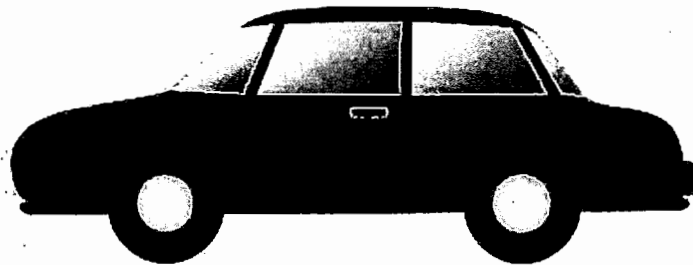
STATE OF TEXAS

COUNTY OF BEXAR

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public



NAME: \_\_\_\_\_

YEAR, COLOR, MAKE, MODEL:

\_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_

Form **W-4**

**Employee's Withholding Certificate**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
**Give Form W-4 to your employer.**  
Your withholding is subject to review by the IRS.

**2025**

|   |   |           |   |
|---|---|-----------|---|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | (a) First name and middle initial   | Last name | (b) Social security number  |
|   | Address   |           | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|   | City or town, state, and ZIP code   |           |   |
|   | (c) <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying surviving spouse<br><input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |   |

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works** Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

|  |   |             |          |
|--|---|-------------|----------|
| <b>Step 3:</b><br><b>Claim Dependent and Other Credits</b> | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):   |             |          |
|  | Multiply the number of qualifying children under age 17 by \$2,000 \$ _____   |             |          |
|  | Multiply the number of other dependents by \$500 . . . . . \$ _____   |             |          |
|  | Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .   | <b>3</b>    | \$ _____ |
| <b>Step 4 (optional):</b><br><b>Other Adjustments</b>      | (a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . | <b>4(a)</b> | \$ _____ |
|  | (b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .  | <b>4(b)</b> | \$ _____ |
|  | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .  | <b>4(c)</b> | \$ _____ |

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

|                       |                             |                          |                                      |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>Employers Only</b> | Employer's name and address | First date of employment | Employer identification number (EIN) |
|                       |                             |                          |                                      |

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-". 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$0   | \$0               | \$700             | \$850             | \$910             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020             | \$1,020             |
| \$10,000 - 19,999                              | 0   | 700               | 1,700             | 1,910             | 2,110             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220               | 3,220               |
| \$20,000 - 29,999                              | 700   | 1,700             | 2,760             | 3,110             | 3,310             | 3,420             | 3,420             | 3,420             | 3,420             | 3,420             | 4,420               | 5,420               |
| \$30,000 - 39,999                              | 850   | 1,910             | 3,110             | 3,460             | 3,660             | 3,770             | 3,770             | 3,770             | 3,770             | 4,770             | 5,770               | 6,770               |
| \$40,000 - 49,999                              | 910   | 2,110             | 3,310             | 3,660             | 3,860             | 3,970             | 3,970             | 3,970             | 4,970             | 5,970             | 6,970               | 7,970               |
| \$50,000 - 59,999                              | 1,020   | 2,220             | 3,420             | 3,770             | 3,970             | 4,080             | 4,080             | 5,080             | 6,080             | 7,080             | 8,080               | 9,080               |
| \$60,000 - 69,999                              | 1,020   | 2,220             | 3,420             | 3,770             | 3,970             | 4,080             | 5,080             | 6,080             | 7,080             | 8,080             | 9,080               | 10,080              |
| \$70,000 - 79,999                              | 1,020   | 2,220             | 3,420             | 3,770             | 3,970             | 5,080             | 6,080             | 7,080             | 8,080             | 9,080             | 10,080              | 11,080              |
| \$80,000 - 99,999                              | 1,020   | 2,220             | 3,420             | 4,620             | 5,820             | 6,930             | 7,930             | 8,930             | 9,930             | 10,930            | 11,930              | 12,930              |
| \$100,000 - 149,999                            | 1,870   | 4,070             | 6,270             | 7,620             | 8,820             | 9,930             | 10,930            | 11,930            | 12,930            | 14,010            | 15,210              | 16,410              |
| \$150,000 - 239,999                            | 1,870   | 4,240             | 6,640             | 8,190             | 9,590             | 10,890            | 12,090            | 13,290            | 14,490            | 15,690            | 16,890              | 18,090              |
| \$240,000 - 259,999                            | 2,040   | 4,440             | 6,840             | 8,390             | 9,790             | 11,100            | 12,300            | 13,500            | 14,700            | 15,900            | 17,100              | 18,300              |
| \$260,000 - 279,999                            | 2,040   | 4,440             | 6,840             | 8,390             | 9,790             | 11,100            | 12,300            | 13,500            | 14,700            | 15,900            | 17,100              | 18,300              |
| \$280,000 - 299,999                            | 2,040   | 4,440             | 6,840             | 8,390             | 9,790             | 11,100            | 12,300            | 13,500            | 14,700            | 15,900            | 17,100              | 18,300              |
| \$300,000 - 319,999                            | 2,040   | 4,440             | 6,840             | 8,390             | 9,790             | 11,100            | 12,300            | 13,500            | 14,700            | 15,900            | 17,170              | 19,170              |
| \$320,000 - 364,999                            | 2,040   | 4,440             | 6,840             | 8,390             | 9,790             | 11,100            | 12,470            | 14,470            | 16,470            | 18,470            | 20,470              | 22,470              |
| \$365,000 - 524,999                            | 2,790   | 6,290             | 9,790             | 12,440            | 14,940            | 17,350            | 19,650            | 21,950            | 24,250            | 26,550            | 28,850              | 31,150              |
| \$525,000 and over                             | 3,140   | 6,840             | 10,540            | 13,390            | 16,090            | 18,700            | 21,200            | 23,700            | 26,200            | 28,700            | 31,200              | 33,700              |

**Single or Married Filing Separately**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$200   | \$850             | \$1,020           | \$1,020           | \$1,020           | \$1,370           | \$1,870           | \$1,870           | \$1,870           | \$1,870           | \$1,870             | \$2,040             |
| \$10,000 - 19,999                              | 850   | 1,700             | 1,870             | 1,870             | 2,220             | 3,220             | 3,720             | 3,720             | 3,720             | 3,720             | 3,890               | 4,090               |
| \$20,000 - 29,999                              | 1,020   | 1,870             | 2,040             | 2,390             | 3,390             | 4,390             | 4,890             | 4,890             | 4,890             | 5,060             | 5,260               | 5,460               |
| \$30,000 - 39,999                              | 1,020   | 1,870             | 2,390             | 3,390             | 4,390             | 5,390             | 5,890             | 5,890             | 6,060             | 6,260             | 6,460               | 6,660               |
| \$40,000 - 59,999                              | 1,220   | 3,070             | 4,240             | 5,240             | 6,240             | 7,240             | 7,880             | 8,080             | 8,280             | 8,480             | 8,680               | 8,880               |
| \$60,000 - 79,999                              | 1,870   | 3,720             | 4,890             | 5,890             | 7,030             | 8,230             | 8,930             | 9,130             | 9,330             | 9,530             | 9,730               | 9,930               |
| \$80,000 - 99,999                              | 1,870   | 3,720             | 5,030             | 6,230             | 7,430             | 8,630             | 9,330             | 9,530             | 9,730             | 9,930             | 10,130              | 10,580              |
| \$100,000 - 124,999                            | 2,040   | 4,090             | 5,460             | 6,660             | 7,860             | 9,060             | 9,760             | 9,960             | 10,160            | 10,950            | 11,950              | 12,950              |
| \$125,000 - 149,999                            | 2,040   | 4,090             | 5,460             | 6,660             | 7,860             | 9,060             | 9,950             | 10,950            | 11,950            | 12,950            | 13,950              | 14,950              |
| \$150,000 - 174,999                            | 2,040   | 4,090             | 5,460             | 6,660             | 8,450             | 10,450            | 11,950            | 12,950            | 13,950            | 15,080            | 16,380              | 17,680              |
| \$175,000 - 199,999                            | 2,040   | 4,290             | 6,450             | 8,450             | 10,450            | 12,450            | 13,950            | 15,230            | 16,530            | 17,830            | 19,130              | 20,430              |
| \$200,000 - 249,999                            | 2,720   | 5,570             | 7,900             | 10,200            | 12,500            | 14,800            | 16,600            | 17,900            | 19,200            | 20,500            | 21,800              | 23,100              |
| \$250,000 - 399,999                            | 2,970   | 6,120             | 8,590             | 10,890            | 13,190            | 15,490            | 17,290            | 18,590            | 19,890            | 21,190            | 22,490              | 23,790              |
| \$400,000 - 449,999                            | 2,970   | 6,120             | 8,590             | 10,890            | 13,190            | 15,490            | 17,290            | 18,590            | 19,890            | 21,190            | 22,490              | 23,790              |
| \$450,000 and over                             | 3,140   | 6,490             | 9,160             | 11,660            | 14,160            | 16,660            | 18,660            | 20,160            | 21,660            | 23,160            | 24,660              | 26,160              |

**Head of Household**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$0   | \$450             | \$850             | \$1,000           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,870           | \$1,870           | \$1,870             | \$1,890             |
| \$10,000 - 19,999                              | 450   | 1,450             | 2,000             | 2,200             | 2,220             | 2,220             | 2,220             | 3,180             | 4,070             | 4,070             | 4,090               | 4,290               |
| \$20,000 - 29,999                              | 850   | 2,000             | 2,600             | 2,800             | 2,820             | 2,820             | 3,780             | 4,780             | 5,670             | 5,690             | 5,890               | 6,090               |
| \$30,000 - 39,999                              | 1,000   | 2,200             | 2,800             | 3,000             | 3,020             | 3,980             | 4,980             | 5,980             | 6,890             | 7,090             | 7,290               | 7,490               |
| \$40,000 - 59,999                              | 1,020   | 2,220             | 2,820             | 3,830             | 4,850             | 5,850             | 6,850             | 8,050             | 9,130             | 9,330             | 9,530               | 9,730               |
| \$60,000 - 79,999                              | 1,020   | 3,030             | 4,630             | 5,830             | 6,850             | 8,050             | 9,250             | 10,450            | 11,530            | 11,730            | 11,930              | 12,130              |
| \$80,000 - 99,999                              | 1,870   | 4,070             | 5,670             | 7,060             | 8,280             | 9,480             | 10,680            | 11,880            | 12,970            | 13,170            | 13,370              | 13,570              |
| \$100,000 - 124,999                            | 1,950   | 4,350             | 6,150             | 7,550             | 8,770             | 9,970             | 11,170            | 12,370            | 13,450            | 13,650            | 14,650              | 15,650              |
| \$125,000 - 149,999                            | 2,040   | 4,440             | 6,240             | 7,640             | 8,860             | 10,060            | 11,260            | 12,860            | 14,740            | 15,740            | 16,740              | 17,740              |
| \$150,000 - 174,999                            | 2,040   | 4,440             | 6,240             | 7,640             | 8,860             | 10,860            | 12,860            | 14,860            | 16,740            | 17,740            | 18,940              | 20,240              |
| \$175,000 - 199,999                            | 2,040   | 4,440             | 6,640             | 8,840             | 10,860            | 12,860            | 14,860            | 16,910            | 19,090            | 20,390            | 21,690              | 22,990              |
| \$200,000 - 249,999                            | 2,720   | 5,920             | 8,520             | 10,960            | 13,280            | 15,580            | 17,880            | 20,180            | 22,360            | 23,660            | 24,960              | 26,260              |
| \$250,000 - 449,999                            | 2,970   | 6,470             | 9,370             | 11,870            | 14,190            | 16,490            | 18,790            | 21,090            | 23,280            | 24,580            | 25,880              | 27,180              |
| \$450,000 and over                             | 3,140   | 6,840             | 9,940             | 12,640            | 15,160            | 17,660            | 20,160            | 22,660            | 25,050            | 26,550            | 28,050              | 29,550              |



**BEXAR APPRAISAL DISTRICT**

**Direct Deposit Form**

Employee Information

Name \_\_\_\_\_  
Last First Middle Initial

Effective Date of Change \_\_\_\_/\_\_\_\_/\_\_\_\_

Deposit Information

| Action  | Priority # (e.g., 1,2,3) | Bank Routing # (9 digits)     | Account Number | Deposit Type  | Account Type  |
|---|--------------------------|-------------------------------|----------------|---|---|
| <input type="radio"/> Add<br><input type="radio"/> Change<br><input type="radio"/> Delete |                          |                               |                | <input type="radio"/> Amount \$ _____<br><input type="radio"/> Percent % _____<br><input type="radio"/> Balance | <input type="radio"/> Checking<br><input type="radio"/> Savings |
| Effective Date  |                          | Name of Financial Institution |                |   |   |

| Action  | Priority # (e.g., 1,2,3) | Bank Routing # (9 digits)     | Account Number | Deposit Type  | Account Type  |
|---|--------------------------|-------------------------------|----------------|---|---|
| <input type="radio"/> Add<br><input type="radio"/> Change<br><input type="radio"/> Delete |                          |                               |                | <input type="radio"/> Amount \$ _____<br><input type="radio"/> Percent % _____<br><input type="radio"/> Balance | <input type="radio"/> Checking<br><input type="radio"/> Savings |
| Effective Date  |                          | Name of Financial Institution |                |   |   |

| Action  | Priority # (e.g., 1,2,3) | Bank Routing # (9 digits)     | Account Number | Deposit Type  | Account Type  |
|---|--------------------------|-------------------------------|----------------|---|---|
| <input type="radio"/> Add<br><input type="radio"/> Change<br><input type="radio"/> Delete |                          |                               |                | <input type="radio"/> Amount \$ _____<br><input type="radio"/> Percent % _____<br><input type="radio"/> Balance | <input type="radio"/> Checking<br><input type="radio"/> Savings |
| Effective Date  |                          | Name of Financial Institution |                |   |   |

\* Adding a new direct deposit or changing bank routing number and/or account number requires a prenote to be sent to the bank before the add or change becomes effective. A prenote sends your account type, routing and accounting number to the bank to assure the accuracy of the numbers. Changes should be effective on the second payday after the new direct deposit info has been entered.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



411 N. Frio, P.O. Box 830248  
San Antonio, TX 78283-0248  
Phone (210) 242-2432  
Fax (210) 242-2451  
Website www.bcad.org

## BEXAR APPRAISAL DISTRICT

---

### ACKNOWLEDGMENT OF ANTI-HARASSMENT/ANTI-DISCRIMINATION TRAINING

I acknowledge that I received anti-harassment/anti-discrimination training on \_\_\_\_\_ (date). I understand that it is my responsibility to be familiar with Bexar Appraisal District policies regarding discrimination and harassment and I agree to abide by the principles that were explained in the training. I have had an opportunity to ask any questions of the Human Resource Director and I understand that I can contact my manager or the Human Resources Director at any time concerning harassment or discrimination in the workplace.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### ACTIVE SHOOTER TRAINING

I acknowledge that I received active shooter training as part of the new hire orientation on \_\_\_\_\_.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>1,2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

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The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|   |                |   |  |
|---|----------------|---|--|
| 3. Employer name<br>Bexar Appraisal District  |                | 4. Employer Identification Number (EIN)<br>74-2071902 |  |
| 5. Employer address<br>411 N Frio St  |                | 6. Employer phone number<br>210-242-2403              |  |
| 7. City<br>San Antonio  | 8. State<br>TX | 9. ZIP code<br>78207                                  |  |
| 10. Who can we contact about employee health coverage at this job?<br>Human Resource Department |                |   |  |
| 11. Phone number (if different from above)  |                | 12. Email address                                     |  |

HR@bcad.org

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

employee working 30 or more hours a week

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

legal spouse including common law spouse, domestic partner, or a child of the Subscriber or Subscriber's spouse

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)  
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? 04/01/2025 (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard\*?  
 Yes (Go to question 15)  No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? \_\_\_\_\_

Employer won't offer health coverage  
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



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## BEXAR APPRAISAL DISTRICT

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### RECEIPT OF NOTICE OF HEALTH INSURANCE MARKETPLACE

I have received a copy of the Notice of Health Insurance Marketplace.

I am eligible for health coverage beginning on \_\_\_\_\_ following the waiting period.

or

I am not eligible for health coverage.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# Bexar Appraisal District



Group Number: 75006-1001  
Plan Number: 130130FY1-L1

## Member Copay

|   |            |
|---|------------|
| Vision Exam   | \$10 copay |
| Materials<br>Applies to frame or spectacle lenses, if applicable. | \$15 copay |

## Frequency

|                          |                      |
|--------------------------|----------------------|
| Vision Exam              | Once every 12 months |
| Lenses or Contact Lenses | Once every 12 months |
| Frame                    | Once every 12 months |

## Rates

### Employee Paid - Weekly

|                       |          |
|-----------------------|----------|
| Employee Only         | \$ 6.35  |
| Employee + Spouse     | \$ 9.89  |
| Employee + Child(ren) | \$ 12.11 |
| Employee + Family     | \$ 18.94 |

## Vision Care Services

## In-Network Member Cost\*

## Out-of-Network Reimbursement

### Vision Exam

|                     |   |            |
|---------------------|---|------------|
| Includes refraction | Covered in full after \$10 copay              | Up to \$35 |
| Retinal Imaging     | Up to \$45 member out-of-pocket (OOP) maximum | N/A        |

### Contact Lens Fit and Follow-up (CLEFFU)

|                 |                               |     |
|-----------------|-------------------------------|-----|
| Standard CLEFFU | Up to \$50 member OOP maximum | N/A |
| Custom CLEFFU   | Up to \$75 member OOP maximum | N/A |

### Frame Allowance

|  |                 |            |
|--|-----------------|------------|
| Up to 20% discount above frame allowance.* | \$130 allowance | Up to \$45 |
|--|-----------------|------------|

### Standard Spectacle Lenses

|                        |   |            |
|------------------------|---|------------|
| Single Vision          | Covered in full after \$15 copay                    | Up to \$25 |
| Bifocal                | Covered in full after \$15 copay                    | Up to \$40 |
| Trifocal               | Covered in full after \$15 copay                    | Up to \$50 |
| Lenticular             | Covered in full after \$15 copay                    | Up to \$80 |
| All Other Progressives | Balance after \$50 allowance + up to 20% off retail | Up to \$40 |

### Preferred Pricing Options\*

### Level 1 Option Package

|  |   |            |
|--|---|------------|
| Polycarbonate (Single Vision/Multi-Focal)        | \$40/\$44 member OOP maximum                        | N/A        |
| Standard Scratch-Resistant Coating               | \$17 member OOP maximum                             | N/A        |
| Ultraviolet Screening                            | \$15 member OOP maximum                             | N/A        |
| Solid or Gradient Tint                           | \$17 member OOP maximum                             | N/A        |
| Standard Anti-Reflective Coating                 | \$45 member OOP maximum                             | N/A        |
| Standard Progressives†                           | \$50 allowance                                      | Up to \$40 |
| Premium Progressives                             | Balance after \$50 allowance + up to 20% off retail | Up to \$40 |
| Plastic Photochromic (Single Vision/Multi-Focal) | \$70/\$80 member OOP maximum                        | N/A        |
| Polarized  | \$75 member OOP maximum                             | N/A        |
| PGX/PBX  | \$40 member OOP maximum                             | N/A        |
| Other Lens Options                               | Provider discount up to 20%                         | N/A        |

### Contact Lenses‡

|                      |                 |             |
|----------------------|-----------------|-------------|
| Elective             | \$130 allowance | Up to \$110 |
| Medically Necessary§ | Covered in full | Up to \$250 |

### Refractive Laser Surgery

|                               |  |  |
|-------------------------------|--|--|
| Up to 25% provider discount.* | Onetime/lifetime \$150 indemnity allowance | Onetime/lifetime \$150 indemnity allowance |
|-------------------------------|--|--|

## Here's How It Works

1. Find a provider at [www.avesis.com](http://www.avesis.com).
2. Make an appointment.
3. Visit the provider for service.
4. Pay any copays or additional expenses.

## How can we help you?

### Avēsis Website:

[www.avesis.com](http://www.avesis.com)

### Customer Service:

855-214-6777  
7 a.m. - 8 p.m. EST

### LASIK Provider:

877-712-2010

### ^Hearing Provider:

844-366-0039 TTY: 711

\*Discounts are not insured benefits.

†After \$50 allowance, the member's out of pocket cost is \$75 for L1 progressives or \$110 for L2 progressives.

‡In lieu of frame and spectacle lenses.

§Enhanced benefit for certain conditions.

\*Save up to 25% on average LASIK prices when you use Quasight (visit [quasight.com/](http://quasight.com/)-avesis for more information).

^Discounts available on hearing tests and hearing aids via Amplifon.

At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$74.99.

Avēsis vision insurance products are underwritten by Fidelity Security Life Insurance Company® (FSL), Kansas City, MO, when insured by FSL. Approved by FSL 4/23. Administered by Avēsis. Policy # VC-16, Form M-9059.

### **Using Out-of-Network Providers**

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement, unless the provider accepts an assignment of benefits. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' Customer Service Center or your group administrator, or by visiting [www.avesis.com](http://www.avesis.com).

### **Termination Provisions**

The coverage will continue as long as the group policy remains in force, the premiums are paid, and as long as the employee and any covered dependents remain eligible and the employees coverage remains in force.

### **Notes and Disclaimers**

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

### **Limitations and Exclusions**

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

### **Limitations**

Vision Examination and Vision Materials. Fees charged by a Provider for services other than Vision Examination or covered Vision Materials must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy.

Benefit allowances provide no remaining balance for future use within the same Benefit Period.

### **Exclusions**

No benefits will be paid for services or materials connected with or charges arising from:

1. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses;
2. Medical and/or surgical treatment of the eye, eyes, or supporting structures;
3. Any eye or Vision Examination, or any corrective eyewear, required by an Employer as a condition of employment and safety eyewear, unless specifically covered under the Policy;
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state, or subdivisions thereof;
5. Plano (non-prescription) lenses;
6. Non-prescription sunglasses;
7. Two pair of glasses in lieu of bifocals; or
8. Services or materials provided by any other group benefit plan providing vision care.

Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Period when Vision Materials would next become available.

### **Refractive Surgery Vision Benefit Exclusions**

Benefits are not payable for any of the following:

1. Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
2. Medical or surgical procedures, services, or treatments:
  - a. not specifically covered under this Rider;
  - b. provided free of charge in the absence of insurance
  - c. payable under any Workers' Compensation law or similar statutory authority
  - d. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

**Avēsis**  
10400 N 25th Ave.,  
Suite 200,  
Phoenix, AZ 85021

Effective January 1, 2024

## PROFESSIONAL EDUCATION AND LICENSING PROCEDURES REGISTERED PROFESSIONAL APPRAISER

### **STATEMENT OF PURPOSE:**

IT IS THE COMMITMENT OF THE DISTRICT TO PREPARE AND SEND EMPLOYEES TO REQUIRED PROFESSIONAL EDUCATION AND TRAINING COURSES. IT IS THE EMPLOYEE'S OBLIGATION TO SUCCESSFULLY COMPLETE THE COURSES. FAILURE TO PASS EXAMS IN THE PRESCRIBED TIME OR LOSS OF LICENSING COULD RESULT IN REASSIGNMENT OR TERMINATION OF EMPLOYMENT

### **RESPONSIBILITIES:**

All employees registered with Texas Department of Licensing and Regulation ("TDLR"), after January 1, 2024, are responsible for familiarizing themselves with the rules and regulations governing their respective license and take personal responsibility in the maintaining of and in the timely renewal of their license.

#### **Education Timeline:**

##### **Level III**

- Complete all required professional education courses as prescribed by TDLR in order to qualify to test and successfully complete Level III examination within 36 months of becoming a registered class I appraiser.
- Allowance of an additional 90 days and supportive training will be extended as a courtesy for successful examination completion for employees that have not been successful in passing Level III examination within the first 36 months.

##### **Level IV**

- Complete all required professional education courses as prescribed by TDLR in order to qualify to test and successfully complete Level IV examination within 60 months of becoming a registered class I appraiser.
- Under TDLR, RPA designation cannot be earned until registrant has 36 months of experience and successful completion of Level IV examination.

**Education Compensation:**

- Employees will take Level examinations on district compensated time and examination will be paid for by the District.
- Employees who are unsuccessful in their first attempt will be compensated for the time spent repeating the course but will be required to pay for the cost of the course and/or exam.
- An employee who subsequently fails a repeated course will be scheduled by the District for the additional repeat on the employee's own time and at the employee's expense.
- All Level III and IV exam results must be submitted to HR.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



Bexar Appraisal District  
75006-1001  
933

I am Waiving Vision Insurance

**AVESIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM**

**PLEASE PRINT LEGIBLY**

Underwritten by Fidelity Security Life Insurance Company *Kansas City, Missouri*

Policy No. VC-16/VC-23

**TO BE COMPLETED BY THE EMPLOYEE**

|                    |                        |                     |  |               |
|--------------------|------------------------|---------------------|--|---------------|
| Employee Last Name |                        | Employee First Name |  | MI            |
| Date of Birth      | Social Security Number |                     | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |               |
| Street Address     |                        |                     |  | Apartment No. |
| City               |                        | State               | Zip Code   |               |

Do you wish to cover your eligible dependents?  Yes  No  
If yes, complete the following:

|                           | Dependent Name |      | Date of Birth |
|---------------------------|----------------|------|---------------|
|                           | FIRST          | LAST |               |
| Spouse / Domestic Partner |                |      |               |
| Child                     |                |      |               |
| Child                     |                |      |               |
| Child                     |                |      |               |
| Child                     |                |      |               |
| Child                     |                |      |               |
| Child                     |                |      |               |

I would like to cover additional eligible dependents (PLEASE LIST ON A SECOND ENROLLMENT FORM)

I authorize deductions from my earnings at the required contributions towards the cost of the coverage.

