CLARK COUNTY, NEVADA; CLARK COUNTY WATER RECLAMATION DISTRICT; UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA; the LAS VEGAS CONVENTION AND VISITORS AUTHORITY; the REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA; CLARK COUNTY REGIONAL FLOOD CONTROL DISTRICT; the LAS VEGAS VALLEY WATER DISTRICT; and the SOUTHERN NEVADA HEALTH DISTRICT hereby agree to amend the Self-funded Group Medical and Dental Benefit Program adopted by the Interlocal Agreement effective February 1, 2011, as follows:

SECTION 2. ELIGIBILITY, FUNDING, ENROLLMENT, DUAL CHOICE, EFFECTIVE DATE, AND TERMINATION PROVISIONS, is hereby modified as follows:

A. ELIGIBILITY

Eligible Classes of Employees.

All Active and Retired Employees of the Employer.

Eligibility Requirements for Employee Coverage. A person is eligible for Employee coverage from the first of the month following the day that he or she:

1. is a Full-Time, Active Employee of the Employer. An Employee is considered to be Full-Time if he or she normally works at least 20 hours per week and is on the regular payroll of the Employer for that work and

2. is continuously employed for a period of two consecutive months as an Active Employee or

3. is a Retired Employee of the Employer or

4. is a surviving Spouse of a Retired Employee, provided such spouse was covered under the Plan at the time of the Retired Employee’s death or

5. is in a class eligible for coverage under the terms of the Plan in effect prior to the Effective Date, who, within 31 days of the date of termination of employment, becomes an Employee of another public entity which provides coverage under the group health plan, or

6. is currently covered as a dependent spouse of an employee or retiree, and who was a former covered employee or retiree covered by the Plan and has remained continuously covered under the Plan at the time of the employee or retiree’s termination of coverage, may revert back to employee or retiree status within 31 days of such date of termination of coverage providing the member submits a completed enrollment form within that time-frame to Clark County Risk Management & Safety, or

7. is recalled, after a reduction in force or layoff, for re-employment by the Employer as a full-time employee, and who has remained continuously covered by the Plan as a COBRA participant.
IN WITNESS WHEREOF, the parties hereto have caused this contract to be signed and intend to be
legally bound thereby.

DATE:______________________

COUNTY OF CLARK
ATTEST:______________________
BY:__________________________
SUSAN BRAGER, Chair
Board of County Commissioners

CLARK COUNTY WATER RECLAMATION
ATTEST:______________________
BY:__________________________
LAWRENCE L. BROWN, III, Chairman
Board of Trustees

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA
ATTEST:______________________
BY:__________________________
LAWRENCE WEEKLY, Chairman
Board of Trustees

LAS VEGAS CONVENTION AND VISITORS
AUTHORITY
ATTEST:______________________
BY:__________________________
MAYOR OSCAR GOODMAN
Chair

LAS VEGAS VALLEY WATER DISTRICT
ATTEST:______________________
BY:__________________________
STEVE SISOLAK, President
Board of Directors

CLARK COUNTY REGIONAL FLOOD
CONTROL DISTRICT
ATTEST:______________________
BY:__________________________
LAWRENCE L. BROWN, III, Chairman

REGионаL TRANSPORTATION COMMISSION
OF SOUTHERN NEVADA
ATTEST:______________________
BY:__________________________
LAWRENCE L. BROWN, III, Chairman

SOUTHERN NEVADA HEALTH DISTRICT
ATTEST:______________________
BY:__________________________
LINDA STRICKLAND, Chair

DIANA ALBA, County Clerk

DIANA ALBA, County Clerk

DIANA ALBA, County Clerk
HENDERSON DISTRICT PUBLIC LIBRARIES

BY: __________________________
    COLLEEN BELL, CHAIR
    Board of Trustees

ATTEST:

BY: __________________________
    TRUDY CASEY, Notary

APPROVED AS TO FORM:

DAVID ROGER, District Attorney

BY: __________________________
    STEPHANIE BARKER
    Deputy District Attorney