Signature \_\_\_\_\_ Date: || | | | |

A-00713

M-9059/M-9069/M-9086

**TO BE COMPLETED BY THE EMPLOYER**

|   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> New Enrollment | <input type="checkbox"/> Add<br><input type="radio"/> Dependent(s)  | <input type="checkbox"/> Change<br><input type="radio"/> Address <input type="radio"/> Phone<br><input type="radio"/> Name <input type="radio"/> COBRA | <input type="checkbox"/> Cancel Coverage<br><input type="radio"/> Policy Holder<br><input type="radio"/> Dependent(s) |
| Reason for Change                       | <input type="checkbox"/> Employment Status<br><input type="checkbox"/> Qualifying Event: (PLEASE STATE) _____ |  |   |
| Requested Effective Date                | Date of Employment  |  |   |



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-521-2227 or at <https://policy-srv.box.com/s/oyhlbj3eidabw6f93sfmx9c32lr9uzs>.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-756-4448 to request a copy.

| Important Questions  | Answers  | Why This Matters:   |
|--|--|---|
| <b>What is the overall deductible?</b>                             | In-Network: \$1,000 Individual / \$2,000 Family<br>Out-of-Network: \$5,000 Individual / \$10,000 Family  | Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .   |
| <b>Are there services covered before you meet your deductible?</b> | Yes. Services that charge a <u>copayment</u> , <u>prescription drugs</u> , emergency room services, certain <u>preventive care</u> , and In-Network <u>diagnostic tests</u> are covered before you meet your <u>deductible</u> . | This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .   |
| <b>Are there other deductibles for specific services?</b>          | Yes. Per occurrence: \$250 Out-of-Network inpatient admission. There are no other specific <u>deductibles</u> .  | You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.  |
| <b>What is the out-of-pocket limit for this plan?</b>              | In-Network: \$4,000 Individual / \$8,000 Family<br>Out-of-Network: \$10,000 Individual / \$20,000 Family   | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.   |
| <b>What is not included in the out-of-pocket limit?</b>            | <u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.  | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .  |
| <b>Will you pay less if you use a network provider?</b>            | Yes. See <a href="http://www.bcbstx.com">www.bcbstx.com</a> or call 1-800-810-2583 for a list of <u>network providers</u> .  | This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| <b>Do you need a referral to see a specialist?</b>                 | No.  | You can see the <u>specialist</u> you choose without a <u>referral</u> .  |



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

| Common Medical Event  | Services You May Need                            | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information  |
|---|--|--|--|---|
|   |  | In-Network Provider<br>(You will pay the least)                | Out-of-Network Provider<br>(You will pay the most) |   |
| If you visit a health care <b>provider's office or clinic</b> | Primary care visit to treat an injury or illness | \$25 <u>copayment</u> /visit; <u>deductible</u> does not apply | 50% <u>coinsurance</u> after <u>deductible</u>     | Virtual visits are available, please refer to your <u>plan</u> policy for more details.   |
|   | <u>Specialist</u> visit                          | \$50 <u>copayment</u> /visit; <u>deductible</u> does not apply | 50% <u>coinsurance</u> after <u>deductible</u>     | None  |
|   | <u>Preventive care/screening/immunization</u>    | No Charge; <u>deductible</u> does not apply                    | 50% <u>coinsurance</u> after <u>deductible</u>     | You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.<br>No Charge for child immunizations Out-of-Network through the 6th birthday. |
| If you have a test  | <u>Diagnostic test</u> (x-ray, blood work)       | No Charge; <u>deductible</u> does not apply                    | 50% <u>coinsurance</u> after <u>deductible</u>     | Office visit <u>copayment</u> may apply.  |
|   | <u>Imaging</u> (CT/PET scans, MRIs)              | 20% <u>coinsurance</u> after <u>deductible</u>                 | 50% <u>coinsurance</u> after <u>deductible</u>     | None  |

\*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/oyhlbj3eidabw6f93sfx9c32lrv9uzs>.

| Common Medical Event   | Services You May Need                          | What You Will Pay   |   | Limitations, Exceptions, & Other Important Information  |
|--|--|---|---|---|
|  |  | In-Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most)  |   |
| <b>If you need drugs to treat your illness or condition</b><br>More information about <b>prescription drug coverage</b> is available at <a href="http://www.bcbstx.com">www.bcbstx.com</a> | Preferred generic drugs                        | \$5 retail/\$12.50 mail order copayment/prescription; deductible does not apply   | \$5 copayment/prescription plus 50% coinsurance; deductible does not apply  | Retail covers a 30-day supply. With appropriate prescription, up to a 90-day supply is available. Mail order covers a 90-day supply. Out-of-Network mail order is not covered. Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available. For Out-of-Network pharmacy, member must file <u>claim</u> . Certain drugs require approval before they will be covered. The <u>cost-sharing</u> for insulin included in the drug list will not exceed \$25 per prescription for a 30-day supply, regardless of the amount or type of insulin needed to fill the prescription. |
|  | Non-preferred generic drugs                    | \$5 retail/\$12.50 mail order copayment/prescription; deductible does not apply   | \$5 copayment/prescription plus 50% coinsurance; deductible does not apply  |   |
|  | Preferred brand drugs                          | \$30 retail/\$75 mail order copayment/prescription; deductible does not apply   | \$30 copayment/prescription plus 50% coinsurance; deductible does not apply   |   |
|  | Non-preferred brand drugs                      | \$65 retail/\$162.50 mail order copayment/prescription; deductible does not apply   | \$65 copayment/prescription plus 50% coinsurance; deductible does not apply   |   |
|  | Preferred <u>specialty drugs</u>               | \$150 copayment/prescription; deductible does not apply   | \$150 copayment/prescription plus 50% coinsurance; deductible does not apply  |   |
|  | Non-preferred <u>specialty drugs</u>           | \$500 copayment/prescription; deductible does not apply   | \$500 copayment/prescription plus 50% coinsurance; deductible does not apply  |   |
| <b>If you have outpatient surgery</b>  | Facility fee (e.g., ambulatory surgery center) | 20% coinsurance after deductible  | 50% coinsurance after deductible  | None  |
|  | Physician/surgeon fees                         | 20% coinsurance after deductible  | 50% coinsurance after deductible  | None  |
| <b>If you need immediate medical attention</b>   | <u>Emergency room care</u>                     | Facility Charges:<br>\$250 copayment/visit plus 20% coinsurance; deductible does not apply<br>ER Physician Charges:<br>20% coinsurance after deductible | Facility Charges:<br>\$250 copayment/visit plus 20% coinsurance; deductible does not apply<br>ER Physician Charges:<br>20% coinsurance after deductible | Emergency room <u>copayment</u> waived if admitted.   |
|  | <u>Emergency medical transportation</u>        | 20% coinsurance after deductible  | 20% coinsurance after deductible  | Ground and air transportation covered.  |
|  | <u>Urgent care</u>                             | \$75 copayment/visit; deductible does not apply   | 50% coinsurance after deductible  | You may have to pay for services that are not covered by the visit fee. For an example, see "If you have a test" on page 2.   |

\*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/oyhbj3eidabw6f93sfmx9c32lr9uzs>.

| Common Medical Event  | Services You May Need                     | What You Will Pay   |  | Limitations, Exceptions, & Other Important Information   |
|---|---|---|--|--|
|   |   | In-Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most) |  |
| If you have a hospital stay   | Facility fee (e.g., hospital room)        | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     | \$250 inpatient admission <u>deductible</u> for Out-of-Network <u>providers</u> .  |
|   | Physician/surgeon fees                    | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     | None   |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services                       | \$25 <u>copayment</u> /office visit; <u>deductible</u> does not apply<br>20% <u>coinsurance</u> after <u>deductible</u> for other outpatient services | 50% <u>coinsurance</u> after <u>deductible</u>     | Certain services must be preauthorized; refer to your benefit booklet* for details. Virtual visits are available, please refer to your <u>plan</u> policy for more details.  |
|   | Inpatient services                        | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     | \$250 inpatient admission <u>deductible</u> for Out-of-Network <u>providers</u> .  |
| If you are pregnant   | Office visits                             | \$25 <u>copayment</u> PCP/<br>\$50 <u>copayment</u> SPC;<br><u>deductible</u> does not apply  | 50% <u>coinsurance</u> after <u>deductible</u>     | <u>Copayment</u> applies to first prenatal visit (per pregnancy).<br><u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and service described elsewhere in the SBC (i.e. ultrasound). |
|   | Childbirth/delivery professional services | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     |  |
|   | Childbirth/delivery facility services     | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     | \$250 inpatient admission <u>deductible</u> for Out-of-Network <u>providers</u> .  |

\*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/oyhlbj3eidabw6f93sfx9c32lr9uzs>.

| Common Medical Event   | Services You May Need                  | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information  |
|--|--|--|--|---|
|  |  | In-Network Provider<br>(You will pay the least)  | Out-of-Network Provider<br>(You will pay the most)               |   |
| If you need help recovering or have other special health needs | Home health care                       | 20% coinsurance after deductible   | 50% coinsurance after deductible                                 | Limited to 60 visits per calendar year. Preauthorization is required.   |
|  | Rehabilitation services                | \$35 copayment/office visit; deductible does not apply<br>20% coinsurance after deductible for other outpatient services | 50% coinsurance after deductible                                 | Limited to 35 visits combined for all therapies per calendar year. Includes, but is not limited to, occupational, physical, and manipulative therapy. |
|  | Habilitation services                  | \$35 copayment/office visit; deductible does not apply<br>20% coinsurance after deductible for other outpatient services | 50% coinsurance after deductible                                 |   |
|  | Skilled nursing care                   | 20% coinsurance after deductible   | 50% coinsurance after deductible                                 |   |
|  | Durable medical equipment              | 20% coinsurance after deductible   | 50% coinsurance after deductible                                 | None  |
|  | Hospice services                       | 20% coinsurance after deductible   | 50% coinsurance after deductible                                 | None  |
|  | If your child needs dental or eye care | Children's eye exam  | \$25 copayment PCP/\$50 copayment SPC; deductible does not apply | 50% coinsurance after deductible  |
| Children's glasses   |  | Not Covered  | Not Covered  | None  |
| Children's dental check-up                                     |  | Not Covered  | Not Covered  | None  |

**Excluded Services & Other Covered Services:**

| Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.) |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>Acupuncture</li> <li>Bariatric surgery</li> <li>Cosmetic surgery</li> <li>Dental care (Adult)</li> </ul>  | <ul style="list-style-type: none"> <li>Infertility treatment</li> <li>Long-term care</li> <li>Non-emergency care when traveling outside the U.S.</li> </ul> | <ul style="list-style-type: none"> <li>Private-duty nursing</li> <li>Routine foot care</li> <li>Weight loss programs</li> </ul> |

| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.) |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>Chiropractic care</li> </ul>  | <ul style="list-style-type: none"> <li>Hearing aids (1 per ear per 36-month period)</li> </ul> | <ul style="list-style-type: none"> <li>Routine eye care (Adult)</li> </ul> |

\*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/oyhbj3eidabw6f93sfxm9c32lr9uzs>.

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: For group health coverage contact the plan, Blue Cross and Blue Shield of Texas at 1-800-521-2227 or visit [www.bcbstx.com](http://www.bcbstx.com). For group health coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For non-federal governmental group health plans, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: For group health coverage subject to ERISA: Blue Cross and Blue Shield of Texas at 1-800-521-2227 or visit [www.bcbstx.com](http://www.bcbstx.com), the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), and the Texas Department of Insurance, Consumer Protection at 1-800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov). For non-federal governmental group health plans and church plans that are group health plans, Blue Cross and Blue Shield of Texas at 1-800-521-2227 or [www.bcbstx.com](http://www.bcbstx.com) or contact the Texas Department of Insurance, Consumer Protection at 1-800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov). Additionally, a consumer assistance program can help you file your appeal. Contact the Texas Department of Insurance's Consumer Health Assistance Program at 1-800-252-3439 or visit [www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/tx.html](http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/tx.html).

**Does this plan provide Minimum Essential Coverage? Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-521-2227.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-521-2227.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-521-2227.

Navajo (Dine): Dinek'ehgo shika a'tohwol ninisingo, kwijigo holne' 1-800-521-2227.

***To see examples of how this plan might cover costs for a sample medical situation, see the next section.***

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,000
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

|                           |                 |
|---------------------------|-----------------|
| <b>Total Example Cost</b> | <b>\$12,700</b> |
|---------------------------|-----------------|

In this example, Peg would pay:

*Cost Sharing*

|                    |         |
|--------------------|---------|
| <u>Deductibles</u> | \$1,000 |
| <u>Copayments</u>  | \$30    |
| <u>Coinsurance</u> | \$2,100 |

*What isn't covered*

|                      |      |
|----------------------|------|
| Limits or exclusions | \$60 |
|----------------------|------|

|                                   |                |
|-----------------------------------|----------------|
| <b>The total Peg would pay is</b> | <b>\$3,190</b> |
|-----------------------------------|----------------|

**Managing Joe's Type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,000
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$5,600</b> |
|---------------------------|----------------|

In this example, Joe would pay:

*Cost Sharing*

|                    |       |
|--------------------|-------|
| <u>Deductibles</u> | \$800 |
| <u>Copayments</u>  | \$700 |
| <u>Coinsurance</u> | \$0   |

*What isn't covered*

|                      |      |
|----------------------|------|
| Limits or exclusions | \$20 |
|----------------------|------|

|                                   |                |
|-----------------------------------|----------------|
| <b>The total Joe would pay is</b> | <b>\$1,520</b> |
|-----------------------------------|----------------|

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,000
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

- Emergency room care (including medical supplies)
- Diagnostic test (x-ray)
- Durable medical equipment (crutches)
- Rehabilitation services (physical therapy)

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$2,800</b> |
|---------------------------|----------------|

In this example, Mia would pay:

*Cost Sharing*

|                    |         |
|--------------------|---------|
| <u>Deductibles</u> | \$1,000 |
| <u>Copayments</u>  | \$500   |
| <u>Coinsurance</u> | \$100   |

*What isn't covered*

|                      |     |
|----------------------|-----|
| Limits or exclusions | \$0 |
|----------------------|-----|

|                                   |                |
|-----------------------------------|----------------|
| <b>The total Mia would pay is</b> | <b>\$1,600</b> |
|-----------------------------------|----------------|

|  |   |
|--|---|
| <b>Health care coverage is important for everyone.</b>   |   |
| If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance. |   |
| We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.          |   |
| Office of Civil Rights Coordinator<br>300 E. Randolph St., 35 <sup>th</sup> Floor<br>Chicago, IL 60601   | Phone: 855-664-7270 (voicemail)<br>TTY/TDD: 855-661-6965<br>Fax: 855-661-6960   |
| You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:  |   |
| U.S. Dept. of Health & Human Services<br>200 Independence Avenue SW<br>Room 509F, HHH Building 1019<br>Washington, DC 20201  | Phone: 800-368-1019<br>TTY/TDD: 800-537-7697<br>Complaint Portal: <a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a><br>Complaint Forms: <a href="https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html">https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html</a> |

| To receive language or communication assistance free of charge, please call us at 855-710-6984. |   |
|---|---|
| Español   | Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.                            |
| عربيه   | لنلقى المساعدة اللغوية أو التواصل مجاناً، يرجى الاتصال بنا على الرقم 855-710-6984.  |
| 繁體中文  | 如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。   |
| Français  | Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984. |
| Deutsch   | Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.                              |
| ગુજરાતી   | બાધા અથવા સંચાર સહાય મદતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.   |
| हिंदी   | निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।   |
| Italiano  | Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.  |
| 한국어   | 언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.  |
| Navajo  | Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni níńzíngó, t'á'á'jǫ́k'eh bee náhaz'á. 1-866-560-4042 jí' hodíłni.          |
| فارسی   | برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.   |
| Polski  | Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.                                 |
| Русский   | Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.            |
| Tagalog   | Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.                              |
| اردو  | مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔  |
| Tiếng Việt  | Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.                                   |



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-521-2227 or at <https://policy-srv.box.com/s/tdk8e26oifjraklkwav3ph0uvn0z45b1>.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-756-4448 to request a copy.

| Important Questions   | Answers   | Why This Matters:  |
|---|---|--|
| What is the overall deductible?                             | For In-Network and Out-of-Network:<br>\$5,000 Individual / \$10,000 Family  | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.   |
| Are there services covered before you meet your deductible? | Yes. Services that charge a copayment, prescription drugs, emergency room services, certain preventive care, and In-Network diagnostic tests are covered before you meet your deductible. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .                            |
| Are there other deductibles for specific services?          | Yes. Per occurrence: \$250 Out-of-Network inpatient admission. There are no other specific deductibles.   | You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.   |
| What is the out-of-pocket limit for this plan?              | In-Network: \$6,350 Individual / \$12,700 Family<br>Out-of-Network: \$10,000 Individual / \$20,000 Family   | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.   |
| What is not included in the out-of-pocket limit?            | Premiums, balance-billing charges, and health care this plan doesn't cover.   | Even though you pay these expenses, they don't count toward the out-of-pocket limit.   |
| Will you pay less if you use a network provider?            | Yes. See <a href="http://www.bcbstx.com">www.bcbstx.com</a> or call 1-800-810-2583 for a list of network providers.   | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |
| Do you need a referral to see a specialist?                 | No.   | You can see the specialist you choose without a referral.  |



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

| Common Medical Event                                   | Services You May Need                            | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information  |
|--|--|--|--|---|
|  |  | In-Network Provider<br>(You will pay the least)                | Out-of-Network Provider<br>(You will pay the most) |   |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | \$35 <u>copayment</u> /visit; <u>deductible</u> does not apply | 50% <u>coinsurance</u> after <u>deductible</u>     | Virtual visits are available, please refer to your <u>plan</u> policy for more details.   |
|  | <u>Specialist</u> visit                          | \$70 <u>copayment</u> /visit; <u>deductible</u> does not apply | 50% <u>coinsurance</u> after <u>deductible</u>     | None  |
|  | <u>Preventive care/screening/immunization</u>    | No Charge; <u>deductible</u> does not apply                    | 50% <u>coinsurance</u> after <u>deductible</u>     | You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.<br>No Charge for child immunizations Out-of-Network through the 6th birthday. |
| If you have a test                                     | <u>Diagnostic test</u> (x-ray, blood work)       | No Charge; <u>deductible</u> does not apply                    | 50% <u>coinsurance</u> after <u>deductible</u>     | Office visit <u>copayment</u> may apply.  |
|  | <u>Imaging</u> (CT/PET scans, MRIs)              | 20% <u>coinsurance</u> after <u>deductible</u>                 | 50% <u>coinsurance</u> after <u>deductible</u>     | None  |

\*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/tdk8e26oifraklkwav3ph0uvm0z45b1>.

| Common Medical Event   | Services You May Need                          | What You Will Pay   |   | Limitations, Exceptions, & Other Important Information   |
|--|--|---|---|--|
|  |  | In-Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most)  |  |
| <b>If you need drugs to treat your illness or condition</b><br>More information about <b>prescription drug coverage</b> is available at <a href="http://www.bcbsbx.com">www.bcbsbx.com</a> | Preferred generic drugs                        | \$5 retail/\$12.50 mail order copayment/prescription; deductible does not apply   | \$5 copayment/prescription plus 50% coinsurance; deductible does not apply  | Retail covers a 30-day supply. With appropriate prescription, up to a 90-day supply is available. Mail order covers a 90-day supply. Out-of-Network mail order is not covered. Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available. For Out-of-Network pharmacy, member must file claim. Certain drugs require approval before they will be covered. The cost-sharing for insulin included in the drug list will not exceed \$25 per prescription for a 30-day supply, regardless of the amount or type of insulin needed to fill the prescription. |
|  | Non-preferred generic drugs                    | \$5 retail/\$12.50 mail order copayment/prescription; deductible does not apply   | \$5 copayment/prescription plus 50% coinsurance; deductible does not apply  |  |
|  | Preferred brand drugs                          | \$30 retail/\$75 mail order copayment/prescription; deductible does not apply   | \$30 copayment/prescription plus 50% coinsurance; deductible does not apply   |  |
|  | Non-preferred brand drugs                      | \$65 retail/\$162.50 mail order copayment/prescription; deductible does not apply   | \$65 copayment/prescription plus 50% coinsurance; deductible does not apply   |  |
|  | Preferred specialty drugs                      | \$150 copayment/prescription; deductible does not apply   | \$150 copayment/prescription plus 50% coinsurance; deductible does not apply  |  |
|  | Non-preferred specialty drugs                  | \$500 copayment/prescription; deductible does not apply   | \$500 copayment/prescription plus 50% coinsurance; deductible does not apply  |  |
| <b>If you have outpatient surgery</b>  | Facility fee (e.g., ambulatory surgery center) | 20% coinsurance after deductible  | 50% coinsurance after deductible  | None   |
|  | Physician/surgeon fees                         | 20% coinsurance after deductible  | 50% coinsurance after deductible  | None   |
| <b>If you need immediate medical attention</b>   | Emergency room care                            | Facility Charges:<br>\$250 copayment/visit plus 20% coinsurance; deductible does not apply<br>ER Physician Charges:<br>20% coinsurance after deductible | Facility Charges:<br>\$250 copayment/visit plus 20% coinsurance; deductible does not apply<br>ER Physician Charges:<br>20% coinsurance after deductible | Emergency room copayment waived if admitted.   |
|  | Emergency medical transportation               | 20% coinsurance after deductible  | 20% coinsurance after deductible  | Ground and air transportation covered.   |
|  | Urgent care                                    | \$75 copayment/visit; deductible does not apply   | 50% coinsurance after deductible  | You may have to pay for services that are not covered by the visit fee. For an example, see "If you have a test" on page 2.  |

\*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/tdk8e26oifjraklkwav3ph0uwn0z45b1>.

| Common Medical Event  | Services You May Need                     | What You Will Pay   |  | Limitations, Exceptions, & Other Important Information   |
|---|---|---|--|--|
|   |   | In-Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most) |  |
| If you have a hospital stay   | Facility fee (e.g., hospital room)        | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     | \$250 inpatient admission <u>deductible</u> for Out-of-Network <u>providers</u> .  |
|   | Physician/surgeon fees                    | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     | None   |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services                       | \$35 <u>copayment</u> /office visit; <u>deductible</u> does not apply<br>20% <u>coinsurance</u> after <u>deductible</u> for other outpatient services | 50% <u>coinsurance</u> after <u>deductible</u>     | Certain services must be preauthorized; refer to your benefit booklet* for details. Virtual visits are available, please refer to your <u>plan</u> policy for more details.  |
|   | Inpatient services                        | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     | \$250 inpatient admission <u>deductible</u> for Out-of-Network <u>providers</u> .  |
| If you are pregnant   | Office visits                             | \$35 <u>copayment</u> PCP/<br>\$70 <u>copayment</u> SPC;<br><u>deductible</u> does not apply  | 50% <u>coinsurance</u> after <u>deductible</u>     | <u>Copayment</u> applies to first prenatal visit (per pregnancy).<br><u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and service described elsewhere in the SBC (i.e. ultrasound). |
|   | Childbirth/delivery professional services | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     |  |
|   | Childbirth/delivery facility services     | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     | \$250 inpatient admission <u>deductible</u> for Out-of-Network <u>providers</u> .  |

\*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/tdk8e26oifjraklkwav3ph0uvm0z45b1>.

| Common Medical Event   | Services You May Need            | What You Will Pay   |  | Limitations, Exceptions, & Other Important Information  |
|--|----------------------------------|---|--|---|
|  |                                  | In-Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most) |   |
| If you need help recovering or have other special health needs | <u>Home health care</u>          | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     | Limited to 60 visits per calendar year. <u>Preauthorization</u> is required.  |
|  | <u>Rehabilitation services</u>   | \$35 <u>copayment/office visit</u> ; <u>deductible</u> does not apply<br>20% <u>coinsurance</u> after <u>deductible</u> for other outpatient services | 50% <u>coinsurance</u> after <u>deductible</u>     | Limited to 35 visits combined for all therapies per calendar year. Includes, but is not limited to, occupational, physical, and manipulative therapy. |
|  | <u>Habilitation services</u>     | \$35 <u>copayment/office visit</u> ; <u>deductible</u> does not apply<br>20% <u>coinsurance</u> after <u>deductible</u> for other outpatient services | 50% <u>coinsurance</u> after <u>deductible</u>     |   |
|  | <u>Skilled nursing care</u>      | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     |   |
|  | <u>Durable medical equipment</u> | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     | None  |
|  | <u>Hospice services</u>          | 20% <u>coinsurance</u> after <u>deductible</u>  | 50% <u>coinsurance</u> after <u>deductible</u>     | None  |
| If your child needs dental or eye care                         | Children's eye exam              | \$35 <u>copayment</u> PCP/\$70 <u>copayment</u> SPC; <u>deductible</u> does not apply   | 50% <u>coinsurance</u> after <u>deductible</u>     | None  |
|  | Children's glasses               | Not Covered   | Not Covered  | None  |
|  | Children's dental check-up       | Not Covered   | Not Covered  | None  |

**Excluded Services & Other Covered Services:**

| Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)        |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric surgery</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> </ul> | <ul style="list-style-type: none"> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> </ul> | <ul style="list-style-type: none"> <li>• Private-duty nursing</li> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul> |

| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.) |  |                            |
|--|--|----------------------------|
| • Chiropractic care  | • Hearing aids (1 per ear per 36-month period) | • Routine eye care (Adult) |

\*For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/tdk8e26oifjraklkwav3ph0uwn0z45b1>.

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: For group health coverage contact the plan, Blue Cross and Blue Shield of Texas at 1-800-521-2227 or visit [www.bcbstx.com](http://www.bcbstx.com). For group health coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For non-federal governmental group health plans, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: For group health coverage subject to ERISA: Blue Cross and Blue Shield of Texas at 1-800-521-2227 or visit [www.bcbstx.com](http://www.bcbstx.com), the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), and the Texas Department of Insurance, Consumer Protection at 1-800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov). For non-federal governmental group health plans and church plans that are group health plans, Blue Cross and Blue Shield of Texas at 1-800-521-2227 or [www.bcbstx.com](http://www.bcbstx.com) or contact the Texas Department of Insurance, Consumer Protection at 1-800-252-3439 or [www.tdi.texas.gov](http://www.tdi.texas.gov). Additionally, a consumer assistance program can help you file your appeal. Contact the Texas Department of Insurance's Consumer Health Assistance Program at 1-800-252-3439 or visit [www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/tx.html](http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/tx.html).

**Does this plan provide Minimum Essential Coverage? Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-521-2227.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-521-2227.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-521-2227.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-521-2227.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$5,000
- **Specialist copayment** \$70
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:  
Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

|                           |                 |
|---------------------------|-----------------|
| <b>Total Example Cost</b> | <b>\$12,700</b> |
|---------------------------|-----------------|

**In this example, Peg would pay:**  
*Cost Sharing*

|                    |         |
|--------------------|---------|
| <u>Deductibles</u> | \$4,300 |
| <u>Copayments</u>  | \$40    |
| <u>Coinsurance</u> | \$1,400 |

*What isn't covered*

|                      |      |
|----------------------|------|
| Limits or exclusions | \$60 |
|----------------------|------|

|                                   |                |
|-----------------------------------|----------------|
| <b>The total Peg would pay is</b> | <b>\$5,800</b> |
|-----------------------------------|----------------|

**Managing Joe's Type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$5,000
- **Specialist copayment** \$70
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:  
Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$5,600</b> |
|---------------------------|----------------|

**In this example, Joe would pay:**  
*Cost Sharing*

|                    |       |
|--------------------|-------|
| <u>Deductibles</u> | \$800 |
| <u>Copayments</u>  | \$900 |
| <u>Coinsurance</u> | \$0   |

*What isn't covered*

|                      |      |
|----------------------|------|
| Limits or exclusions | \$20 |
|----------------------|------|

|                                   |                |
|-----------------------------------|----------------|
| <b>The total Joe would pay is</b> | <b>\$1,720</b> |
|-----------------------------------|----------------|

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$5,000
- **Specialist copayment** \$70
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:  
Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$2,800</b> |
|---------------------------|----------------|

**In this example, Mia would pay:**  
*Cost Sharing*

|                    |         |
|--------------------|---------|
| <u>Deductibles</u> | \$1,700 |
| <u>Copayments</u>  | \$600   |
| <u>Coinsurance</u> | \$0     |

*What isn't covered*

|                      |     |
|----------------------|-----|
| Limits or exclusions | \$0 |
|----------------------|-----|

|                                   |                |
|-----------------------------------|----------------|
| <b>The total Mia would pay is</b> | <b>\$2,300</b> |
|-----------------------------------|----------------|

|  |   |
|--|---|
| <b>Health care coverage is important for everyone.</b>   |   |
| If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance. |   |
| We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.          |   |
| Office of Civil Rights Coordinator<br>300 E. Randolph St., 35 <sup>th</sup> Floor<br>Chicago, IL 60601   | Phone: 855-664-7270 (voicemail)<br>TTY/TDD: 855-661-6965<br>Fax: 855-661-6960   |
| You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:  |   |
| U.S. Dept. of Health & Human Services<br>200 Independence Avenue SW<br>Room 509F, HHH Building 1019<br>Washington, DC 20201  | Phone: 800-368-1019<br>TTY/TDD: 800-537-7697<br>Complaint Portal: <a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a><br>Complaint Forms: <a href="https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html">https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html</a> |

| <b>To receive language or communication assistance free of charge, please call us at 855-710-6984.</b> |   |
|--|---|
| Español  | Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.                            |
| العربية  | للتلقي المساعدة اللغوية أو التواصل مجاناً، يرجى الاتصال بنا على الرقم 855-710-6984.   |
| 繁體中文   | 如欲獲得免費語言或溝通協助，請撥打 855-710-6984 與我們聯絡。   |
| Français   | Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984. |
| Deutsch  | Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.                              |
| ગુજરાતી  | ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.   |
| हिंदी  | निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।   |
| Italiano   | Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.  |
| 한국어  | 언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.  |
| Navajo   | Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájíik'eh bee náhaz'á. 1-866-560-4042 jí' hodíilni.          |
| فارسی  | برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.   |
| Polski   | Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.                                 |
| Русский  | Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.            |
| Tagalog  | Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.                              |
| اردو   | مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔  |
| Tiếng Việt   | Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.                                   |

**Bexar County Appraisal District**

**Enrollment and Change Form**

*Check all boxes and complete all sections that apply. Return completed form to your HR Department*

**APPLICANT**

|  |               |   |     |
|--|---------------|---|-----|
| Your Name (Last, First, Middle)                        |               | Group Name<br>Bexar County Appraisal District |     |
| Your Address   | City          | State   | Zip |
| Your Soc. Sec. No.                                     | Date of Birth | ___ Male ___ Female                           |     |
| Employment Status: ___ Full Time ___ Retiree ___ COBRA |               | Job Title/Occupation                          |     |
| Marital Status: ___ Single ___ Married ___ Divorced    |               |   |     |

**BLUE CROSS BLUE SHIELD  
COVERAGE SECTION**

**Medical Insurance Form**

*Indicate the type of insurance plan you choose to elect*

\_\_\_ **PPO PLAN 1**  
\$1,000 Employee Deductible

\_\_\_ **PPO PLAN 2**  
\$5,000 Employee Deductible

- Employee Only
- Employee and Spouse
- Employee and Children
- Employee and Family

*Please check if any are applicable*

- Currently covered by medicare
- Currently covered under other medical plan
- Dependents to be added on plan

| Full Name | Soc.Sec.No. | Relationship | DOB |
|-----------|-------------|--------------|-----|
|           |             |              |     |
|           |             |              |     |
|           |             |              |     |
|           |             |              |     |
|           |             |              |     |

*I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.*

|                                    |                  |
|------------------------------------|------------------|
| Member/Employee Signature Required | Date (Mo/Day/Yr) |
|------------------------------------|------------------|

# BEXAR APPRAISAL DISTRICT

## GROUP INSURANCE BENEFITS

Effective 01/01/2025

### Employee Medical Rates - BlueCross BlueShield

| Tier                  | Plan 1 (\$1000 Ind Deduct) |             | Plan 2 (\$5000 Ind Deduct) |             |
|-----------------------|----------------------------|-------------|----------------------------|-------------|
|                       | Monthly                    | Payroll Ded | Monthly                    | Payroll Ded |
| Employee Only         | \$ 0.00                    | \$ 0.00     | \$ 0.00                    | \$ 0.00     |
| Employee & Spouse     | \$ 634.34                  | \$ 317.17   | \$ 531.92                  | \$ 265.96   |
| Employee & Child(ren) | \$ 570.90                  | \$ 285.45   | \$ 473.61                  | \$ 236.81   |
| Employee & Family     | \$ 1,395.53                | \$ 697.77   | \$ 1,231.67                | \$ 615.84   |

### Retiree & COBRA Medical Rates

| Tier                  | Plan 1      |             | Plan 2      |             |
|-----------------------|-------------|-------------|-------------|-------------|
|                       | RETIREE     | COBRA       | RETIREE     | COBRA       |
| Employee Only         | \$ 634.34   | \$ 647.03   | \$ 583.13   | \$ 594.79   |
| Employee & Spouse     | \$ 1,268.67 | \$ 1,294.04 | \$ 1,166.26 | \$ 1,189.59 |
| Employee & Child(ren) | \$ 1,205.24 | \$ 1,229.34 | \$ 1,107.95 | \$ 1,130.11 |
| Employee & Family     | \$ 2,029.87 | \$ 2,070.47 | \$ 1,866.01 | \$ 1,903.33 |

### Employee Dental Rates - Humana

| Tier              | 100/100/60 INFS |             | 100/80/50 U & C |             |
|-------------------|-----------------|-------------|-----------------|-------------|
|                   | Monthly         | Payroll Ded | Monthly         | Payroll Ded |
| Employee Only     | \$ 26.46        | \$ 0.00     | \$ 26.46        | \$ 0.00     |
| Employee & Family | \$ 56.70        | \$ 28.35    | \$ 56.70        | \$ 28.35    |

### COBRA Dental Rates

| Tier              | High/ Plan 1: 100/80/50 |          | Low/ Plan 2: 100/100/60 |          |
|-------------------|-------------------------|----------|-------------------------|----------|
|                   | Monthly                 | COBRA    | Monthly                 | COBRA    |
| Employee Only     | \$ 26.46                | \$ 26.99 | \$ 26.46                | \$ 26.99 |
| Employee & Family | \$ 83.16                | \$ 84.82 | \$ 83.16                | \$ 84.82 |

### Vision Rates - Avesis

| Tier                  | Employee |             | COBRA    |             |
|-----------------------|----------|-------------|----------|-------------|
|                       | Monthly  | Payroll Ded | Monthly  | Payroll Ded |
| Employee Only         | \$ 6.35  | \$ 3.18     | \$ 6.35  | \$ 6.48     |
| Employee & Spouse     | \$ 9.89  | \$ 4.95     | \$ 9.89  | \$ 10.09    |
| Employee & Child(ren) | \$ 12.11 | \$ 6.06     | \$ 12.11 | \$ 12.35    |
| Employee & Family     | \$ 18.94 | \$ 9.47     | \$ 18.94 | \$ 19.32    |

MetLife

\$1.18

\$0.59

N/A

N/A

Dependent Life

## Confidentiality Statement

Employee agrees not to disclose any Confidential Information they are privy to while employed at the Bexar Appraisal District. Confidential Information may include, by way of example but not by way of limitation, property owner data, employee data, social security numbers, driver's license numbers, medical records, information protected by HIPAA, passwords, vendor data, PACS snippets, software data, and other similar types of information.

Employee shall safeguard the Confidential Information from unauthorized use, access, or disclosure by exercising a reasonable degree of care.

Employee shall notify the District of any breach, misuse, or unauthorized disclosure of Confidential Information. Upon request or upon termination with the District, the employee will return any Confidential Information and any copies to the District.

The District reserves the right to take disciplinary action, up to and including termination for failing to comply with this confidentiality clause.

---

Print Name

---

Signature

---

Date



**BEXAR APPRAISAL DISTRICT**

**Outside  
Employment Form**

Employee Name

Name \_\_\_\_\_  
Last First Middle Initial

Outside Employer Information

Effective Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_  
Street City State Zip

Nature of Work \_\_\_\_\_

Number of Anticipated Hours per Week \_\_\_\_\_

Acknowledgement

*I certify that I have read and fully understand Section 5.01 of the Bexar Appraisal District Employee Handbook. I also understand that failure to comply may be grounds for disciplinary action up to and including termination.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved

Denied

Manager \_\_\_\_\_ Date \_\_\_\_\_

*(Forward completed form to Human Resources)*



# Humana Dental Traditional Plus 14

TX Trad+ O1.5K INFS 100/100/60

Bexar Appraisal District

TEXAS

| Services  | In-network dentist                                    | Out-of-network dentist<br>INFS      |
|---|---|-------------------------------------|
| <b>Deductible</b><br>(excludes orthodontia services)  | Individual: \$50      Family: \$150                   | Individual: \$50      Family: \$150 |
| Deductible applies to all services excluding preventive services.   |   |                                     |
| <b>Annual maximum</b><br>(excludes orthodontia services)  | \$2,000 + extended annual maximum (see section below) |                                     |
| <b>Preventive services</b><br><b>Routine oral examinations</b> (2 per year)<br><b>Bitewing x-rays</b> (2 films under age 10, up to 4 films ages 10 and older)<br><b>Panoramic x-rays</b> (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+)<br><b>Routine cleanings</b> (2 per year)<br><b>Fluoride treatment</b> (1 per year, through age 14)<br><b>Sealants</b> (permanent molars, through age 14)<br><b>Space maintainers</b> (primary teeth, through age 14)<br><b>Oral Cancer Screening</b> (1 per year, ages 40 and older) | 100% no deductible                                    | 100% no deductible                  |
| <b>Basic services</b><br><b>Emergency care for pain relief</b><br><b>Amalgam fillings</b> (1 per tooth every 2 years, composite for anterior/front teeth)<br><b>Oral surgery</b> (including extractions of impacted teeth)<br><b>General anesthesia<sup>1</sup></b><br><b>Stainless steel crowns</b><br><b>Harmful habit appliances for children</b> (1 per lifetime, through age 14)<br><b>Endodontics</b> (root canals 1 per tooth per lifetime and 1 re-treatment)   | 100% after deductible                                 | 100% after deductible               |

<sup>1</sup> Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.



# Humana Dental Traditional Plus 14

TX Trad+ O1.5K INFS 100/100/60

Bexar Appraisal District

TEXAS

| Services   | In-network dentist   | Out-of-network dentist<br>INFS |
|--|--|--------------------------------|
| <b>Major services</b><br>Crowns (1 per tooth every 5 years)<br>Inlays/onlays (1 per tooth every 5 years)<br>Bridges (1 every 5 years)<br>Dentures (1 every 5 years)<br>Denture relines/rebases (1 every 3 years, following 6 months of denture use)<br>Denture repair and adjustments (following 6 months of denture use)<br>Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years)<br>Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) | 60% after deductible   | 60% after deductible           |
| <b>Extended Annual Max</b><br>Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)   | 30%  | 30%                            |
| <b>Orthodontia services</b>  | Child orthodontia covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,500 lifetime orthodontia maximum. |                                |

If a member uses services rendered by providers with whom we have agreements, the fee or maximum allowable charge that we have negotiated with that provider will apply; if a member uses services rendered by a provider with whom we do not have agreements, coinsurance will apply to the maximum allowable charge. Out of network dentists may bill members for charges above the amount covered by the dental plan.

## Waiting periods

Employer-sponsored funding: 10+ enrolled employees

| Enrollment type <sup>2</sup>                          | Preventive | Basic | Major <sup>3</sup> | Orthodontia |
|---|------------|-------|--------------------|-------------|
| Initial enrollment, open enrollment and timely add-on | No         | No    | No                 | No          |

<sup>2</sup> Late applicant enrollment will have the following waiting periods: 12 months basic & major services, 12 months orthodontia.

<sup>3</sup> Waiting periods do not apply to endodontic or periodontic services unless a late applicant.



## Humana Dental Traditional Plus 14

TX Trad+ O1.5K INFS 100/100/60

Bexar Appraisal District

TEXAS



### Questions?

Visit [Humana.com](https://www.humana.com) or call **866-427-7478**  
Monday – Saturday, 8 a.m. – 11 p.m., and  
Sunday, 11 a.m. – 8 p.m., Eastern time.  
Find a dentist at [Humana.com/findadentist](https://www.humana.com/findadentist).



### Register today!

Register or sign in to MyHumana at [Humana.com](https://www.humana.com)  
to view your coverage details, ID cards, manage  
claims, find a dentist and more!

Missing tooth clause:  
See plan document for more details.

Insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

## Important

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. **877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. **877-320-1235 (TTY: 711)**

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog - Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721

**Large Group 51+ Employee Application and Enrollment Form**

**TEXAS**

The offering company(ies) listed below, severally or collectively, as the content may require, are referred to in the Large Group Employee Application and Enrollment Form as "Humana". To elect primary dentist, please complete the Humana Employee Primary Dentist Selection section at the end of this application.

Prepaid dental benefits offered and administered by DentiCare, Inc. (d/b/a CompBenefits). All other Dental and Vision plans insured or administered by HumanaDental Insurance Company or Humana Insurance Company.

**Print clearly and completely fill in each applicable circle.**

|                          |                       |       |
|--------------------------|-----------------------|-------|
| Employer / Group name    | Employer / Group city | State |
| Bexar Appraisal District | San Antonio           | TX    |

|   |   |                                     |
|---|---|-------------------------------------|
| <b>Qualifying Event Instructions</b>              |   | <b>Office use only</b>              |
| <input type="radio"/> New business enrollment     | <input type="radio"/> Open Enrollment event | Qualifying event date (MM/DD/YYYY)  |
| <input type="radio"/> New hire/Newly eligible     | <input type="radio"/> Rehire/Reinstatement  | ____ / ____ / ____                  |
| <input type="radio"/> Dependent birth or adoption | <input type="radio"/> Marital status change | Benefit effective date (MM/DD/YYYY) |
| <input type="radio"/> Loss of coverage            | <input type="radio"/> Other _____           | ____ / ____ / ____                  |

**Employee / Individual information**

|           |            |       |
|-----------|------------|-------|
| Last name | First name | MI    |
| _____     | _____      | _____ |

|                        |                            |           |              |
|------------------------|----------------------------|-----------|--------------|
| Social Security Number | Date of birth (MM/DD/YYYY) | Area code | Phone number |
| ____ - ____ - _____    | ____ / ____ / _____        | (____)    | ____ - _____ |

Street address  
 \_\_\_\_\_

|                             |  |   |
|-----------------------------|--|---|
| Apt / Suite / PO box number | Gender <input type="radio"/> Female <input type="radio"/> Male | Language of choice <input checked="" type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other |
| _____                       |  |   |

|       |       |          |                 |
|-------|-------|----------|-----------------|
| City  | State | Zip code | County / Parish |
| _____ | _____ | _____    | _____           |

E-mail address  
 \_\_\_\_\_

|  |                                     |
|--|-------------------------------------|
| Are you actively at work? <input type="radio"/> Yes <input type="radio"/> No If not, reason: | Date of full-time hire (MM/DD/YYYY) |
| <input type="radio"/> Retiree <input type="radio"/> COBRA/State Continuation Other: _____    | ____ / ____ / ____                  |

Do you have a disability that affects your ability to communicate or read?  No  Yes  
 Are you disabled or unable to perform normal work activities?  No  Yes If yes, indicate reason: \_\_\_\_\_

|                        |                             |
|------------------------|-----------------------------|
| Annual salary \$ _____ | Hours worked per week _____ |
| Occupation _____       |                             |

**Dependent information**

Enter information for each covered dependent, including spouse.

|                              |            |       |   |
|------------------------------|------------|-------|---|
| <b>1</b> Dependent last name | First name | MI    | Gender  |
| _____                        | _____      | _____ | <input type="radio"/> Female <input type="radio"/> Male |

|                        |                            |   |
|------------------------|----------------------------|---|
| Social Security Number | Date of birth (MM/DD/YYYY) | Relationship  |
| ____ - ____ - _____    | ____ / ____ / _____        | <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other: _____ |

Dependent status (if applicable):  Disabled If disabled, indicate reason: \_\_\_\_\_

**2** Dependent last name  First name  MI  Gender  Female  Male

Social Security Number  -  -  Date of birth (MM/DD/YYYY)  /  /  Relationship  Spouse  Child  Other: \_\_\_\_\_

Dependent status (if applicable):  Disabled If disabled, indicate reason: \_\_\_\_\_

**3** Dependent last name  First name  MI  Gender  Female  Male

Social Security Number  -  -  Date of birth (MM/DD/YYYY)  /  /  Relationship  Spouse  Child  Other: \_\_\_\_\_

Dependent status (if applicable):  Disabled If disabled, indicate reason: \_\_\_\_\_

**4** Dependent last name  First name  MI  Gender  Female  Male

Social Security Number  -  -  Date of birth (MM/DD/YYYY)  /  /  Relationship  Spouse  Child  Other: \_\_\_\_\_

Dependent status (if applicable):  Disabled If disabled, indicate reason: \_\_\_\_\_

Use the following alternate address for these dependents:  1  2  3  4

Street address

Apt / Suite / PO box number

City  State  Zip code  County

**Dental**

- Coverage type:  Employee / Individual only  
 Employee / Individual & spouse  
 Employee / Individual & child(ren)  
 Family  
 Other

**Office use only**

| Group #              | Benefit #            | Class/Div #          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Plan name

Within the past 12 months, have you or any covered family individual had any dental or orthodontia coverage, such as a spouse's dental coverage?  Yes  No If yes, list all: (This section must be completed for Humana to process any dental claims)

| Current dental carrier name: | Orthodontia coverage?                              | Starting date (MM/DD/YYYY)   | End date, if applicable (MM/DD/YYYY)                               |
|------------------------------|--|--|--|
| <input type="text"/>         | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Coverage Type (check all that apply)  Employee / Individual  Spouse  Child(ren)

| Prior dental carrier name: | Orthodontia coverage?                              | Starting date (MM/DD/YYYY)   | End date, if applicable (MM/DD/YYYY)                               |
|----------------------------|--|--|--|
| <input type="text"/>       | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Coverage type check all that apply)  Employee / Individual only  Employee / Individual and spouse  
 Employee / Individual and child(ren)  Family

**Vision**

- Coverage type:  Employee / Individual only  
 Employee / Individual & spouse  
 Employee / Individual & child(ren)  
 Family  
 Other

**Office use only**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Group #              | Benefit #            | Class/Div #          |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Plan name

**Waiver (refusal of coverage)**

I acknowledge that I have been given the opportunity to apply for group coverage available to me and my dependents through my employer / group. I proclaim that I was not pressured or forced by my employer / group, the writing agent, or Humana into waiving (declining) coverage. If I have waived any coverage offered to me or my dependents, my signature below is evidence of this action.

I hereby waive coverage for (check all that apply):

- Dental for:  Myself  My spouse  My dependent child(ren)  
 Vision for:  Myself  My spouse  My dependent child(ren)

I decline to apply for group coverage because of:

- Spousal coverage  
 Medicare supplement  
 Individual coverage  
 Coverage under another carrier's plan provided by my employer / group  
 Other:

**True and complete acknowledgment**

I understand, agree, and represent:

- I have read the Large Group Employee Application and Enrollment Form or it has been read to me and answers provided are true and complete to the best of my knowledge and belief.
- Neither my employer / group nor the agent can waive any question, determine coverage or insurability, alter any contract or waive any of Humana's other rights and requirements.
- If the Large Group Employee Application and Enrollment Form for coverage is accepted, coverage will be effective on the date specified by Humana on the policy or certificate.
- If I have a new dependent as a result of a qualifying event, I may in the future be able to enroll myself or my dependents provided I request enrollment within 31 days after the qualifying event.
- If I or my dependents become eligible for premium or rate subsidies under Medicaid or the Children's Health Insurance Program (CHIP), I may in the future be able to enroll myself or my dependents provided I request enrollment within 60 days after the qualifying event.
- In the event that I should decide to apply for coverage hereafter, that subsequent Large Group Employee Application and Enrollment Form shall be subject to the applicable terms and conditions of the master group contract(s), policy provisions or certificate provisions which may require additional limitations and waiting periods.
- Based on the coverage I have elected, I may be required to furnish evidence of health status satisfactory to Humana. This information will be used only for rating and administrative purposes and not for purposes of eligibility for coverage.
- If I am declining coverage for myself or my dependents (including my spouse) because of coverage under Medicaid or CHIP, I may in the future be able to enroll myself or my dependents provided that I request enrollment within 60 days after my coverage under these programs ends.
- If I am declining coverage for myself or my dependents (including my spouse) because of other coverage, I may in the future be able to enroll myself or my dependents provided that I request enrollment within 31 days after my other coverage ends.
- If any deductions are required for this coverage, I authorize those deductions from my earnings.
- If I am applying for coverage for my dependents (including my spouse) I attest by my signature below, I have gathered the necessary health information from my dependents in order to fully and truthfully complete the Large Group Employee Application and Enrollment Form.
- An act of fraud or an intentional misrepresentation of a material fact may void or terminate an individual's or group's coverage as specified under the terms of the Policy or Certificate. Providing incomplete, inaccurate, or untimely information may reduce an individual's or group's coverage or may increase past premium.
- Rates or premium quoted and the effective date requested are not guaranteed. The final rate or premium and effective date will be determined upon underwriting review and approval of the Large Group Employee Application and Enrollment Form by Humana.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of fraud.

If you decide not to sign this agreement, we will decline to enroll you in an insurance product or to give you insurance benefits.

**Authorization**

My dependents and I understand and agree:

- The information obtained by use of this authorization may be used by Humana to make claims determinations, determine eligibility for coverage, eligibility for benefits under an existing policy and plan administration.
- Any information obtained will not be released by Humana to any person or organization except to reinsuring companies, the Medical Information Bureau, Inc. or other persons or organizations performing health care operations or business or legal services in connection with the Large Group Employee Application and Enrollment Form, claim or as may be otherwise lawfully required, or as I (we) may further authorize.

**The Large Group Employee Application and Enrollment Form, together with any supplemental forms, will make up part of any contract and be the basis for any policy or certificate.**

**Signature - Please sign below if enrolling or waiving any group coverage**

Employee / Individual or legal representative signature

Date  /  /

Name and relationship of legal representative  
(if a covered dependent)

---

The original version of this Agreement is in the English language. If there are any discrepancies or conflicts between the English and any other version that has been translated into another language, the English version will control.

**Humana Employee Primary Dentist Selection (for DHMO use only)**

Please print clearly and fill in each applicable circle.

| Primary Dentist Selection (for DHMO use only) |                                |                      |            |  |
|---|--------------------------------|----------------------|------------|--|
|   | Member Last name First name MI | Primary dentist name | Dentist ID | Current patient                                    |
| Employee                                      |                                |                      |            | <input type="radio"/> N<br><input type="radio"/> Y |
| Spouse  |                                |                      |            | <input type="radio"/> N<br><input type="radio"/> Y |
| Child   |                                |                      |            | <input type="radio"/> N<br><input type="radio"/> Y |
| Child   |                                |                      |            | <input type="radio"/> N<br><input type="radio"/> Y |
| Child   |                                |                      |            | <input type="radio"/> N<br><input type="radio"/> Y |
| Other (specify)                               |                                |                      |            | <input type="radio"/> N<br><input type="radio"/> Y |

## **Discrimination is Against the Law**

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-1235, or if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances  
P.O. Box 14618  
Lexington, KY 40512-4618

If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

**1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

# Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-320-1235 (TTY: 711)。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-320-1235 (TTY: 711).

**한국어 (Korean):** 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-320-1235 (TTY: 711)번으로 전화해 주십시오.

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-320-1235 (TTY: 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-320-1235 (телетайп: 711).

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-320-1235 (TTY: 711).

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-320-1235 (ATS : 711).

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-320-1235 (TTY: 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-320-1235 (TTY: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-320-1235 (TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-320-1235 (TTY: 711).

## العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-320-1235 (رقم هاتف الصم والبكم: 711).

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-320-1235 (TTY : 711) まで、お電話にてご連絡ください。

## فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-320-1235 (TTY: 711) تماس بگیرید.

**Diné Bizaad (Navajo):** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojł' hódíłnih 1-877-320-1235 (TTY: 711).



# Humana Dental Traditional Plus 14

TX Trad+ O1.5K U&C 100/80/50

Bexar Appraisal District

TEXAS

| Services   | In-network dentist                                    |                  | Out-of-network dentist<br>U&C 90 |                  |
|--|---|------------------|----------------------------------|------------------|
| <b>Deductible</b><br>(excludes orthodontia services)   | Individual:<br>\$50                                   | Family:<br>\$150 | Individual:<br>\$50              | Family:<br>\$150 |
| Deductible applies to all services excluding preventive services.  |   |                  |                                  |                  |
| <b>Annual maximum</b><br>(excludes orthodontia services)   | \$2,000 + extended annual maximum (see section below) |                  |                                  |                  |
| <b>Preventive services</b><br><b>Routine oral examinations</b> (2 per year)<br><b>Bitewing x-rays</b> (2 films under age 10, up to 4 films ages 10 and older)<br><b>Panoramic x-rays</b> (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+)<br><b>Routine cleanings</b> (2 per year)<br><b>Fluoride treatment</b> (1 per year, through age 14)<br><b>Sealants</b> (permanent molars, through age 14)<br><b>Space maintainers</b> (primary teeth, through age 14)<br><b>Oral Cancer Screening</b> (1 per year, ages 40 and older)                        | 100% no deductible                                    |                  | 100% no deductible               |                  |
| <b>Basic services</b><br><b>Emergency care for pain relief</b><br><b>Amalgam fillings</b> (1 per tooth every 2 years, composite for anterior/front teeth)<br><b>Oral surgery</b> (including extractions of impacted teeth)<br><b>General anesthesia<sup>1</sup></b><br><b>Stainless steel crowns</b><br><b>Harmful habit appliances for children</b> (1 per lifetime, through age 14)<br><b>Periodontics</b> (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)<br><b>Endodontics</b> (root canals 1 per tooth per lifetime and 1 re-treatment) | 80% after deductible                                  |                  | 80% after deductible             |                  |

<sup>1</sup> Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.



| Services   | In-network dentist   | Out-of-network dentist<br>U&C 90 |
|--|--|----------------------------------|
| <b>Major services</b><br>Crowns (1 per tooth every 5 years)<br>Inlays/onlays (1 per tooth every 5 years)<br>Bridges (1 every 5 years)<br>Dentures (1 every 5 years)<br>Denture relines/rebases (1 every 3 years, following 6 months of denture use)<br>Denture repair and adjustments (following 6 months of denture use)<br>Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) | 50% after deductible   | 50% after deductible             |
| <b>Extended Annual Max</b><br>Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)   | 30%  | 30%                              |
| <b>Orthodontia services</b>  | Child orthodontia covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,500 lifetime orthodontia maximum. |                                  |

Humana will reimburse out-of-network claims based on internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Out of network dentists may bill members for charges above the amount covered by the dental plan.

**Waiting periods**

Employer-sponsored funding: 10+ enrolled employees

| Enrollment type <sup>2</sup>                          | Preventive | Basic | Major <sup>3</sup> | Orthodontia |
|---|------------|-------|--------------------|-------------|
| Initial enrollment, open enrollment and timely add-on | No         | No    | No                 | No          |

<sup>2</sup> Late applicant enrollment will have the following waiting periods: 12 months basic & major services, 12 months orthodontia.

<sup>3</sup> Waiting periods do not apply to endodontic or periodontic services unless a late applicant.



**Questions?**

Visit [Humana.com](http://Humana.com) or call 866-427-7478  
 Monday – Saturday, 8 a.m. – 11 p.m., and  
 Sunday, 11 a.m. – 8 p.m., Eastern time.  
 Find a dentist at [Humana.com/findadentist](http://Humana.com/findadentist).



**Register today!**

Register or sign in to MyHumana at [Humana.com](http://Humana.com) to view your coverage details, ID cards, manage claims, find a dentist and more!



## Humana Dental Traditional Plus 14

TX Trad+ 01.5K U&C 100/80/50

Bexar Appraisal District

**TEXAS**

Missing tooth clause:  
See plan document for more details.

Insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

## Important

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

- Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.  
**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。  
**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.  
**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.  
**Tagalog (Tagalog - Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.  
**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.  
**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.  
**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.  
**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.  
**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.  
**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.  
**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.  
**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

### فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wódaáhí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

### العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721

## Group Term Life Insurance Beneficiary Designation

Use this form to name the persons or entities you want to receive your life insurance proceeds after your death.

### Things to know before you begin

- Completing this form replaces your existing beneficiary designations. Please provide details for **each** beneficiary, even if you have already given us this information in the past.
- Gather the name(s), date(s) of birth, Social Security/Tax ID number(s) and contact information for all of your beneficiaries.
- The beneficiaries you name on this form apply to your Group Term Life insurance coverage insured by MetLife.
- To name additional beneficiaries, attach a separate page. Provide the requested information including the beneficiary type (*primary or contingent*) and the % proceeds for each. Sign and date these page(s), making sure the date is the same as the date next to the signature on this form.
- Please complete and return all pages or we can't record your choices.

**!** If you make a mistake anywhere on this form, cross it out and initial it.

### SECTION 1: About the Insured

|   |                        |              |     |  |
|---|------------------------|--------------|-----|--|
| First name                                | Middle name            | Last name    |     |  |
| Date of birth (mm/dd/yyyy)                | Social Security number | Phone number |     |  |
| Address                                   | City                   | State        | ZIP |  |
| Employer name<br>Bexar Appraisal District | Customer number        |              |     |  |

### SECTION 2: About the Plan

The beneficiaries you name on this form apply **only** to the MetLife-insured plan(s) selected below:

- All group term life coverage currently in effect
- OR**
- Basic Life
- Supplemental/Optional Life
- Personal Accidental Death & Dismemberment (AD&D)
- Optional Accidental Death & Dismemberment (AD&D)

To name separate beneficiaries for the Life or AD&D coverages in this section, photocopy this form and complete a different form for each type of coverage.

### SECTION 3: About the Primary Beneficiaries

These parties are your first choice to receive the insurance proceeds after your death. If a primary beneficiary dies before you, we will divide their share(s) equally between the remaining primary beneficiaries.

- You must name at least one (1) primary beneficiary.
- Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers (*no fractions or decimals*) and make sure they (*and any listed on separate pages*) add up to 100%. To distribute them equally between your primary beneficiaries, leave **all** of the proceeds % fields blank.

**About the Primary Beneficiaries (continued)**

**Individual**

|   |                        |                                      |   |
|---|------------------------|--------------------------------------|---|
| First name  | Middle name            | Last name                            | <b>A</b>  |
| Address   |                        | Date of birth (mm/dd/yyyy)           |   |
| City  |                        | State ZIP                            |   |
| Gender<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security number | Phone number Relationship to Insured |   |
|   |                        |                                      | Write in the % of proceeds assigned to this person _____% |

**Individual**

|   |                        |                                      |   |
|---|------------------------|--------------------------------------|---|
| First name  | Middle name            | Last name                            | <b>B</b>  |
| Address   |                        | Date of birth (mm/dd/yyyy)           |   |
| City  |                        | State ZIP                            |   |
| Gender<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security number | Phone number Relationship to Insured |   |
|   |                        |                                      | Write in the % of proceeds assigned to this person _____% |

**Individual**

|   |                        |                                      |   |
|---|------------------------|--------------------------------------|---|
| First name  | Middle name            | Last name                            | <b>C</b>  |
| Address   |                        | Date of birth (mm/dd/yyyy)           |   |
| City  |                        | State ZIP                            |   |
| Gender<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security number | Phone number Relationship to Insured |   |
|   |                        |                                      | Write in the % of proceeds assigned to this person _____% |

**Your Estate** – If you name your Estate as a primary beneficiary, you cannot name a contingent beneficiary.

|                 |
|-----------------|
| <b>D</b>        |
| Proceeds _____% |

**Testamentary Trust created in your Will** – The trust under your last Will and Testament as shall be admitted to probate.

|                 |
|-----------------|
| <b>E</b>        |
| Proceeds _____% |

**Living (Inter Vivos) Trust** – See further instructions on page 4.

|                 |
|-----------------|
| <b>F</b>        |
| Proceeds _____% |

**Charity/Organization** – List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4.

|                 |
|-----------------|
| <b>G</b>        |
| Proceeds _____% |

**Total proceeds for all primary beneficiaries (A-G plus any listed on separate pages) must equal 100%.**

**100%**

**SECTION 4: About the Contingent Beneficiaries**

Skip this section if you're not naming a contingent beneficiary or if you named your Estate as a primary beneficiary. Contingent beneficiaries receive the insurance proceeds only if all of the primary beneficiaries are deceased at the time of your death. If a contingent beneficiary dies before you, we will divide their share(s) equally between the remaining contingent beneficiaries.

- Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.
- Do not list the same person or entity as both a primary and a contingent beneficiary.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers (*no fractions or decimals*) and make sure they (*and any listed on separate pages*) add up to 100%. To distribute them equally between your contingent beneficiaries, leave all of the proceeds % fields blank.

**Individual**

|   |                        |  |   |
|---|------------------------|--|---|
| First name  | Middle name            | Last name                              | <b>H</b><br><br>Write in the % of proceeds assigned to this person<br><br>_____ % |
| Address   |                        | Date of birth (mm/dd/yyyy)             |   |
| City  |                        | State   ZIP                            |   |
| Gender<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security number | Phone number   Relationship to Insured |   |

**Individual**

|   |                        |  |   |
|---|------------------------|--|---|
| First name  | Middle name            | Last name                              | <b>I</b><br><br>Write in the % of proceeds assigned to this person<br><br>_____ % |
| Address   |                        | Date of birth (mm/dd/yyyy)             |   |
| City  |                        | State   ZIP                            |   |
| Gender<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security number | Phone number   Relationship to Insured |   |

**Your Estate**

|                  |
|------------------|
| <b>J</b>         |
| Proceeds _____ % |

**Testamentary Trust created in your Will** – The trust under your last Will and Testament as shall be admitted to probate.

|                  |
|------------------|
| <b>K</b>         |
| Proceeds _____ % |

**Living (Inter Vivos) Trust** – See further instructions on page 4.

|                  |
|------------------|
| <b>L</b>         |
| Proceeds _____ % |

**Charity/Organization** – List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4.

|                  |
|------------------|
| <b>M</b>         |
| Proceeds _____ % |

**Total proceeds for all contingent beneficiaries (H-M plus any listed on separate pages) must equal 100%.**

**100%**

**SECTION 5: About your Trust/Charity/Organization Beneficiaries**

Skip this section if you did not name a Living Trust or Charity/Organization as one of your beneficiaries. Otherwise, please provide the information requested below on a separate page. Make sure you include the type of beneficiary (*primary or contingent*) and that you sign and date these page(s).

- |   |  |
|---|--|
| Please include: <ul style="list-style-type: none"> <li>• Trust/Charity/Organization name</li> <li>• Address</li> <li>• Phone number</li> <li>• Type of Beneficiary (<i>primary or contingent</i>)</li> <li>• % of proceeds you are assigning to the Trust/Charity/Organization</li> </ul> | Additional information required for Living ( <i>Inter Vivos</i> ) Trust(s): <ul style="list-style-type: none"> <li>• Trust date</li> <li>• Trust Tax ID number</li> <li>• Trustee first, middle and last name</li> </ul> |
|---|--|

**SECTION 6: Signature required**

By signing below, I hereby revoke any previous designations, and I designate the person, people, or entity named herein as beneficiaries.

- Check if you are completing and signing this form as agent for the insured under a valid Power of Attorney. Please submit a copy of the Power of Attorney with this beneficiary form.

|  |             |   |
|--|-------------|---|
| <b>Please print and sign below</b>       |             |   |
| Insured/Owner first name                 | Middle name | Last name                                 |
| <b>Sign Here</b> Insured/Owner signature |             | Date form completed ( <i>mm/dd/yyyy</i> ) |



**Did you remember to...**

- ✓ Provide complete information for each of your beneficiaries?
- ✓ Make sure the total "proceeds %" for your **primary beneficiaries** (*including those on a separate page*) equals 100%? Separately, did you remember to make sure the total "proceeds %" for your **contingent beneficiaries** (*including those on a separate page*) equals 100%?
- ✓ Complete, sign and date any extra pages that list beneficiary information (*such as Living Trust/Charity/Organization beneficiaries*)?
- ✓ Cross out and initial any mistakes you made? (*If you crossed out any answers, your signature is not enough. You must also initial all your corrections.*)

Example: ~~12/20/25~~ 12/20/15 *HM* ⇐ *answer corrected, initials required*

**Please note: we cannot record your beneficiary choices unless you complete these items.**

**SECTION 7: How to submit this form**

Return this entire form (*and any additional pages*) to your employer or benefits administrator. Retain a copy of this completed form for your records.

**NOTICE AND ACKNOWLEDGEMENT**  
**(IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING)**

**NOTICE REGARDING BACKGROUND INVESTIGATION**

Bexar Appraisal District may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative report obtained with regard to applicants for employment is an investigation into your education and employment history conducted by Universal Background Screening, PO Box 5920 Scottsdale, AZ 85261 (877) 263-8033 or another outside organization. The scope of this notice and authorization is all-encompassing; however, allowing Bexar Appraisal District to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Use of date of birth is for identification purposes only. Bexar Appraisal District is an equal opportunity employer. Prospective employees will receive consideration without regard to race, color, creed, religion, sex, national origin, age, veteran or reserve status, disability or any other status protected under local, state, or federal law.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand the document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after the receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state, or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of Bexar Appraisal District and/or Bexar Appraisal District itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Name of Authorizing Consumer: \_\_\_\_\_  
(full name including middle name)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Driver's License: State \_\_\_\_\_ # \_\_\_\_\_

Signature of Authorizing Consumer: \_\_\_\_\_ Date: \_\_\_\_\_



TEXAS DEPARTMENT OF LICENSING AND REGULATION  
PO Box 12157 • Austin, Texas 78711-2157  
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871  
[www.tdlr.texas.gov](http://www.tdlr.texas.gov) • [cs.tax.professionals@tdlr.texas.gov](mailto:cs.tax.professionals@tdlr.texas.gov)

## PROPERTY TAX PROFESSIONALS REGISTRATION APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

### DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. **FIELD** - Check one box to indicate the registration type for which you are applying. If you are applying for more than one field, you must submit an application for each field.
  - The following persons must register with the Department:
    - ◆ the chief appraiser of an appraisal district, an appraisal supervisor or assistant, a property tax appraiser, an appraisal engineer, and any other person authorized to render judgment on, recommend, or certify an appraised value to the appraisal review board of an appraisal district;
    - ◆ a person who engages in appraisal of property for ad valorem tax purposes for an appraisal district or a taxing unit;
    - ◆ an assessor-collector, other than a county assessor-collector
    - ◆ a collector, or another person designated by a governing body as the chief administrator of the taxing unit's assessment functions, collection functions, or both; and
    - ◆ a person who performs assessment or collection function for a taxing unit and is required to register by the chief administrator of the unit's tax office.
2. **ARE YOU EMPLOYED BY THE ELECTED COUNTY ASSESSOR-COLLECTOR** - Check YES or NO to indicate if you are employed by the elected county assessor-collector. If YES, registration is not required and your applications will be returned to you.
3. **NAME** - Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
4. **DATE OF BIRTH** - Write your birthdate. You must be at least 18 years of age.
5. **GENDER** - Select whether you are male or female.
6. **SOCIAL SECURITY NUMBER** - Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
[www.oag.state.tx.us/child/index](http://www.oag.state.tx.us/child/index) or call (512) 460-6000 or (800) 252-8014.
7. **MAILING ADDRESS** - Write your current mailing address. This is the address where we will send you mail. A post office box can be used as a mailing address. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. **PHONE NUMBER** - Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
9. **EMAIL ADDRESS** - Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
10. **CRIMINAL HISTORY** - Indicate if you have ever been convicted of, placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/MISC/lic002.pdf](http://www.tdlr.texas.gov/MISC/lic002.pdf)  
  
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at [www.tdlr.texas.gov/crimHistoryEval.htm](http://www.tdlr.texas.gov/crimHistoryEval.htm)
11. **DISCIPLINARY ACTION HISTORY** - Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at: [www.tdlr.texas.gov/misc/DisciplinaryActionQuestionnaire.pdf](http://www.tdlr.texas.gov/misc/DisciplinaryActionQuestionnaire.pdf)
12. **ARE YOU A RESIDENT OF TEXAS** - Check YES or NO to indicate if you reside in Texas.

13. DID YOU GRADUATE HIGH SCHOOL OR EARN A G.E.D. - Check YES or NO to indicate if you graduated from an accredited high school or earned a high school graduation equivalency.
14. DO YOU HOLD A CURRENT TALCB LICENSE OR CERTIFICATION - Check YES or NO to indicate if you hold an active and current appraiser license or certification issued by the Texas Appraiser Licensing and Certification Board. If YES, you must provide the license number in the space provided and attach a copy of your license with your application.
15. CURRENT EMPLOYMENT - Write the name and address of your current employer.
16. STATEMENT OF APPLICANT - Carefully read the statement and code of ethics before you sign and date your application.
17. EMPLOYER'S STATEMENT - This section must be completed and signed by your employer.

**APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES**

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at: <http://www.tdlr.texas.gov/military.htm>.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. **YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION** if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297.**



TEXAS DEPARTMENT OF LICENSING AND REGULATION  
 PO Box 12157 • Austin, Texas 78711-2157  
 (800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871  
 www.tdlr.texas.gov • cs.tax.professionals@tdlr.texas.gov

**PROPERTY TAX PROFESSIONALS REGISTRATION APPLICATION**

|  |  |  |                         |
|--|--|--|-------------------------|
| <b>DO NOT WRITE ABOVE THIS LINE</b>  |  |  |                         |
| MEET ALL REQUIREMENTS WITHIN TWELVE MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.<br>APPLICATION FEE: \$100 (APPLICATION FEE IS NON-REFUNDABLE)  |  |  |                         |
| <b>1. Field:</b> (Check one) <input type="checkbox"/> Appraising <input type="checkbox"/> Assessing/Collecting <input type="checkbox"/> Collecting (only)  |  |  |                         |
| <b>2. Are you employed by the elected county assessor-collector?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IF YOU ARE AN ELECTED COUNTY ASSESSOR-COLLECTOR OR THEIR EMPLOYEE, REGISTRATION IS NO LONGER REQUIRED. YOUR APPLICATION WILL NOT BE ACCEPTED.   |  |  |                         |
| <b>3. Name:</b><br>_____<br><div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle Name</span> <span>Suffix (JR, SR, III)</span> </div>  |  |  |                         |
| <b>4. Date of Birth:</b><br>_____ - _____ - _____<br><div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>   |  | <b>5. Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  |                         |
| <b>6. Social Security Number:</b><br><small>(See instruction sheet for disclosure information)</small>   |  |  |                         |
| <b>7. Mailing Address:</b> (Used to receive mail from TDLR) (A PO box is allowed for this address)<br>411 North Frio Street<br><small>Number, Street Name, Suite Number/Apartment Number</small>   |  |  |                         |
| San Antonio  |  | TX   | 78207                   |
| <small>City</small>  |  | <small>State</small>   | <small>Zip Code</small> |
| <b>8. Phone Number:</b><br>(____) _____<br><small>Area Code    Phone Number</small>  |  | <b>9. Email Address:</b><br>_____<br><small>(Ex: johndoe@aol.com) See instruction sheet for disclosure information</small>                   |                         |
| <b>10. Have you ever been convicted of, placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?</b> If YES, complete and attach a Criminal History Questionnaire for each offense. <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>See instruction sheet for more information</b> |  |  |                         |
| <b>11. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>If YES, attach a Disciplinary Action Questionnaire to this application. (This does <u>not</u> include your driver license.)</small>         |  |  |                         |
| <b>12. Are you a resident of Texas?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | <b>13. Did you graduate high school or earn a high school equivalency (G.E.D.)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| <b>14. Do you hold a current and active appraiser license or certification issued by the Texas Appraiser Licensing And Certification Board (TALCB)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, provide: (a) license number:<br>_____  |  |  |                         |
| <b>15. CURRENT EMPLOYMENT</b>  |  |  |                         |
| <b>Employer/Taxing Entity Name:</b><br>_____   |  |  |                         |
| <b>Employer Address:</b><br>_____<br><small>Number, Street Name, Suite Number</small>  |  |  |                         |
| <small>City</small>  |  | <small>State</small>   | <small>Zip Code</small> |

16.

**STATEMENT OF APPLICANT**

I attest that the information in this application is accurate to the best of my knowledge. I agree to comply with all of the requirements of the Property Taxation Professional Certification Act. Further, I agree to comply with any and all rules and regulations promulgated by the Department of Licensing and Regulation as required by the Property Taxation Professional Certification Act. I pledge to subscribe and promote the following Code of Ethics:

1. I will be guided by the principle that property taxation should be fair and uniform, and apply all laws, rules, methods, and procedures, in a uniform manner, to all taxpayers;
2. I will not accept or solicit any gift, favor, or service that might reasonably tend to influence me in the discharge of official duties, with the following exceptions:
  - a) the benefit is used solely to defray the expenses that accrue in the performance of duties or activities in connection with the office which are non-reimbursable by the state or political subdivision;
  - b) a political contribution as defined by Title 15 of the Election Code; or
  - c) an item with a value of less than \$50, excluding cash or a negotiable instrument;
3. I will not use information received in connection with the duties of an appraiser, assessor, or collector for my own purposes, unless such information can be known by ordinary means to any ordinary citizen;
4. I will not engage in an official act that is dishonest, misleading, fraudulent, deceptive, or in violation of law;
5. I will not conduct my professional duties in a manner that could reasonably be expected to create the appearance of impropriety;
6. I will not accept an appraisal, assessment, or collection related assignment that can reasonably be construed as being in conflict with my responsibility to my jurisdiction, employer, or client, or in which I have an unrevealed personal interest or bias; and
7. I will not accept an assignment or responsibility in which I have a personal interest without full disclosure of that interest.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

17.

**EMPLOYER'S STATEMENT**

**THIS SECTION MUST BE COMPLETED BY YOUR EMPLOYER**

The applicant, \_\_\_\_\_, is employed by \_\_\_\_\_

and is actively engaged in: (check one)  Appraising  Assessing/Collecting  Collecting (only)

**Employer Taxing Entity ID Number:** (Issued by TDLR) \_\_\_\_\_

**Employer Address:** (Used to receive mail from TDLR) (A PO box is allowed for this address)

Number, Street Name, Suite Number

City

State

Zip Code

**Employer Phone Number:**

**Employer Email Address:**

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

**Employer Title:** \_\_\_\_\_ **Employer Name:** \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date Signed

**DO NOT SUBMIT APPLICATION BEFORE CHECKING THE FOLLOWING**

- Is your application signed?
- Is your application filled out completely?
- Is the Employer's Statement section complete and signed by your employer?
- Have you attached completion certificates for each core education course taken within the last five years, for which you are requesting credit?
- Have you attached the \$100.00 check or money order payable to the Texas Department of Licensing and Regulation? If you are registering in more than one field, the application fee is \$100.00 per field.

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

| <b>TYPE OF BUSINESS:</b>  | <b>CONTACT:</b>  |
|---|--|
| <p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>  | <p>a. Consumer Financial Protection Bureau<br/>1700 G Street, N.W.<br/>Washington, DC 20552</p> <p>b. Federal Trade Commission<br/>Consumer Response Center<br/>600 Pennsylvania Avenue, N.W.<br/>Washington, DC 20580<br/>(877) 382-4357</p>  |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency<br/>Customer Assistance Group<br/>1301 McKinney Street, Suite 3450<br/>Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center<br/>P.O. Box 1200<br/>Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center<br/>1100 Walnut Street, Box #11<br/>Kansas City, MO 64106</p> <p>d. National Credit Union Administration<br/>Office of Consumer Financial Protection (OCFP)<br/>Division of Consumer Compliance Policy and Outreach<br/>1775 Duke Street<br/>Alexandria, VA 22314</p> |
| <p>3. Air carriers</p>  | <p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings<br/>Aviation Consumer Protection Division<br/>Department of Transportation<br/>1200 New Jersey Avenue, S.E.<br/>Washington, DC 20590</p>   |
| <p>4. Creditors Subject to the Surface Transportation Board</p>   | <p>Office of Proceedings, Surface Transportation Board<br/>Department of Transportation<br/>395 E Street, S.W.<br/>Washington, DC 20423</p>  |
| <p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>   | <p>Nearest Packers and Stockyards Administration area supervisor</p>   |
| <p>6. Small Business Investment Companies</p>   | <p>Associate Deputy Administrator for Capital Access<br/>United States Small Business Administration<br/>409 Third Street, S.W., Suite 8200<br/>Washington, DC 20416</p>   |
| <p>7. Brokers and Dealers</p>   | <p>Securities and Exchange Commission<br/>100 F Street, N.E.<br/>Washington, DC 20549</p>  |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>   | <p>Farm Credit Administration<br/>1501 Farm Credit Drive<br/>McLean, VA 22102-5090</p>   |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>  | <p>Federal Trade Commission<br/>Consumer Response Center<br/>600 Pennsylvania Avenue, N.W.<br/>Washington, DC 20580<br/>(877) 382-4357</p>   |

# Transparency. Trust. Teamwork.



1/8/2025

# MISSION STATEMENT

The Bexar Appraisal District is dedicated to promoting professionalism and ensuring public trust in the valuation profession. We are committed to provide the property owners and jurisdictions of Bexar County with an accurate and equitable certified appraisal roll while providing exceptional customer service.

History of Bexar Appraisal District

Property Tax System

Who's Who

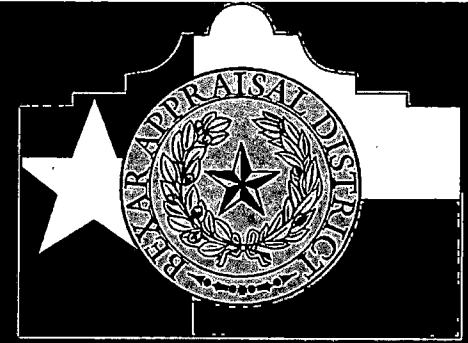
Employment Policies and Procedures

Time Off Sick/Vacation/Holidays

Benefits



# History of Company



In 1981, Texas Legislature created a new law announcing that every county needed an Appraisal District. Before this went into effect, the District was considered part of Bexar County.

The Bexar Appraisal District opened for business July 01, 1981.

We are a subdivision of the State of Texas and are overseen by the Texas Comptroller of Public Accounts, Glenn Hegar.

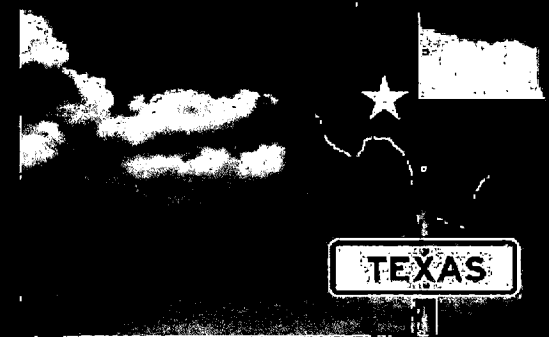
# Property Tax System

There are 3 main parts to the property tax system in Texas:

- An *appraisal district* in each county sets the value of property each year as of January 1st. Texas has 253 Appraisal Districts.
- An *appraisal review board (ARB)* hears protests between property owners and the appraisal district regarding the value of their property. Currently, we have 50 non-employee members on the ARB.
- Local *taxing units*, including the county, city, school districts, and special districts, decide on how much money they will spend by adopting a budget, then set tax rates determining the *total amount of taxes* that a property owner will pay.

The system has four stages:

- Valuing the taxable property
- Protesting the values
- Adopting the tax rates
- Collecting the taxes (by the Tax Assessor – Collector Office)



# BCAD Directors



Chief Appraiser



Roy Sandoval  
Finance

Assistant Chief Appraiser



Scott Griscom  
Communications

Assistant Chief Appraiser



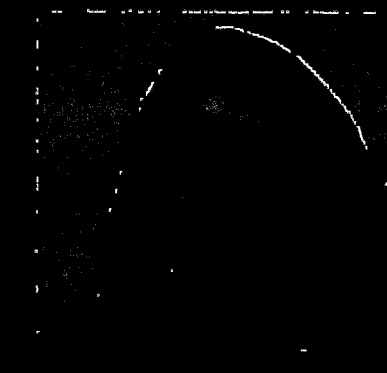
Tom Allison  
Human Resources



Crystal Khantharoth

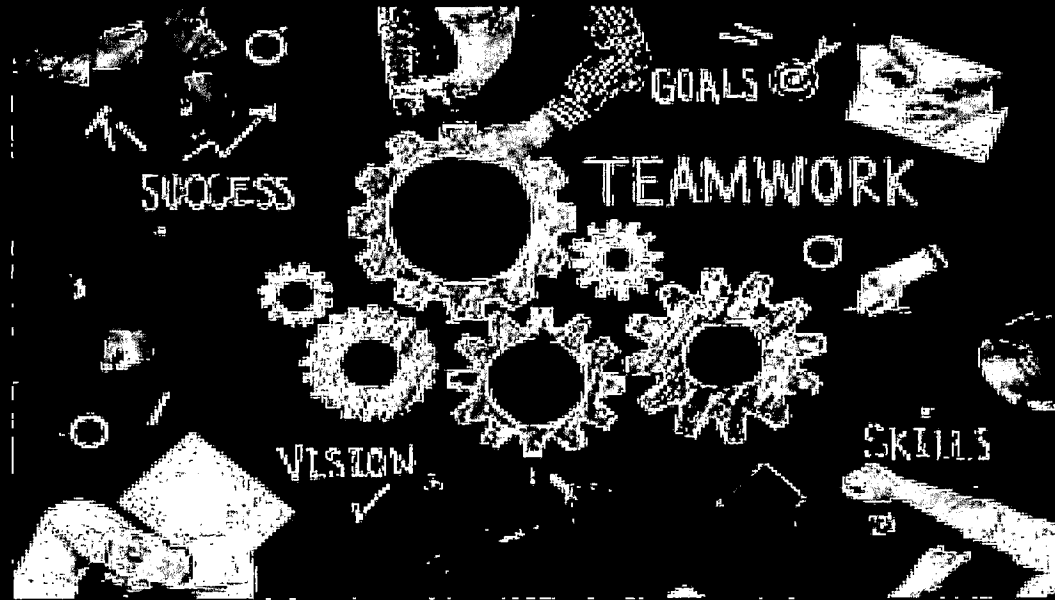


Jennifer Rodriguez



Laura McCloud

# Departments

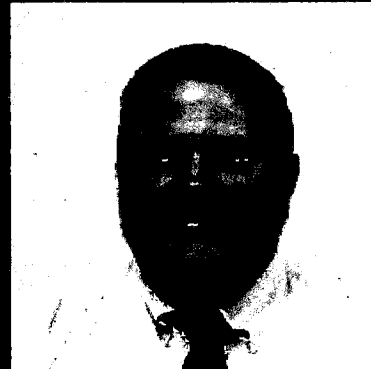


Geo Info Systems



*Keith Dailey*

Residential



*Erich Strey*

Information Systems



*Paul Thepuatrakul*

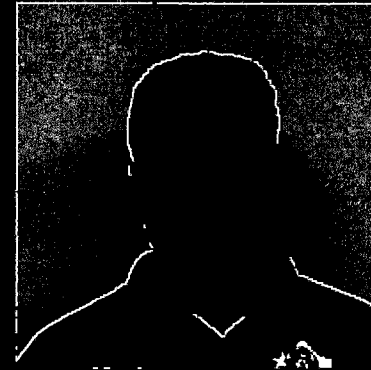
# Departments

Litigation



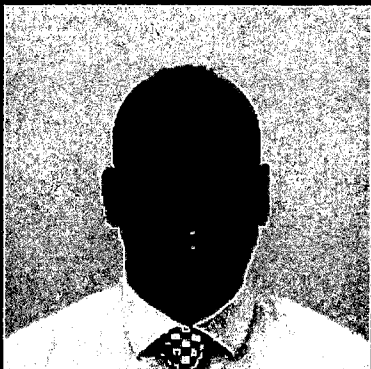
*Charles Wise*

Commercial Property



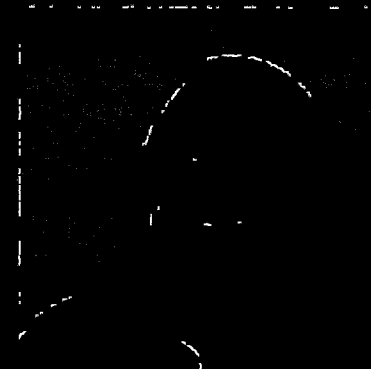
*Mario Mancha*

Personal Property



*Richard Rodriguez*

Customer Info & Assist.



*Sarah Durnell*

# Equal Employment Opportunity Policy



Bexar Appraisal does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

If you have a question or concern about any type of discrimination in the workplace, you are encouraged to bring the issue to the attention of your Supervisor, Director, or the Human Resources Director.

# Harassment Policy

This policy affirms the District's support for the prohibitions against discrimination under Title VII of the Civil Rights Act of 1964, as amended, and implements guidelines on discrimination issued by the Equal Employment Opportunity Commission.

It is policy of the District to maintain and promote a productive work environment that is free from all forms of harassing or disruptive activity and to insist that all employees be treated with dignity, respect and courtesy. The District will not tolerate verbal or physical conduct by any employee that harasses, disrupts, or interferes with another's work performance or that creates an intimidating, offensive hostile environment.



# Workers' Compensation

The Texas Workers' Compensation Act of 1991 provides for payment of medical expenses and income for employees who are injured or contract occupational diseases on the job.

If you are injured while at work, immediately report to your director and complete a First Report of Injury Form with Human Resources. Directors are responsible for reporting all workplace injuries to Human Resources.

# Engagement Strategy

The engagement strategy for new employees is 6 months after their date of hire. The District reserves the right to extend this time period to further evaluate the employee's performance, including attendance.

All employees are employed at-will for the duration of their employment.

Full-time employees are eligible to use accrued vacation and sick leave after six months of continuous service.

# Performance Reviews

All employees new to the District or to their position will receive a performance review after six (6) months and again at one (1) year of employment.

Employees new to the District must have worked a minimum of 9 months to be eligible for a merit increase. Those who qualify will be eligible for a merit increase in January following their first year of employment.

Performance evaluations are completed annually and will be conducted in November and December of each year. Eligible employees will receive merit increases effective the following January.

# Job Postings

**WE'RE  
HIRING**

It is the District's policy to promote from within, whenever possible.

Notice of the opening will be posted on the District's intranet for a minimum of three working days. Positions may be posted externally at the same time.

The Job Posting Application must be signed by the employee's Supervisor and Director. One must have been in their current position for a minimum of 6 months. Exceptions are granted at the discretion of the Chief Appraiser.

Current employees successfully acquiring a new position are subject to a 6-month engagement strategy.

# Degrees of Relationships

Per Government Code Title 5. Open Government; Ethics Subtitle B. Ethics Chapter 573. Degrees of Relationship; Nepotism Prohibitions Subchapter A. General Provisions.

No person may make an application for employment at the Bexar Appraisal District if he/she is related to a District employee or member of the Board of Directors by marriage or blood relation, within the third degree of consanguinity or within the second degree by affinity.

Bexar Appraisal District strongly discourages supervisors and directors from engaging in intimate relationships with subordinates. Additionally, supervisors and directors are required to resolve any actual or potential conflict of interest created by the relationship by transferring a partner to another department or determining which partner will resign.

# Pay Week/Pay Day

## Overtime

The work week is defined as beginning at 12:00:00 (midnight) on Sunday and ending at 11:59:59 p.m. on Saturday.

Pay dates are scheduled to be the 15<sup>th</sup> day and last day of the month. Each pay period reflects the current pay period that an employee worked, so the 15<sup>th</sup> pay date reflects pay period from 1<sup>st</sup> – 15<sup>th</sup> of the month.

Non-exempt employees who work more than 40 hours in a work week are entitled to time and one-half pay provided they have received prior authorization from management to work overtime.

## Access Card/Remote Work/Flex Schedule/Meal Breaks

The director has the right to establish and schedule reasonable work hours, rules, and requirements.

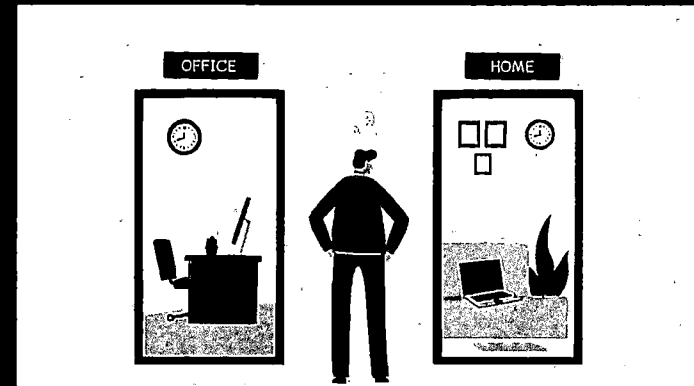
Normal work schedule is Monday – Friday 8am – 5pm with 1 hour lunch break.

Access cards allow employees to enter and exit the building through the rear doors on both north and south ends of the building.

Employees must swipe their access card at all times when entering and exiting the building.

Remote Work and Flex schedules are available to employees with the approval of their director.

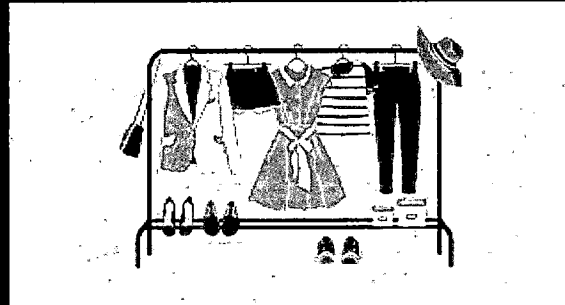
# Remote Work



Employees should not assume any specified period of time for working remotely and recognize that this plan is not designed to be a substitute for childcare needs. BCAD reserves the right to require employees to return to regular, in-office arrangements at any time and notification may be on short notice. Employees will be notified as soon as reasonably possible of any modifications to existing remote work arrangements, based on ever-changing circumstances, including business needs.

Remote work may not be available for all employees as there are some positions that require the employee to be physically present in the workplace at all times. The remote work option will be considered on a case by case basis, particularly for employees with less than one-year tenure.

# Dress Code



## Acceptable Attire:

- Professional, conservative manner, in clothing that is neat, clean and presentable at all times
- Dress pants, skirts, dresses, blouses, button down shirts, and polos
- Blazers, cardigans, sweaters, vests, and jackets
- Jeans, not torn or frayed

## Items that should not be worn and are not acceptable:

- Athletic wear such as hoodies and sweatpants/joggers
- Muscle shirts, tank tops, midriffs, halters, backless, low-cut neckline, or clothing with spaghetti straps (can only be worn beneath an acceptable item that will not be removed during business hours)
- Yoga pants, tights, leggings, and jeggings
- Flip-flops, T-shirts, non-district caps, graphic print shirts/sweatshirts

# Parking

Employees are required to park in assigned spaces designated as employee parking, including the temporarily leased parking lot. For the convenience of property owners, do not park in the front or side of the building.

Assignments will be followed as directed by the Chief Appraiser. Any special accommodations should be submitted to the HR Director.

All changes in name, address, telephone number, number of eligible dependents (for federal withholding and insurance coverage purposes) requires the completion of the Employee Personal Information Change Form by the employee as soon as possible.



Sheriff's department officers on duty during normal business hours.

Run, Hide, Fight video viewing required.

CPR trained departmental staff.

During a fire drill, promptly leave the building and go to the designated location for your department. Evacuation maps are located on department bulletin boards.

# Progressive Discipline

Employees who do not comply with the District's standards for work performance which includes but is not limited to attendance, misconduct, and productivity will be subject to a progressive disciplinary action process.

The District's progressive disciplinary action process includes a verbal warning, written reprimand, and final written warning with an employee action plan, up to and including termination.

The District's disciplinary process is not intended for the termination of employees, but rather to allow employees to progressively correct and comply with the District's standards.

## Sick Leave

Accrues at the rate of 1 day per month (4 hrs per pay period), 12 days a year, if employed before the 16th of the month, 8 hours for the month.

Eligible to use accrued sick leave after 6 months of service.

Can accumulate a maximum of 60 days; after 60 days, District will buy back any unused sick leave at the rate of  $\frac{1}{2}$  days pay for each full day of sick leave over the max of 60 days. If employed over 5 years and terminates, will receive pay for  $\frac{1}{2}$  of their sick leave accrual.

Absence of 3 days or more will require physicians note and releasing the employee for work. The District's Return to Work Form must be completed by the doctor following a longer period of sick leave.

Employees who accrue sick leave and have been employed for a minimum of five (5) years may request hours from the pool for a catastrophic illness after all accrued vacation and sick leave has been taken to a maximum of 45 days per illness per year. Employees may contribute to the pool at any time or at the time of their termination.

# FMLA Leave of Absence



Employees are eligible for FMLA if they have worked for the Bexar Appraisal District for one year and for a minimum of 1,250 hours in the previous 12 months.

FMLA leave will be granted to eligible employees with a qualifying event for up to 12 weeks.

# Vacation

Accumulates per pay period; eligible after 6 months of service

|                         | 0 - 5 Years | 5 Years - 15 Years | 15 plus Years |
|-------------------------|-------------|--------------------|---------------|
| <b>Non-Exempt</b>       | 10 days     | 15 days            | 20 days       |
| <b>Exempt – Level 2</b> | 15 days     | 20 days            | 20 days       |
| <b>Exempt – Level 1</b> | 20 days     | 20 days            | 20 days       |

Respective directors may require advanced notice for time off.

Vacation is granted based on business needs (vacation authorization during protest season is at the discretion of the department director)

Maximum accrual is 45 days, every January those that have accumulated over 45 days will be reduced 45 days.

Terminated employees (engagement strategy completed) eligible to receive pay for unused vacation

# Separation

An employee who desires to resign in good standing shall submit a written resignation to the director giving two weeks notice of their intention to leave the District.

Unused vacation accruals will be paid upon termination, and employees with 5 years or more of service will receive  $\frac{1}{2}$  of their accrued sick leave.

Exit interviews will be conducted by the Human Resources Director at which time ID badge, access card, vehicle hang tags, and any other District equipment will be returned.

Up to three days of leave will be granted for death of a spouse, parent, or child.

One day of leave will be granted for death of employee's grandparent, grandchild, brother, sister, aunt, uncle, niece, nephew, mother-in-law or father-in-law.

Bereavement leave does not apply to relationships by marriage with the exception of spouse's father, mother, or child.

## of days 2 days

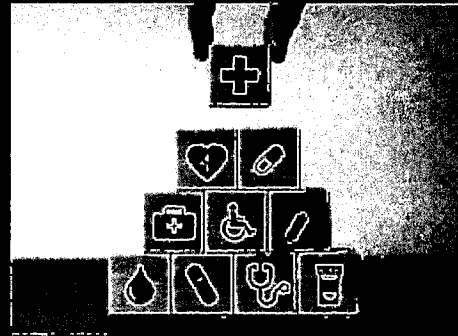
- ❖ New Years Day
- ❖ Martin Luther King
- ❖ Good Friday
- ❖ Battle of Flowers
- ❖ Memorial Day
- ❖ Juneteenth Day
- ❖ Independence Day
- ❖ Labor Day
- ❖ Veteran's Day
- ❖ Thanksgiving & Friday following
- ❖ Christmas

# Benefit

Employee Assistance Program (EAP)

Confidential employee assistance program designed to help employees and their families balance work and personal life.

For more information, please contact Human Resources or MYgroup (McLaughlin Young)  
800-633-3353 or [www.mygroup.com](http://www.mygroup.com).



Employee coverage for health, dental, long term disability and life insurance is provided by the District at no cost.

Vision insurance, supplemental insurance through Illinois Mutual and Nationwide's 457(b) options available through payroll deduction.

Cost for dependent(s) based on benefit and plan selected.

Coverage is effective the first day of the month following 60 days of employment.

ID card - [bcbstx.com](http://bcbstx.com), BCBSTX App

Plan 1 with \$1000 deductible option

Plan 2 with \$5000 deductible option

In network and Out of network will be based on charges as provided by participating provider

Dependent coverage available

2024 | 100/100/60 OR 100/80/50

Out of network – will pay based on charges as provided by participating Provider.

Dependent coverage available.

Membership card on website and app.

Plans: 100/100/60 OR 100/80/50

EE/Only \$6.35/mo; EE/Spouse \$9.89/mo; EE/Child(ren) \$12.11; EE/Family \$18.94/mo

## Disability Insurance

Benefit provided through MetLife

Premiums 100% paid by District

60 day elimination period

Pays 60% of monthly salary to normal social security retirement date

Benefits provided through MetLife

Premiums 100% paid by District

Eligible for 2x annual salary plus additional \$15,000 – maximum \$250,000

Dependent life coverage available for a monthly premium of \$1.18

- Spouse coverage \$5,000
- Birth – 14 days \$1,000
- Children from 15 days to 6 months \$2,000
- Children from 6 months to 25 years \$2,000

## Deferred Compensation Plan

401(k) Plan (Roth or Traditional)

Governed by Section 457(b) of the Internal Revenue Code

Allows you to save funds for retirement through payroll deduction. Tax deferred and Roth options offered. There are various investment funds available. If interested, please see Human Resources for our Nationwide representative contact information.

Offers numerous benefit plans including Short Term Disability, Hospital, Cancer, and Life Insurance.

Employee paid by payroll deduction.



# TCORS

## 457(b) Plan (Deferred Compensation System)

Employees invest 7% of gross salary to Retirement System (in lieu of Social Security)

Funds earn 7% interest on December 31st based on your balance as of the beginning of the year

Vested after 10 years of service

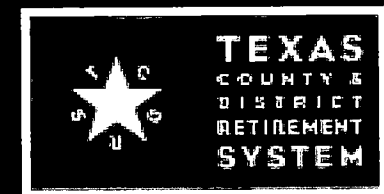
Register online on receipt of welcome kit. Add beneficiary.

### Eligibility for retirement:

Age 60 with 10 years of service; or

Any age with 30 years of service; or

Rule of 75 – age plus years of service equals 75



Current matching is \$2.50 for every dollar payable when eligible for retirement.

Employer matching is received when eligibility for retirement is established and a monthly benefit is paid.

Upon termination and not retirement eligible, funds can remain in account and continue to earn interest, can be withdrawn (and taxed), can be rolled over to a qualified account.

# Other Perks include:

Direct Deposit

Free Parking / Bus Passes

Personal Day - with 10 or more years of service

Festive Day - with 15 or more years of service

Smart casual dress code

Recognition Programs

Service Awards

Remote work option

Flex schedules with approval

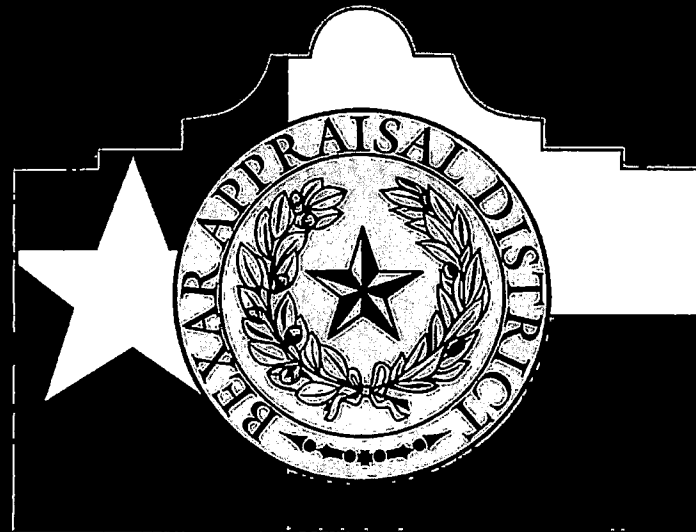
Health Fairs - vaccination clinic

Thanksgiving Luncheon

Annual Holiday Celebration



Employee Event Committee Presentation  
IS Technology Orientation  
Anti-Harassment Training  
Active Shooter Training  
New Hire Forms  
Employee Handbook  
Open Records Training  
Benefits Enrollment



**STAFF SUMMARY SHEET**

**ISSUE:** Adjourn to Executive Session

At any time during the meeting of the board of directors, the board may retire into closed Executive Session pursuant to Texas Government Code, Sections 551.071, 551.072, 551.074 & 551.076 to discuss any of the following:

1. Section 551.071 Consultation with attorney regarding pending or contemplated litigation, settlement offers, or about matters which the attorney is required to consult with the board. As authorized by this section, this meeting may be convened in closed Executive Session for the purpose of seeking confidential legal advice from the board's legal counsel on any item listed herein.
2. Section 551.072 Deliberations regarding real property.
3. Section 551.074 Personnel matters; to deliberate the appointment, employment, evaluation, reassignment duties, discipline, or dismissal of a public officer or employee; or to hear a complaint or charge against an officer or employee. The board of directors will discuss a matter involving the Taxpayer Liaison Officer.
4. Section 551.076 Deliberations regarding Security Devices.

The board of directors may consider and act upon any item discussed in closed Executive Session

**STAFF SUMMARY SHEET**

**ISSUE:** Chief Appraiser's Report

The board of directors will receive the following reports from the chief appraiser:

1. Financial Condition

- a. Funds investment report for October and November 2024
- b. Statement of revenues and expenses through November 30, 2024
- c. Designated cash funds report through November 30, 2024

2. Appraisal Records

- a. Presentation of appraisal roll correction report for the fourth quarter of the 2024 tax year as authorized by Section 25.25(b), Texas Tax Code.
- b. The board of directors will receive an overview of the property tax calendar and an update on the status of work regarding the 2025 appraisal roll.

**BEXAR APPRAISAL DISTRICT**  
**Funds Investment Report**  
**10/31/2024**

|                          |           |                      |               |  |
|--------------------------|-----------|----------------------|---------------|--|
| Cash - Operating Account | \$        | 2,215,606.19         | <b>% RATE</b> |  |
|                          | \$        | 10,456,966.83        | 0%            |  |
| <b>Total Deposits</b>    | <b>\$</b> | <b>12,672,573.02</b> | <b>3.17%</b>  |  |

| Other Rate Comparisons |               |
|------------------------|---------------|
| TexPool                | 90 day T-Bill |
| 4.92%                  | 4.57%         |

|                         |           |                      |                              |               |
|-------------------------|-----------|----------------------|------------------------------|---------------|
| Pledged Collateral:     |           |                      |                              |               |
| FDIC                    | \$        | 250,000.00           | Year-To-Date Interest Earned | \$ 240,995.76 |
| FMV                     | \$        | 17,523,852.49        |                              |               |
| <b>Total Collateral</b> | <b>\$</b> | <b>17,773,852.49</b> |                              |               |

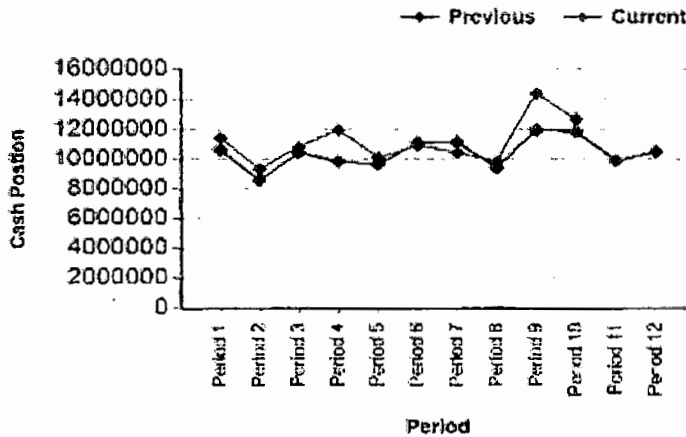
  

|                         |    |              |  |
|-------------------------|----|--------------|--|
| Collateral Over (Under) | \$ | 5,101,279.47 | 138% FMV Less FDIC per investment Policy |
|-------------------------|----|--------------|--|

**Cash Position**

| This Period               | Current          | Previous         | Change          | % Change |
|---------------------------|------------------|------------------|-----------------|----------|
| vs. Last Period           | \$ 12,672,573.00 | \$ 14,411,432.00 | \$ 1,738,859.00 | 12.07%   |
| vs. This Period Last Year | \$ 12,672,573.00 | \$ 11,888,790.00 | \$ 783,783.00   | 6.59%    |

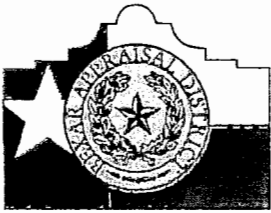
**Cash Position Detail**



Signed by: *Christine Kline*  
Investment Officer for Bexar Appraisal District

This report and the investments represented are in compliance with the District's Investment Policy, GAAP, and the Public Funds Investment Act, Chapter 2256, Government Code.

Most recent 10 hour training course completed: September 2024 with TAAO



*Bexar Appraisal District*  
*Balance Sheet*  
*As of 10/31/2024*

|  | <u>August</u>        | <u>September</u>     | <u>October</u>       |
|--|----------------------|----------------------|----------------------|
| <b>ASSETS</b>                          |                      |                      |                      |
| Cash and Short Term Investments        | \$9,846,190.03       | \$14,411,431.97      | \$12,672,573.02      |
| Accounts Receivable                    | 46,742.00            | 202,173.00           | 8,489.00             |
| Employee Advances                      | 0.00                 | 0.00                 | 330.68               |
| Prepaid Expenses                       | 68,922.40            | 68,922.40            | 68,922.40            |
| <b>Total Current Assets</b>            | <b>9,961,854.43</b>  | <b>14,682,527.37</b> | <b>12,750,315.10</b> |
| General Fixed Assets                   | 4,636,800.67         | 4,636,800.67         | 4,636,800.67         |
| Fixed Assets-Building                  | 5,749,539.13         | 5,749,539.13         | 5,749,539.13         |
| Non-Current Portion Sick & Vacation    | 1,333,236.29         | 1,333,236.29         | 1,333,236.29         |
| <b>Total Non- Current Assets</b>       | <b>11,719,576.09</b> | <b>11,719,576.09</b> | <b>11,719,576.09</b> |
| <b>Total Assets</b>                    | <b>21,681,430.52</b> | <b>26,402,103.46</b> | <b>24,469,891.19</b> |
| <b>LIABILITIES</b>                     |                      |                      |                      |
| Accounts Payable                       | 240,458.79           | 240,511.74           | 240,154.87           |
| <b>Total Current Liabilities</b>       | <b>240,458.79</b>    | <b>240,511.74</b>    | <b>240,154.87</b>    |
| Non-Current Sick & Vacation Accrual    | 1,333,236.29         | 1,333,236.29         | 1,333,236.29         |
| <b>Total Liabilities</b>               | <b>1,573,695.08</b>  | <b>1,573,748.03</b>  | <b>1,573,391.16</b>  |
| <b>Equity</b>                          |                      |                      |                      |
| Investment in Fixed Assets-Building    | 5,749,539.13         | 5,749,539.13         | 5,749,539.13         |
| Investment in Fixed Assets             | 4,636,800.67         | 4,636,800.67         | 4,636,800.67         |
| General Restricted Reserve Fund        | 3,523,000.00         | 3,523,000.00         | 3,523,000.00         |
| Designated - Digital Orthophotography  | 100,000.00           | 100,000.00           | 100,000.00           |
| Designated - Litigation Expenses       | 700,000.00           | 700,000.00           | 700,000.00           |
| Designated - Retirement Funding        | 112,654.16           | 112,654.16           | 112,654.16           |
| Designated - Technology Reserve        | 275,000.00           | 275,000.00           | 275,000.00           |
| Designated - Homestead Audit/ Outreach | 220,000.00           | 220,000.00           | 220,000.00           |
| Designated - Building Upgrades         | 143,630.00           | 143,630.00           | 143,630.00           |
| Designated - Roof Reserve              | 105,214.00           | 105,214.00           | 105,214.00           |
| Designated- Election                   | 65,415.87            | 65,415.87            | 65,415.87            |
| Reserved for Building - Capital        | 1,000,000.00         | 1,000,000.00         | 1,000,000.00         |
| Reserved for COLA Retention            | 96,891.28            | 96,891.28            | 96,891.28            |
| Unreserved Funds                       | 0.00                 | 0.00                 | 0.00                 |
| Net Profit/(Loss)                      | 3,379,590.33         | 8,100,210.32         | 6,168,354.92         |
| <b>Total Equity</b>                    | <b>20,107,735.44</b> | <b>24,828,355.43</b> | <b>22,896,500.03</b> |
| <b>Total Liabilities and Equity</b>    | <b>21,681,430.52</b> | <b>26,402,103.46</b> | <b>24,469,891.19</b> |

**BEXAR APPRAISAL DISTRICT**  
*Summary of All Units*  
**Comparison of Budget and Actual Revenues**  
*For the Ten Months Ending 10/31/2024*

| <u>TAXING UNITS</u>              | <u>2024<br/>BUDGET</u> | <u>CURRENT<br/>MONTH</u> | <u>YEAR TO<br/>DATE</u> | <u>YTD<br/>%</u> | <u>(OVER)<br/>UNDER</u> |
|----------------------------------|------------------------|--------------------------|-------------------------|------------------|-------------------------|
| Alamo Community College District | \$1,882,552            | \$0                      | \$1,882,552             | (100%)           | \$0                     |
| City of Alamo Heights            | 42,554                 | 0                        | 42,556                  | (100%)           | (2)                     |
| Alamo Heights ISD                | 412,643                | 0                        | 412,644                 | (100%)           | (1)                     |
| City of Balcones Heights         | 11,556                 | 0                        | 11,556                  | (100%)           | 0                       |
| Bexar County                     | 3,219,990              | 0                        | 3,219,992               | (100%)           | (2)                     |
| Bexar County Emer Serv Dist#1    | 9,669                  | 0                        | 9,668                   | (100%)           | 1                       |
| Bexar County Emer Serv Dist#2    | 75,388                 | 0                        | 75,388                  | (100%)           | 0                       |
| Bexar County Emer Serv Dist#3    | 39,426                 | 0                        | 39,428                  | (100%)           | (2)                     |
| Bexar County Emer Serv Dist#5    | 19,674                 | 0                        | 19,676                  | (100%)           | (2)                     |
| Bexar County Emer Serv Dist#6    | 8,532                  | 0                        | 8,532                   | (100%)           | 0                       |
| Bexar County Flood               | 281,179                | 0                        | 281,180                 | (100%)           | (1)                     |
| Bexar County Emer Serv Dist#7    | 32,317                 | 0                        | 32,316                  | (100%)           | 1                       |
| Bexar County Emer Serv Dist#8    | 10,264                 | 0                        | 10,264                  | (100%)           | 0                       |
| Bexar County Emer Serv Dist#4    | 13,030                 | 0                        | 13,032                  | (100%)           | (2)                     |
| Bexar County Emer Serv Dist#10   | 13,495                 | 0                        | 13,496                  | (100%)           | (1)                     |
| Boerne ISD                       | 166,443                | (200)                    | 166,444                 | (100%)           | (1)                     |
| Bexar County Emer Serv Dist#11   | 11,815                 | 0                        | 11,816                  | (100%)           | (1)                     |
| Bexar County Emer Serv Dist#12   | 8,713                  | 0                        | 8,712                   | (100%)           | 1                       |
| City of Castle Hills             | 25,181                 | 0                        | 25,180                  | (100%)           | 1                       |
| City of China Grove              | 2,068                  | 0                        | 2,068                   | (100%)           | 0                       |
| Cibolo Canyon                    | 46,510                 | 0                        | 46,512                  | (100%)           | (2)                     |
| Comal ISD                        | 196,097                | 0                        | 196,096                 | (100%)           | 1                       |
| City of Converse                 | 59,178                 | 0                        | 59,180                  | (100%)           | (2)                     |
| Crosswinds at South Lake SID     | 4,757                  | 0                        | 4,756                   | (100%)           | 1                       |
| East Central ISD                 | 346,252                | 0                        | 346,252                 | (100%)           | 0                       |
| Edgewood ISD                     | 122,260                | 0                        | 122,260                 | (100%)           | 0                       |
| City of Elmendorf                | 4,990                  | 0                        | 4,992                   | (100%)           | (2)                     |
| City of Fair Oaks Ranch          | 24,767                 | 0                        | 24,768                  | (100%)           | (1)                     |
| Floresville ISD                  | 155                    | 0                        | 156                     | (101%)           | (1)                     |
| City of Grey Forest              | 336                    | 0                        | 336                     | (100%)           | 0                       |
| Harlandale ISD                   | 163,651                | 0                        | 163,652                 | (100%)           | (1)                     |
| City of Helotes                  | 25,750                 | 0                        | 25,752                  | (100%)           | (2)                     |
| Hill Country Village             | 3,542                  | 0                        | 3,544                   | (100%)           | (2)                     |
| Town of Hollywood Park           | 18,588                 | 0                        | 18,588                  | (100%)           | 0                       |
| Judson ISD                       | 786,170                | 0                        | 786,172                 | (100%)           | (2)                     |
| City of Kirby                    | 17,451                 | 0                        | 17,452                  | (100%)           | (1)                     |
| City of Leon Valley              | 33,144                 | 0                        | 33,144                  | (100%)           | 0                       |
| City of Live Oak                 | 40,228                 | 0                        | 40,228                  | (100%)           | 0                       |
| City of Lytle                    | 26                     | 0                        | 28                      | (108%)           | (2)                     |
| Medina Valley ISD                | 165,486                | 0                        | 165,488                 | (100%)           | (2)                     |
| Northeast ISD                    | 2,629,167              | 0                        | 2,629,168               | (100%)           | (1)                     |
| Northside ISD                    | 3,962,442              | 0                        | 3,962,444               | (100%)           | (2)                     |
| City of Olmos Park               | 21,174                 | 0                        | 21,176                  | (100%)           | (2)                     |
| City of San Antonio              | 4,318,829              | 0                        | 4,318,828               | (100%)           | 1                       |
| San Antonio ISD                  | 1,689,791              | 0                        | 1,689,792               | (100%)           | (1)                     |
| San Antonio MUD #1               | 1,267                  | 0                        | 1,268                   | (100%)           | (1)                     |
| San Antonio River Authority      | 240,435                | 0                        | 240,436                 | (100%)           | (1)                     |
| City of Sandy Oaks               | 3,025                  | 0                        | 3,024                   | (100%)           | 1                       |

**BEXAR APPRAISAL DISTRICT**  
*Summary of All Units*  
**Comparison of Budget and Actual Revenues**  
*For the Ten Months Ending 10/31/2024*

|                                      | <u>2024</u><br><u>BUDGET</u> | <u>CURRENT</u><br><u>MONTH</u> | <u>YEAR TO</u><br><u>DATE</u> | <u>YTD</u><br><u>%</u> | <u>(OVER)</u><br><u>UNDER</u> |
|--------------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------|-------------------------------|
| City of Schertz                      | 17,606                       | 0                              | 17,608                        | (100%)                 | (2)                           |
| Schertz-Cibolo-Univ City ISD         | 76,164                       | 0                              | 76,164                        | (100%)                 | 0                             |
| City of Selma                        | 11,117                       | 0                              | 11,116                        | (100%)                 | 1                             |
| City of Shavano Park                 | 25,827                       | 0                              | 25,828                        | (100%)                 | (1)                           |
| City of Somerset                     | 5,326                        | 0                              | 5,328                         | (100%)                 | (2)                           |
| Somerset ISD                         | 32,859                       | 0                              | 32,860                        | (100%)                 | (1)                           |
| South San Antonio ISD                | 160,523                      | 0                              | 160,524                       | (100%)                 | (1)                           |
| Southside ISD                        | 138,780                      | 0                              | 138,780                       | (100%)                 | 0                             |
| Southwest ISD                        | 402,870                      | 0                              | 402,828                       | (100%)                 | 42                            |
| City of St. Hedwig                   | 6,437                        | 0                              | 6,436                         | (100%)                 | 1                             |
| City of Terrell Hills                | 37,099                       | 0                              | 37,100                        | (100%)                 | (1)                           |
| Universal City                       | 55,636                       | 0                              | 55,636                        | (100%)                 | 0                             |
| University Health System             | 3,621,541                    | 0                              | 3,621,541                     | (100%)                 | 0                             |
| Westside 211 SID                     | 9,230                        | 0                              | 9,232                         | (100%)                 | (2)                           |
| City of Windcrest                    | 20,372                       | 0                              | 20,372                        | (100%)                 | 0                             |
| Clear Water Creek SID                | 26                           | 0                              | 28                            | (108%)                 | (2)                           |
| Stolte Ranch SID                     | 672                          | 0                              | 672                           | (100%)                 | 0                             |
| Tally Road SID                       | 853                          | 0                              | 852                           | (100%)                 | 1                             |
| Westpoint SID                        | 9,669                        | 0                              | 9,668                         | (100%)                 | 1                             |
| Redbird Ranch                        | 5,248                        | 0                              | 5,248                         | (100%)                 | 0                             |
| Bexar County Emer Serv Dist#9        | 2,017                        | 0                              | 2,016                         | (100%)                 | 1                             |
| Tres Laurels SID                     | 52                           | 0                              | 52                            | (100%)                 | 0                             |
| Landon Ridge SID                     | 465                          | 0                              | 464                           | (100%)                 | 1                             |
| Lemon Creek SID                      | 207                          | 0                              | 208                           | (100%)                 | (1)                           |
| Briggs Ranch SID                     | 388                          | 0                              | 388                           | (100%)                 | 0                             |
| Sapphire Grove SID                   | 129                          | 0                              | 128                           | (99%)                  | 1                             |
| Grace Gardens SID                    | 78                           | 0                              | 80                            | (103%)                 | (2)                           |
| Briggs Ranch II SID                  | 52                           | 0                              | 52                            | (100%)                 | 0                             |
| <b>TOTAL TAX UNIT LEVY</b>           | <b>25,853,200</b>            | <b>(200)</b>                   | <b>25,853,201</b>             | <b>100%</b>            | <b>(1)</b>                    |
| Other Revenues                       | 20,000                       | 3,951                          | 125,630                       | (628%)                 | (105,630)                     |
| Other Revenues - Information Systems | 8,000                        | 521                            | 3,400                         | (43%)                  | 4,600                         |
| Interest Revenues                    | 20,000                       | 28,001                         | 240,996                       | (1205%)                | (220,996)                     |
| <b>TOTAL OTHER REVENUES</b>          | <b>48,000</b>                | <b>32,473</b>                  | <b>370,025</b>                | <b>771%</b>            | <b>(322,025)</b>              |
| <b>TOTAL REVENUES COLLECTED</b>      | <b>25,901,200</b>            | <b>32,273</b>                  | <b>26,223,226</b>             | <b>101%</b>            | <b>(322,026)</b>              |

**BEXAR APPRAISAL DISTRICT**  
*Summary of All Units*  
**Comparison of Budget and Actual Revenues**  
*For the Ten Months Ending 10/31/2024*

|                                      | <u>2024<br/>BUDGET</u> | <u>CURRENT<br/>MONTH</u> | <u>YEAR TO<br/>DATE</u> | <u>YTD<br/>%</u> | <u>(OVER)<br/>UNDER</u> |
|--------------------------------------|------------------------|--------------------------|-------------------------|------------------|-------------------------|
| <b><u>OPERATING EXPENDITURES</u></b> |                        |                          |                         |                  |                         |
| Advertising Public Notices           | 63,000                 | 2,157                    | 54,857                  | 87%              | 8,143                   |
| Auto Allowance                       | 892,800                | 75,373                   | 764,426                 | 86%              | 128,374                 |
| Stipend                              | 32,000                 | 2,626                    | 22,587                  | 71%              | 9,413                   |
| Copier Costs                         | 47,981                 | 3,185                    | 29,136                  | 61%              | 18,845                  |
| Copier, FAX, & Printer Supplies      | 54,445                 | 4,416                    | 24,429                  | 45%              | 30,016                  |
| Employee Recognition/Awards          | 50,000                 | 4,859                    | 19,076                  | 38%              | 30,924                  |
| Equipment Maintenance                | 350                    | 0                        | 0                       | 0                | 350                     |
| Forms Creation                       | 366,775                | 3,190                    | 193,332                 | 53%              | 173,443                 |
| General Insurance                    | 45,000                 | 0                        | 43,024                  | 96%              | 1,976                   |
| Map Production & Supplies            | 4,550                  | 0                        | 1,605                   | 35%              | 2,945                   |
| Mileage Reimbursements               | 4,000                  | 0                        | 206                     | 5%               | 3,794                   |
| Office Building Expense              | 250,000                | 28,070                   | 204,883                 | 82%              | 45,117                  |
| Offsite Storage                      | 25,000                 | 1,250                    | 16,993                  | 68%              | 8,007                   |
| Office Supplies                      | 84,980                 | 6,785                    | 65,639                  | 77%              | 19,341                  |
| Postage                              | 694,362                | 24,731                   | 495,489                 | 71%              | 198,873                 |
| Professional Dues                    | 29,402                 | 180                      | 12,178                  | 41%              | 17,224                  |
| Publications                         | 292,950                | 18,992                   | 176,071                 | 60%              | 116,879                 |
| Security                             | 300,000                | 33,937                   | 243,422                 | 81%              | 56,578                  |
| Telephone                            | 93,000                 | 5,257                    | 63,310                  | 68%              | 29,690                  |
| Training                             | 263,458                | 11,747                   | 105,212                 | 40%              | 158,246                 |
| Utilities                            | 125,000                | 8,535                    | 78,828                  | 63%              | 46,172                  |
| Worker's Compensation                | 50,000                 | (50)                     | 45,268                  | 91%              | 4,732                   |
| Contingency                          | 250,000                | 0                        | 248,258                 | 99%              | 1,742                   |
| <b>TOTAL OPERATING EXPENDITURES</b>  | <b>4,019,053</b>       | <b>235,238</b>           | <b>2,908,228</b>        | <b>72%</b>       | <b>1,110,825</b>        |
| <b><u>CAPITAL EXPENDITURES</u></b>   |                        |                          |                         |                  |                         |
| <b>FURNITURE:</b>                    |                        |                          |                         |                  |                         |
| Executive Services                   | 1,500                  | 0                        | 1,725                   | 115%             | (225)                   |
| Information Services                 | 500                    | 0                        | 0                       | 0                | 500                     |
| Geographic Info. Systems             | 500                    | 0                        | 0                       | 0                | 500                     |
| Customer Info & Assist               | 15,000                 | 0                        | 8,395                   | 56%              | 6,605                   |
| Residential                          | 10,000                 | 0                        | 694                     | 7%               | 9,306                   |
| Commercial                           | 3,500                  | 365                      | 1,750                   | 50%              | 1,750                   |
| Personal Property                    | 4,500                  | (270)                    | 0                       | 0                | 4,500                   |
| Legal                                | 2,000                  | 0                        | 4,160                   | 208%             | (2,160)                 |
| <b>EQUIPMENT:</b>                    |                        |                          |                         |                  |                         |
| Information Services                 | 112,000                | 5,319                    | 36,108                  | 32%              | 75,892                  |
| CAMA Hardware                        | 15,000                 | 0                        | 3,840                   | 26%              | 11,160                  |
| <b>TOTAL CAPITAL EXPENDITURES</b>    | <b>164,500</b>         | <b>5,414</b>             | <b>56,672</b>           | <b>34%</b>       | <b>107,828</b>          |

**BEXAR APPRAISAL DISTRICT**  
*Summary of All Units*  
**Comparison of Budget and Actual Revenues**  
*For the Ten Months Ending 10/31/2024*

|   | <u>2024<br/>BUDGET</u>   | <u>CURRENT<br/>MONTH</u> | <u>YEAR TO<br/>DATE</u>  | <u>YTD<br/>%</u>  | <u>(OVER)<br/>UNDER</u> |
|---|--------------------------|--------------------------|--------------------------|-------------------|-------------------------|
| <b><u>EMPLOYEE EXPENDITURES:</u></b>      |                          |                          |                          |                   |                         |
| Salaries, Regular                         | 12,310,629               | 953,458                  | 9,653,578                | 78%               | 2,657,051               |
| Salaries, Overtime                        | 166,350                  | 623                      | 82,320                   | 49%               | 84,030                  |
| Retirement                                | 2,057,710                | 167,959                  | 1,734,833                | 84%               | 322,877                 |
| Payroll Taxes                             | 31,428                   | 124                      | 22,809                   | 73%               | 8,619                   |
| Group Medical Insurance                   | 1,984,670                | 115,335                  | 1,122,248                | 57%               | 862,422                 |
| Life Insurance                            | 77,345                   | 4,824                    | 41,866                   | 54%               | 35,479                  |
| Medicare Taxes                            | 192,772                  | 14,722                   | 152,159                  | 79%               | 40,613                  |
| TCDRS Retiree COLA                        | 275,000                  | 0                        | 0                        | 0                 | 275,000                 |
| Sick Leave Buy Back Fund                  | 50,000                   | 4,678                    | 106,625                  | 213%              | (56,625)                |
| Departure Contingency                     | 70,000                   | 908                      | 90,417                   | 129%              | (20,417)                |
| <b><u>TOTAL EMPLOYEE EXPENDITURES</u></b> | <b><u>17,215,904</u></b> | <b><u>1,262,632</u></b>  | <b><u>13,006,856</u></b> | <b><u>76%</u></b> | <b><u>4,209,048</u></b> |
| <b><u>CONTRACT SERVICES:</u></b>          |                          |                          |                          |                   |                         |
| Valuation Oil & Gas                       | 38,000                   | 0                        | 44,860                   | 118%              | (6,860)                 |
| Valuation Telecommunications Accounts     | 40,000                   | 0                        | 14,472                   | 36%               | 25,528                  |
| Accounting & Auditing                     | 50,000                   | 943                      | 45,694                   | 91%               | 4,306                   |
| Legal Services                            | 1,100,000                | 60,336                   | 837,140                  | 76%               | 262,860                 |
| Consulting Studies                        | 40,000                   | 304                      | 17,130                   | 43%               | 22,870                  |
| Taxpayer Liason Officer                   | 30,000                   | 4,470                    | 29,184                   | 97%               | 816                     |
| Contract Services Contingency             | 45,800                   | 522                      | 609                      | 1%                | 45,191                  |
| Temporary Services                        | 189,500                  | 10,141                   | 172,906                  | 91%               | 16,594                  |
| <b><u>TOTAL CONTRACT SERV. EXP</u></b>    | <b><u>1,533,300</u></b>  | <b><u>76,716</u></b>     | <b><u>1,161,994</u></b>  | <b><u>76%</u></b> | <b><u>371,306</u></b>   |
| <b><u>INFO. SYSTEMS EXPENDITURES</u></b>  |                          |                          |                          |                   |                         |
| Leases                                    | 74,580                   | 1,922                    | 56,755                   | 76%               | 17,825                  |
| Software Maintenance                      | 423,330                  | 28,256                   | 385,160                  | 91%               | 38,170                  |
| Hardware Maintenance                      | 43,000                   | 0                        | 12,786                   | 30%               | 30,214                  |
| IS Supplies                               | 60,000                   | 515                      | 16,692                   | 28%               | 43,308                  |
| IS Services                               | 35,600                   | 891                      | 12,734                   | 36%               | 22,866                  |
| <b><u>TOTAL INFO. SYSTEMS EXP.</u></b>    | <b><u>636,510</u></b>    | <b><u>31,584</u></b>     | <b><u>484,127</u></b>    | <b><u>76%</u></b> | <b><u>152,383</u></b>   |
| <b><u>PROJECT EXPENDITURES:</u></b>       |                          |                          |                          |                   |                         |
| Aerial Maps                               | 240,000                  | 0                        | 240,000                  | 100%              | 0                       |
| Homestead Audit /Outreach                 | 10,000                   | 0                        | 0                        | 0                 | 10,000                  |
| Field Device Maintenance                  | 201,156                  | 3,942                    | 206,591                  | 103%              | (5,435)                 |
| Server Infrastructure Upgrade             | 100,000                  | 0                        | 0                        | 0                 | 100,000                 |
| Technology Improvements                   | 200,000                  | 0                        | 3,800                    | 2%                | 196,200                 |
| CAMA Software                             | 583,502                  | 125,041                  | 493,666                  | 85%               | 89,836                  |
| CAMA Enhancements                         | 100,000                  | 100,000                  | 100,000                  | 100%              | 0                       |
| <b><u>TOTAL PROJECT EXPENDITURES</u></b>  | <b><u>1,434,658</u></b>  | <b><u>228,982</u></b>    | <b><u>1,044,058</u></b>  | <b><u>73%</u></b> | <b><u>390,600</u></b>   |
| <b><u>OTHER EXPENDITURES:</u></b>         |                          |                          |                          |                   |                         |
| Board of Directors Expenses               | 4,000                    | 0                        | 1,233                    | 31%               | 2,767                   |
| Chief Appraiser Expense                   | 8,000                    | 397                      | 3,990                    | 50%               | 4,010                   |
| <b><u>TOTAL OTHER EXPENDITURES</u></b>    | <b><u>12,000</u></b>     | <b><u>397</u></b>        | <b><u>5,223</u></b>      | <b><u>44%</u></b> | <b><u>6,777</u></b>     |

**BEXAR APPRAISAL DISTRICT**  
*Summary of All Units*  
**Comparison of Budget and Actual Revenues**  
*For the Ten Months Ending 10/31/2024*

|  | <u>2024<br/>BUDGET</u>   | <u>CURRENT<br/>MONTH</u> | <u>YEAR TO<br/>DATE</u>   | <u>YTD<br/>%</u>   | <u>(OVER)<br/>UNDER</u> |
|--|--------------------------|--------------------------|---------------------------|--------------------|-------------------------|
| <b><u>A.R.B EXPENDITURES</u></b>         |                          |                          |                           |                    |                         |
| Compensation                             | 630,000                  | 96,120                   | 784,808                   | 125%               | (154,808)               |
| Training                                 | 6,925                    | 0                        | 2,900                     | 42%                | 4,025                   |
| Postage                                  | 181,850                  | 25,445                   | 189,810                   | 104%               | (7,960)                 |
| Legal Services                           | 65,000                   | 1,600                    | 7,363                     | 11%                | 57,637                  |
| Contingency                              | 1,500                    | 0                        | 0                         | 0                  | 1,500                   |
| <b><u>TOTAL A.R.B EXPENDITURES</u></b>   | <b><u>885,275</u></b>    | <b><u>123,165</u></b>    | <b><u>984,881</u></b>     | <b><u>111%</u></b> | <b><u>(99,606)</u></b>  |
| <b><u>TOTAL EXPENDITURES</u></b>         | <b><u>25,901,200</u></b> | <b><u>1,964,129</u></b>  | <b><u>19,652,038</u></b>  | <b><u>76%</u></b>  | <b><u>6,249,162</u></b> |
| <b><u>REVENUES OVER EXPENDITURES</u></b> | <b><u>0</u></b>          | <b><u>1,931,855</u></b>  | <b><u>(6,571,189)</u></b> | <b><u>0</u></b>    | <b><u>6,571,189</u></b> |

BEXAR APPRAISAL DISTRICT  
 STATEMENT OF EXPENDITURES FOR  
 DESIGNATED CASH FUNDS (MODIFIED ACCRUAL BASIS)  
 FOR THE MONTH ENDED October 31, 2024

|        |                        | GENERAL RESTRICTED FUND |                 |
|--------|------------------------|-------------------------|-----------------|
| DATE   | PAYEE                  | PURPOSE                 | AMOUNT          |
| 31-Oct | Balance Forward        |                         | \$ 3,523,000.00 |
|        | ITEMIZED MONTHLY TOTAL |                         | -               |
|        | ITEMIZED YTD TOTAL     |                         | \$ 3,523,000.00 |

|          |                          | GENERAL RESTRICTED ELECTION |               |
|----------|--------------------------|-----------------------------|---------------|
| DATE     | PAYEE                    | PURPOSE                     | AMOUNT        |
| 6/3/2024 | Run off election deposit |                             | (434,584.13)  |
| 31-Oct   | Funds added              |                             | \$ 500,000.00 |
|          | ITEMIZED MONTHLY TOTAL   |                             | \$ 65,415.87  |
|          | ITEMIZED YTD TOTAL       |                             | \$ 65,415.87  |

|        |                        | DESIGNATED - DIGITAL ORTHOPHOGRAPHY |               |
|--------|------------------------|-------------------------------------|---------------|
| DATE   | PAYEE                  | PURPOSE                             | AMOUNT        |
| 31-Oct | Balance Forward        |                                     | \$ 100,000.00 |
|        | ITEMIZED MONTHLY TOTAL |                                     | -             |
|        | ITEMIZED YTD TOTAL     |                                     | \$ 100,000.00 |

|        |                        | DESIGNATED - LITIGATOR EXPENSES |               |
|--------|------------------------|---------------------------------|---------------|
| DATE   | PAYEE                  | PURPOSE                         | AMOUNT        |
| 31-Oct | Balance Forward        |                                 | \$ 700,000.00 |
|        | ITEMIZED MONTHLY TOTAL |                                 | -             |
|        | ITEMIZED YTD TOTAL     |                                 | \$ 700,000.00 |

|        |                        | DESIGNATED - BUILDING CAPITAL |                 |
|--------|------------------------|-------------------------------|-----------------|
| DATE   | PAYEE                  | PURPOSE                       | AMOUNT          |
| 31-Oct | Balance Forward        |                               | \$ 1,000,000.00 |
|        | ITEMIZED MONTHLY TOTAL |                               | -               |
|        | ITEMIZED YTD TOTAL     |                               | \$ 1,000,000.00 |

|        |                        | DESIGNATED - RETIREMENT FUNDING |               |
|--------|------------------------|---------------------------------|---------------|
| DATE   | PAYEE                  | PURPOSE                         | AMOUNT        |
| 31-Oct | Balance Forward        |                                 | \$ 112,654.16 |
|        | ITEMIZED MONTHLY TOTAL |                                 | -             |
|        | ITEMIZED YTD TOTAL     |                                 | \$ 112,654.16 |

|        |                        | DESIGNATED - TECHNOLOGY RESERVE |               |
|--------|------------------------|---------------------------------|---------------|
| DATE   | PAYEE                  | PURPOSE                         | AMOUNT        |
| 31-Oct | Balance Forward        |                                 | \$ 275,000.00 |
|        | ITEMIZED MONTHLY TOTAL |                                 | -             |
|        | ITEMIZED YTD TOTAL     |                                 | \$ 275,000.00 |

|        |                        | DESIGNATED - Building Upgrades |               |
|--------|------------------------|--------------------------------|---------------|
| DATE   | PAYEE                  | PURPOSE                        | AMOUNT        |
| 31-Oct | Balance Forward        |                                | \$ 143,630.00 |
|        | ITEMIZED MONTHLY TOTAL |                                | -             |
|        | ITEMIZED YTD TOTAL     |                                | \$ 143,630.00 |

|        |                        | DESIGNATED - Roof Reserve |               |
|--------|------------------------|---------------------------|---------------|
| DATE   | PAYEE                  | PURPOSE                   | AMOUNT        |
| 31-Oct | Balance Forward        |                           | \$ 105,214.00 |
|        | ITEMIZED MONTHLY TOTAL |                           | -             |
|        | ITEMIZED YTD TOTAL     |                           | \$ 105,214.00 |

|        |                        | DESIGNATED - Homestead Exemption/Outreach |               |
|--------|------------------------|---|---------------|
| DATE   | PAYEE                  | PURPOSE                                   | AMOUNT        |
| 31-Oct | Balance Forward        |   | \$ 220,000.00 |
|        | ITEMIZED MONTHLY TOTAL |   | -             |
|        | ITEMIZED YTD TOTAL     |   | \$ 220,000.00 |

|        |                        | DESIGNATED - COLA Retention |              |
|--------|------------------------|-----------------------------|--------------|
| DATE   | PAYEE                  | PURPOSE                     | AMOUNT       |
| 31-Oct | Balance Forward        |                             | \$ 96,891.28 |
|        | ITEMIZED MONTHLY TOTAL |                             | -            |
|        | ITEMIZED YTD TOTAL     |                             | \$ 96,891.28 |

|        |                        | DESIGNATED - FINCE |                |
|--------|------------------------|--------------------|----------------|
| DATE   | PAYEE                  | PURPOSE            | AMOUNT         |
| 31-Oct | Balance Forward        |                    | \$ 13,610.51   |
| 31-Oct |                        |                    | \$ (13,610.51) |
|        | ITEMIZED MONTHLY TOTAL |                    | -              |
|        | ITEMIZED YTD TOTAL     |                    | \$ -           |

BEXAR APPRAISAL DISTRICT  
 Comparison of Current Year  
 Prior Year-Income Statement  
 For the Ten Months Ending 10/31/2024

|                                  | 2024<br>BUDGET | CURRENT<br>YTD | 2023<br>YTD | CURR<br>MONTH | 2023<br>MONTH |
|----------------------------------|----------------|----------------|-------------|---------------|---------------|
| <b>TAXING UNITS</b>              |                |                |             |               |               |
| Alamo Community College District | \$1,882,552    | \$1,882,552    | \$1,515,376 | \$0           | \$0           |
| City of Alamo Heights            | 42,554         | 42,556         | 36,788      | 0             | 0             |
| Alamo Heights ISD                | 412,643        | 412,644        | 434,400     | 0             | 0             |
| City of Balcones Heights         | 11,556         | 11,556         | 9,024       | 0             | 0             |
| Bexar County                     | 3,219,990      | 3,219,992      | 2,580,568   | 0             | 0             |
| Bexar County Emer Serv Dist#1    | 9,669          | 9,668          | 7,608       | 0             | 0             |
| Bexar County Emer Serv Dist#2    | 75,388         | 75,388         | 59,940      | 0             | 0             |
| Bexar County Emer Serv Dist#3    | 39,426         | 39,428         | 32,652      | 0             | 0             |
| Bexar County Emer Serv Dist#5    | 19,674         | 19,676         | 13,868      | 0             | 0             |
| Bexar County Emer Serv Dist#6    | 8,532          | 8,532          | 6,544       | 0             | 0             |
| Bexar County Flood               | 281,179        | 281,180        | 225,236     | 0             | 0             |
| Bexar County Emer Serv Dist#7    | 32,317         | 32,316         | 24,668      | 0             | 0             |
| Bexar County Emer Serv Dist#8    | 10,264         | 10,264         | 7,892       | 0             | 0             |
| Bexar County Emer Serv Dist#4    | 13,030         | 13,032         | 10,608      | 0             | 0             |
| Bexar County Emer Serv Dist#10   | 13,495         | 13,496         | 10,136      | 0             | 0             |
| Boerne ISD                       | 166,443        | 166,444        | 179,400     | (200)         | 0             |
| Bexar County Emer Serv Dist#11   | 11,815         | 11,816         | 9,404       | 0             | 0             |
| Bexar County Emer Serv Dist#12   | 8,713          | 8,712          | 6,404       | 0             | 0             |
| City of Castle Hills             | 25,181         | 25,180         | 20,012      | 0             | 0             |
| City of China Grove              | 2,068          | 2,068          | 1,700       | 0             | 0             |
| Cibolo Canyon                    | 46,510         | 46,512         | 34,164      | 0             | 0             |
| Comal ISD                        | 196,097        | 196,096        | 216,824     | 0             | 0             |
| City of Converse                 | 59,178         | 59,180         | 45,340      | 0             | 0             |
| Crosswinds at South Lake SID     | 4,757          | 4,756          | 2,576       | 0             | 0             |
| East Central ISD                 | 346,252        | 346,252        | 332,736     | 0             | 0             |
| Edgewood ISD                     | 122,260        | 122,260        | 116,525     | 0             | (1,847)       |
| City of Elmendorf                | 4,990          | 4,992          | 3,804       | 0             | 0             |
| City of Fair Oaks Ranch          | 24,767         | 24,768         | 21,144      | 0             | 0             |
| Floresville ISD                  | 155            | 156            | 140         | 0             | 0             |
| City of Grey Forest              | 336            | 336            | 284         | 0             | 0             |
| Harlandale ISD                   | 163,651        | 163,652        | 170,088     | 0             | 0             |
| City of Helotes                  | 25,750         | 25,752         | 21,404      | 0             | 0             |
| Hill Country Village             | 3,542          | 3,544          | 2,928       | 0             | 0             |
| Town of Hollywood Park           | 18,588         | 18,588         | 15,924      | 0             | 0             |
| Judson ISD                       | 786,170        | 786,172        | 818,172     | 0             | 0             |
| City of Kirby                    | 17,451         | 17,452         | 15,004      | 0             | 0             |
| City of Leon Valley              | 33,144         | 33,144         | 28,824      | 0             | 0             |
| City of Live Oak                 | 40,228         | 40,228         | 34,496      | 0             | 0             |
| City of Lytle                    | 26             | 28             | 24          | 0             | 0             |
| Medina Valley ISD                | 165,486        | 165,488        | 137,436     | 0             | 0             |
| Northeast ISD                    | 2,629,167      | 2,629,168      | 2,829,168   | 0             | 0             |
| Northside ISD                    | 3,962,442      | 3,962,444      | 4,184,496   | 0             | 0             |
| City of Olmos Park               | 21,174         | 21,176         | 16,184      | 0             | 0             |
| City of San Antonio              | 4,318,829      | 4,318,828      | 3,596,000   | 0             | 0             |
| San Antonio ISD                  | 1,689,791      | 1,689,792      | 1,700,304   | 0             | 0             |
| San Antonio MUD #1               | 1,267          | 1,268          | 1,512       | 0             | 0             |

BEXAR APPRAISAL DISTRICT  
Comparison of Current Year  
Prior Year-Income Statement  
For the Ten Months Ending 10/31/2024

|                                      | 2024<br>BUDGET    | CURRENT<br>YTD    | 2023<br>YTD       | CURR<br>MONTH | 2023<br>MONTH  |
|--------------------------------------|-------------------|-------------------|-------------------|---------------|----------------|
| San Antonio River Authority          | 240,435           | 240,436           | 195,772           | 0             | 0              |
| City of Sandy Oaks                   | 3,025             | 3,024             | 2,480             | 0             | 0              |
| City of Schertz                      | 17,606            | 17,608            | 14,036            | 0             | 0              |
| Schertz-Cibolo-Univ City ISD         | 76,164            | 76,164            | 77,616            | 0             | 0              |
| City of Selma                        | 11,117            | 11,116            | 9,024             | 0             | 0              |
| City of Shavano Park                 | 25,827            | 25,828            | 20,696            | 0             | 0              |
| City of Somerset                     | 5,326             | 5,328             | 4,252             | 0             | 0              |
| Somerset ISD                         | 32,859            | 32,860            | 34,472            | 0             | 0              |
| South San Antonio ISD                | 160,523           | 160,524           | 156,292           | 0             | 0              |
| Southside ISD                        | 138,780           | 138,780           | 128,104           | 0             | 0              |
| Southwest ISD                        | 402,870           | 402,828           | 372,688           | 0             | 0              |
| City of St. Hedwig                   | 6,437             | 6,436             | 5,104             | 0             | 0              |
| City of Terrell Hills                | 37,099            | 37,100            | 31,068            | 0             | 0              |
| Universal City                       | 55,636            | 55,636            | 47,728            | 0             | 0              |
| University Health System             | 3,621,541         | 3,621,541         | 2,956,352         | 0             | 0              |
| Westside 211 SID                     | 9,230             | 9,232             | 6,472             | 0             | 0              |
| City of Windcrest                    | 20,372            | 20,372            | 16,588            | 0             | 0              |
| Clear Water Creek SID                | 26                | 28                | 0                 | 0             | 0              |
| Stolte Ranch SID                     | 672               | 672               | 308               | 0             | 0              |
| Tally Road SID                       | 853               | 852               | 188               | 0             | 0              |
| Westpoint SID                        | 9,669             | 9,668             | 3,944             | 0             | 0              |
| Redbird Ranch                        | 5,248             | 5,248             | 1,652             | 0             | 0              |
| Bexar County Emer Serv Dist#9        | 2,017             | 2,016             | 1,632             | 0             | 0              |
| Tres Laurels SID                     | 52                | 52                | 48                | 0             | 0              |
| Landon Ridge SID                     | 465               | 464               | 380               | 0             | 0              |
| Lemon Creek SID                      | 207               | 208               | 140               | 0             | 0              |
| Briggs Ranch SID                     | 388               | 388               | 188               | 0             | 0              |
| Sapphire Grove SID                   | 129               | 128               | 0                 | 0             | 0              |
| Grace Gardens SID                    | 78                | 80                | 0                 | 0             | 0              |
| Briggs Ranch II SID                  | 52                | 52                | 0                 | 0             | 0              |
| <b>TOTAL TAX UNIT LEVY</b>           | <b>25,853,200</b> | <b>25,853,201</b> | <b>23,624,953</b> | <b>(200)</b>  | <b>(1,847)</b> |
| Other Revenues                       | 20,000            | 125,630           | 89,559            | 3,951         | 3,097          |
| Other Revenues - Information Systems | 8,000             | 3,400             | 3,263             | 521           | 182            |
| Interest Revenues                    | 20,000            | 240,996           | 193,603           | 28,001        | 25,005         |
| <b>TOTAL OTHER REVENUES</b>          | <b>48,000</b>     | <b>370,026</b>    | <b>286,425</b>    | <b>32,473</b> | <b>28,284</b>  |
| <b>TOTAL REVENUES COLLECTED</b>      | <b>25,901,200</b> | <b>26,223,226</b> | <b>23,911,378</b> | <b>32,273</b> | <b>26,438</b>  |

BEXAR APPRAISAL DISTRICT  
 Comparison of Current Year  
 Prior Year-Income Statement  
 For the Ten Months Ending 10/31/2024

|  | 2024<br>BUDGET          | CURRENT<br>YTD          | 2023<br>YTD             | CURR<br>MONTH         | 2023<br>MONTH         |
|--|-------------------------|-------------------------|-------------------------|-----------------------|-----------------------|
| <b><u>OPERATING EXPENDITURES</u></b>       |                         |                         |                         |                       |                       |
| Advertising Public Notices                 | 63,000                  | 54,857                  | 56,988                  | 2,157                 | 5,723                 |
| Auto Allowance                             | 892,800                 | 764,426                 | 550,690                 | 75,373                | 54,700                |
| Stipend                                    | 32,000                  | 22,587                  | 14,167                  | 2,626                 | 1,417                 |
| Copier Costs                               | 47,981                  | 29,136                  | 28,276                  | 3,185                 | 3,178                 |
| Copier, FAX, & Printer Supplies            | 54,445                  | 24,429                  | 33,812                  | 4,416                 | 1,886                 |
| Employee Recognition/Awards                | 50,000                  | 19,076                  | 27,504                  | 4,859                 | 12,509                |
| Equipment Maintenance                      | 350                     | 0                       | 0                       | 0                     | 0                     |
| Forms Creation                             | 366,775                 | 193,332                 | 240,560                 | 3,190                 | 0                     |
| General Insurance                          | 45,000                  | 43,024                  | 44,390                  | 0                     | 0                     |
| Map Production & Supplies                  | 4,550                   | 1,605                   | 1,626                   | 0                     | 0                     |
| Mileage Reimbursements                     | 4,000                   | 206                     | 507                     | 0                     | 0                     |
| Office Building Expense                    | 250,000                 | 204,883                 | 242,421                 | 28,070                | 17,499                |
| Offsite Storage                            | 25,000                  | 16,993                  | 17,499                  | 1,250                 | 1,561                 |
| Office Supplies                            | 84,980                  | 65,639                  | 71,830                  | 6,785                 | 8,323                 |
| Postage                                    | 694,362                 | 495,489                 | 656,018                 | 24,731                | (22,351)              |
| Professional Dues                          | 29,402                  | 12,178                  | 12,275                  | 180                   | 45                    |
| Publications                               | 292,950                 | 176,071                 | 136,922                 | 18,992                | 8,466                 |
| Security                                   | 300,000                 | 243,422                 | 206,992                 | 33,937                | 23,665                |
| Telephone                                  | 93,000                  | 63,310                  | 59,286                  | 5,257                 | 13,173                |
| Training                                   | 263,458                 | 105,212                 | 134,117                 | 11,747                | 10,892                |
| Utilities                                  | 125,000                 | 78,828                  | 81,048                  | 8,535                 | 9,974                 |
| Worker's Compensation                      | 50,000                  | 45,268                  | 37,220                  | (50)                  | (50)                  |
| Contingency                                | 250,000                 | 248,258                 | 250,000                 | 0                     | 0                     |
| <b><u>TOTAL OPERATING EXPENDITURES</u></b> | <b><u>4,019,053</u></b> | <b><u>2,908,228</u></b> | <b><u>2,904,147</u></b> | <b><u>235,238</u></b> | <b><u>150,608</u></b> |
| <b><u>CAPITAL EXPENDITURES</u></b>         |                         |                         |                         |                       |                       |
| <b>FURNITURE:</b>                          |                         |                         |                         |                       |                       |
| Executive Services                         | 1,500                   | 1,725                   | 4,486                   | 0                     | 0                     |
| Information Services                       | 500                     | 0                       | 777                     | 0                     | 0                     |
| Geographic Info. Systems                   | 500                     | 0                       | 0                       | 0                     | 0                     |
| Customer Info & Assist                     | 15,000                  | 8,395                   | 0                       | 0                     | 0                     |
| Residential                                | 10,000                  | 694                     | 27,607                  | 0                     | 0                     |
| Commercial                                 | 3,500                   | 1,750                   | 0                       | 365                   | 0                     |
| Personal Property                          | 4,500                   | 0                       | 0                       | (270)                 | 0                     |
| Legal                                      | 2,000                   | 4,160                   | 0                       | 0                     | 0                     |
| <b>EQUIPMENT:</b>                          |                         |                         |                         |                       |                       |
| Information Services                       | 112,000                 | 36,108                  | 134,051                 | 5,319                 | 11,261                |
| CAMA Hardware                              | 15,000                  | 3,840                   | 6,941                   | 0                     | 0                     |
| <b><u>TOTAL CAPITAL EXPENDITURES</u></b>   | <b><u>164,500</u></b>   | <b><u>56,672</u></b>    | <b><u>173,863</u></b>   | <b><u>5,414</u></b>   | <b><u>11,261</u></b>  |

BEXAR APPRAISAL DISTRICT  
Comparison of Current Year  
Prior Year-Income Statement  
For the Ten Months Ending 10/31/2024

|  | 2024<br>BUDGET    | CURRENT<br>YTD    | 2023<br>YTD       | CURR<br>MONTH    | 2023<br>MONTH    |
|--|-------------------|-------------------|-------------------|------------------|------------------|
| <b><u>EMPLOYEE EXPENDITURES:</u></b>     |                   |                   |                   |                  |                  |
| Salaries, Regular                        | 12,310,629        | 9,653,578         | 8,565,542         | 953,458          | 883,825          |
| Salaries, Overtime                       | 166,350           | 82,320            | 204,873           | 623              | 14,107           |
| Retirement                               | 2,057,710         | 1,734,833         | 1,588,558         | 167,959          | 155,070          |
| Payroll Taxes                            | 31,428            | 22,809            | 5,682             | 124              | (17)             |
| Group Medical Insurance                  | 1,984,670         | 1,122,248         | 1,016,599         | 115,335          | 103,973          |
| Life Insurance                           | 77,345            | 41,866            | 37,841            | 4,824            | 4,356            |
| Medicare Taxes                           | 192,772           | 152,159           | 133,269           | 14,722           | 13,591           |
| TCDRS Retiree COLA                       | 275,000           | 0                 | 0                 | 0                | 0                |
| Sick Leave Buy Back Fund                 | 50,000            | 106,625           | 49,092            | 4,678            | 4,356            |
| Departure Contingency                    | 70,000            | 90,417            | 19,465            | 908              | 0                |
| <b>TOTAL EMPLOYEE EXPENDITURES</b>       | <b>17,215,904</b> | <b>13,006,856</b> | <b>11,620,921</b> | <b>1,262,632</b> | <b>1,179,262</b> |
| <b><u>CONTRACT SERVICES:</u></b>         |                   |                   |                   |                  |                  |
| Valuation Oil & Gas                      | 38,000            | 44,860            | 28,400            | 0                | 0                |
| Valuation Telecommunications Accounts    | 40,000            | 14,472            | 27,050            | 0                | 13,525           |
| Accounting & Auditing                    | 50,000            | 45,694            | 48,018            | 943              | 882              |
| Legal Services                           | 1,100,000         | 837,140           | 1,002,598         | 60,336           | 115,489          |
| Consulting Studies                       | 40,000            | 17,130            | 16,774            | 304              | 304              |
| Taxpayer Liasion Officer                 | 30,000            | 29,184            | 24,053            | 4,470            | 3,764            |
| Contract Services Contingency            | 45,800            | 609               | 55,211            | 522              | 90               |
| Temporary Services                       | 189,500           | 172,906           | 109,547           | 10,141           | 7,779            |
| <b>TOTAL CONTRACT SERV. EXP</b>          | <b>1,533,300</b>  | <b>1,161,994</b>  | <b>1,311,651</b>  | <b>76,716</b>    | <b>141,833</b>   |
| <b><u>INFO. SYSTEMS EXPENDITURES</u></b> |                   |                   |                   |                  |                  |
| Leases                                   | 74,580            | 56,755            | 49,225            | 1,922            | 1,694            |
| Software Maintenance                     | 423,330           | 385,160           | 336,863           | 28,256           | 16,482           |
| Hardware Maintenance                     | 43,000            | 12,786            | 52,810            | 0                | 0                |
| IS Supplies                              | 60,000            | 16,692            | 41,792            | 515              | 555              |
| IS Services                              | 35,600            | 12,734            | 21,818            | 891              | 163              |
| <b>TOTAL INFO. SYSTEMS EXP.</b>          | <b>636,510</b>    | <b>484,127</b>    | <b>502,508</b>    | <b>31,584</b>    | <b>18,894</b>    |
| <b><u>PROJECT EXPENDITURES:</u></b>      |                   |                   |                   |                  |                  |
| Aerial Maps                              | 240,000           | 240,000           | 3,397             | 0                | 0                |
| Homestead Audit /Outreach                | 10,000            | 0                 | 0                 | 0                | 0                |
| Field Device Maintenance                 | 201,156           | 206,591           | 182,267           | 3,942            | 4,665            |
| Server Infrastructure Upgrade            | 100,000           | 0                 | 0                 | 0                | 0                |
| Technology Improvements                  | 200,000           | 3,800             | 7,800             | 0                | 2,800            |
| CAMA Software                            | 583,502           | 493,666           | 493,460           | 125,041          | 130,644          |
| CAMA Enhancements                        | 100,000           | 100,000           | 0                 | 100,000          | 0                |
| <b>TOTAL PROJECT EXPENDITURES</b>        | <b>1,434,658</b>  | <b>1,044,058</b>  | <b>686,925</b>    | <b>228,982</b>   | <b>138,109</b>   |
| <b><u>OTHER EXPENDITURES:</u></b>        |                   |                   |                   |                  |                  |
| Board of Directors Expenses              | 4,000             | 1,233             | 2,944             | 0                | 0                |
| Chief Appraiser Expense                  | 8,000             | 3,990             | 6,360             | 397              | 443              |
| <b>TOTAL OTHER EXPENDITURES</b>          | <b>12,000</b>     | <b>5,223</b>      | <b>9,303</b>      | <b>397</b>       | <b>443</b>       |

BEXAR APPRAISAL DISTRICT  
 Comparison of Current Year  
 Prior Year-Income Statement  
 For the Ten Months Ending 10/31/2024

|                                   | 2024<br>BUDGET    | CURRENT<br>YTD     | 2023<br>YTD        | CURR<br>MONTH    | 2023<br>MONTH    |
|-----------------------------------|-------------------|--------------------|--------------------|------------------|------------------|
| <b><u>A.R.B EXPENDITURES</u></b>  |                   |                    |                    |                  |                  |
| Compensation                      | 630,000           | 784,808            | 740,113            | 96,120           | 137,568          |
| Training                          | 6,925             | 2,900              | 5,450              | 0                | 0                |
| Postage                           | 181,850           | 189,810            | 176,469            | 25,445           | 22,351           |
| Legal Services                    | 65,000            | 7,363              | 8,100              | 1,600            | 0                |
| Contingency                       | 1,500             | 0                  | 0                  | 0                | 0                |
| <b>TOTAL A.R.B EXPENDITURES</b>   | <b>885,275</b>    | <b>984,881</b>     | <b>930,131</b>     | <b>123,165</b>   | <b>159,918</b>   |
| <b>TOTAL EXPENDITURES</b>         | <b>25,901,200</b> | <b>19,652,038</b>  | <b>18,139,450</b>  | <b>1,964,129</b> | <b>1,800,328</b> |
| <b>REVENUES OVER EXPENDITURES</b> | <b>0</b>          | <b>(6,571,189)</b> | <b>(5,771,929)</b> | <b>1,931,855</b> | <b>1,773,891</b> |

**BEXAR APPRAISAL DISTRICT**  
**Funds Investment Report**  
**11/30/2024**

|                          |    |                      |               |       |
|--------------------------|----|----------------------|---------------|-------|
| Cash - Operating Account | \$ | 1,479,598.01         | <u>% RATE</u> | 0%    |
|                          | \$ | <u>9,483,510.21</u>  |               | 3.17% |
| <b>Total Deposits</b>    | \$ | <b>10,963,108.22</b> |               |       |

| Other Rate Comparisons |               |
|------------------------|---------------|
| TexPool                | 90 day T-Bill |
| 4.73%                  | 4.41%         |

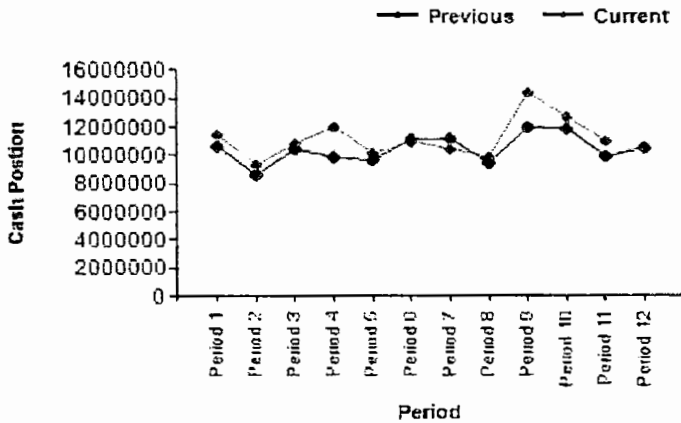
|                         |    |                      |                              |    |            |
|-------------------------|----|----------------------|------------------------------|----|------------|
| Pledged Collateral:     |    |                      | Year-To-Date Interest Earned | \$ | 267,539.14 |
| FDIC                    | \$ | 250,000.00           |                              |    |            |
| FMV                     | \$ | <u>17,592,149.99</u> |                              |    |            |
| <b>Total Collateral</b> | \$ | <b>17,842,149.99</b> |                              |    |            |

Collateral Over (Under)      \$      6,879,041.77      160% FMV Less FDIC per investment Policy

**Cash Position**

| This Period               | Current          | Previous         | Change            | % Change |
|---------------------------|------------------|------------------|-------------------|----------|
| vs. Last Period           | \$ 10,639,802.00 | \$ 12,381,735.00 | \$ 1,741,933.00 ↓ | 14.07%   |
| vs. This Period Last Year | \$ 10,639,802.00 | \$ 9,712,386.00  | \$ 927,416.00 ↑   | 9.55%    |

**Cash Postion Detail**



Signed by: *Cyberta Phis*  
Investment Officer for Bexar Appraisal District

This report and the investments represented are in compliance with the District's Investment Policy, GAAP, and the Public Funds Investment Act, Chapter 2256, Government Code.

Most recent 10 hour training course completed:      September 2024 with TAAO



**Bexar Appraisal District**  
**Balance Sheet**  
 As of 11/30/2024

|  | <u>September</u>              | <u>October</u>                | <u>November</u>               |
|--|-------------------------------|-------------------------------|-------------------------------|
| <b>ASSETS</b>                          |                               |                               |                               |
| Cash and Short Term Investments        | \$14,411,431.97               | \$12,672,573.02               | \$10,963,108.22               |
| Accounts Receivable                    | 202,173.00                    | 8,489.00                      | (1,273.00)                    |
| Employee Advances                      | 0.00                          | 330.68                        | 0.00                          |
| Prepaid Expenses                       | 68,922.40                     | 68,922.40                     | 68,922.40                     |
| <b>Total Current Assets</b>            | <b><u>14,682,527.37</u></b>   | <b><u>12,750,315.10</u></b>   | <b><u>11,030,757.62</u></b>   |
| General Fixed Assets                   | 4,636,800.67                  | 4,636,800.67                  | 4,636,800.67                  |
| Fixed Assets-Building                  | 5,749,539.13                  | 5,749,539.13                  | 5,749,539.13                  |
| Non-Current Portion Sick & Vacation    | 1,333,236.29                  | 1,333,236.29                  | 1,333,236.29                  |
| <b>Total Non- Current Assets</b>       | <b><u>11,719,576.09</u></b>   | <b><u>11,719,576.09</u></b>   | <b><u>11,719,576.09</u></b>   |
| <b>Total Assets</b>                    | <b><u>26,402,103.46</u></b>   | <b><u>24,469,891.19</u></b>   | <b><u>22,750,333.71</u></b>   |
| <b>LIABILITIES</b>                     |                               |                               |                               |
| Accounts Payable                       | 240,511.74                    | 240,154.87                    | 239,896.18                    |
| <b>Total Current Liabilities</b>       | <b><u>240,511.74</u></b>      | <b><u>240,154.87</u></b>      | <b><u>239,896.18</u></b>      |
| Non-Current Sick & Vacation Accrual    | 1,333,236.29                  | 1,333,236.29                  | 1,333,236.29                  |
| <b>Total Liabilities</b>               | <b><u>1,573,748.03</u></b>    | <b><u>1,573,391.16</u></b>    | <b><u>1,573,132.47</u></b>    |
| <b>Equity</b>                          |                               |                               |                               |
| Investment in Fixed Assets-Building    | 5,749,539.13                  | 5,749,539.13                  | 5,749,539.13                  |
| Investment in Fixed Assets             | 4,636,800.67                  | 4,636,800.67                  | 4,636,800.67                  |
| General Restricted Reserve Fund        | 3,523,000.00                  | 3,523,000.00                  | 3,523,000.00                  |
| Designated - Digital Orthophotography  | 100,000.00                    | 100,000.00                    | 100,000.00                    |
| Designated - Litigation Expenses       | 700,000.00                    | 700,000.00                    | 700,000.00                    |
| Designated - Retirement Funding        | 112,654.16                    | 112,654.16                    | 112,654.16                    |
| Designated - Technology Reserve        | 275,000.00                    | 275,000.00                    | 275,000.00                    |
| Designated - Homestead Audit/ Outreach | 220,000.00                    | 220,000.00                    | 220,000.00                    |
| Designated - Building Upgrades         | 143,630.00                    | 143,630.00                    | 143,630.00                    |
| Designated - Roof Reserve              | 105,214.00                    | 105,214.00                    | 105,214.00                    |
| Designated- Election                   | 65,415.87                     | 65,415.87                     | 65,415.87                     |
| Reserved for Building - Capital        | 1,000,000.00                  | 1,000,000.00                  | 1,000,000.00                  |
| Reserved for COLA Retention            | 96,891.28                     | 96,891.28                     | 96,891.28                     |
| Unreserved Funds                       | 0.00                          | 0.00                          | 0.00                          |
| Net Profit/(Loss)                      | 8,100,210.32                  | 6,168,354.92                  | 4,449,056.13                  |
| <b>Total Equity</b>                    | <b><u>24,828,355.43</u></b>   | <b><u>22,896,500.03</u></b>   | <b><u>21,177,201.24</u></b>   |
| <b>Total Liabilities and Equity</b>    | <b><u>\$26,402,103.46</u></b> | <b><u>\$24,469,891.19</u></b> | <b><u>\$22,750,333.71</u></b> |

**BEXAR APPRAISAL DISTRICT**  
**Summary of All Units**  
**Comparison of Budget and Actual Revenues**  
**For the Eleven Months Ending 11/30/2024**

|                                  | <u>2024</u><br><u>BUDGET</u> | <u>CURRENT</u><br><u>MONTH</u> | <u>YEAR TO</u><br><u>DATE</u> | <u>YTD</u><br><u>%</u> | <u>(OVER)</u><br><u>UNDER</u> |
|----------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------|-------------------------------|
| <b><u>TAXING UNITS</u></b>       |                              |                                |                               |                        |                               |
| Alamo Community College District | \$1,882,552                  | \$0                            | \$1,882,552                   | (100%)                 | \$0                           |
| City of Alamo Heights            | 42,554                       | 0                              | 42,556                        | (100%)                 | (2)                           |
| Alamo Heights ISD                | 412,643                      | 0                              | 412,644                       | (100%)                 | (1)                           |
| City of Balcones Heights         | 11,556                       | 0                              | 11,556                        | (100%)                 | 0                             |
| Bexar County                     | 3,219,990                    | 0                              | 3,219,992                     | (100%)                 | (2)                           |
| Bexar County Emer Serv Dist#1    | 9,669                        | 0                              | 9,668                         | (100%)                 | 1                             |
| Bexar County Emer Serv Dist#2    | 75,388                       | 0                              | 75,388                        | (100%)                 | 0                             |
| Bexar County Emer Serv Dist#3    | 39,426                       | 0                              | 39,428                        | (100%)                 | (2)                           |
| Bexar County Emer Serv Dist#5    | 19,674                       | 0                              | 19,676                        | (100%)                 | (2)                           |
| Bexar County Emer Serv Dist#6    | 8,532                        | 0                              | 8,532                         | (100%)                 | 0                             |
| Bexar County Flood               | 281,179                      | 0                              | 281,180                       | (100%)                 | (1)                           |
| Bexar County Emer Serv Dist#7    | 32,317                       | 0                              | 32,316                        | (100%)                 | 1                             |
| Bexar County Emer Serv Dist#8    | 10,264                       | 0                              | 10,264                        | (100%)                 | 0                             |
| Bexar County Emer Serv Dist#4    | 13,030                       | 0                              | 13,032                        | (100%)                 | (2)                           |
| Bexar County Emer Serv Dist#10   | 13,495                       | 0                              | 13,496                        | (100%)                 | (1)                           |
| Boerne ISD                       | 166,443                      | 0                              | 166,444                       | (100%)                 | (1)                           |
| Bexar County Emer Serv Dist#11   | 11,815                       | 0                              | 11,816                        | (100%)                 | (1)                           |
| Bexar County Emer Serv Dist#12   | 8,713                        | 0                              | 8,712                         | (100%)                 | 1                             |
| City of Castle Hills             | 25,181                       | 0                              | 25,180                        | (100%)                 | 1                             |
| City of China Grove              | 2,068                        | 0                              | 2,068                         | (100%)                 | 0                             |
| Cibolo Canyon                    | 46,510                       | 0                              | 46,512                        | (100%)                 | (2)                           |
| Comal ISD                        | 196,097                      | 0                              | 196,096                       | (100%)                 | 1                             |
| City of Converse                 | 59,178                       | 0                              | 59,180                        | (100%)                 | (2)                           |
| Crosswinds at South Lake SID     | 4,757                        | 0                              | 4,756                         | (100%)                 | 1                             |
| East Central ISD                 | 346,252                      | 0                              | 346,252                       | (100%)                 | 0                             |
| Edgewood ISD                     | 122,260                      | 0                              | 122,260                       | (100%)                 | 0                             |
| City of Elmendorf                | 4,990                        | 0                              | 4,992                         | (100%)                 | (2)                           |
| City of Fair Oaks Ranch          | 24,767                       | 0                              | 24,768                        | (100%)                 | (1)                           |
| Floresville ISD                  | 155                          | 0                              | 156                           | (101%)                 | (1)                           |
| City of Grey Forest              | 336                          | 0                              | 336                           | (100%)                 | 0                             |
| Harlandale ISD                   | 163,651                      | 0                              | 163,652                       | (100%)                 | (1)                           |
| City of Helotes                  | 25,750                       | 0                              | 25,752                        | (100%)                 | (2)                           |
| Hill Country Village             | 3,542                        | 0                              | 3,544                         | (100%)                 | (2)                           |
| Town of Hollywood Park           | 18,588                       | 0                              | 18,588                        | (100%)                 | 0                             |
| Judson ISD                       | 786,170                      | 0                              | 786,172                       | (100%)                 | (2)                           |
| City of Kirby                    | 17,451                       | 0                              | 17,452                        | (100%)                 | (1)                           |
| City of Leon Valley              | 33,144                       | 0                              | 33,144                        | (100%)                 | 0                             |
| City of Live Oak                 | 40,228                       | 0                              | 40,228                        | (100%)                 | 0                             |
| City of Lytle                    | 26                           | 0                              | 28                            | (108%)                 | (2)                           |
| Medina Valley ISD                | 165,486                      | 0                              | 165,488                       | (100%)                 | (2)                           |
| Northeast ISD                    | 2,629,167                    | 0                              | 2,629,168                     | (100%)                 | (1)                           |
| Northside ISD                    | 3,962,442                    | 0                              | 3,962,444                     | (100%)                 | (2)                           |
| City of Olmos Park               | 21,174                       | 0                              | 21,176                        | (100%)                 | (2)                           |
| City of San Antonio              | 4,318,829                    | 0                              | 4,318,828                     | (100%)                 | 1                             |
| San Antonio ISD                  | 1,689,791                    | 0                              | 1,689,792                     | (100%)                 | (1)                           |
| San Antonio MUD #1               | 1,267                        | 0                              | 1,268                         | (100%)                 | (1)                           |
| San Antonio River Authority      | 240,435                      | 0                              | 240,436                       | (100%)                 | (1)                           |
| City of Sandy Oaks               | 3,025                        | 0                              | 3,024                         | (100%)                 | 1                             |

**BEXAR APPRAISAL DISTRICT**  
*Summary of All Units*  
**Comparison of Budget and Actual Revenues**  
*For the Eleven Months Ending 11/30/2024*

|                                      | <u>2024</u><br><u>BUDGET</u> | <u>CURRENT</u><br><u>MONTH</u> | <u>YEAR TO</u><br><u>DATE</u> | <u>YTD</u><br><u>%</u> | <u>(OVER)</u><br><u>UNDER</u> |
|--------------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------|-------------------------------|
| City of Schertz                      | 17,606                       | 0                              | 17,608                        | (100%)                 | (2)                           |
| Schertz-Cibolo-Univ City ISD         | 76,164                       | 0                              | 76,164                        | (100%)                 | 0                             |
| City of Selma                        | 11,117                       | 0                              | 11,116                        | (100%)                 | 1                             |
| City of Shavano Park                 | 25,827                       | 0                              | 25,828                        | (100%)                 | (1)                           |
| City of Somerset                     | 5,326                        | 0                              | 5,328                         | (100%)                 | (2)                           |
| Somerset ISD                         | 32,859                       | 0                              | 32,860                        | (100%)                 | (1)                           |
| South San Antonio ISD                | 160,523                      | 0                              | 160,524                       | (100%)                 | (1)                           |
| Southside ISD                        | 138,780                      | 0                              | 138,780                       | (100%)                 | 0                             |
| Southwest ISD                        | 402,870                      | 0                              | 402,828                       | (100%)                 | 42                            |
| City of St. Hedwig                   | 6,437                        | 0                              | 6,436                         | (100%)                 | 1                             |
| City of Terrell Hills                | 37,099                       | 0                              | 37,100                        | (100%)                 | (1)                           |
| Universal City                       | 55,636                       | 0                              | 55,636                        | (100%)                 | 0                             |
| University Health System             | 3,621,541                    | 0                              | 3,621,541                     | (100%)                 | 0                             |
| Westside 211 SID                     | 9,230                        | 0                              | 9,232                         | (100%)                 | (2)                           |
| City of Windcrest                    | 20,372                       | 0                              | 20,372                        | (100%)                 | 0                             |
| Clear Water Creek SID                | 26                           | 0                              | 28                            | (108%)                 | (2)                           |
| Stolte Ranch SID                     | 672                          | 0                              | 672                           | (100%)                 | 0                             |
| Tally Road SID                       | 853                          | 0                              | 852                           | (100%)                 | 1                             |
| Westpoint SID                        | 9,669                        | 0                              | 9,668                         | (100%)                 | 1                             |
| Redbird Ranch                        | 5,248                        | 0                              | 5,248                         | (100%)                 | 0                             |
| Bexar County Emer Serv Dist#9        | 2,017                        | 0                              | 2,016                         | (100%)                 | 1                             |
| Tres Laurels SID                     | 52                           | 0                              | 52                            | (100%)                 | 0                             |
| Landon Ridge SID                     | 465                          | 0                              | 464                           | (100%)                 | 1                             |
| Lemon Creek SID                      | 207                          | 0                              | 208                           | (100%)                 | (1)                           |
| Briggs Ranch SID                     | 388                          | 0                              | 388                           | (100%)                 | 0                             |
| Saphire Grove SID                    | 129                          | 0                              | 128                           | (99%)                  | 1                             |
| Grace Gardens SID                    | 78                           | 0                              | 80                            | (103%)                 | (2)                           |
| Briggs Ranch II SID                  | 52                           | 0                              | 52                            | (100%)                 | 0                             |
| <b>TOTAL TAX UNIT LEVY</b>           | <b>25,853,200</b>            | <b>0</b>                       | <b>25,853,201</b>             | <b>100%</b>            | <b>(1)</b>                    |
| Other Revenues                       | 20,000                       | 0                              | 125,630                       | (628%)                 | (105,630)                     |
| Other Revenues - Information Systems | 8,000                        | 340                            | 3,740                         | (47%)                  | 4,260                         |
| Interest Revenues                    | 20,000                       | 26,543                         | 267,539                       | (1338%)                | (247,539)                     |
| <b>TOTAL OTHER REVENUES</b>          | <b>48,000</b>                | <b>26,883</b>                  | <b>396,909</b>                | <b>827%</b>            | <b>(348,909)</b>              |
| <b>TOTAL REVENUES COLLECTED</b>      | <b>25,901,200</b>            | <b>26,883</b>                  | <b>26,250,110</b>             | <b>101%</b>            | <b>(348,910)</b>              |

**BEXAR APPRAISAL DISTRICT**  
*Summary of All Units*  
**Comparison of Budget and Actual Revenues**  
**For the Eleven Months Ending 11/30/2024**

|                                      | <u>2024</u><br><u>BUDGET</u> | <u>CURRENT</u><br><u>MONTH</u> | <u>YEAR TO</u><br><u>DATE</u> | <u>YTD</u><br><u>%</u> | <u>(OVER)</u><br><u>UNDER</u> |
|--------------------------------------|------------------------------|--------------------------------|-------------------------------|------------------------|-------------------------------|
| <b><u>OPERATING EXPENDITURES</u></b> |                              |                                |                               |                        |                               |
| Advertising Public Notices           | 63,000                       | 6,900                          | 61,757                        | 98%                    | 1,243                         |
| Auto Allowance                       | 892,800                      | 73,739                         | 838,166                       | 94%                    | 54,634                        |
| Stipend                              | 32,000                       | 2,626                          | 25,213                        | 79%                    | 6,787                         |
| Copier Costs                         | 47,981                       | 3,679                          | 32,815                        | 68%                    | 15,166                        |
| Copier, FAX, & Printer Supplies      | 54,445                       | 0                              | 24,429                        | 45%                    | 30,016                        |
| Employee Recognition/Awards          | 50,000                       | 8,293                          | 27,369                        | 55%                    | 22,631                        |
| Equipment Maintenance                | 350                          | 0                              | 0                             | 0                      | 350                           |
| Forms Creation                       | 366,775                      | 0                              | 193,332                       | 53%                    | 173,443                       |
| General Insurance                    | 45,000                       | 0                              | 43,024                        | 96%                    | 1,976                         |
| Map Production & Supplies            | 4,550                        | 118                            | 1,723                         | 38%                    | 2,827                         |
| Mileage Reimbursements               | 4,000                        | 9                              | 215                           | 5%                     | 3,785                         |
| Office Building Expense              | 250,000                      | 23,807                         | 228,690                       | 91%                    | 21,310                        |
| Offsite Storage                      | 25,000                       | 1,866                          | 18,859                        | 75%                    | 6,141                         |
| Office Supplies                      | 84,980                       | 3,032                          | 68,670                        | 81%                    | 16,310                        |
| Postage                              | 694,362                      | (1,167)                        | 494,322                       | 71%                    | 200,040                       |
| Professional Dues                    | 29,402                       | 735                            | 12,913                        | 44%                    | 16,489                        |
| Publications                         | 292,950                      | 21,710                         | 197,780                       | 68%                    | 95,170                        |
| Security                             | 300,000                      | 15,524                         | 258,946                       | 86%                    | 41,055                        |
| Telephone                            | 93,000                       | 5,250                          | 68,559                        | 74%                    | 24,441                        |
| Training                             | 263,458                      | 7,522                          | 112,734                       | 43%                    | 150,724                       |
| Utilities                            | 125,000                      | 8,386                          | 87,214                        | 70%                    | 37,786                        |
| Worker's Compensation                | 50,000                       | (50)                           | 45,218                        | 90%                    | 4,782                         |
| Contingency                          | 250,000                      | 0                              | 248,258                       | 99%                    | 1,742                         |
| <b>TOTAL OPERATING EXPENDITURES</b>  | <b>4,019,053</b>             | <b>181,979</b>                 | <b>3,090,207</b>              | <b>77%</b>             | <b>928,846</b>                |
| <b><u>CAPITAL EXPENDITURES</u></b>   |                              |                                |                               |                        |                               |
| <b>FURNITURE:</b>                    |                              |                                |                               |                        |                               |
| Executive Services                   | 1,500                        | 25,475                         | 27,200                        | 1813%                  | (25,700)                      |
| Information Services                 | 500                          | 0                              | 0                             | 0                      | 500                           |
| Geographic Info. Systems             | 500                          | 0                              | 0                             | 0                      | 500                           |
| Customer Info & Assist               | 15,000                       | 2,287                          | 10,682                        | 71%                    | 4,318                         |
| Residential                          | 10,000                       | 0                              | 694                           | 7%                     | 9,306                         |
| Commercial                           | 3,500                        | 0                              | 1,750                         | 50%                    | 1,750                         |
| Personal Property                    | 4,500                        | 0                              | 0                             | 0                      | 4,500                         |
| Legal                                | 2,000                        | 0                              | 4,160                         | 208%                   | (2,160)                       |
| <b>EQUIPMENT:</b>                    |                              |                                |                               |                        |                               |
| Information Services                 | 112,000                      | 1,440                          | 37,548                        | 34%                    | 74,452                        |
| CAMA Hardware                        | 15,000                       | 0                              | 3,840                         | 26%                    | 11,160                        |
| <b>TOTAL CAPITAL EXPENDITURES</b>    | <b>164,500</b>               | <b>29,202</b>                  | <b>85,874</b>                 | <b>52%</b>             | <b>78,626</b>                 |

**BEXAR APPRAISAL DISTRICT**  
*Summary of All Units*  
**Comparison of Budget and Actual Revenues**  
*For the Eleven Months Ending 11/30/2024*

|  | <u>2024<br/>BUDGET</u> | <u>CURRENT<br/>MONTH</u> | <u>YEAR TO<br/>DATE</u> | <u>YTD<br/>%</u> | <u>(OVER)<br/>UNDER</u> |
|--|------------------------|--------------------------|-------------------------|------------------|-------------------------|
| <b><u>EMPLOYEE EXPENDITURES:</u></b>     |                        |                          |                         |                  |                         |
| Salaries, Regular                        | 12,310,629             | 952,398                  | 10,605,977              | 86%              | 1,704,652               |
| Salaries, Overtime                       | 166,350                | 2,242                    | 84,562                  | 51%              | 81,788                  |
| Retirement                               | 2,057,710              | 168,232                  | 1,903,065               | 92%              | 154,645                 |
| Payroll Taxes                            | 31,428                 | 259                      | 23,069                  | 73%              | 8,359                   |
| Group Medical Insurance                  | 1,984,670              | 114,054                  | 1,236,302               | 62%              | 748,368                 |
| Life Insurance                           | 77,345                 | 4,824                    | 46,690                  | 60%              | 30,655                  |
| Medicare Taxes                           | 192,772                | 14,747                   | 166,906                 | 87%              | 25,866                  |
| TCDRS Retiree COLA                       | 275,000                | 0                        | 0                       | 0                | 275,000                 |
| Sick Leave Buy Back Fund                 | 50,000                 | 7,111                    | 113,737                 | 227%             | (63,737)                |
| Departure Contingency                    | 70,000                 | 1,632                    | 92,049                  | 131%             | (22,049)                |
| <b>TOTAL EMPLOYEE EXPENDITURES</b>       | <b>17,215,904</b>      | <b>1,265,501</b>         | <b>14,272,357</b>       | <b>83%</b>       | <b>2,943,547</b>        |
| <b><u>CONTRACT SERVICES:</u></b>         |                        |                          |                         |                  |                         |
| Valuation Oil & Gas                      | 38,000                 | 0                        | 44,860                  | 118%             | (6,860)                 |
| Valuation Telecommunications Accounts    | 40,000                 | 0                        | 14,472                  | 36%              | 25,528                  |
| Accounting & Auditing                    | 50,000                 | 965                      | 46,659                  | 93%              | 3,341                   |
| Legal Services                           | 1,100,000              | 138,073                  | 975,213                 | 89%              | 124,787                 |
| Consulting Studies                       | 40,000                 | 6,804                    | 23,934                  | 60%              | 16,066                  |
| Taxpayer Liasion Officer                 | 30,000                 | 1,176                    | 30,360                  | 101%             | (360)                   |
| Contract Services Contingency            | 45,800                 | 0                        | 609                     | 1%               | 45,191                  |
| Temporary Services                       | 189,500                | 4,193                    | 177,099                 | 93%              | 12,401                  |
| <b>TOTAL CONTRACT SERV. EXP</b>          | <b>1,533,300</b>       | <b>151,212</b>           | <b>1,313,205</b>        | <b>86%</b>       | <b>220,095</b>          |
| <b><u>INFO. SYSTEMS EXPENDITURES</u></b> |                        |                          |                         |                  |                         |
| Leases                                   | 74,580                 | 16,994                   | 73,749                  | 99%              | 831                     |
| Software Maintenance                     | 423,330                | 90,388                   | 475,548                 | 112%             | (52,218)                |
| Hardware Maintenance                     | 43,000                 | 0                        | 12,786                  | 30%              | 30,214                  |
| IS Supplies                              | 60,000                 | 468                      | 17,159                  | 29%              | 42,841                  |
| IS Services                              | 35,600                 | 542                      | 13,276                  | 37%              | 22,324                  |
| <b>TOTAL INFO. SYSTEMS EXP.</b>          | <b>636,510</b>         | <b>108,391</b>           | <b>592,518</b>          | <b>93%</b>       | <b>43,992</b>           |
| <b><u>PROJECT EXPENDITURES:</u></b>      |                        |                          |                         |                  |                         |
| Aerial Maps                              | 240,000                | 0                        | 240,000                 | 100%             | 0                       |
| Homestead Audit /Outreach                | 10,000                 | 0                        | 0                       | 0                | 10,000                  |
| Field Device Maintenance                 | 201,156                | 3,942                    | 210,533                 | 105%             | (9,377)                 |
| Server Infrastructure Upgrade            | 100,000                | 0                        | 0                       | 0                | 100,000                 |
| Technology Improvements                  | 200,000                | 490                      | 4,290                   | 2%               | 195,710                 |
| CAMA Software                            | 583,502                | 0                        | 493,666                 | 85%              | 89,836                  |
| CAMA Enhancements                        | 100,000                | 0                        | 100,000                 | 100%             | 0                       |
| <b>TOTAL PROJECT EXPENDITURES</b>        | <b>1,434,658</b>       | <b>4,432</b>             | <b>1,048,490</b>        | <b>73%</b>       | <b>386,168</b>          |
| <b><u>OTHER EXPENDITURES:</u></b>        |                        |                          |                         |                  |                         |
| Board of Directors Expenses              | 4,000                  | 0                        | 1,233                   | 31%              | 2,767                   |
| Chief Appraiser Expense                  | 8,000                  | 309                      | 4,299                   | 54%              | 3,701                   |
| <b>TOTAL OTHER EXPENDITURES</b>          | <b>12,000</b>          | <b>309</b>               | <b>5,532</b>            | <b>46%</b>       | <b>6,468</b>            |

**BEXAR APPRAISAL DISTRICT**  
*Summary of All Units*  
**Comparison of Budget and Actual Revenues**  
*For the Eleven Months Ending 11/30/2024*

|  | <u>2024<br/>BUDGET</u>   | <u>CURRENT<br/>MONTH</u> | <u>YEAR TO<br/>DATE</u>   | <u>YTD<br/>%</u>   | <u>(OVER)<br/>UNDER</u> |
|--|--------------------------|--------------------------|---------------------------|--------------------|-------------------------|
| <b><u>A.R.B EXPENDITURES</u></b>         |                          |                          |                           |                    |                         |
| Compensation                             | 630,000                  | 3,090                    | 787,898                   | 125%               | (157,898)               |
| Training                                 | 6,925                    | 0                        | 2,900                     | 42%                | 4,025                   |
| Postage                                  | 181,850                  | 1,167                    | 190,977                   | 105%               | (9,127)                 |
| Legal Services                           | 65,000                   | 900                      | 8,263                     | 13%                | 56,737                  |
| Contingency                              | 1,500                    | 0                        | 0                         | 0                  | 1,500                   |
| <b><u>TOTAL A.R.B EXPENDITURES</u></b>   | <b><u>885,275</u></b>    | <b><u>5,157</u></b>      | <b><u>990,037</u></b>     | <b><u>112%</u></b> | <b><u>(104,762)</u></b> |
| <b><u>TOTAL EXPENDITURES</u></b>         | <b><u>25,901,200</u></b> | <b><u>1,746,182</u></b>  | <b><u>21,398,220</u></b>  | <b><u>83%</u></b>  | <b><u>4,502,980</u></b> |
| <b><u>REVENUES OVER EXPENDITURES</u></b> | <b><u>0</u></b>          | <b><u>1,719,299</u></b>  | <b><u>(4,851,890)</u></b> | <b><u>0</u></b>    | <b><u>4,851,890</u></b> |

BEXAR APPRAISAL DISTRICT  
 STATEMENT OF EXPENDITURES FOR  
 DESIGNATED CASH FUNDS (MODIFIED ACCRUAL BASIS)  
 FOR THE MONTH ENDED November 30, 2024

|                        |                 | GENERAL RESTRICTED FUND |                 |
|------------------------|-----------------|-------------------------|-----------------|
| DATE                   | PAYEE           | PURPOSE                 | AMOUNT          |
| 1-Nov                  | Balance Forward |                         | \$ 3,523,000.00 |
| ITEMIZED MONTHLY TOTAL |                 |                         | -               |
| ITEMIZED YTD TOTAL     |                 |                         | \$ 3,523,000.00 |

|                        |                          | GENERAL RESTRICTED ELECTION |               |
|------------------------|--------------------------|-----------------------------|---------------|
| DATE                   | PAYEE                    | PURPOSE                     | AMOUNT        |
| 6/3/2024               | Run off election deposit |                             | (434,584.13)  |
| 1-Nov                  | Funds added              |                             | \$ 500,000.00 |
| ITEMIZED MONTHLY TOTAL |                          |                             | 65,415.87     |
| ITEMIZED YTD TOTAL     |                          |                             | \$ 65,415.87  |

|                        |                 | DESIGNATED - DIGITAL ORTHOPHOTOGRAPHY |               |
|------------------------|-----------------|---------------------------------------|---------------|
| DATE                   | PAYEE           | PURPOSE                               | AMOUNT        |
| 1-Nov                  | Balance Forward |                                       | \$ 100,000.00 |
| ITEMIZED MONTHLY TOTAL |                 |                                       | -             |
| ITEMIZED YTD TOTAL     |                 |                                       | \$ 100,000.00 |

|                        |                 | DESIGNATED - LITIGATION EXPENSES |               |
|------------------------|-----------------|----------------------------------|---------------|
| DATE                   | PAYEE           | PURPOSE                          | AMOUNT        |
| 1-Nov                  | Balance Forward |                                  | \$ 700,000.00 |
| ITEMIZED MONTHLY TOTAL |                 |                                  | -             |
| ITEMIZED YTD TOTAL     |                 |                                  | \$ 700,000.00 |

|                        |                 | DESIGNATED - BUILDING CAPITAL |                 |
|------------------------|-----------------|-------------------------------|-----------------|
| DATE                   | PAYEE           | PURPOSE                       | AMOUNT          |
| 1-Nov                  | Balance Forward |                               | \$ 1,000,000.00 |
| ITEMIZED MONTHLY TOTAL |                 |                               | -               |
| ITEMIZED YTD TOTAL     |                 |                               | \$ 1,000,000.00 |

|                        |                 | DESIGNATED - RETIREMENT FUNDING |               |
|------------------------|-----------------|---------------------------------|---------------|
| DATE                   | PAYEE           | PURPOSE                         | AMOUNT        |
| 1-Nov                  | Balance Forward |                                 | \$ 112,654.16 |
| ITEMIZED MONTHLY TOTAL |                 |                                 | -             |
| ITEMIZED YTD TOTAL     |                 |                                 | \$ 112,654.16 |

|                        |                 | DESIGNATED - TECHNOLOGY RESERVE |               |
|------------------------|-----------------|---------------------------------|---------------|
| DATE                   | PAYEE           | PURPOSE                         | AMOUNT        |
| 1-Nov                  | Balance Forward |                                 | \$ 275,000.00 |
| ITEMIZED MONTHLY TOTAL |                 |                                 | -             |
| ITEMIZED YTD TOTAL     |                 |                                 | \$ 275,000.00 |

|                        |                 | DESIGNATED - Building Upgrades |               |
|------------------------|-----------------|--------------------------------|---------------|
| DATE                   | PAYEE           | PURPOSE                        | AMOUNT        |
| 1-Nov                  | Balance Forward |                                | \$ 143,630.00 |
| ITEMIZED MONTHLY TOTAL |                 |                                | -             |
| ITEMIZED YTD TOTAL     |                 |                                | \$ 143,630.00 |

|                        |                 | DESIGNATED - Roof Reserve |               |
|------------------------|-----------------|---------------------------|---------------|
| DATE                   | PAYEE           | PURPOSE                   | AMOUNT        |
| 1-Nov                  | Balance Forward |                           | \$ 105,214.00 |
| ITEMIZED MONTHLY TOTAL |                 |                           | -             |
| ITEMIZED YTD TOTAL     |                 |                           | \$ 105,214.00 |

|                        |                 | DESIGNATED - Homestead Exemption/Outreach |               |
|------------------------|-----------------|---|---------------|
| DATE                   | PAYEE           | PURPOSE                                   | AMOUNT        |
| 1-Nov                  | Balance Forward |   | \$ 220,000.00 |
| ITEMIZED MONTHLY TOTAL |                 |   | -             |
| ITEMIZED YTD TOTAL     |                 |   | \$ 220,000.00 |

|                        |                 | DESIGNATED - COLA Retention |              |
|------------------------|-----------------|-----------------------------|--------------|
| DATE                   | PAYEE           | PURPOSE                     | AMOUNT       |
| 1-Nov                  | Balance Forward |                             | \$ 96,891.28 |
| ITEMIZED MONTHLY TOTAL |                 |                             | -            |
| ITEMIZED YTD TOTAL     |                 |                             | \$ 96,891.28 |

|                        |                 | DESIGNATED - PLUMCE |                |
|------------------------|-----------------|---------------------|----------------|
| DATE                   | PAYEE           | PURPOSE             | AMOUNT         |
| 1-Nov                  | Balance Forward |                     | \$ 13,610.51   |
| 1-Nov                  |                 |                     | \$ (13,610.51) |
| ITEMIZED MONTHLY TOTAL |                 |                     | -              |
| ITEMIZED YTD TOTAL     |                 |                     | \$ -           |

**BEXAR APPRAISAL DISTRICT**  
*Comparison of Current Year*  
*Prior Year-Income Statement*  
For the Eleven Months Ending 11/30/2024

|                                  | 2024<br>BUDGET | CURRENT<br>YTD | 2023<br>YTD | CURR<br>MONTH | 2023<br>MONTH |
|----------------------------------|----------------|----------------|-------------|---------------|---------------|
| <b><u>TAXING UNITS</u></b>       |                |                |             |               |               |
| Alamo Community College District | \$1,882,552    | \$1,882,552    | \$1,515,376 | \$0           | \$0           |
| City of Alamo Heights            | 42,554         | 42,556         | 36,788      | 0             | 0             |
| Alamo Heights ISD                | 412,643        | 412,644        | 434,400     | 0             | 0             |
| City of Balcones Heights         | 11,556         | 11,556         | 9,024       | 0             | 0             |
| Bexar County                     | 3,219,990      | 3,219,992      | 2,580,568   | 0             | 0             |
| Bexar County Emer Serv Dist#1    | 9,669          | 9,668          | 7,608       | 0             | 0             |
| Bexar County Emer Serv Dist#2    | 75,388         | 75,388         | 59,940      | 0             | 0             |
| Bexar County Emer Serv Dist#3    | 39,426         | 39,428         | 32,652      | 0             | 0             |
| Bexar County Emer Serv Dist#5    | 19,674         | 19,676         | 13,868      | 0             | 0             |
| Bexar County Emer Serv Dist#6    | 8,532          | 8,532          | 6,544       | 0             | 0             |
| Bexar County Flood               | 281,179        | 281,180        | 225,236     | 0             | 0             |
| Bexar County Emer Serv Dist#7    | 32,317         | 32,316         | 24,668      | 0             | 0             |
| Bexar County Emer Serv Dist#8    | 10,264         | 10,264         | 7,892       | 0             | 0             |
| Bexar County Emer Serv Dist#4    | 13,030         | 13,032         | 10,608      | 0             | 0             |
| Bexar County Emer Serv Dist#10   | 13,495         | 13,496         | 10,136      | 0             | 0             |
| Boerne ISD                       | 166,443        | 166,444        | 179,400     | 0             | 0             |
| Bexar County Emer Serv Dist#11   | 11,815         | 11,816         | 9,404       | 0             | 0             |
| Bexar County Emer Serv Dist#12   | 8,713          | 8,712          | 6,404       | 0             | 0             |
| City of Castle Hills             | 25,181         | 25,180         | 20,012      | 0             | 0             |
| City of China Grove              | 2,068          | 2,068          | 1,700       | 0             | 0             |
| Cibolo Canyon                    | 46,510         | 46,512         | 34,164      | 0             | 0             |
| Comal ISD                        | 196,097        | 196,096        | 216,824     | 0             | 0             |
| City of Converse                 | 59,178         | 59,180         | 45,340      | 0             | 0             |
| Crosswinds at South Lake SID     | 4,757          | 4,756          | 2,576       | 0             | 0             |
| East Central ISD                 | 346,252        | 346,252        | 332,736     | 0             | 0             |
| Edgewood ISD                     | 122,260        | 122,260        | 116,525     | 0             | 0             |
| City of Elmendorf                | 4,990          | 4,992          | 3,804       | 0             | 0             |
| City of Fair Oaks Ranch          | 24,767         | 24,768         | 21,144      | 0             | 0             |
| Floresville ISD                  | 155            | 156            | 140         | 0             | 0             |
| City of Grey Forest              | 336            | 336            | 284         | 0             | 0             |
| Harlandale ISD                   | 163,651        | 163,652        | 170,088     | 0             | 0             |
| City of Helotes                  | 25,750         | 25,752         | 21,404      | 0             | 0             |
| Hill Country Village             | 3,542          | 3,544          | 2,928       | 0             | 0             |
| Town of Hollywood Park           | 18,588         | 18,588         | 15,924      | 0             | 0             |
| Judson ISD                       | 786,170        | 786,172        | 818,172     | 0             | 0             |
| City of Kirby                    | 17,451         | 17,452         | 15,004      | 0             | 0             |
| City of Leon Valley              | 33,144         | 33,144         | 28,824      | 0             | 0             |
| City of Live Oak                 | 40,228         | 40,228         | 34,496      | 0             | 0             |
| City of Lytle                    | 26             | 28             | 24          | 0             | 0             |
| Medina Valley ISD                | 165,486        | 165,488        | 137,436     | 0             | 0             |
| Northeast ISD                    | 2,629,167      | 2,629,168      | 2,829,168   | 0             | 0             |
| Northside ISD                    | 3,962,442      | 3,962,444      | 4,184,496   | 0             | 0             |
| City of Olmos Park               | 21,174         | 21,176         | 16,184      | 0             | 0             |
| City of San Antonio              | 4,318,829      | 4,318,828      | 3,596,000   | 0             | 0             |
| San Antonio ISD                  | 1,689,791      | 1,689,792      | 1,700,304   | 0             | 0             |
| San Antonio MUD #1               | 1,267          | 1,268          | 1,512       | 0             | 0             |

BEXAR APPRAISAL DISTRICT  
 Comparison of Current Year  
 Prior Year-Income Statement  
 For the Eleven Months Ending 11/30/2024

|                                      | 2024<br>BUDGET    | CURRENT<br>YTD    | 2023<br>YTD       | CURR<br>MONTH | 2023<br>MONTH |
|--------------------------------------|-------------------|-------------------|-------------------|---------------|---------------|
| San Antonio River Authority          | 240,435           | 240,436           | 195,772           | 0             | 0             |
| City of Sandy Oaks                   | 3,025             | 3,024             | 2,480             | 0             | 0             |
| City of Schertz                      | 17,606            | 17,608            | 14,036            | 0             | 0             |
| Schertz-Cibolo-Univ City ISD         | 76,164            | 76,164            | 77,616            | 0             | 0             |
| City of Selma                        | 11,117            | 11,116            | 9,024             | 0             | 0             |
| City of Shavano Park                 | 25,827            | 25,828            | 20,696            | 0             | 0             |
| City of Somerset                     | 5,326             | 5,328             | 4,252             | 0             | 0             |
| Somerset ISD                         | 32,859            | 32,860            | 34,472            | 0             | 0             |
| South San Antonio ISD                | 160,523           | 160,524           | 156,292           | 0             | 0             |
| Southside ISD                        | 138,780           | 138,780           | 128,104           | 0             | 0             |
| Southwest ISD                        | 402,870           | 402,828           | 372,688           | 0             | 0             |
| City of St. Hedwig                   | 6,437             | 6,436             | 5,104             | 0             | 0             |
| City of Terrell Hills                | 37,099            | 37,100            | 31,068            | 0             | 0             |
| Universal City                       | 55,636            | 55,636            | 47,728            | 0             | 0             |
| University Health System             | 3,621,541         | 3,621,541         | 2,956,352         | 0             | 0             |
| Westside 211 SID                     | 9,230             | 9,232             | 6,472             | 0             | 0             |
| City of Windcrest                    | 20,372            | 20,372            | 16,588            | 0             | 0             |
| Clear Water Creek SID                | 26                | 28                | 0                 | 0             | 0             |
| Stolte Ranch SID                     | 672               | 672               | 308               | 0             | 0             |
| Tally Road SID                       | 853               | 852               | 188               | 0             | 0             |
| Westpoint SID                        | 9,669             | 9,668             | 3,944             | 0             | 0             |
| Redbird Ranch                        | 5,248             | 5,248             | 1,652             | 0             | 0             |
| Bexar County Emer Serv Dist#9        | 2,017             | 2,016             | 1,632             | 0             | 0             |
| Tres Laurels SID                     | 52                | 52                | 48                | 0             | 0             |
| Landon Ridge SID                     | 465               | 464               | 380               | 0             | 0             |
| Lemon Creek SID                      | 207               | 208               | 140               | 0             | 0             |
| Briggs Ranch SID                     | 388               | 388               | 188               | 0             | 0             |
| Saphire Grove SID                    | 129               | 128               | 0                 | 0             | 0             |
| Grace Gardens SID                    | 78                | 80                | 0                 | 0             | 0             |
| Briggs Ranch II SID                  | 52                | 52                | 0                 | 0             | 0             |
| <b>TOTAL TAX UNIT LEVY</b>           | <b>25,853,200</b> | <b>25,853,201</b> | <b>23,624,953</b> | <b>0</b>      | <b>0</b>      |
| Other Revenues                       | 20,000            | 125,630           | 89,559            | 0             | 0             |
| Other Revenues - Information Systems | 8,000             | 3,740             | 3,713             | 340           | 450           |
| Interest Revenues                    | 20,000            | 267,539           | 217,868           | 26,543        | 24,265        |
| <b>TOTAL OTHER REVENUES</b>          | <b>48,000</b>     | <b>396,909</b>    | <b>311,140</b>    | <b>26,883</b> | <b>24,715</b> |
| <b>TOTAL REVENUES COLLECTED</b>      | <b>25,901,200</b> | <b>26,250,110</b> | <b>23,936,093</b> | <b>26,883</b> | <b>24,715</b> |

BEXAR APPRAISAL DISTRICT  
 Comparison of Current Year  
 Prior Year-Income Statement  
 For the Eleven Months Ending 11/30/2024

|                                      | 2024<br>BUDGET   | CURRENT<br>YTD   | 2023<br>YTD      | CURR<br>MONTH  | 2023<br>MONTH  |
|--------------------------------------|------------------|------------------|------------------|----------------|----------------|
| <b><u>OPERATING EXPENDITURES</u></b> |                  |                  |                  |                |                |
| Advertising Public Notices           | 63,000           | 61,757           | 57,038           | 6,900          | 50             |
| Auto Allowance                       | 892,800          | 838,166          | 605,357          | 73,739         | 54,667         |
| Stipend                              | 32,000           | 25,213           | 15,583           | 2,626          | 1,417          |
| Copier Costs                         | 47,981           | 32,815           | 31,266           | 3,679          | 2,990          |
| Copier, FAX, & Printer Supplies      | 54,445           | 24,429           | 36,062           | 0              | 2,249          |
| Employee Recognition/Awards          | 50,000           | 27,369           | 30,981           | 8,293          | 3,477          |
| Equipment Maintenance                | 350              | 0                | 0                | 0              | 0              |
| Forms Creation                       | 366,775          | 193,332          | 243,434          | 0              | 2,873          |
| General Insurance                    | 45,000           | 43,024           | 45,178           | 0              | 788            |
| Map Production & Supplies            | 4,550            | 1,723            | 1,626            | 118            | 0              |
| Mileage Reimbursements               | 4,000            | 215              | 507              | 9              | 0              |
| Office Building Expense              | 250,000          | 228,690          | 267,680          | 23,807         | 25,260         |
| Offsite Storage                      | 25,000           | 18,859           | 19,402           | 1,866          | 1,903          |
| Office Supplies                      | 84,980           | 68,670           | 89,202           | 3,032          | 17,372         |
| Postage                              | 694,362          | 494,322          | 727,930          | (1,167)        | 71,912         |
| Professional Dues                    | 29,402           | 12,913           | 13,550           | 735            | 1,275          |
| Publications                         | 292,950          | 197,780          | 150,794          | 21,710         | 13,872         |
| Security                             | 300,000          | 258,946          | 228,228          | 15,524         | 21,236         |
| Telephone                            | 93,000           | 68,559           | 62,807           | 5,250          | 3,521          |
| Training                             | 263,458          | 112,734          | 143,855          | 7,522          | 9,738          |
| Utilities                            | 125,000          | 87,214           | 88,589           | 8,386          | 7,541          |
| Worker's Compensation                | 50,000           | 45,218           | 37,170           | (50)           | (50)           |
| Contingency                          | 250,000          | 248,258          | 250,000          | 0              | 0              |
| <b>TOTAL OPERATING EXPENDITURES</b>  | <b>4,019,053</b> | <b>3,090,207</b> | <b>3,146,238</b> | <b>181,979</b> | <b>242,091</b> |
| <b><u>CAPITAL EXPENDITURES</u></b>   |                  |                  |                  |                |                |
| FURNITURE:                           |                  |                  |                  |                |                |
| Executive Services                   | 1,500            | 27,200           | 5,401            | 25,475         | 915            |
| Information Services                 | 500              | 0                | 1,234            | 0              | 457            |
| Geographic Info. Systems             | 500              | 0                | 0                | 0              | 0              |
| Customer Info & Assist               | 15,000           | 10,682           | 2,744            | 2,287          | 2,744          |
| Residential                          | 10,000           | 694              | 28,064           | 0              | 457            |
| Commercial                           | 3,500            | 1,750            | 0                | 0              | 0              |
| Personal Property                    | 4,500            | 0                | 0                | 0              | 0              |
| Legal                                | 2,000            | 4,160            | 0                | 0              | 0              |
| EQUIPMENT:                           |                  |                  |                  |                |                |
| Information Services                 | 112,000          | 37,548           | 134,051          | 1,440          | 0              |
| CAMA Hardware                        | 15,000           | 3,840            | 10,781           | 0              | 3,840          |
| <b>TOTAL CAPITAL EXPENDITURES</b>    | <b>164,500</b>   | <b>85,874</b>    | <b>182,275</b>   | <b>29,202</b>  | <b>8,413</b>   |

**BEXAR APPRAISAL DISTRICT**  
*Comparison of Current Year*  
*Prior Year-Income Statement*  
For the Eleven Months Ending 11/30/2024

|  | 2024<br>BUDGET    | CURRENT<br>YTD    | 2023<br>YTD       | CURR<br>MONTH    | 2023<br>MONTH    |
|--|-------------------|-------------------|-------------------|------------------|------------------|
| <b><u>EMPLOYEE EXPENDITURES:</u></b>     |                   |                   |                   |                  |                  |
| Salaries, Regular                        | 12,310,629        | 10,605,977        | 9,446,952         | 952,398          | 881,410          |
| Salaries, Overtime                       | 166,350           | 84,562            | 205,005           | 2,242            | 133              |
| Retirement                               | 2,057,710         | 1,903,065         | 1,740,940         | 168,232          | 152,382          |
| Payroll Taxes                            | 31,428            | 23,069            | 5,706             | 259              | 24               |
| Group Medical Insurance                  | 1,984,670         | 1,236,302         | 1,124,078         | 114,054          | 107,478          |
| Life Insurance                           | 77,345            | 46,690            | 42,178            | 4,824            | 4,336            |
| Medicare Taxes                           | 192,772           | 166,906           | 146,613           | 14,747           | 13,344           |
| TCDRS Retiree COLA                       | 275,000           | 0                 | 0                 | 0                | 0                |
| Sick Leave Buy Back Fund                 | 50,000            | 113,737           | 53,263            | 7,111            | 4,171            |
| Departure Contingency                    | 70,000            | 92,049            | 19,465            | 1,632            | 0                |
| <b>TOTAL EMPLOYEE EXPENDITURES</b>       | <b>17,215,904</b> | <b>14,272,357</b> | <b>12,784,199</b> | <b>1,265,501</b> | <b>1,163,278</b> |
| <b><u>CONTRACT SERVICES:</u></b>         |                   |                   |                   |                  |                  |
| Valuation Oil & Gas                      | 38,000            | 44,860            | 28,400            | 0                | 0                |
| Valuation Telecommunications Accounts    | 40,000            | 14,472            | 27,050            | 0                | 0                |
| Accounting & Auditing                    | 50,000            | 46,659            | 48,894            | 965              | 877              |
| Legal Services                           | 1,100,000         | 975,213           | 1,202,592         | 138,073          | 199,994          |
| Consulting Studies                       | 40,000            | 23,934            | 17,078            | 6,804            | 304              |
| Taxpayer Liasion Officer                 | 30,000            | 30,360            | 26,641            | 1,176            | 2,588            |
| Contract Services Contingency            | 45,800            | 609               | 55,236            | 0                | 25               |
| Temporary Services                       | 189,500           | 177,099           | 116,240           | 4,193            | 6,693            |
| <b>TOTAL CONTRACT SERV. EXP</b>          | <b>1,533,300</b>  | <b>1,313,205</b>  | <b>1,522,131</b>  | <b>151,212</b>   | <b>210,480</b>   |
| <b><u>INFO. SYSTEMS EXPENDITURES</u></b> |                   |                   |                   |                  |                  |
| Leases                                   | 74,580            | 73,749            | 50,633            | 16,994           | 1,408            |
| Software Maintenance                     | 423,330           | 475,548           | 374,654           | 90,388           | 37,790           |
| Hardware Maintenance                     | 43,000            | 12,786            | 52,810            | 0                | 0                |
| IS Supplies                              | 60,000            | 17,159            | 44,069            | 468              | 2,277            |
| IS Services                              | 35,600            | 13,276            | 23,097            | 542              | 1,279            |
| <b>TOTAL INFO. SYSTEMS EXP.</b>          | <b>636,510</b>    | <b>592,518</b>    | <b>545,263</b>    | <b>108,391</b>   | <b>42,754</b>    |
| <b><u>PROJECT EXPENDITURES:</u></b>      |                   |                   |                   |                  |                  |
| Aerial Maps                              | 240,000           | 240,000           | 3,397             | 0                | 0                |
| Homestead Audit /Outreach                | 10,000            | 0                 | 0                 | 0                | 0                |
| Field Device Maintenance                 | 201,156           | 210,533           | 186,100           | 3,942            | 3,832            |
| Server Infrastructure Upgrade            | 100,000           | 0                 | 0                 | 0                | 0                |
| Technology Improvements                  | 200,000           | 4,290             | 105,995           | 490              | 98,195           |
| CAMA Software                            | 583,502           | 493,666           | 493,460           | 0                | 0                |
| CAMA Enhancements                        | 100,000           | 100,000           | 150,000           | 0                | 150,000          |
| <b>TOTAL PROJECT EXPENDITURES</b>        | <b>1,434,658</b>  | <b>1,048,490</b>  | <b>938,952</b>    | <b>4,432</b>     | <b>252,027</b>   |
| <b><u>OTHER EXPENDITURES:</u></b>        |                   |                   |                   |                  |                  |
| Board of Directors Expenses              | 4,000             | 1,233             | 2,944             | 0                | 0                |
| Chief Appraiser Expense                  | 8,000             | 4,299             | 7,365             | 309              | 1,006            |
| <b>TOTAL OTHER EXPENDITURES</b>          | <b>12,000</b>     | <b>5,532</b>      | <b>10,309</b>     | <b>309</b>       | <b>1,006</b>     |

BEXAR APPRAISAL DISTRICT  
 Comparison of Current Year  
 Prior Year-Income Statement  
 For the Eleven Months Ending 11/30/2024

|  | 2024<br>BUDGET           | CURRENT<br>YTD            | 2023<br>YTD               | CURR<br>MONTH           | 2023<br>MONTH           |
|--|--------------------------|---------------------------|---------------------------|-------------------------|-------------------------|
| <b><u>A.R.B EXPENDITURES</u></b>         |                          |                           |                           |                         |                         |
| Compensation                             | 630,000                  | 787,898                   | 802,443                   | 3,090                   | 62,330                  |
| Training                                 | 6,925                    | 2,900                     | 5,450                     | 0                       | 0                       |
| Postage                                  | 181,850                  | 190,977                   | 194,324                   | 1,167                   | 17,856                  |
| Legal Services                           | 65,000                   | 8,263                     | 10,500                    | 900                     | 2,400                   |
| Contingency                              | 1,500                    | 0                         | 0                         | 0                       | 0                       |
| <b><u>TOTAL A.R.B EXPENDITURES</u></b>   | <b><u>885,275</u></b>    | <b><u>990,037</u></b>     | <b><u>1,012,717</u></b>   | <b><u>5,157</u></b>     | <b><u>82,586</u></b>    |
| <b><u>TOTAL EXPENDITURES</u></b>         | <b><u>25,901,200</u></b> | <b><u>21,398,220</u></b>  | <b><u>20,142,084</u></b>  | <b><u>1,746,182</u></b> | <b><u>2,002,634</u></b> |
| <b><u>REVENUES OVER EXPENDITURES</u></b> | <b><u>0</u></b>          | <b><u>(4,851,890)</u></b> | <b><u>(3,794,009)</u></b> | <b><u>1,719,299</u></b> | <b><u>1,977,919</u></b> |



## STAFF SUMMARY SHEET

**ISSUE:** Additional Reports

The board of directors will receive the following reports:

1. Community Outreach

**2025 Community Outreach Report – January**

**Date:** January 14, 2025  
**To:** Board of Directors  
Rogelio Sandoval, Chief Appraiser  
**From:** Jennifer Rodriguez, Communications Director

| <b>Date</b> | <b>Program</b>   | <b>Presenter</b>                                     | <b>Topic</b>   |
|-------------|--|--|--|
| 01/15/2025  | Habitat for Humanity   | Alexandra Martinez & Gloria Ramirez                  | Taxpayer Rights, Remedies and Responsibilities: Exemptions (English & Spanish) |
| 01/25/2025  | Housing in San Antonio Resource Fair & Community Conversations | Mónica Martinez, Jennifer Rodriguez & Kimberly Shipe | Resource table: General appraisal, exemption and protest information           |

**STAFF SUMMARY SHEET**

**ISSUE:** Adjourn